ABH
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HIP & KNEE · CHICAGO

Non-surgical care for hip arthritis

The treatments below are grouped by how well each one is supported by current research studies and clinical guidelines. This reflects how confident doctors and scientists are that a treatment relieves hip arthritis pain, for people who are not yet ready for joint replacement surgery or are not candidates for it.

Strongly supported	Moderately supported	Unlikely to be harmful	Not recommended
Research studies consistently show these help	Research studies suggest these help, with less certainty	Research studies have not shown clear benefit, but the risk is low	Research studies show little or no help, or possible harm

Strongly supported

Recommended for most people with hip arthritis

Exercise and physical therapy	Strengthening, balance work and low-impact activity: walking, a stationary bike, swimming, water classes or tai chi. A course of physical therapy is a reasonable way to learn the program before continuing it independently.
Weight management	Each pound of body weight places several pounds of force across the hip when walking. Losing 5 to 10 percent of body weight reduces hip pain, and larger losses help more.
Anti-inflammatory medications (NSAIDs)	Ibuprofen, naproxen, meloxicam, diclofenac, celecoxib and others. Taken at the lowest effective dose for the shortest period needed. Certain conditions may affect which one is most appropriate.
Acetaminophen (Tylenol)	Mild pain relief with few side effects at labeled doses. Can be taken on its own, alongside an anti-inflammatory medication, or when anti-inflammatory medications are not an option.
Arthritis education programs	Structured classes, often through a hospital system or outside programs, covering activity pacing, flare management, sleep and medication use.

Moderately supported

Worth trying in addition to the treatments above. How much they help varies from person to person

Cortisone injections	Also called a steroid injection, placed with imaging so it reaches the joint. Most people get a few weeks to a few months of relief, though these are recommended less often for the hip than for the knee.
Manual therapy	A therapist mobilizes the hip through its range and releases the surrounding soft tissue. Used together with an exercise program rather than in place of one.
Anti-inflammatory gels (Voltaren)	Rubbed onto the skin over the hip. The hip sits deep, so less of it reaches the joint. Ask your doctor before combining with oral anti-inflammatory medications.
Canes and walkers	Carried in the hand opposite the sore hip, a cane shifts roughly a quarter of body weight away from that joint with each step.
Heat and cold therapy	A heating pad before activity to loosen the joint, ice afterward to settle swelling and soreness.

Unlikely to be harmful

Reasonable to try alongside other treatments if they appeal to you, though research studies have not shown a clear benefit

Acupuncture	Fine needles placed at specific points by a licensed practitioner, usually over several sessions.
Duloxetine	A prescription medication that acts on how the nervous system processes pain signals. Most useful for long-standing pain or pain extending beyond the hip.
Massage therapy	Hands-on treatment of the muscles around the hip by a massage therapist. Used alongside an exercise program rather than in place of one.
Supplements	Glucosamine, chondroitin, turmeric, ginger, fish oil, vitamin D, collagen and CBD products. Paid out of pocket and not regulated as prescription medications are, so dose and purity vary by brand. Some interact with other medications, including blood thinners, so review them with your pharmacist or physician.
Injections other than steroid medications	Platelet-rich plasma and stem cell injections. Usually paid out of pocket, and preparation is not standardized between clinics. Serious side effects are uncommon.
Electrotherapy devices	TENS units, therapeutic ultrasound, low-level laser, magnetic field and shockwave treatment, usually given in a therapy office or bought as a home device.
Hip braces	Compression shorts or a hip brace worn to support the joint. Considered only after exercise and the treatments above have been tried.
Wedge insoles and shoe changes	Insoles, lifts or cushioned shoes intended to even out how the hip is loaded during walking.

Not recommended

Research studies show these do not help, or that the risks outweigh any benefit

Long-term opioid medications	Including tramadol. Pain relief fades with continued use, while drowsiness, constipation, falls and dependence accumulate.
Gel (hyaluronic acid) shots	A thick gel injected into the joint. It has not been shown to reduce pain or improve function in an arthritic hip, and it is not covered by insurance for this use.

GUIDELINES REFERENCED

AAOS. Knee OA, Non-Arthroplasty, 3rd ed, 2021 | AAOS. Surgical Management of Knee OA, 2022 | AAOS. Hip OA, 2023 | ACR / Arthritis Foundation. Hand, Hip & Knee OA, 2019 | ACR / AAHKS. Timing of Hip & Knee Arthroplasty, 2023 | VA / DoD. Non-Surgical Hip & Knee OA, 2026 | NICE NG226. Osteoarthritis in Over 16s, 2022 | OARSI. Non-Surgical Knee, Hip & Polyarticular OA, 2019 | EULAR. Non-Pharmacologic Core Management, 2023 | APTA. Hip OA, 2025