

## FACT SHEET — HIP / REFERRED

# Hip Osteoarthritis and Back Pain

*How hip pathology causes or contributes to lower back pain — and why the hip is often overlooked*

Hip osteoarthritis is a significant and frequently overlooked cause of lower back pain. The hip and lumbar spine are biomechanically interdependent — restricted hip movement alters lumbar mechanics, increases spinal loading, and can generate both local hip pain and referred pain into the lower back, groin, and thigh. This is sometimes called hip-spine syndrome.

## How hip OA causes back pain

When hip movement is restricted by arthritis, the lumbar spine compensates by moving more to perform tasks that the hip would normally handle. Over months and years, this increased spinal demand creates muscle fatigue, facet joint stress, and mechanical back pain. Additionally, hip OA commonly refers pain to the groin, anterior thigh, and lower back, creating diagnostic confusion.

### The key clinical question

When a patient presents with lower back and groin or anterior thigh pain, the hip should always be examined. Hip rotation in particular — restricted and painful internal rotation of the hip in a weight-bearing position — is the most reliable clinical sign of hip OA. A patient whose "sciatica" is actually hip OA needs very different management.

## Symptoms of hip OA

- Groin pain — the most characteristic location for true hip pain
- Anterior thigh pain referred from the hip
- Lower back pain from altered lumbar mechanics
- Stiffness after rest, particularly in the morning or after sitting
- Reduced walking tolerance
- Difficulty putting on shoes and socks (hip rotation)
- A limp or altered gait

## Management

### Exercise

Hip strengthening, particularly the gluteal muscles, and maintaining hip flexibility significantly slow OA progression and reduce pain. Swimming, cycling, and walking are all appropriate.

<b>Manual therapy</b>	Targeted hip joint mobilisation, soft tissue work around the hip, and addressing the lumbopelvic mechanics can significantly reduce both hip and associated back pain.
<b>Weight management</b>	Each additional kilogram of body weight increases hip joint loading by 3–5 kilograms during walking. Weight reduction is one of the most effective interventions.
<b>Walking aids</b>	A walking stick used in the contralateral hand reduces hip joint loading by up to 50%.
<b>Intra-articular injection</b>	Corticosteroid or hyaluronic acid injection for moderate to severe pain.
<b>Hip replacement</b>	Total hip arthroplasty has excellent outcomes for end-stage hip OA. Outcomes for associated back pain are often good following hip replacement as the spinal mechanics normalise.

## Related fact sheets

<b>Sciatica</b>	True nerve root pain versus hip-referred groin and thigh pain.
<b>Greater trochanteric pain syndrome</b>	Lateral hip pain from gluteal tendinopathy.
<b>Sacroiliac joint dysfunction</b>	Pelvic pain that can coexist with hip OA.
<b>Surgical considerations for back pain</b>	Hip replacement as treatment for back pain driven by hip pathology.

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