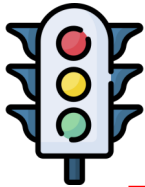




This tool provides information to facilitate the management of osteoarthritis (general) in adults

Focused examination



1. Patient History

- Rule out risk factors for major structural or other pathologies. If required, refer to an appropriate healthcare provider.
- Identify and assess other conditions and co-morbidities. Manage using appropriate care pathways.
- Address prognostic factors that may delay recovery.

Major structural or other pathologies (red flags):

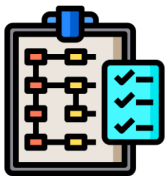
- History of trauma, prolonged morning joint-related stiffness, rapid worsening of symptoms or the presence of a hot, swollen joint, history of malignancy, vertebral infection, osteoporotic fractures, traumatic fracture, myelopathy, brain haemorrhage/mass lesion, inflammatory arthritis

Examples of other conditions/co-morbidities:

- Physical conditions: back pain, headache
- Psychological conditions: depression, anxiety
- Co-morbidities: diabetes, heart disease

Examples of prognostic factors that may delay recovery:

- Symptoms of depression or anxiety, passive coping strategies, job dissatisfaction, high self-reported disability levels, disputed compensation claims, somatization



2. Physical Examination

- Rule out major structural or other pathologies.
- Diagnose osteoarthritis clinically without investigations if a person is over 45 years of age AND has activity-related joint pain AND has either no morning joint-related stiffness or morning stiffness that lasts no longer than 30 minutes.

3. Management

- Offer information on nature, management, and the course of osteoarthritis.
- Discuss the range of effective interventions with the patient and, together, select a therapeutic intervention.

4. Reevaluation and discharge

- Reassess the patient at every visit to determine if: (1) additional care is necessary; (2) the condition is worsening; or (3) the patient has recovered.
- Monitor for any emerging factors for delayed recovery.

Incorporate outcome measurements when assessing and monitoring patients for pain severity, function, and co-morbidities

• [Self-rated Recovery Question](#)

• [Patient-specific Functional Scale](#)

• [Arthritis Impact Measurement Scale 2](#)

• [Numeric Pain Rating Scale](#)

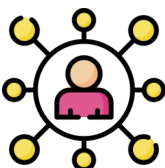
• [World Health Organization Disability Assessment Schedule](#)

• [Pittsburgh Sleep Quality Index](#)

Visit our website for more [outcome measurements](#)

5. Referrals and collaboration

- Refer the patient to an appropriate healthcare provider for further evaluation at any time during their care if they develop worsening symptoms or new physical or psychological symptoms.



Non-pharmacological Management

Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any one of the following therapeutic interventions*:

Consider local muscle strengthening and general aerobic exercise

Consider heat/cold

Consider manipulation and stretching (particularly for osteoarthritis of the hip)

Consider interventions to achieve weight loss for those who are overweight or obese

Consider transcutaneous electrical nerve stimulation (TENS) for pain relief

Consider appropriate footwear with shock-absorbing properties

Consider assessment for bracing/joint supports/insoles

Consider assistive devices (e.g., walking sticks and tap turners)

Do not offer acupuncture

Do not offer glucosamine or chondroitin products

Pharmacological Management

Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any one of the following therapeutic interventions*:

Consider oral analgesics

Consider topical treatments

Consider non-steroidal anti-inflammatory drugs and highly selective COX-2 inhibitors

Consider intra-articular injections

Do not offer intra-articular hyaluronan injections

Invasive Management

Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice)

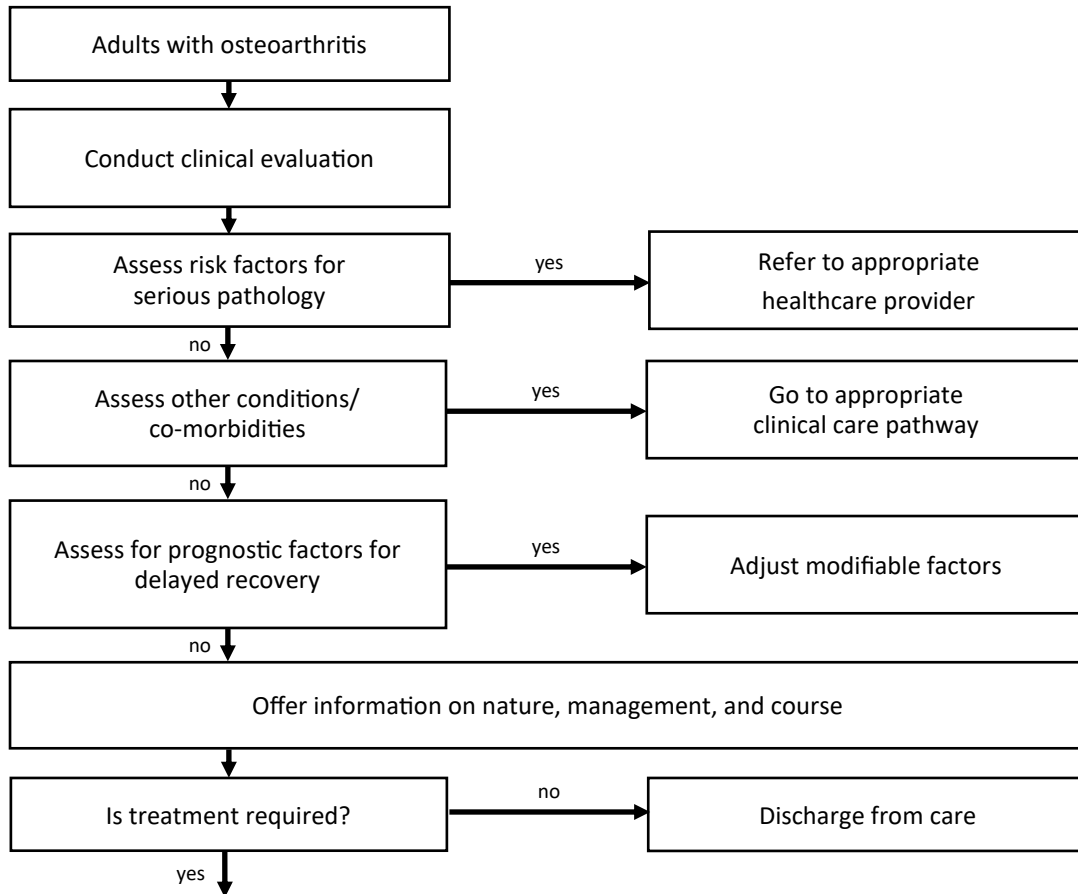
Do not offer for arthroscopic lavage and debridement unless the person has knee osteoarthritis with a clear history of mechanical locking (as opposed to morning joint stiffness, 'giving way' or X-ray evidence of loose bodies)

*Interventions are recommended if guidelines used terms such as 'recommended for consideration' (e.g., 'offer', 'consider'), 'strongly recommended', 'recommended without any conditions required', or 'should be used'. Recommendations from low-quality evidence are not listed.

This summary is based on information provided by the following high-quality clinical guidelines:

- [National Institute for Health and Care Excellence \(NICE\). Osteoarthritis: care and management. \(2014\)](#)

Care pathway for the management of osteoarthritis



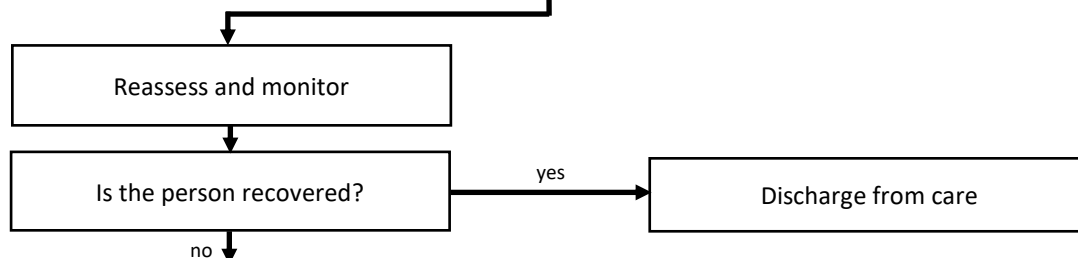
Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any one of the following therapeutic interventions*:

Non-pharmacological management:

- local muscle strengthening and general aerobic exercise
- heat/cold
- manipulation and stretching (particularly for osteoarthritis of the hip)
- interventions to achieve weight loss for those who are overweight or obese
- transcutaneous electrical nerve stimulation (TENS) for pain relief
- footwear with shock-absorbing properties
- bracing/joint supports/insoles
- assistive devices (e.g., walking sticks and tap turners)

Pharmacological management:

- oral analgesics
- topical treatments
- non-steroidal anti-inflammatory drugs and highly selective COX-2 inhibitors
- intra-articular injections



*Interventions are recommended if guidelines used terms such as 'recommended for consideration' (e.g., 'offer', 'consider'), 'strongly recommended', 'recommended without any conditions required', or 'should be used'. Recommendations from low-quality evidence are not listed.