



OA Knee

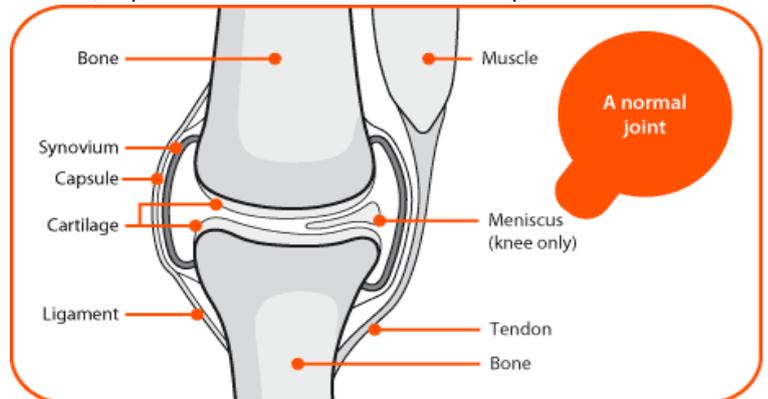
What is it?

Osteoarthritis (OA) is the most common type of arthritis, and may be described as “degenerative changes”, or “wear and tear”. The most commonly affected joints are the knees, the hips, hands, feet, and spine. The risk of developing the condition increases with age. It mainly affects people over the age of 40, and is most common among those over the age of 65. Joints are where 2 bones meet and they allow movement, in arthritis the cartilage, synovium and capsule are affected and extra fluid is produced and often small projections of extra bone (osteophytes are laid down)

Symptoms

The symptoms of OA Knee tend to gradually appear over months or years, and can include:

- pain and stiffness in the knee,
- the knee becoming red and warm to the touch,
- the knee joint 'creaking' or 'cracking' when moved,
- the knee joint 'giving way' under you, and
- the knee joint becoming larger than normal, and changing its appearance.



(http://www.arthritisresearchuk.org/arthritis_information/arthritis_types_symptoms/osteoarthritis.aspx)

You may have the changes of OA in your knee for many years prior to noticing any symptoms which can vary significantly from person to person, and can range from mild and barely noticeable, to severe and disabling. Some may experience the worst of the pain in the morning when they get up, and for some it can be worst while exercising or at the end of the day. Some people also find that damp weather causes more pain in the knee joint.

What causes it?

OA is often explained as the effects of “wear and tear” on the joint, because the cartilage becomes less healthy. Causes are not yet completely understood but we do know about certain factors that play a part:

- **age** - the chances of developing OA increase with age, possibly because the muscles become weaker, and the body is less able to heal itself,
- **obesity** - being overweight seems to be a cause of OA, and it can also make the condition worse once it has developed,
- knee joint **injury** or **overuse** - OA often occurs in a joint that has already been injured, deformed, or overused; this is often the reason for younger people developing the condition, and
- **genetics** - some forms of OA seem to run in families.

Do I need an X-ray?

X-rays are only an adjunct to diagnosing OA and are not always necessary in treating OA knee appropriately. By the age of 65, around 50% of people have OA in one or more of their joints, but only 10% have some disability caused by it.

What can you do?

There are many ways to help yourself. A number of measures can be taken to reduce the effects of OA. To reduce the stress on the knee joint, try to:

- keep to your ideal weight,
- pace yourself - spread out physical activities through the day rather than doing everything at once,
- wear the right shoes - ideally shoes with thick soft soles, and some support the balance between cushioning and support is very important.
- consider walking aides, such as a stick, if recommended by your physiotherapist or GP

Exercise - can also help to keep the joint as healthy as possible. Avoid high impact activities and ensure you do exercise regularly in manageable amounts. Strengthening, mobility and balance exercises can help to stabilise and protect the knee joint, reduce the pain, and help prevent falls. Some aerobic exercise - can help to improve your overall health and promote a good night's sleep. Your physiotherapist and GP can advise you on appropriate exercises, some examples are shown on the next page.

Painkillers - can help to relieve knee pain and stiffness. Paracetamol is an effective painkiller, which is commonly taken by people with OA. Your GP may prescribe a course of non-steroidal anti-inflammatory drugs (**NSAIDs**). Any medication that you take should be discussed with your GP or pharmacist. Caution should be taken with long-term use of NSAIDs and this should be discussed with your GP.

Supplements such as glucosamine and chondroitin have recently become popular. They are believed to play a part in improving the quality of cartilage. However, more research into these supplements, and their effects, is needed before they can be fully understood. These supplements may not be suitable for everyone. For example, it is not advisable to take glucosamine if you have an allergy to seafood, because it is derived from shellfish.

Heat/Ice some people report temporary relief with heat or ice. Remember to ensure any heat applied is not too hot to cause a burn and ice is not applied directly to the skin but over a layer of toweling or cloth for 10 minutes at a time.

Exercises:

- The following exercises have been provided as they may help your symptoms if done regularly.
- They are not appropriate for everyone and remember to commence these exercises at a manageable level.
- The recommended time, repetitions and frequency of each exercise are intended as a guide that you may need to modify.
- It is normal to experience some muscle fatigue and generalised muscle soreness when doing a new exercise but you should not experience severe pain or acute exacerbation of your symptoms whilst doing them and particularly not for a prolonged period of time after the exercises.
- If you are not managing consult your GP.



Sit on a chair with your feet on the floor.

Bend your knee, and then straighten it, as much as possible within your limits of pain.

Repeat 10 - 15 times.



Lying on your back. Bend one leg and put your foot on the bed and put a cushion under the other knee.

Exercise your straight leg by pulling your foot and toes up, tightening your thigh muscle and straightening the knee (keep knee on the cushion). Hold approx. 5 secs. and slowly relax.

Repeat 10 times.



Lying on your back with one leg straight and the other leg bent. (You can vary the exercise by having your foot pointing either upwards, inwards or outwards).

Exercise your straight leg by pulling the toes up, straightening the knee and lifting the leg 20 cm off the bed.

Repeat 10 times with both legs.



Stand. Hold onto a support and bring one leg slightly backwards. Ensure you are safe and not at risk of losing your balance and falling.

Bend your knee and lift your foot off the floor. Hold 5 secs.

Repeat 10 times.