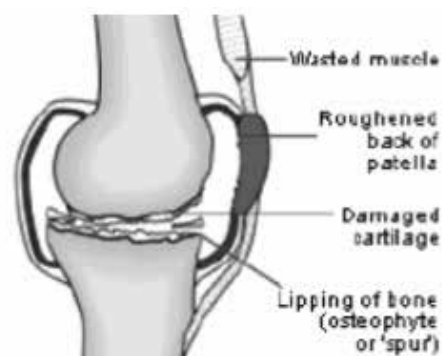


Osteoarthritis Of The Knee

The aim of this leaflet is to give you some understanding of the problems you have with your knee and to provide some advice on how to manage this. It is not a substitute for professional healthcare advice and should be used along with information you may be given by your GP or other healthcare practitioner.

What is Osteoarthritis of the knee

Osteoarthritis affects your joints. It develops over time and is linked with the normal ageing process, just like wrinkles or grey hair. In your knee joint, there is a layer of cartilage that covers the end of your bones. With osteoarthritis, this cartilage becomes more worn. The bone ends may feel like they rub together. The tissues around your knee can become irritated and inflamed. It is this inflammation can cause you your pain and swelling. Osteoarthritis can change the shape of your knee.



Causes

Obesity - If you are over-weight this puts more pressure on your knees and on other weightbearing joints

Age – Osteoarthritis is more likely to develop after the age of 40. Rarely, young people can get it

Previous joint injury, damage or deformity - A major injury, or operation on a joint may lead to osteoarthritis later

Occupational Repetition - Sometimes, repeated activity leads to osteoarthritis later in life

Genetics - It may run in your family or it may be related to some diseases.

Symptoms

Stiffness – in your knee, often first thing in the morning

Pain – often worse on weight bearing (e.g. standing, walking)

Walking difficulties – less able to walk as far, slower walking speed, trouble climbing stairs, difficulty kneeling

Noises – creaking or grating noises when you move your knee

Movement – loss of movement of your knee

Weakness – mainly of your thigh muscles

Swelling.

Diagnosis (+/- tests)

The main way we diagnose your OA in your knee is through what you tell us and by examining your knee. Other investigations may be considered, these can be discussed with your health care professional.

- Tenderness over your knee
- Creaking and grating (crepitus)
- Bony swelling
- Excess fluid
- Restricted movement
- Instability of your knee
- Weakening of the muscles that support your knee
- X-rays - X-rays are not a good indicator of how much pain or disability you're likely to have – some people have a lot of pain from minor joint damage but others have little pain from severe damage. X-rays may show changes such as osteophytes, narrowing of the space between bones and calcium deposits within your joint.
- Blood test - There's no blood test for osteoarthritis but these tests can be used to rule out other conditions.

Treatment

Self Help

- Weight: aim to keep at your correct weight for your height. Research shows that if you are overweight for every pound lost there is a four pound reduction in knee joint load and stress
- Exercise: carry out regular daily exercise, e.g. walking, exercise bike, exercise in water or swimming (avoid breaststroke)
- Stiffness: keep moving, as this prevents stiffness. Avoid standing still or sitting still in one position too long
- Plan how to pace yourself: plan exercise and plan rest. Plan some breaks in your activities for the day. **If your pain is severe:** climb stairs leading with your stronger leg, and go downstairs leading with your more painful knee first
- When you need to turn: take small steps – to avoid twisting at your knee
- Walking stick: use a stick if you are limping or if pain is severe.
- Footwear: wear good supportive footwear with shock absorbing properties. Avoid high heels or stiff soles.
- Hot and cold: Yes, a hot or cold pack can help for a while. Leave it on for up to 10 minutes. Test which one works better for you. If you use a cold pack, put a damp tea towel around it to protect your skin. Check your skin regularly.

Exercises

All exercises should be relatively comfortable to do. If you have pain on a specific exercise that does not settle quickly, you should stop that exercise.

Exercise 1: Static Quadriceps

Lie on your back with your legs straight. Pull your foot up, tighten your thigh muscle and push your knee down firmly against the bed.



Exercise 2: Straight Leg Raise

Lie on your back. Pull your foot up and tighten the thigh muscle to straighten your knee. Lift your straight leg several inches and hold in this position. Keep your leg straight.



Exercise 3: Inner Range Heel Lifts

Lie on your back with a towel roll under your knee. Pull your toes up, tighten the front of your thigh muscle and straighten your knee slowly.



Exercise 4: Active Range of Motion

Lie on your back with something smooth under your heel e.g. a tray or plastic bag. Bend and straighten your hip and knee by sliding your foot up and down the surface.

All exercises should be relatively comfortable to do. If you have pain on a specific exercise that does not settle quickly, you should stop that exercise.



Medication

Many people use medication to help them remain active and to cope with their pain and symptoms. It is recommended that you take your medication regularly. It is best to get advice from a GP or pharmacist.

Other Intervention

There are other health interventions which may be appropriate for your condition. These can be discussed with your health care practitioner.

Work

It is usually recommended that you try to stay at work or get back to work as soon as possible. You do not need to be fully pain and symptom free to return to work. Research shows the longer you are off work the less likely it is that you return.

Final statement

Try to stay positive. There is a lot you can do to help yourself. Most symptoms do settle with time.

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