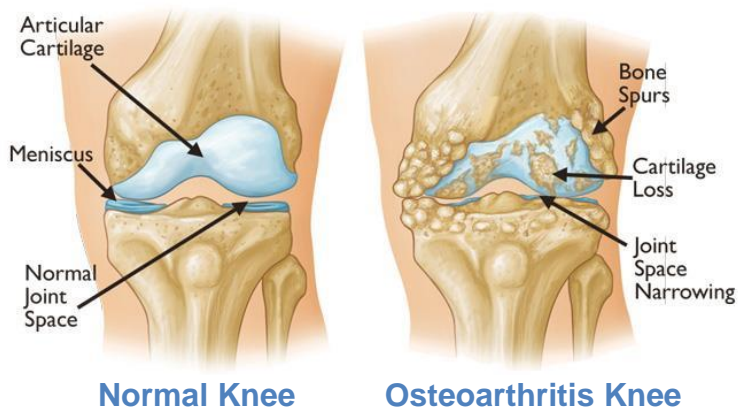


Knee Osteoarthritis

WHAT IS KNEE OSTEOARTHRITIS?

Osteoarthritis (OA) is gradual wearing away of the articular cartilage on the ends of the bones that help to cushion the knee during normal daily activity. OA is a destructive process of the knee and the adjacent structures and tissues. It can affect the inside (medial), outside (lateral), or front (patellofemoral) of the knee or any combination of the three.



HOW DOES IT DEVELOP?

The cause of knee osteoarthritis is often multifactorial. Osteoarthritis is often described as “wear and tear” within the knee joint. Some factors that increase the likelihood of developing osteoarthritis include older age, women, genetics, increased weight, and previous trauma. Previous injuries involving meniscus tears, ACL tears, or articular cartilage injury are also at higher risk for developing osteoarthritis.

WHAT ARE THE SYMPTOMS?

The most common symptom is gradual or acute onset of deep knee pain and stiffness. The pain is typically worse with bearing weight, ascending or descending stairs, or deep flexion. The pain can be either constant or can fluctuate. Symptoms typically progress with time. Advanced knee osteoarthritis can cause instability, catching or locking, or decreased range of motion.

DO I NEED SURGERY?

Mild to moderate knee osteoarthritis can often be managed with conservative treatment. Knee replacement surgery is the most definitive treatment for knee osteoarthritis, but should only be done when all other options have been exhausted and when the individual's activities of daily living are limited. Joint replacement surgery typically should not be done to maintain high-level athletic activity. Although most people who have had their knees replaced are very happy with their results, knee replacement should be reserved for "older" individuals with advanced disease. Conservative treatment consists of activity modification, ice, over-the-counter anti-inflammatories (NSAIDs), bracing (if indicated), physical therapy, and injection therapy. Injection options include intra-articular corticosteroids or hyaluronic acid injections, as well as experimental biologic injections.

ARE THERE ANY ADVERSE OUTCOMES?

Advanced arthritis can lead to some limitations in range of motion of the knee. Some people are unable to fully bend or straighten their knee due to advanced osteoarthritis. Depending on the area of degeneration, some people can become knock-kneed or bowlegged. Oral medications and intra-articular injections can cause side-effects and should be discussed with your doctor.