PATIENT HANDBOOK

Looking after your hips

What tends to help, what tends not to, and when a hip problem needs a doctor.

NOTTS OSTEOPATHY

How to use this

This handbook is about everyday hip pain and stiffness: the ache after a long walk or a hard week, the groin that pinches putting socks on, the side that grumbles when you lie on it.

It explains what generally helps, what tends not to, and the warning signs that mean a doctor should look at you first – those are on page 6.

It is general information for adults, and it is not a diagnosis. A leaflet cannot examine you, so it cannot tell you what is causing your pain.

If a clinician has already given you advice about your own hip, follow that advice ahead of anything here.

HOW YOUR HIPS WORK

The deepest, most secure joint in the body

Every step you take goes through a hip. Walking, stairs, getting out of a chair, standing on one leg to pull a boot on – the hips carry the whole body's weight through all of it, tens of thousands of times a week.

They are built accordingly. Where the shoulder trades security for range, the hip is a deep ball-and-socket: the ball of the thigh bone sits well inside a socket in the pelvis, held by some of the strongest ligaments in the body and surrounded by the big muscles of the buttock and thigh. It is a very hard joint to injure and a very reliable one to load.

One useful thing to know: pain from the hip joint itself is most often felt in the groin, or down the front of the thigh towards the knee – not on the side of the hip, and not in the buttock. Pain over the bony point at the side usually involves the tendons and soft tissues that pass over it, and buttock pain often starts in the low back. The word "hip" covers three different neighbourhoods, and they behave differently.

Like the rest of you, hips dislike extremes: long spells of complete stillness, and sudden jumps in workload. They stay comfortable on a steady diet of ordinary movement.

> Where exactly a hip hurts – groin, side, or buttock – says a lot about where the problem lives, which is why it is one of the first questions an examination asks.

WHAT TENDS TO GO WRONG

Common patterns, and the stories behind them

These are patterns we see often. They are descriptions, and reading one that sounds familiar does not tell you what you have — only an assessment can do that.

The groin that pinches with socks and stairs

A common story from mid-life onwards: a deep groin ache that pinches when you pull on socks, get out of a low car, or climb stairs, often stiffest first thing and after sitting. This pattern usually involves the hip joint itself. Joint changes are a normal part of ageing hips and show up in plenty of people with no pain at all; when they do ache, hips respond well to staying active within comfort and building strength gradually.

The side you cannot lie on

Aching over the bony point at the side of the hip, worse lying on that side at night, standing on one leg, or after a sudden increase in walking or hills. This usually involves the tendons that pass over that bony point, asked for more than they were used to. It is common — particularly in women in and after middle age — and it tends to respond to a managed, gradually rebuilt load rather than rest.

The buttock pain that is really the back

Deep buttock ache, sometimes spreading down the back of the thigh, often changing with sitting or with how the back has been used. Much of what people call hip pain starts in the low back, and untangling the two changes the advice — it is a routine part of an examination, and the reason we look at both.

When the hip is not the whole story

The sporty groin

In people who run, kick or change direction – football, hockey, running seasons that ramp up quickly – groin pain often involves the muscles and tendons that anchor around the hip and pelvis rather than the joint itself. The story is usually a jump in training load. It responds to the same logic as other tendon trouble: manage the dose, then rebuild it gradually.

The hip that clicks

Hips click and snap – often a tendon flicking over a bony point as it moves. On its own, without pain or giving way, a noisy hip is common and rarely a cause for concern. A hip that locks, catches sharply, or feels unstable is different, and worth an assessment.

After a fall

Hip pain after a significant fall needs a doctor first, especially in later life: a hip that cannot take weight, or a leg that looks shortened or turned out, is an emergency. That is page 6 territory. Once serious injury has been ruled out, a gradual return to normal movement is the approach with the best support behind it.

Signs that need a doctor, not this handbook

Most hip pain is not a sign of anything serious. The signs below are the exceptions. If any of them applies to you, put this handbook down and speak to a doctor — they are the reason this page exists.

When to see a doctor

Numbness in the saddle area, or loss of bladder or bowel control — **999 or A&E**

Sudden severe weakness in a limb, or loss of coordination

Chest pain, breathlessness, or pain with sweating and nausea

Pain after a significant fall or accident

Unexplained weight loss, fever, or night pain that wakes you and does not ease

A joint that is hot, swollen and red

None of these means the worst has happened — they mean a doctor should look before anyone else does. If you are unsure whether a symptom belongs on this list, call NHS 111, your GP, or us, and ask.

Hips stiffen quietly at ninety degrees

A sitting hip spends the day folded to roughly a right angle, and hips that live there for hours tend to feel it on standing — the first few steps after a long meeting tell the story. As everywhere else in this series, duration is the culprit, and variety the fix.

At a desk. Most people find a chair at a height where the hips sit level with or slightly above the knees more comfortable than a low, deep seat. Very low sofas and car seats fold the hip furthest and are the common complaints. None of this is a rule — it is somewhere to start.

Getting up often. For hips, the habit of standing and taking a few steps every so often does more than any chair. Stand for phone calls, walk for the printer, take the stairs.

Driving. A long drive is deep sitting plus vibration. Setting the seat a touch higher and less reclined suits many sore hips, and stops that get you out and walking do more than any adjustment.

Standing and walking work. Jobs on the feet all day load the hips well when the load is familiar. What catches people is the sudden change: new boots, a new route with hills, a stocktake week. Build changes in gradually where the job allows.

> After any long sit — desk, car, cinema — give the hips a few ordinary steps before asking them for anything athletic, including lifting the shopping out of the boot.

SLEEPING

Getting a sore hip through the night

Side sleeping is most people's habit, and it is exactly what a sore outer hip objects to — lying on the painful side presses on it, and lying on the good side lets the sore leg hang across, which pulls on the same spot. There are ways round both.

On the good side. A pillow between the knees, thick enough to keep the top knee level with the hip, stops the sore leg hanging and is the single most-used comfort trick for hips at night.

On your back. Many sore hips settle best here, sometimes with a pillow under the knees. If you drift onto the painful side in the night, that is a comfort problem rather than a safety one.

Mattresses. A mattress is a comfort decision. A very firm surface can press hard on the bony point of a sore side; softer suits some people and not others. No mattress prevents or fixes hip pain — comfort is the guide, and it differs from person to person.

Broken sleep makes pain of every kind harder to live with, so anything that buys a more comfortable night earns its keep. Hip stiffness on waking that loosens as the morning gets going is common; night pain that wakes you and does not ease whatever you try is on page 6.

LIFTING AND MOVING

Build up gradually — sudden jumps cause the trouble

Hips are load-bearing joints by trade, and they tolerate a great deal when the load arrives gradually. The classic hip story is a sudden jump: a walking holiday after a sedentary spring, a couch-to-race running plan taken too literally, a house move, a new job on the feet.

Walking and running. Distance, pace and hills are all doses. Increase one at a time, in steps, letting each settle — the hip that objects is usually the one asked for all three in the same fortnight.

Lifting. The hips and legs are where lifting power lives, and using them is good for them. Keeping the load close and within what your body is currently used to matters more than any single technique — no technique has been shown to prevent injury.

Stairs and hills. Honest work for a hip and nothing to avoid — but they are concentrated doses, and a sore hip may want them added back in steps rather than all at once.

Coming back after a flare-up. Start below what you think you can manage and build in steps, letting each step settle before the next. Some soreness as you rebuild is normal and does not mean you have set yourself back.

WHAT NOT TO DO

Five things that feel sensible and tend to backfire

Resting it until it stops hurting

Hips lose strength and range quickly when they stop working, and both take longer to rebuild than they took to lose. Staying active within comfort helps most non-specific hip pain settle; a month in the armchair does the opposite.

Giving up walking

Cutting walking out altogether is the hip version of taking to bed. Shorter, more frequent walks nearly always serve a sore hip better than none — shrink the dose, keep the habit.

Stretching hard at the sore side of the hip

For pain over the bony side of the hip, aggressive stretches that pull the leg across the body compress the sore tendons further and tend to keep things stirred up. Gentle movement through comfortable range is fine; wrenching at it is not a treatment.

Blaming leg length or alignment for everything

Small differences in leg length are common in people with no pain at all, and claims that mild "misalignment" causes most hip pain are weaker than they sound. Insoles and heel raises are comfort options worth discussing, not fixes to buy on faith.

Assuming you need a scan before anything can help

Scans are for specific questions, usually the warning signs on page 6 or a significant injury. For everyday hip pain a scan rarely changes the advice — and it often shows the normal age-related changes described on page 4, which are common in people with no pain at all.

SIMPLE THINGS THAT HELP

General movement, done often

Nothing on this page needs equipment, a programme or a decision about whether you are doing it right. It is ordinary movement, and for most everyday hip pain that is the point.

Walk, in doses that suit today. Walking is the hip's native activity. Shorter and more often beats long and occasional while things are sore, and the distance can grow as comfort does.

Change position regularly. Whatever you do for long spells – sitting, standing, driving – interrupt it. The earlier pages of this handbook are variations on this one idea.

Use the movement you have. A few times a day, march gently on the spot, swing each leg forwards and back holding a worktop, and circle the knee outwards as if stepping over a low fence – all within what feels manageable. You are reminding the hip of its range, and range that is used tends to stay.

Build activity gradually. As things ease, add back what you normally do a step at a time, letting each step settle before the next.

Look after the basics. Sleep, general activity and stress all influence how much pain you feel. They are unglamorous levers, and they move more than people expect.

> *These are general suggestions, not a treatment plan. If something hurts, stop, and get it looked at properly.*

WHEN WE CAN HELP

What an appointment involves

If your hip is not settling, or you would rather have it assessed than wonder about it, that is what we are for. Osteopaths work with musculoskeletal problems – joints, muscles, tendons, nerves and the way they behave together – and hips, with their neighbours the back and pelvis, are a regular part of the week.

A first appointment starts with your story: when it began, what it stops you doing, what you have tried. Then an examination – watching how you walk and move, working out whether the joint, the tendons at the side, or the low back is driving things, and using our hands to assess what we find. We explain it in plain language, and agree a plan with you before anything else happens.

Treatment, where appropriate, is hands-on work alongside advice on movement, work and daily habits. Like any treatment it carries some risk, which we discuss with you beforehand. And if we think your hip needs a GP or further investigation instead of us, we will say so and help you get there.

NOTTS OSTEOPATHY

437 Westdale Lane, Mapperley, Nottingham, NG3 6DH

0747 124 8330 · info@nottsosteopathy.co.uk

Monday to Thursday 7.00am–7.00pm, Friday 7.00am–6.00pm. Closed at weekends.

All our osteopaths are registered with the General Osteopathic Council.

General information only, not a diagnosis. If you are worried about a symptom, speak to your GP or call us.