

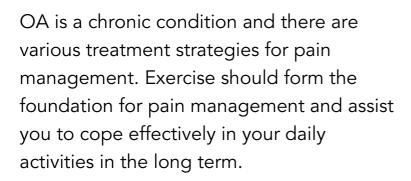
Hip and Knee Osteoarthritis (OA)

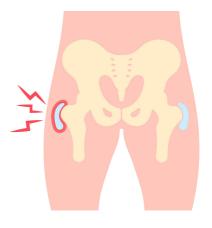
What is Osteoarthritis (OA)?

Osteoarthritis (OA), commonly known as a 'wear and tear' (degenerative) condition, can result in pain and joint stiffness that interferes with your social and daily activities. Hip and Knee OA is the most common cause of hip and knee pain in the elderly.



OA pain can fluctuate throughout life and cause this pain often feels better with rest. However, if the condition is not well managed, symptoms often return. Most people with OA are troubled especially when the pain is recurrent and persistent in their lives.





Read on to understand more about OA.

Why do I get Osteoarthritis (OA)?

There are many factors that can increase your risk of developing hip/knee OA throughout your lifespan. Some are modifiable while others are not.

Modifiable	Non modifiable
Lifestyle: smoking, overweight, lack of, or excessive exercises.	Trauma: Previous history of hip/knee injuries increases 3-5x risk
Strength: weaker leg muscles (hip and knee muscles)	Knee deformity: "Bow-legged" or "Knocked knee"

How long does it take for me to get better?

With an effective treatment plan, you should find that your pain is well-managed. As the pain can fluctuate, you may experience 'good' and 'bad' days. 'Bad' periods do not mean that it is getting worse but this is the pattern of the condition.

It is important to learn helpful coping techniques so you can reduce the frequency and recurrence of 'bad' days to ensure you can still enjoy doing activities and tasks that you value.

What are effective treatment methods?

Effective therapies would include strengthening exercises, weight loss, and cardio such as walking, cycling and swimming. This would also mean having activity pacing strategies.

Complimentary therapies would include pain relief technique such as adequate pain medications, knee brace.



What about medical treatments?

Joint Replacement Surgery would be recommended only for people with joint deformity or if you have not responded well to a sustained exercise program prescribed by a physiotherapist.

Facts and Myths about OA	
Myth	Fact
The amount of degeneration on my x-ray is indicative of how damaged my joint is.	Symptoms vary from person to person and they usually do not correlate with the advancement of degeneration. Relying on information from scans alone can be unhelpful.
OA is degenerative, it will just get worse.	Many people can improve their symptoms and avoid surgery with an appropriate treatment plan.
OA is an 'old people' disease.	Osteoarthritis is more common as you age, however it can and does affect younger people as well. This is especially so for those who may have suffered a joint injury in the past.
Exercise is unsafe for my degenerative joint.	Not only exercise is safe, it is the best way to treat OA and this is recognised internationally.

Activity Pacing

Remember! Slow and steady wins the race!

As OA pain tends to fluctuate, this would incline you to want to do more on 'good' days and rest more on 'bad' days. This pattern is what physiotherapists define as the "boom and bust cycle" which is often usually associated with failure.

Learning how to pace your activities is a key element for all types of chronic pain management. There is a simple and effective guide to how you can do more, without worsening your condition on the whole.

Speak to your physiotherapist about this.



How do I know if I am getting better?

Research shows that people with OA experience improvements in pain, walking speed and distance with a scheduled exercise regime.

The longer you follow the recommended strategies, the more likely you can experience these positive effects.

Seek professional advice for these recommendations today!



Contributed by Physiotherapy, Rehabilitation, Allied Health Services

