

# How to manage osteoarthritis



OVENS VALLEY  
PHYSIO & PILATES

- Osteoarthritis (OA) is a chronic condition that **can affect any joint** in the body, it is more common in the weight bearing joints such as hips and knees.
- **Not all OA is actually symptomatic**
- OA can cause joint pain, joint stiffness and reduced mobility
- Structural changes involved with OA can include thinning of the cartilage, development of bony spurs and loss of joint space.
- There is **high variability in the severity of symptoms** that people experience and this **does not often correlate with degree in structural changes as seen on XRAY**



## How does OA cause pain

First it is important to know that **pain is very complex** and we know from research that there are many contributing factors, only one of which is structure related. **Our knowledge and understanding** of what is happening in our bodies, **our previous experiences** or those of people around us, **life stresses** and **mental health** all **can contribute significantly to pain**. This is why you can have very little structural change but significant pain or the other way around. You can also experience significant pain and have significant structural change but that **does not always mean that the structural change is the sole cause of the pain**.

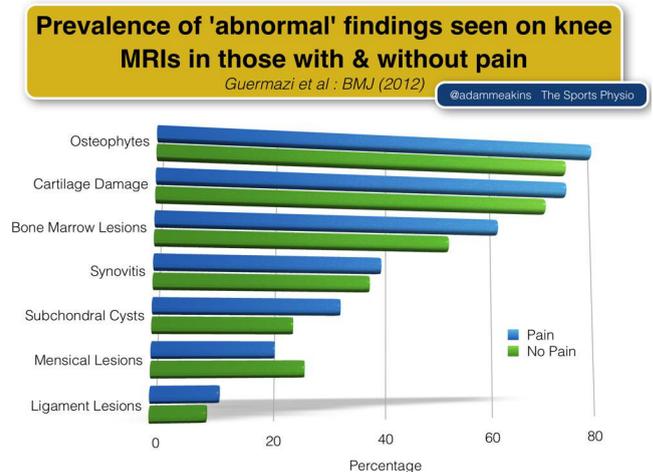
Symptomatic and painful OA occurs when **the load exceeds the capacity** of the muscles and joints. OA structural changes typically occur slowly over the lifetime and the body is very adaptive to these changes. But when we increase the load on the joints by **too much, too soon** tissues and structures **don't have time to adapt** and can become overloaded. Then pain **is caused by irritation** (and sometimes inflammation) of the area. This increase in load can look like:

- An **increase or change in activity** that increases the load on the area

- A **decrease in activity** causing deconditioning of the muscles which increases the load on the joints
- Age related **deconditioning of the muscles** which increases the load on the joints

## Validity of imaging

Imaging from XRAYs and MRIs only tell us part of the story, they show us structural changes but they can't tell us about the person. There is lots of research that has shown findings such as OA are very common in pain free people. That is why we treat the individual in front us and not the scan.



## Do I need to stop running/jumping/moving etc?

As physiotherapists it is our job to keep you moving as much as possible. We know from research that **there is no activity that causes structural OA changes to get worse faster**. It will or won't progress at its own rate and there is nothing we can do about that. Because of this we know that **some pain associated with OA pain is absolutely okay**. We stick to **the 4/10 rule**: pain up to a 4/10 during any activity is okay, so long as the pain settles within 1 hour of finishing the activity and is not worse the next day after. As you get stronger and your joint adapts to more load the pain will settle.

## The 5 pillars of managing OA ( in order of importance)

1. **Exercise**- general exercise and movement of the joints is important for the production of healthy joint fluid that lubricates the joint as well as general load tolerance.
2. **Strengthening**- a progressive strength program over a minimum of 12 weeks is needed to make good strength gains. This needs to be targeted at your specific needs for best results. This increase in strength will reduce the load going through the joints.
3. **Weight loss**- increased weight means more load through the weight bearing joints. Weight loss can reduce this but is not applicable to everyone and is not as important as building up strength. It is also

important to acknowledge that it can be difficult to lose weight if your joint pain is limiting your exercise levels.

4. **Pain management**- if your pain is aggravated by activity levels then having helpful pain management strategies in place is important, this can include medication, heat or ice packs and other therapies.
5. **Activity modification**- changing what or how we do things rather than avoiding activity all together. This will look different for each person but might mean starting out with non weight bearing exercises like cycling or swimming until the capacity of the joint is up to other things like walking or running. It might look like using a walking aid to reduce the load on the joints so that you can keep walking more to build up the load tolerance.

### Do I need surgery?

Despite our best efforts, nothing physiotherapists can do will change the structure of the joints. Fortunately the structure is not the most important thing and there is SO MUCH you can do to improve, manage and even treat and resolve symptoms. Nowadays most people who have OA are being treated conservatively with exercise and having great results. Less people are needing surgery which is great because surgery is not an easy option, has many risks and requires a long recovery and rehab.

However there are people who give conservative management a really good go for a minimum of 12 weeks and may see no improvement. In these cases we need to consider if it is worth trying more rehab or if surgery is required.

When considering surgery it is important to think about how much the OA is affecting your life rather than what the structural changes are. There may be minimal structural changes but the symptoms are limiting you from doing day to day tasks compared to someone who might have more significant changes but only has minor pain when they overload the joint.

When making these decisions it is important to have all the information, so speak to your physiotherapist, your GP and a surgeon to get a full understanding of what surgery entails and what is going to be best for you.