



**MEDIA
RELEASE**



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Expert advice to sidestep surgery for knee osteoarthritis

For more than a million Australians who live with pain and disability from osteoarthritis of the knee, surgery is often seen as an inevitable magic bullet.

In fact, most people can successfully reduce their pain and improve mobility without major surgery and the associated costs, recovery period and potential complications.

To better support people with this disease, a revised national Standard released today outlines the right way to care for knee osteoarthritis, reflecting solid evidence of strong health outcomes without surgery.

Whilst often seen as the poor cousin of treatment options, physical activity and weight management are key. Despite popular misconceptions, exercising is safe and effective when tailored to a person's needs.

The Australian Commission on Safety and Quality in Health Care (the Commission) partnered with experts across all healthcare disciplines on the [2024 Osteoarthritis of the Knee Clinical Care Standard](#).

The Standard aims to reduce the impairment caused by knee osteoarthritis, which makes it difficult to perform everyday activities such as walking or climbing stairs.

Each year, more than 53,500 knee replacements are performed to treat osteoarthritis in Australiaⁱ and the figure is rising. By 2030, knee replacements are expected to increase by 276%.ⁱⁱ

Performed at the right time for the right people, surgery can have a dramatic benefit. However, a significant number of patients remain dissatisfied after joint replacement due to unmet expectations.ⁱⁱⁱ

Since the release of the original Standard in 2017, studies have reinforced that non-surgical treatments are preferred for most people.

Knee arthroscopy – ‘keyhole’ surgery to examine the joint and remove damaged tissue – is now rarely recommended for osteoarthritis. The procedure is shown not to improve pain or function and saw a dramatic 47% decrease between 2015 and 2022 for people aged over 45 years.^{iv}

The updated Standard explains best practice care throughout a patient's journey – in the community by GPs, physiotherapists, exercise physiologists and dietitians, as well as rheumatologists, orthopaedic surgeons and other specialists.

Medical Advisor for the Commission and general practitioner, Dr Phoebe Holdenson Kimura, said the Standard was a vital lever for change, to embed the latest research in day-to-day medical practice.

“Our understanding of osteoarthritis and the pathology of the knee joint and soft tissues has changed,” explained Dr Holdenson Kimura. “There must be a corresponding mindset change in how we both think and talk about osteoarthritis of the knee as a disease, to have a more holistic view of the person.”

The updated Standard includes practical communication tips for clinicians on how to talk with patients.

“Let's avoid language that catastrophises osteoarthritis including phrases like ‘bone on bone’ and ‘wear and tear’, which suggest we will damage our joints by moving them – that's simply not true,” she said.

“Non-operative approaches such as physical activity, exercise and weight management are proven to make a big difference to quality of life for most people with knee osteoarthritis. This is great news for patients who can better manage their condition and may avoid or delay knee replacement surgery.”

Dr Holdenson Kimura said the Standard empowered patients to take control and encouraged clinicians to support non-surgical treatments, rather than waiting for surgery or relying solely on pain relief medicines.

“There is an opportunity to shift the conversation to focus on active management and to reduce unhelpful beliefs – such as fear and avoidance of physical activity,” she said.

Osteoarthritis is more common in people aged over 45 years. With Australia’s ageing population, the number of people with knee osteoarthritis increased 126% between 1990 and 2019^v. Weight is also a contributing factor, as a person who is overweight has double the risk of developing knee osteoarthritis.

Rethink investigations and referrals for knee osteoarthritis

Over the past decade, treatment for knee osteoarthritis has changed, said Gold Coast **orthopaedic surgeon Adjunct Professor Christopher Vertullo**, who has performed knee surgeries for 20 years.

The Deputy Clinical Director of the Australian Orthopaedic Association National Joint Replacement Registry, and one of the experts involved in reviewing the Standard, said knee surgery should never be seen as a ‘quick fix’ for osteoarthritis.

According to Professor Vertullo, the most important aspect of the revised clinical care standard is the focus on reducing unnecessary imaging, and ultimately, surgery that isn’t needed.

“For most middle-age and older patients with atraumatic onset – where knee pain has come on by itself, without injury – the pain is likely to settle down, and immediate investigations with imaging is not usually required,” he said.

“Patients and healthcare practitioners need to rethink investigations and referrals for knee pain unless they are clinically appropriate.

“In my own practice, about a third of referred patients don’t need to see me, and about 60% of all my patients have had an inappropriate investigation or scan, without any initial management for osteoarthritis. I am having regular conversations about the need to maximise non-surgical management.

“In Australia we have seen a gradual fall in rates of knee arthroscopy. Yet at the same time, we’ve seen rising rates of investigations such as X-rays, MRIs, ultrasounds and CT scans, reduced rates of proper clinical assessment, and lower rates of appropriate management before a patient is referred for surgery.”

Professor Vertullo said the beneficial effects of improved weight management and increased physical activity meant many patients with knee osteoarthritis may never need to see a surgeon or have surgery.

“A patient should only be considered for joint replacement once they have maximised non-operative management as much as possible, and reached a point where their pain is untenable or unmanageable.

“No one should enter surgery lightly. It is fantastic for end-stage osteoarthritis of the knee when someone has severe pain, but for an occasional ache, you are likely to be dissatisfied with the outcome,” he said.

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More information: safetyandquality.gov.au/oak-ccs
Highlights infographic: [Osteoarthritis of the knee in Australia](#)

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About the Commission

The Australian Commission on Safety and Quality in Health Care is an Australian Government agency that leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations, the Commission aims to ensure that the health system is better informed, supported and organised to deliver safe and high-quality care. www.safetyandquality.gov.au

References

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- ^{iv} Australian Commission on Safety and Quality Health Care analysis of Medicare Benefits Schedule (MBS) Claims data, 2023. Data extraction date 15 March 2023.
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