

HIP ARTHRITIS

Nonoperative Management · A Patient Guide

YOUR PLAN AT A GLANCE

EXERCISE	The foundation. Glute and hip strengthening 2–3× a week, plus 150 minutes a week of low-impact cardio
CANE	A cane in the opposite hand works better for the hip than for any other joint
WEIGHT	Losing 5–10% of your body weight improves pain and function
MEDICINES	Anti-inflammatories are the most effective. Topical gels do not reach the hip. No opioids
INJECTIONS	Image-guided cortisone (3–4 a year at most). Gel injections do not work in the hip
DIET AND SUPPLEMENTS	Anti-inflammatory diet, enough protein, and 1–2 supplements tried for 3 months

Understanding Your Hip Arthritis

Hip arthritis is the wearing away of the smooth cartilage that lines the ball-and-socket joint where your thigh bone meets your pelvis. As that cushion thins, the hip becomes painful and stiff, and the motion you need for everyday tasks slowly disappears.

Hip arthritis is often missed because of where it hurts. True hip joint pain is felt in the **groin and front of the thigh**, and it often travels down to the knee. Some patients are convinced they have a knee problem when the hip is the real cause. Pain on the bony point on the outside of your hip is usually bursitis, not arthritis, and pain in the buttock that shoots down the back of the leg is usually the spine.

The classic early signs are stiffness putting on socks and shoes, trouble getting in and out of the car, a limp after sitting, and pain lying on your side at night. Standing X-rays confirm the diagnosis; an MRI is rarely needed.

There is no cure for arthritis, and worn cartilage does not grow back. But there is a great deal you can do to stay active. And when a hip does wear out, hip replacement is one of the most successful operations in all of medicine. **Surgery is the last step, not the first.**

Hip vs. knee

The advice for the hip differs from the knee in several important ways, especially around injections, braces, and topical gels. If you also have knee arthritis, ask for my knee arthritis guide.

Weight Management

Keeping a healthy weight matters for the hip. Walking puts about **three times your body weight** through the hip with each step, and stairs or rising from a chair put far more. Losing weight lightens that load with every step and makes surgery safer and easier if you ever need it.

Losing **5–10% of your body weight** improves pain and function in arthritic joints, and the more you lose, the better. You do not need to reach an ideal weight: even modest, gradual loss helps. If diet and exercise have not worked, newer weight-loss medicines (the GLP-1 class) have made real weight loss possible for many patients. They are worth discussing with your primary care doctor, and I am happy to help coordinate.

Example: if you weigh 200 pounds, losing 15–20 pounds (about 8–10%) can make a real difference in how your hip feels on a long walk.

Exercise and Physical Therapy

Exercise is the most consistently recommended treatment for hip arthritis in every major guideline. Once you stop moving, the muscles around the hip weaken, the joint stiffens, and the limp gets worse. A hip that keeps moving stays useful far longer.

Glute and hip strengthening	The muscles on the side and back of your hip hold your pelvis level when you stand on one leg. They weaken quickly with an arthritic hip, which causes a limp, loads the joint more, and often starts low back pain. Side-lying leg raises, clamshells, bridges, standing leg lifts with a band, and step-ups are the core exercises. Aim for 2–3 sessions a week .
Low-impact cardio	A stationary bike is excellent for the hip. A recumbent bike or a slightly higher seat avoids the deep bending many patients find painful. Swimming, water walking, and the elliptical are also good. Aim for 150 minutes a week (about 30 minutes, 5 days a week).
Keep it moving	A stiff hip makes your back and knee compensate. Gentle daily work on hip rotation, hip extension (the front of the hip gets tight from sitting), and hamstring flexibility helps preserve your motion. Do not force painful stretches: the goal is to maintain, not push through.
Pool exercise	Water takes weight off the hip while the resistance builds muscle. Many patients who cannot tolerate walking do very well in the pool.
Physical therapy	A therapist can build a program for your hip, correct a limp before it becomes a habit, and address the back and knee problems that often tag along. I often recommend a short course of formal PT, then a home or gym program.

Key point

Consistency matters far more than intensity. Find activities you enjoy so you keep doing them.

Medicines

Over the counter	Anti-inflammatories like ibuprofen (Advil, Motrin) and naproxen (Aleve) are the most consistently effective medicines for hip arthritis , and the hip guidelines give them their strongest recommendation. Acetaminophen (Tylenol) can help mild pain. Daily long-term anti-inflammatory use can cause stomach ulcers, kidney problems, and high blood pressure, so check with your doctor about what is safe for you.
Topical gels	Unlike the knee, the hip is a deep joint under thick muscle, so creams and gels rubbed on the skin do not reach it. Voltaren gel is worth trying for bursitis on the outside of the hip, but for true hip arthritis it has little effect. I do not want you to be disappointed by it.

Prescription	For bigger pain, I may prescribe a stronger anti-inflammatory or a short course of oral steroids for a bad flare. I do not use opioids for arthritis: they do not work well for joint pain, the hip guidelines specifically advise against them, and the risks outweigh the benefits.
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Injections

Cortisone	A powerful anti-inflammatory that can give weeks to a few months of relief. Because the hip joint is deep, the injection is done under ultrasound or X-ray guidance to be sure the medicine gets into the joint, so it is scheduled as a separate visit rather than done in the exam room. It is also a useful test: if numbing the hip joint relieves your pain, we know the hip is the source. I limit cortisone to 3–4 injections per year , and we avoid it in the 3 months before a hip replacement . The research on infection risk after a recent steroid injection is strongest for the hip, so this is a firm rule.
Hyaluronic acid (gel)	This is the biggest difference from the knee. Studies in the hip have consistently shown no improvement over a placebo injection, and the hip arthritis guidelines strongly recommend against them. Generally, I do not offer gel injections for hip arthritis.
Platelet-rich plasma (PRP)	Nearly all PRP research has been done in the knee. In the hip there are only a few small studies, and the evidence is too thin to say whether it works. PRP is not covered by insurance, so it is an out-of-pocket expense for an uncertain benefit. I am happy to discuss it, but I will be honest that we are guessing.
Stem cells	Heavily advertised, but there is no good evidence they rebuild cartilage. They are expensive and unregulated. I do not recommend them.

Walking Aids and Assistive Devices

Cane in the opposite hand	This is the single most effective device for an arthritic hip , and it works better here than anywhere else in the body. Hold the cane in the hand opposite your painful hip and push down through it as you step. It takes over the job of the muscles that hold your pelvis level and can cut the force through the hip by half or more. Hiking poles do the same job outdoors.
Braces	Braces do not help the hip. There is no hip equivalent of the knee unloader brace; the joint is too deep. Save your money.
Tools for stiffness	A long-handled shoehorn, sock aid, reacher, raised toilet seat, or shower chair work around the loss of motion that makes daily tasks hard. Sit in higher chairs with arms and avoid low, soft couches.

Home Remedies and Self-Care

Heat over ice	Because the hip is deep, ice does not penetrate the way it does at the knee, and most hip patients get more from heat. A heating pad over the groin or a warm bath before activity loosens the muscles around the hip. Ice can still help the outside of the hip when bursitis is part of the picture. Use 15–20 minutes at a time with a towel between the pack and your skin. Epsom salt baths give many patients temporary relief.
Sleeping	Night pain, especially lying on the painful side, is one of the most common complaints with hip arthritis. Sleep on your back, or on your good side with a pillow between your knees. A firmer mattress often helps.

Activity changes	Running, deep squats, lunges, sitting cross-legged, and long stretches in low chairs load an arthritic hip the most. Standing up after a long sit is often the worst moment of the day, so get up and move every 30–45 minutes . Cycling, swimming, and the elliptical keep you fit while reducing wear.
Mind and sleep	Yoga, tai chi, meditation, and breathing exercises are proven to help with chronic pain. Poor sleep makes pain worse, so protect it with a consistent schedule and a cool, dark room.

Diet and Nutrition

Anti-inflammatory diet	What you eat can raise or lower inflammation in your body. Focus on whole foods, healthy fats (fish, olive oil, nuts), plenty of fruits and vegetables, and limited processed food and sugar. Studies show this way of eating reduces arthritis pain, and it helps with weight at the same time.
Protein	Most people do not eat enough protein, and it matters more as we age. Protein maintains the muscle that protects your joints. Aim for a palm-sized serving at every meal (chicken, fish, eggs, Greek yogurt, beans, tofu).
Stay hydrated	Cartilage is mostly water. Drinking enough keeps your joints as well lubricated as they can be.

My nutrition guide

My full anti-inflammatory diet guide and specific protein targets are on my nutrition page: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition guide

Supplements

Some supplements have shown modest benefit for joint pain. Results vary, and no supplement rebuilds cartilage. But they are generally safe, and some patients find them helpful. **My approach: pick one or two, try them for 3 months, and keep going only if you notice a real difference.**

Supplement	What the evidence shows
Glucosamine + chondroitin	The most studied joint supplements. Results are mixed: many studies show a small benefit, especially when taken together, while the largest high-quality trials show little difference from placebo. Typical dose: 1,500 mg glucosamine and 1,200 mg chondroitin daily. Safe; mild stomach upset in some.
Turmeric (curcumin)	Well-studied anti-inflammatory with modest but real benefit for arthritis pain. Look for a formula designed for absorption (with piperine or black pepper extract).
Fish oil (omega-3)	Lowers inflammation in the blood. Choose a quality product with at least 1,000 mg combined EPA and DHA daily. Stop 5 days before surgery (bleeding risk).
Vitamin D	Low levels are linked to more inflammation and pain, and many people in the Pacific Northwest are deficient. Ask your doctor to check your level.
Boswellia serrata	A plant extract with anti-inflammatory properties. Modest benefit for joint pain with a good safety record.

Important

Some supplements interact with medicines or must be stopped before surgery. Supplements are not regulated like prescription drugs, so quality varies. Choose reputable brands and tell me everything you take.

Avoid Smoking and Tobacco

Tobacco greatly increases inflammation throughout your body. Smokers have more pain, heal more slowly, and have far higher complication rates after surgery. If you smoke, quitting is one of the most impactful things you can do for your joints. Your primary care doctor can help, and if you ever need a joint replacement, I will ask you to quit well before surgery.

Putting It All Together

No single treatment works as well alone as several together. A practical starting plan for your hip:

1. **Stay active** with low-impact exercise and glute strengthening. This is the foundation.
2. **Use a cane or hiking poles** in the opposite hand on long days. It works better for the hip than any other joint.
3. **Lose weight** if you are overweight. Even a modest loss helps.
4. **Eat an anti-inflammatory diet** and get enough protein.
5. **Use over-the-counter anti-inflammatories** as needed, and skip the topical gels for the joint itself.
6. **Consider physical therapy** if you are not sure where to start or have developed a limp.
7. **Talk to me about an image-guided cortisone injection** if lifestyle measures are not enough. Gel injections are generally not worth it.
8. **Try a supplement or two** if you are interested.

The bottom line

Hip arthritis is a manageable condition. Hip replacement is an excellent option when the time is right, but for many patients that time is a long way off, or never comes at all. The steps in this guide can help you stay active, reduce your pain, and protect your quality of life. My team and I are here to help at every stage.

Learn more on my website

My website explains hip arthritis and all of the nonsurgical treatment options in more detail. merrittsurgery.com/surgeries/nonoperative-management-of-hip-arthritis



Scan to learn more

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