

Non-Surgical Management of Knee Osteoarthritis
March 4, 2014
Patient Summary

For the first time, OARSI has developed treatment guidelines tailored to different types of patients with osteoarthritis (OA) of the knee. These guidelines are based on a comprehensive review of the current scientific evidence for each treatment's safety and effectiveness. Surgical treatments, the costs of treatments, or their coverage by insurance were not taken into consideration here. These guidelines are designed to help you and your physician determine the best course of treatment for your particular set of circumstances.

In general, OARSI recommends that patients and their physicians always start with non-drug therapies, especially physical activity and maintaining a healthy weight, which are often as effective at managing symptoms of knee OA as drug treatments that carry more risk. If drug treatment is needed for further symptom relief, OARSI recommends starting local first, that is, using topical pain medications and ointments or injections directly to the knee.

For ALL patients with osteoarthritis (OA) of the knee, OARSI recommends the following treatments:

Land-based exercise (e.g., resistance exercise, walking, t'ai chi)
Weight management*
Strength training (exercises to increase leg muscle strength)
Water-based exercise (swimming, water aerobics)
Self-management and education

*The OARSI guidelines specifically found that achieving a weight loss of 5% of total body weight within a 20-week period was most effective for treatment of knee OA.

For additional recommended treatments, find the description below that matches your circumstances.

1. You only have OA in the knee(s) and no other conditions that might affect your treatment:

Biomechanical interventions (e.g., wearing a knee brace or using an orthotic shoe insert)
Corticosteroid injections in the knee joint
Topical NSAID ointment or patches
Using a walking stick or cane
Oral COX-2-selective NSAID pain relievers
Topical capsaicin ointment or patches
Oral non-selective NSAID pain relievers (e.g., ibuprofen and naproxen)

Prescription drug duloxetine
Acetaminophen/Paracetamol

2. You have OA of the knee(s) only, PLUS any of these other conditions (diabetes, high blood pressure, heart or vascular disease, kidney failure, gastrointestinal bleeding, depression, or any impairment that limits activity, including obesity):

Biomechanical interventions (e.g., wearing a prescribed knee brace or an orthotic shoe insert)

Using a walking stick or cane

Corticosteroid injections in the knee joint

Topical NSAID ointment or patches

3. You also have OA in other joints (such as in your hip, spine, or fingers), but no other conditions that might affect your treatment:

Oral COX-2-selective NSAID pain relievers

Corticosteroid injections in the knee joint

Oral non-selective NSAID pain relievers (e.g., ibuprofen and naproxen)

Prescription drug duloxetine

Biomechanical interventions (wearing a knee brace or using an orthotic shoe insert)

Acetaminophen/Paracetamol

4. You have OA in other joints (such as in your hips, spine, or fingers) AND you have any of these other conditions (diabetes, high blood pressure, heart or vascular disease, kidney failure, gastrointestinal bleeding, depression, or any impairment that limits activity, including obesity):

Balneotherapy/spa therapy (using thermal mineral water baths)

Biomechanical interventions (e.g., wearing a prescribed knee brace or an orthotic shoe insert)

Corticosteroid injections in the knee joint

Oral COX-2-selective NSAID pain relievers

Prescription drug duloxetine