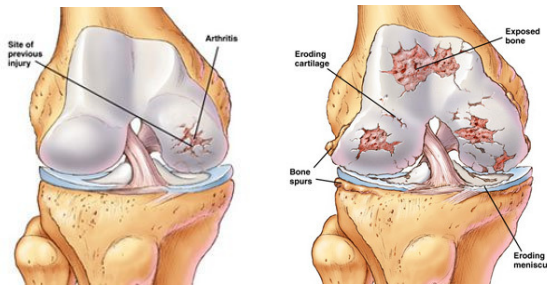


Management of Knee Osteoarthritis

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With arthritis, the weight bearing surfaces of the knee joint become worn away. They are no longer smooth and free running and this leads to stiffness and pain as the thigh bone (femur) grinds on the shin bone (tibia). Treatment options for osteoarthritis of the knee include:

1. Education

- Developed by Arthritis Australia and medical experts, this website features a range of on-line tools and in-depth information to help you. (www.myjointpain.org.au/)
- Arthritis Foundation (www.arthritis.org)
- Arthritis Australia (www.arthritisaustralia.com.au)
- “Treat Your Own Knee Arthritis” (Jim Johnson, Dog Ear Publishing, 2010)

2. Exercises

- Range of motion and flexibility exercises (incl. yoga and pilates)
- Quadriceps strengthening / Hamstring stretching
- Low impact aerobic fitness exercises (swimming, cycling, etc.)

3. Weight loss

- Sustained weight loss of a minimum of 5% of body weight through appropriate program of dietary modification and exercise
- Healthy Weight for Life Programme www.healthyweightforlife.com.au

4. Mechanical aids

- Walking stick (opposite hand)
- Knee Taping or Bracing (neoprene sleeve, off-loader braces)

5. Topical agents

- Cold or Heat
- Anti-inflammatory cream/gel eg.: Voltaren Gel

6. Oral agents (taken alone or in combination)

- Paracetamol (<4g/day) eg. Panadol Osteo (2 tabs 3x per day)
- Non-steroidal anti-inflammatory drugs (NSAIDs)
eg.: Ibuprofen (Nurofen), Voltaren, Celebrex, Mobic, Arcoxia
- Glucosamine, chondroitin, dietary supplements (anecdotal evidence)

7. Injections

- Corticosteroids (evidence-based)
- Viscosupplementation (anecdotal evidence) eg.: Synvisc
- Acupuncture does have some evidence

8. Orthopaedic Surgery

- **Arthroscopic Debridement** - poor evidence / NOT recommended
- **High Tibial Osteotomy**—unicompartmental disease in younger middle-aged patients
- **Partial Knee Replacement**—older patients with unicompartmental disease
- **Total Knee Replacement**—advanced knee osteoarthritis



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