A PATIENT & FAMILY GUIDE

Understanding Adolescent and Adult Hip Dysplasia Treatment Options

This article was written by Nancy Muir, PT, DPT, DHSc as a blog post for the International Hip Dysplasia and was originally published on 7/11/19. It was modified and updated in 2026 to share as a Miles4Hips resource.

Your Treatment Journey

If you or a loved one has hip dysplasia, it can help to know what the treatment options are. Treatment generally falls into two main categories: **non-operative** (**conservative**) care and **operative** (**surgical**) options. Your care team will help you choose the approach that best matches your symptoms, goals, and joint health.

Conservative Management

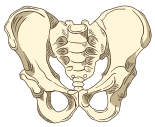
Conservative care often starts with everyday steps like **activity modification** (adjusting what you do and how you do it), **pain medication** (often over the counter), and **physical therapy** to strengthen your core and hips and improve how you move.

While conservative treatment can't change the shape of your hip, it can help you and your care team understand what's driving your pain and calm irritation in the joint. For some people, these steps are enough to reduce symptoms and stay active with periodic check-ins. If pain continues or arthritis risk is higher, surgery may be worth discussing.

Surgical Treatment Options

When conservative treatment isn't enough, several surgical options may help.

Option	Surgery Goal
Osteotomy	Repositions bone to improve hip alignment and coverage.
Hip arthroscopy ("scope")	Treats damage inside/around the joint (like labrum or cartilage) using small incisions.
Total hip arthroplasty/ replacement	Replaces the joint surfaces when arthritis or cartilage damage is significant.



Periacetabular Osteotomy (PAO): Repositioning the Socket

In hip dysplasia, the hip socket can be too shallow, so it doesn't fully cover the "ball" at the top of your thigh bone. A common surgery to improve coverage is the **periacetabular osteotomy** (**PAO**).

- **How it works:** Your surgeon makes carefully planned bone cuts around the socket and repositions it to better cover the ball of your hip.
- **How it's held in place:** Screws keep the bone stable while it heals in the new position.

Femoral Osteotomy: Realigning the Thigh Bone

Sometimes hip dysplasia is also linked with the way your thigh bone (femur) is shaped or angled. Your surgeon may describe this as **anteverted** (turned forward), **retroverted** (turned backward), **valgus** (angled more upward/vertical than typical), or **varus** (angled more downward/horizontal than typical).

If the femur's alignment is adding to your symptoms, a femoral osteotomy may help by carefully cutting and repositioning the bone to improve how your hip works. This may be done on its own or alongside a PAO. The bone is typically stabilized with a rod or a plate and screws while it heals.

Hip Arthroscopy (Minimally Invasive Surgery)

During hip arthroscopy, your surgeon makes a few small incisions and uses a tiny camera to see inside the joint. Small instruments can then be used to treat problems inside the hip (like labrum or cartilage damage) and sometimes issues around the joint like impingement.

In some cases, arthroscopy is done **before, during, or after** an osteotomy if your surgeon believes there are issues inside or around the joint that should be treated in addition to improving alignment. Other times, if the main problem is alignment and the joint damage is mild, your surgeon may recommend an osteotomy without arthroscopy.

Arthroscopy alone is often **not** the best fit for hip dysplasia because it does not correct the underlying issue: a shallow socket that doesn't fully cover the ball of the hip.

That said, in very mild or "borderline" cases—or when symptoms seem more related to impingement than instability—your surgeon may consider arthroscopy by itself. Some people choose this less invasive option knowing they may still need an osteotomy later. This decision is individualized and can be an area of debate among specialists.

Important: If your surgeon recommends arthroscopy for dysplasia, have a detailed conversation about why this approach is right for you and what to expect.

Total Hip Arthroplasty/Total Hip Replacement

If you're older or you already have some arthritis or cartilage damage, you may not be a candidate for joint-preserving surgeries like osteotomy or arthroscopy. In that situation, **total hip replacement** (**THA**) may be an option to reduce pain and improve function.

In a THA, the damaged socket and the "ball" at the top of the thigh bone are replaced with an implant. Implants can be made from materials such as metal, plastic, and ceramic. Hip replacement used to be less common for younger and very active people. However, improvements in implant durability and surgical techniques are helping more patients be candidates for THA at younger ages and allowing patients to stay active for many years after surgery.

Next Steps

- [ ] Discuss treatment options with your surgeon.
- [ ] Discuss potential short- and long-term trade-offs for different treatments.
- [ ] Share your priorities and goals with your surgeon.
- [ ] Ask which approaches may be best for your specific situation and goals.
- [ ] Consider trying conservative management first (if appropriate).
- [ ] Get a second opinion if you're unsure or want more clarity.