

Relieving Hip and Knee Pain without Surgery

If your doctor is not recommending surgery for your hip or knee joints at this time, there are some other ways to alleviate pain and improve mobility.

Medications

Pain relievers are usually the first choice of therapy for osteoarthritis of the hip and knee. Simple **pain relievers**, such as acetaminophen (Tylenol), are available without a prescription and can be effective in reducing pain. Non-steroidal, **anti-inflammatory medications** include other over-the-counter medications such as aspirin, ibuprofen (Motrin or Advil), or naproxen (Aleve) to help reduce pain and swelling in the joint. More potent types of pain relievers are prescription-strength, non-steroidal, anti-inflammatory drugs (NSAIDs) that can be prescribed by your doctor.

Injections

Cortisone injections can provide you with pain relief and reduce inflammation. They can be very useful if there is significant swelling, but are not very helpful if the arthritis affects the movement of your joint. How long the injection works before it wears off is variable, and there is a limit to how many your doctor can give you per year.

Viscosupplementation is a treatment in which **hyaluronic acid** (HA) is injected into the joint. It can help joints to work properly by acting like a lubricant. There are several different types that your doctor will give in various treatment regimes. Due to anatomy around the hip joint, injections into the hip are more complicated and therefore less frequently prescribed. Examples of such medications include Synvisc, Orthovisc, Supartz, Hyalgan, etc.

Weight Loss

Many people with osteoarthritis are overweight. Simple weight loss can reduce stress on your weight-bearing joints, such as the hip or knee. Based upon the physics of the hip and knee joints, you put three to five times your body weight across these joints throughout the day – especially during stair climbing and getting in and out of a chair.

Every ten pounds of extra weight that you carry can result in fifty pounds of weight-bearing pressure across your hips and knees. Losing weight can result in reduced pain and increased function, particularly in walking.

Exercise

An exercise routine can help **increase your range of motion and flexibility** as well as help **strengthen the muscles** in your legs. Exercise is often effective in reducing pain and improving function. Unfortunately, in the setting of advanced arthritis (bone-on-bone), exercise can sometimes increase pain in your hip and knee joints. Your physician or a physical therapist can help develop an individualized exercise program that meets your needs and lifestyle.

Physical Therapy

Physical therapy to **strengthen the muscles** around your joint may help absorb some of the shock imparted to the joint. Physical therapy can help to **reduce the pain, swelling, and stiffness** of osteoarthritis, and it can help improve **joint function**. It can also make it easier for you to walk, bend, kneel, squat, and sit.

Braces and Splints

Braces may be especially helpful in **knee arthritis** if the arthritis is centered on one side or the other. A brace can assist with stability and function. Braces are not for everyone and they can be difficult to fit for certain people.

Alternative Therapies

Examples of alternative therapies include the use of **acupuncture** and **magnetic pulse therapy**. Acupuncture uses fine needles to stimulate specific body areas to relieve pain or temporarily numb an area. It is used in many parts of the world, and evidence suggests that it can help ease the pain of arthritis. Magnetic pulse therapy is painless and works by applying a pulsed signal to the knee, which is placed in an electromagnetic field. Data on this is somewhat inconclusive.

Biologic Therapies

It's our position that biologic therapies, including stem cell and PRP injections, cannot currently be recommended for the treatment of advanced hip or knee arthritis.

Revised 2019



Scan this with your phone to connect to more articles and videos on hip and knee care.

This article has been written and peer reviewed by the AAHKS Patient and Public Relations Committee and the AAHKS Evidence Based Medicine Committee. Links to these pages or content used from the articles must be given proper citation to the American Association of Hip and Knee Surgeons.