



## **Our orthopedic surgeons answer your hip health questions.**

### **What are the most common causes of hip pain in adults?**

Hip pain in adults — especially those over 40 — usually falls into two categories: muscle-related or joint-related. Muscle pain often comes from overuse or strain, especially in the glute muscles or hip flexors. On the other hand, joint pain is often caused by conditions like osteoarthritis, where the cartilage in the hip joint wears down. Bone stress injuries can also lead to discomfort.

### **What non-surgical treatment options are available for managing chronic hip pain?**

There are lots of non-surgical ways to manage hip pain. Maintaining a healthy body weight, stretching regularly, and strengthening the muscles around your hips can all help. [Physical therapy](#) is a great option, and some people benefit from injection therapy. Anti-inflammatory medications — either oral or topical — can also be part of your treatment plan.

### **What types of injections are used for hip pain, and how effective are they?**

Cortisone injections are the most common and can provide quick relief for hip pain. Just keep in mind that repeated cortisone shots should be used cautiously.

Other treatments like platelet-rich plasma (PRP), hyaluronic acid, and stem cell injections are newer and still being studied. These may not be covered by insurance, but many patients report 60–70% improvement with them.

### **Can physical therapy or regular exercise help delay surgery?**

Absolutely. Staying active and maintaining a healthy weight can help you avoid or delay surgery. Low-impact activities like walking, biking, and physical therapy help keep your joints moving, support good posture and gait, and reduce stress on the hip. These habits can make a big difference, even if the joint is already worn down.



### **When should someone start considering hip replacement surgery?**

If non-surgical treatments just aren't cutting it anymore — if the pain becomes severe, you're limping, or you stop doing activities you enjoy — it might be time to consider surgery. Hip replacement can be truly life-changing when done at the right time.

### **Are there age, weight, or health restrictions for surgery?**

There's no specific age limit, but health does matter. Someone in their 90s might be too frail for surgery, while someone younger with poor health could also be at risk. That's why we take a team approach to evaluate each patient's health before surgery — working with your surgeon, primary care provider, and other specialists. We also recommend keeping your BMI under 40 (ideally under 35) to reduce risks and help the implant last longer.

### **What's the difference between anterior and posterior hip replacement?**

The main difference is where the incision is made. The anterior approach (from the front) allows us to use X-ray guidance during surgery and often leads to faster recovery in the first week. The posterior approach (from the back) has also improved significantly, thanks to minimally invasive techniques.

At Summit Health, both approaches are safe and effective, and we help you choose what's right for you. Most of our patients walk the same day and go home that same day, too.

### **Can both hips be replaced at the same time?**

It's possible, but not very common. Replacing both hips at once is usually only recommended for very healthy, younger patients who can handle a longer surgery and recovery. Most patients are better off doing one at a time — it's safer, and by the second surgery, you'll know exactly what to expect.

### **What's the typical recovery timeline after hip replacement?**

Recovery depends on your goals and lifestyle. We typically recommend 6–8 weeks of physical therapy, and many people are back to sports or full activities within 3–6 months. If you work at a desk or remotely, you might return to work fairly quickly — even within days. Jobs that require standing or lifting may take more time.



### **What should I expect in terms of pain after surgery — and how is it managed?**

You'll definitely feel some soreness, especially early on, but most patients manage their pain well. With the anterior approach, we avoid cutting muscles, which means a gentler recovery. We work between the muscles to reach the joint, which usually results in less pain and quicker healing.

### **Will hip replacement stop me from doing activities like tennis or hiking?**

Hopefully not at all! Our goal is to help you get back to the activities you love. We often see patients return to hiking, biking, and even tennis after their recovery in approximately 3 months. In fact, we have a wall of photos from happy patients doing just that — it's one of the best parts of our job.

### **Is it safe to have hip surgery if I live alone?**

Yes, it is. We make the process as smooth and safe as possible, even for patients living alone. For the first two weeks, we send a nurse and a physical therapist to your home to help you get comfortable and confident. Having a friend or family member nearby can be nice, but it's not required.

### **Do I need physical therapy before surgery — or just after?**

You're not required to do physical therapy before surgery, but it definitely helps. Strengthening your body before surgery can make recovery easier and smoother. If possible, we recommend 4–6 weeks of pre-op physical therapy and having your therapist build a simple home routine you can follow on your own.

### **How long does a hip replacement typically last?**

Thanks to modern technology, hip replacements are lasting longer than ever. Older implants used to wear out after 10–15 years, but today's materials are much more durable. We're seeing great results 20 years out, which means even younger, active patients are good candidates for hip replacement.