
— Analysis

I used to joke about arthritic hips - until I got a pair myself

Losing hip mobility is no joke. It affects your every move, right down to putting on shoes and socks, and curtails the sort of pursuits - in my case, surfing and snowboarding - that make life worth living.

Mark Mulligan *World editor*



I was at a schoolmate's 60th birthday weekend earlier this year when another of the old gang commented on how fit I looked.

"Thanks," I said before spoiling the moment with an update on creeping osteoarthritis of my left hip.

"Look at us oldies going on about our failing bodies," he quipped. "Yes," I concurred. "We've become the people we used to joke about."



Last year, nearly 60,000 Australians submitted to the scalpel for hip-joint replacement surgery, according to the Australian Orthopaedic Association.

Talk about karma! What I now know is that losing hip mobility

[<https://www.afr.com/life-and-luxury/health-and-wellness/how-i-went-from-couch-potato-to-fit-in-my-early-60s-20240116-p5ext4>] is no laughing matter. It affects your every move, right down to putting on shoes and socks, and curtails the sort of pursuits - in my case, surfing and snowboarding - that make life worth living.

Indeed, had I not been so delusional about my immortality 10 years ago, I might have acted on the early signals of bone joint deterioration.

I vividly remember sitting in the line-up at a beach break on Queensland's Sunshine Coast in 2013, puzzled at the sudden effort required to straddle my, admittedly wide, mid-sized board. At the time, I put it down to lack of stretching and a sedentary work life, two factors I've belatedly been able to address but were still a long way from the core problem.

Aches, pains and cramps intensified with time, and I gradually noticed I could no longer stride out or run. But it wasn't until 2022, when sharp nerve pain on the balls of my feet sent me to what would be the first of many leg-related therapy sessions, that it became obvious my old joints and bones were failing me. By now, I could only lie on my board to wait for a wave, and struggled to stay upright in any case.

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degeneration, he suggested a worn-out hip - otherwise known as osteoarthritis - might be the source of the problem.

And while months of podiatric treatment and daily calf stretches helped alleviate the foot pain, they also brought into relief aches further up around the knee and thigh.

These intensified to the point where I had by GP refer me to a physiotherapist. His muscle-strengthening routines helped correct my failing balance and stability, and even helped with the pain for a while, but it was now becoming evident that hip replacement surgery was becoming a “when” rather than an “if”.

It was an osteopath who finally forced me to face reality. “Your left hip is fxxked,” he declared unceremoniously after a series of flexibility tests, “and your right hip isn’t far behind”. In case there were doubts, an x-ray soon after confirmed “severe osteoarthritis . . . on both sides with complete obliteration of the joint space on the left”.

As I now contemplate hip replacement surgery - delayed for a year because my old health insurance policy didn’t cover the procedure - my only consolation is that my story is not unique. Last year, nearly 60,000 Australians submitted to the scalpel for that particular surgery, according to the Australian Orthopaedic Association.

Dr Philip Markham, an orthopaedic surgeon from the NSW Central Coast, says my case is “not an atypical story”.



Osteoarthritis can interfere with those pursuits, like surfing, that make life worth living. **Danielle Smith**

“And I’ve had patients much younger than you, in their 40s, who come see me with the same condition,” he told *The Australian Financial Review*.

“There was a guy recently who had years of stiff hips, but he was a keen soccer player.

“He didn’t want to give that up, so he’s just had both hips done, one after the other, and he’s going back to playing soccer next year.

“So he’s a success story in that respect.”

At the other end of age spectrum, Dr Markham enjoyed some fame in 2019 when he operated on Australia’s oldest hip replacement patient. Daphne Keith was 107 when she underwent emergency hip hemiarthroplasty – removing the ball of the joint and replacing it with an artificial one and metal stem – at Wollongong Hospital after she fell and fractured the neck of her femur bone.

Surgery always carries risks - in this case infection, misalignment and dislocation to name a few - and the danger of something going wrong can be greater when the patient is overweight or suffers osteoporosis.

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replacement candidate with a body-mass index (BMI) above 40. As the patient BMI climbs, the percentage of surgeons prepared to operate drops sharply.

Of course, the loss of mobility inherent in lower body joint degradation can work against weight control to the point where surgery is off the table for good.

For less complicated cases like mine, pain management and gentle but regular activity are key for those in no rush to undergo surgery. Indeed, some medical practitioners argue that even the most obvious hip-replacement candidates should look more closely at alternatives before booking an operation.

One such is physiotherapist Jason Madz, a former Waratahs rugby union star, who says a combination of exercise and a “psychosocial” reset - where you change your thinking about chronic pain - can sometimes be enough to manage the discomfort of osteoarthritis and even eliminate the need for surgery.

“If you’ve given in to the prescription of all the experts who say you’re going to have a joint replacement, then you’ll end up getting a joint replacement,” he says.

He advocates the “Good Life with osteoArthritis: Denmark” (GLA:D) program developed in Denmark specifically for people with knee or hip joint degradation. Consisting of two, one-hour sessions a week for at least six weeks, the program is aimed at building muscle strength, joint stability and movement quality to widen the space in worn-out joints and so alleviate pain and improve alignment and flexibility.

Anti-inflammatory drugs, along with alternative, often controversial, treatments such as platelet-rich plasma injections supposed to repair damaged cartilage, tendons, ligaments, muscles also come up in conversations with specialists.

And then there are non-professionals like my old mate, the one celebrating the aforementioned 60th birthday. A former surfing buddy and now dedicated snow hound - but one who can afford to chase powder runs around the world - he had no time for my tales of remedial therapy, citing successful operations on other friends.

His advice: “Don’t fxxk around mate - just get a new hip!”

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