Knee osteoarthritis

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Diagnosis

Symptoms!

– > 40 years + usage-related knee pain + morning stiffness < 30 min + functional limitation and
– 1 or more of the following typical clinical findings:
  • crepitus
  • restricted movement
  • bony enlargement

Additional investigations

(X-ray, blood analyses, joint aspiration)

– Patients with suspected knee OA, but who are not eligible for a clinical diagnosis
– Patients with a clinical diagnosis and recurrent swelling of the knee
– Patient with a contra-indication for conservative treatment with acetaminophen ± NSAID or persistent pain → X-ray of the symptomatic knee

X-ray of the symptomatic knee

– weight-bearing
– semi-flexed PA view
– Lateral and skyline view

There is NO indication for CT or MRI
Core treatment recommendations

For all patients with knee OA!

1. Education and lifestyle advice
   - Information about the treatment objectives and the importance of changes in lifestyle, exercise, weight reduction, and other measures to unload the damaged joints.
   - Encourage to lose weight, if there is overweight.

2. Exercise therapy
   - A combination of muscle strengthening, aerobic and functional exercises
   - combined with range of motion exercises in case of range of motion restrictions

→ Refer to a physical therapist for instruction in appropriate exercises, for motivation, and to evaluate performance.

3. Pharmacological
   - Step 1: acetaminophen up to 3 g/day ± topical NSAID
   - Step 2 (no adequate response on acetaminophen or non-pharmacological treatment options): NSAIDs
     • should be used intermittently (max 3 weeks sustained use)
     • at the lowest effective dose

Additional recommendations

Insufficient effect or contra-indications for core treatment options

In function of the X-ray

- Bicompartmental or patellofemoral osteoarthritis
  • Intraarticular injection with corticosteroids (optional)
  • intraarticular injection with hyaluronic acid (optional)
  • Referral to specialist

- unicompartmental knee OA or additional pathology.
  • Referral to specialist (brace, arthroplasty, osteotomy)