



Managing Osteoarthritis of the Knee (OAK) – 5 Tips for General Practice

OAK is the most common joint disorder encountered world-wide. Ten percent of people over the age of 60 have osteoarthritis of the knee.

The incidence of osteoarthritis increases with age. It is more common in females, people who have damaged their knees playing sports or in people whose work practices have involved prolonged bending, squatting, lifting, twisting, climbing and walking/standing on hard surfaces over a long period of time.

Since osteoarthritis is a progressive disease, in the short term it can be managed non operatively which can delay the need for surgery.

1. Appropriate activities

In most cases prolonged walking only aggravates OAK. Patients should use a pedometer to try and keep within realistic walking time to prevent pain. Modifying day to day activities is very important in coping with symptomatic OAK

2. Decreasing pain and swelling

This is caused by synovial inflammation (synovitis) and mostly can be managed with over the counter medication, e.g. Nurofen (or Nurofen +), Panadol or Panadeine.

It is generally more effective to have a combination analgesic with an NSAID.

Inflammation can be reduced by avoiding certain foods. A recent Catalyst Programme on the ABC "Gut Reaction part 1 and 2" demonstrated the anti-inflammatory benefit of a high fibre diet. Understanding the relationship of food and gut microflora is important in understanding inflammation and disease.

If the swelling is tense or not responding to oral NSAIDS do not hesitate to offer an intra-articular steroid (this is more accurately placed with ultrasound control).



Remember...pain and swelling inhibit quadriceps strength.

Therefore strengthening exercises are best left until the knee is comfortable and there is minimal swelling.

3. Strengthening exercises

Learn the best strengthening exercises for the knee, i.e. quadriceps need resistance work on a bike or swimming with flippers. The use of stairs usually aggravates the patellofemoral joint causing synovitis. The role of appropriate postural strength is often underestimated. Weak hip abductors cause significant extra pressure in the medial compartment of the knee. This is why Pilates classes can be so helpful in managing knee pain.

Physiotherapy techniques also have a very useful part to play in the management of symptoms from osteoarthritis.

4. Managing weight control

This is one of the greatest challenges in society. The manufactured food industry is largely to blame for food that creates obesity. Refined carbohydrates and sugar are universal in the Western diet and made worse by vegetable oils.

The good news is there is abundant evidence that by returning to real food and

avoiding low fibre refined carbohydrates (including sugar) there is no need to diet or go hungry.

A very good source of information about healthy food comes from the internet site Authority Nutrition.

(<https://authoritynutrition.com>)



A weight reduction of 10% may reduce OAK symptoms by 50%.

5. How to have a satisfied patient

Patient satisfaction can be achieved by listening carefully to your patients symptoms and applying a multi-layered approach to the medical management of these symptoms. Utilise health professionals including physiotherapists and rheumatologists, and remember referrals to an orthopaedic specialist are welcomed even if it is just to provide further education and reassurance to your patients.

Remember the vast majority of patients with OAK can manage their symptoms if they understand the problem. Only a few patients end up with knee replacement surgery....so make sure your patients are reassured!

