

## **Mr Keith Winters MBChB, FRACS (Orth) Specialist Orthopaedic Surgeon**

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### **Hip arthritis**

Chronic condition caused by loss of cartilage in the joint. A gradual deterioration with fluctuations is usually observed. Cause is usually idiopathic with a family history but may be inflammatory, congenital (DDH, Perthes) or traumatic.

#### **What to ask in the history**

- Duration- pain, progression
- Pain – location (usually in the groin), precipitants (usually activity), night or rest pain
- Limp – may be from pain (antalgic), adductor dysfunction (Trendelenberg) or from leg-length discrepancy
- Stiffness – difficulty putting on socks/shoes, getting in & out of car
- Family history, previous injury or inflammatory/crystal/Infective arthropathy
- Treatment – NSAIDs, Physiotherapy, Hydrotherapy, other modalities

#### **What to look for on Examination**

- BMI
- Gait – stiff hip (swings pelvis), antalgic (reduced stance-time on involved hip) or Trendelenberg (rocks body over involved hip during stance phase)
- Trendelenberg sign – swings body over involved hip when asked to lift unaffected leg off the ground
- Leg-length discrepancy – measured at medial malleolus when pelvis aligned or with tape from ASIS to medial malleolus
- ROM – usually fixed flexion deformity (best seen with Thomas test), early loss of internal rotation but eventually generalised stiffness
- Pain – with extreme movement, especially internal rotation
- Pedal pulses

#### **What investigations to order**

- Standing AP pelvis/Lateral hip
- Bloods – FBC/CRP/ESR/Urate/Rheumatoid screen if secondary causes of arthritis suspected

#### **How to treat**

- Weight loss – dietary modification, exercise program
- Physiotherapy/Hydrotherapy – important to maintain movement and muscle tone
- Lifestyle modifications – reduce wt-bearing activities, esp on uneven ground; walking aids
- NSAIDs

#### **When to refer**

- Poor response to non-operative measures
- Significant limitation of ADLs/Sleep
- Sudden deterioration in symptoms

#### **What Mr Winters may do**

- Total hip replacement – very effective and predictable, type depends on patient age and mobility with patients under 65yrs getting uncemented with hard bearings and older patients getting a hybrid (cemented stem and uncemented cup) with metal on poly bearing