

Osteoarthritis of the Knee

Clinical Care Standard Consumer Fact Sheet

Osteoarthritis is a condition that causes joints to become painful and stiff. The knee is a common joint that is affected. Pain and stiffness from knee osteoarthritis can affect some people's ability to take part in their usual activities. This clinical care standard tells you what care should be offered if you have knee osteoarthritis. You can use this information to help you make decisions in partnership with your doctor and other clinicians. The *Osteoarthritis of the Knee Clinical Care Standard* can be downloaded from www.safetyandquality.gov.au/ccs.

1. Comprehensive assessment



What the standard says

A patient with knee pain and other symptoms suggestive of osteoarthritis receives a comprehensive assessment that includes a detailed history of the presenting symptoms and other health conditions, a physical examination, and a psychosocial evaluation that identifies factors that may affect their quality of life and participation in their usual activities.

What this means for you

- If you have pain in your knee and other symptoms such as stiffness and swelling around the joint, your doctor or other member of your clinical team (such as a physiotherapist or a nurse) carries out a thorough assessment to see if you have osteoarthritis or another condition.
- You are asked about how your symptoms affect your ability to do your daily activities, such as showering, standing up, working and doing leisure activities. You are also asked about other health conditions or social factors that might affect how you manage your knee pain (for example, recent life changes, being a carer for others). This information will help your clinicians work out with you the best way to manage your symptoms and help you stay active. They also consider if you need other care, such as from a physiotherapist, dietitian, occupational therapist, podiatrist, sport and exercise physician, rheumatologist or orthopaedic surgeon.

2. Diagnosis



What the standard says

A patient with knee pain and other symptoms suggestive of osteoarthritis is diagnosed as having knee osteoarthritis based on clinical assessment alone. X-rays are considered only if an alternative diagnosis is suspected (for example, insufficiency fracture, malignancy). Magnetic resonance imaging (MRI) is considered only if there is suspicion of serious pathology not detected by X-ray.

What this means for you

- Your clinician assesses your symptoms and does a physical assessment to determine whether you have osteoarthritis in your knee. This is generally enough for your clinician to diagnose osteoarthritis.
- Further tests, such as X-rays and blood tests, are only carried out if the cause of your symptoms is uncertain or your symptoms are severe or have worsened.
- Most people with suspected knee osteoarthritis do not need X-rays, other scans (such as MRI) or blood tests because these will not change the diagnosis or the care that they receive.

3. Education and self-management



What the standard says

A patient with knee osteoarthritis receives education about their condition and treatments for it, and participates in the development of an individualised self-management plan that addresses both their physical and psychosocial health needs.

What this means for you

- You receive information from your doctor or other member of your clinical team (such as a physiotherapist, nurse or occupational therapist) about osteoarthritis and possible treatments, such as lifestyle measures, medicines and joint protection aids. This can help you make decisions about the care you need.
- You are also invited to develop a self-management plan with your clinicians based on your needs and preferences. Understanding more about your condition and having a self-management plan helps you to manage your symptoms so you can continue or return to your usual activities.

4. Weight loss and exercise



What the standard says

A patient with knee osteoarthritis is offered support to lose weight, if they are overweight or obese, and advice on exercise, tailored to their needs and preferences. The patient is encouraged to set weight and exercise goals, and is referred to services to help them achieve these, as required.

What this means for you

- Making changes to your lifestyle might help you avoid or delay the need for medicines or surgery. Your clinicians support you to maintain a healthy body weight and remain physically active. You are encouraged to set weight and exercise goals based on your needs and preferences.
- If you are overweight, you receive support to lose weight, which may include a referral to a dietitian or weight management program.
- Advice on exercise may include exercises to improve your fitness and to strengthen muscles around your joints. If you need surgery, being physically active beforehand might improve your ability to recover and return to your usual activities after the operation.

5. Medicines used to manage symptoms



What the standard says

A patient with knee osteoarthritis is offered medicines to manage their symptoms according to the current version of *Therapeutic Guidelines: Rheumatology* (or concordant local guidelines). This includes consideration of the patient's clinical condition and their preferences.

What this means for you

- If you need a medicine to help manage your knee pain and other symptoms of osteoarthritis, you are offered one that is recommended in a current guideline.
- When selecting the medicine that is best for you, your clinician also takes into account your symptoms, any other health conditions you may have, other medicines you take (including complementary medicines), and your treatment preferences.
- You receive information about what the medicine is for, how much to take, when to take it, how long to take it for and any possible side effects.

6. Patient review



What the standard says

A patient with knee osteoarthritis receives planned clinical reviews at agreed intervals, and management of the condition is adjusted for any changing needs. If the patient has worsening symptoms with severe functional impairment that persists despite the best conservative management, they are referred for specialist assessment.

What this means for you

- You receive planned check-ups with your clinician so they can monitor your symptoms and wellbeing, and adjust treatment if needed. You and your clinician agree on how often you have these checks.
- At a check-up, you might be referred to other clinicians to ensure you are getting the best care (e.g. physiotherapist, psychologist, dietitian, or a specialist doctor such as a pain specialist or sport and exercise physician).
- If the cause of your symptoms is unclear, or there is concern about your symptoms and function despite the best care so far, you are referred for assessment to a doctor specialising in knee osteoarthritis; most often this will be a rheumatologist or an orthopaedic surgeon.

7. Surgery



What the standard says

A patient with knee osteoarthritis who is not responding to conservative management is offered timely joint-conserving or joint replacement surgery, depending on their fitness for surgery and preferences. The patient receives information about the procedure to inform their treatment decision. Arthroscopic procedures are not effective treatments for knee osteoarthritis, and therefore should only be offered if the patient has true mechanical locking or another appropriate indication for these procedures.

What this means for you

- If you have tried other treatments to manage your symptoms but are still in severe pain or having difficulty with usual activities because of your knee, your clinician might suggest you have surgery to relieve your symptoms and improve your ability to function. You receive information about the procedures suitable for you, including their risks and benefits, to help inform your treatment decision.
- The types of procedures offered will vary depending upon your suitability for surgery and your preferences. Knee replacement (also known as joint replacement) is an option, as are types of surgery that do not require the replacement of your complete knee (joint-conserving surgery).
- In general, arthroscopic procedures are not offered as treatment for knee osteoarthritis unless you have a particular complication that may benefit from it, such as a locked (or locking) knee due to a mechanical cause.

More resources

This Consumer Fact Sheet and the *Osteoarthritis of the Knee Clinical Care Standard* can be downloaded from www.safetyandquality.gov.au/css. An evidence sources document is also available.

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Disclaimer

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 professionals about the applicability of the clinical care standard to their individual condition.

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More information on the Clinical Care Standards program is available from the Australian Commission on Safety and Quality in Health Care website at www.safetyandquality.gov.au/ccs.