



**ORTHO
PRECISION**

NAVIGATE HIP PAIN

Comprehensive non operative treatment strategies for arthritis management amidst prolonged waiting times.

Navigating the management of hip osteoarthritis presents a significant hurdle in today's healthcare landscape.

With the public hospital system's waiting list extending to over five years, the urgency of this issue becomes all the more apparent. Our patients are grappling with this arduous wait, and it is incumbent upon us to explore every avenue to optimise their pain relief management and improve their functionality.

Currently a multitude of non-operative pain management strategies are marketed directly to patients. However when dealing with chronic pain patients, it is crucial to ensure they are well-informed and protected from treatments that lack effectiveness, which could unnecessarily drain their resources.

To assist in this endeavor, this poster is a summary of current available options for treatment. This is collated through current evidence analysis from the American Academy of Orthopaedic Surgeons.

Strong Recommendations for use

- 1. Educating the Patient**
The cornerstone of effective arthritis management is patient education. By imparting knowledge about the nature of their condition, patients can gain realistic expectations aiding in their treatment journey. This educational process is optimally undertaken by a multidisciplinary team comprising General Practitioners, physiotherapists, and specialist consultants.
- 2. Oral Analgesics and Anti-inflammatories**
Oral medications, such as paracetamol and Non-Steroidal Anti-Inflammatory Drugs (NSAIDS), are highly effective in managing both arthritis and associated pain. These medications, considered the first-line treatment, act by reducing inflammation and providing symptomatic relief.
- 3. Topical NSAIDs: The Role of Voltaren Emugel**
Topical NSAIDs, such as Voltaren Emugel, provide an under-utilised yet efficient treatment strategy. They enable targeted treatment application directly onto inflamed joints, offering localised relief with minimal systemic side effects.
- 4. The Importance of Supervised Exercise Programs**
Engaging in a supervised exercise program under the guidance of a physiotherapist plays a pivotal role in managing arthritis. It enhances joint mobility, muscle strength, and improves proprioception, thereby reducing joint force and associated pain. For instance, the GLA:D (Good life arthritis: Denmark) program has demonstrated exemplary success in treating arthritis, providing a robust model for similar initiatives.

Moderate recommendation

1. Assistive Walking Devices
Utilising uncomplicated walking aids, such as canes, walking sticks, and off-loading braces, can prove to be beneficial and effective. We recommend referrals to professional services, such as physiotherapy or orthotics, for the provision of such aids. Nonetheless, it's important to note that off-loading braces may be onerous to use, resulting in inconsistent compliance.
2. Weight Reduction and Dietary Changes
Previously, the American Academy highly recommended weight loss in this field, however this advice has recently been updated to a moderate recommendation. While the benefits of weight reduction and its maintenance are well-acknowledged, we must consider the challenge it presents for many patients. Understanding this difficulty is paramount when exploring this option.
3. Administration of an Intra-Articular Corticosteroid Injection
This tactic serves as a readily available and successful method for temporary alleviation of discomfort. However, it's essential to consider that the relief it offers is ephemeral and carries with it the associated risk of introducing bacteria into the existing joint.

Limited evidence

1. Oral and dietary supplements
2. Massage
3. Acupuncture
4. Transcutaneous nerve stimulation/ablation
5. Genicular artery embolization
6. Platelet rich plasma injection

Advise against use

1. Opioid medication use
Through past experience, evidence through studies it is now evident that opioid medications are less effective and create dependence. Thus use of opioids is not recommended for treatment of osteoarthritis
2. Hyaluronic acid injection
Currently, there is insufficient evidence to advocate for the routine utilization of hyaluronic acid injections in treating hip osteoarthritis. Studies indicate injectable may offer minor temporary pain relief in the early stages of osteoarthritis. However this space needs ongoing review as injectable solutions and combinations is an active area of research aimed at addressing hip osteoarthritis symptoms.

Dr Yas Edirisinghe is open to offering his expertise in managing hip arthritis, providing both surgical and non-surgical options tailored to each patient's unique situation. For questions concerning arthritis, please use the QR code below to submit your questions or inquiries. Dr Edirisinghe remains dedicated to guiding patients throughout any stage of hip and knee arthritis, steering their course of treatment.

For more information contact us
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Ask Dr Edirisinghe
a question...



Reference: AAOS Clinical Practice Guideline Summary: Management of Osteoarthritis of the Knee (Nonarthroplasty), Third Edition, J Am Acad Orthop Surg 2022 May 1;30(9):e721-e729. doi: 10.5435/JAAOS-D-21-01233.