

Osteoarthritis of the Knee

Clinical Care Standard



What is Osteoarthritis of the Knee?

Knee osteoarthritis is defined as inflammation of one or both knee joints. The primary symptoms are knee pain, swelling, and stiffness. Knee osteoarthritis is more common in women than men and, although it may affect people of all ages, the prevalence increases sharply from the age of 45 years.

The *Osteoarthritis of the Knee Clinical Care Standard* contains eight quality statements describing the care that you should expect to receive if you experience knee pain and are suspected of having knee osteoarthritis. This guide explains each quality statement and what it means for you .

1 Comprehensive assessment and diagnosis



What the standard says

A patient with suspected knee osteoarthritis receives a comprehensive, person-centred assessment which includes a detailed history of the presenting symptoms, comorbidities, a physical examination, and a psychosocial evaluation of factors affecting quality of life and participation in activities. A diagnosis of knee osteoarthritis can be confidently made based on this assessment.

What this means for you

If you have pain in your knee and other symptoms such as stiffness and swelling around the joint, you can expect your healthcare provider to assess your situation thoroughly to see if you have osteoarthritis or another condition.

Your knee will be examined, and you will be asked questions about:

- Your medical history
- Your symptoms
- Your mental health and mood
- The ways your knee symptoms affect your daily life and activities most important to you.

Your healthcare provider can then do a comprehensive assessment that will help them make a diagnosis. They will recommend the best treatment and support options and share the most useful advice and information.

2 Appropriate use of imaging



What the standard says

Imaging is not routinely used to diagnose knee osteoarthritis and is not offered to a patient with suspected knee osteoarthritis. When clinically warranted, X-ray is the first-line imaging. Magnetic resonance imaging (MRI), computerised tomography (CT) and ultrasound are not appropriate investigations to diagnose knee osteoarthritis. The limited value of imaging is discussed with the patient, including that imaging results are not required for effective non-surgical management.

What this means for you

If your knee pain and other symptoms suggest that you have knee osteoarthritis, you can expect your healthcare provider to confirm this by asking questions about your medical history, symptoms, and situation, and by giving you a physical examination.

Most people with knee osteoarthritis do not need X-rays, MRI or CT scans, ultrasound, or blood tests for a healthcare provider to make a diagnosis.

Scans will not help decide your initial treatment and are not the first step for treating knee osteoarthritis. Your ability to move and do the activities you want to do is more important than what is seen on scans.

Scans may cause you unnecessary concern if they show changes or tears to the meniscus, which is the cartilage between the bones in your knee. These changes are common for most people with knee osteoarthritis but may not have anything to do with your symptoms. Most changes to the meniscus do not need surgery and scans are not always helpful.

If your symptoms are unusual for someone with knee osteoarthritis, your healthcare provider may want to do an X-ray to get a clearer picture. You can expect them to discuss this with you, including what to expect from the X-ray and how it will help with your diagnosis.

If you have diagnosed knee osteoarthritis and are considering surgery, you may need X-rays or other scans at that time.

3 Education and self-management



What the standard says

Information about knee osteoarthritis and treatment options is discussed with the patient. The patient participates in developing an individualised self-management plan that addresses their physical, functional, and psychosocial health needs.

What this means for you

If you have knee osteoarthritis, you can expect your healthcare provider to give you information about your condition. This includes the ways they can support you to maintain a healthy knee.

Together, you and your healthcare provider will set appropriate goals and create a plan that is tailored to your needs and priorities. This plan will include things you can do to help your knee pain and other health problems, either on your own or with professional support. This may include exercises and losing weight, if necessary, either on your own or with professional help.

For some people, medicines or physical aids such as knee braces or walking sticks might be suggested. Your plan will also consider how your knee pain affects your daily life and mood.

By working together, you and your healthcare team can address all your needs and help you manage your knee osteoarthritis so you can do the activities you want to do.

4 Physical activity and exercise



What the standard says

A patient with knee osteoarthritis is advised that being active can help manage knee pain and improve function. The patient is offered advice on physical activity and exercise that is tailored to their priorities and preferences. The patient is encouraged to set exercise and physical activity goals and is recommended services or programs to help them achieve their goals.

What this means for you

If you have knee osteoarthritis, being active by moving your body every day can significantly reduce your pain, strengthen your muscles, improve your mobility and balance, and may reduce the need for medicines.

Feeling some pain or discomfort when exercising is normal and does not mean it is damaging your knee joint. You can expect that your healthcare provider may recommend medicines to use before or after exercise, and they will support you by giving advice on the types of activities and exercises that are best for you, considering your ability, your priorities and what you like to do.

Exercise is safe for your knee, even if you have severe knee osteoarthritis. Your exercises can be adjusted according to your pain so that you can continue to do them. Even a small amount of physical activity is better than none to improve your general fitness and to strengthen muscles around your joints. Choose a form of physical activity that suits you – this may be group or individual training, supervised or unsupervised, land- or water-based.

You can expect to be encouraged to set physical activity goals, such as gradually increasing an activity you like to do. Where possible, your goals will be slowly upgraded as your strength and fitness improve.

You may be recommended to do a specific exercise program or be referred to a specialist clinic or healthcare provider with expertise in exercise. For example, a:

- Local community program, group or activity
- Physiotherapist, exercise physiologist or sport and exercise physician
- Specialist multidisciplinary service.

Nine out of 10 people with knee osteoarthritis can manage without needing joint replacement surgery.

Even if you do need knee surgery, being physically active leading up to the surgery can improve your ability to recover and return to your usual activities after the operation.

5 Weight management and nutrition



What the standard says

A patient with knee osteoarthritis is advised of the impact of body weight on symptoms. The patient is offered support to manage their weight and optimise nutrition that is tailored to their priorities and preferences. The patient is encouraged to set weight management goals and is referred for any services required to help them achieve these goals.

What this means for you

Everyone living with knee osteoarthritis benefits from a nutritious diet to maintain strong muscles and bones. A healthy diet can help you manage your knee osteoarthritis and reduce the need for medicines. How much it helps will differ for individuals (like many treatment options). You will be encouraged to set weight goals based on your priorities and preferences.

If you are living with knee osteoarthritis and have excess weight, losing weight will reduce knee pain. It can help with your mobility and improve your ability to do the activities most important to you. It will also help you manage any other health problems. Losing weight can also help delay surgery or even avoid it altogether. If you are living with excess weight or obesity, you may be offered a referral to a dietitian or weight management program to support you to lose weight.

Should you need knee surgery, and you are living with excess weight, lowering your weight will help to reduce your complications from surgery and anaesthetic and improve results after the operation.

6 Medicines used to manage pain and mobility

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What the standard says

A patient with knee osteoarthritis is offered medicines to manage their pain and mobility in accordance with the current version of the *Therapeutic Guidelines* or locally endorsed evidence-based guidelines. A patient is not offered opioid analgesics for knee osteoarthritis because the risk of harm outweighs the benefits.

What this means for you

Medicines do not cure knee osteoarthritis, but they can help manage your knee pain so that you can do the things that are important to you. Medicines should not replace other treatments such as healthy diet, exercise, and weight management if these are recommended.

If you need medicines to help manage your knee pain and mobility, you can expect to receive medicines that are recommended in a current, good-quality medical guideline.

Tell all healthcare providers about all the medicines you are taking, including any herbal medicines and vitamin supplements.

You can expect your healthcare provider to consider your symptoms, any other health problems you have, and any other herbal medicines, vitamin supplements, and over-the-counter medicines you take before recommending medicines for your knee osteoarthritis. They should also consider your preferences.

You can expect your healthcare provider to give you clear information about what each medicine is for, when to take it, how much to take, how long to take it for, and any possible side effects. They should tell you what to do if you experience side effects.

7 Patient review

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What the standard says

A patient with knee osteoarthritis receives planned clinical review at agreed intervals, and management is adjusted for any changing needs. A patient who has worsening symptoms and severe functional impairment that persists despite optimal non-surgical management is referred for assessment to a non-general practitioner (GP) specialist or multidisciplinary service.

What this means for you

You can expect your healthcare provider to offer you planned check-ups and reviews to monitor your symptoms and wellbeing and adjust any treatments or medicines if needed. You can decide together how often you have these checkups and whether they will be face-to-face or telehealth consultations.

At a checkup, you can expect that you might discuss your self-management plan, including physical activity and any weight management goals. You may be referred to other healthcare providers who can help you achieve your goals, such as a physiotherapist, psychologist, dietitian, exercise physiologist, or specialist doctor.

If the cause of your symptoms is unclear or if you or your healthcare provider are concerned about your pain and mobility despite following your treatment plan, you will be referred for assessment to a doctor specialising in knee osteoarthritis for further assessment. Most often, this will be a rheumatologist, an orthopaedic surgeon, or a sports and exercise physician.

8 Surgery



What the standard says

A patient with knee osteoarthritis who has severe functional impairment despite optimal non-surgical management is considered for timely joint replacement surgery or joint-conserving surgery. The patient receives comprehensive information about the procedure and potential outcomes to inform their decision. Arthroscopic procedures are not offered to treat uncomplicated knee osteoarthritis.

What this means for you

Most people who are physically active and manage their weight can delay or avoid surgery. If you still have severe pain after you have tried other treatments such as exercises and physical activity recommended by an exercise healthcare professional, or if your knee osteoarthritis is causing you a lot of difficulty, your healthcare provider might suggest you see a surgeon to discuss surgery.

Your surgeon will explain the surgery for you, including the risks, benefits, and results you can expect. It is important for you to have all the information so that you can make the best decision for your treatment. The types of procedures offered will vary depending upon your suitability for surgery and your preferences. Depending on your other medical conditions, you may also need a specialist anaesthetic consultation beforehand.

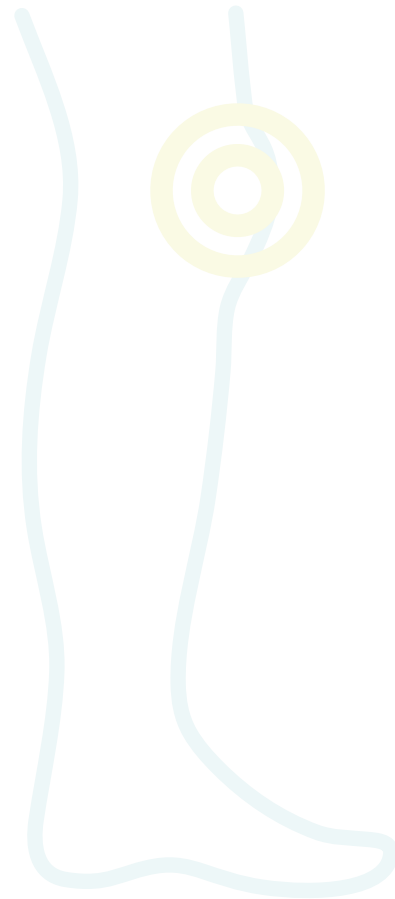
Knee replacement is a common option. For some people, another type of surgery may be possible that does not remove your knee joint and is known as joint-conserving surgery. The usual type of joint-conserving surgery is called an osteotomy and involves realigning the knee to take pressure off the damaged area.

Arthroscopy is keyhole surgery using a small camera to look inside your knee and remove part of your meniscus. It is not recommended for knee osteoarthritis because there is no evidence that it will help you.

Questions?



See the Commission's [Osteoarthritis of the Knee Clinical Care Standard](#) webpage for more information and links to useful resources.



The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.