

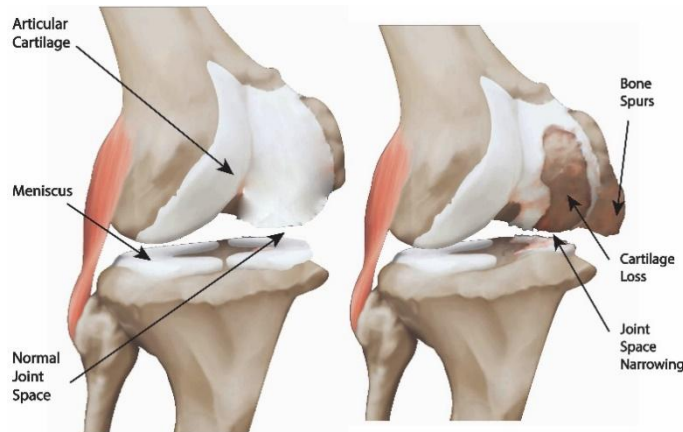
# Knee Arthritis: A Guide to Non-Surgical Treatment Options

## Your Knee Arthritis:

<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Mild
<input type="checkbox"/> Post traumatic Arthritis	<input type="checkbox"/> Moderate
<input type="checkbox"/> Inflammatory Arthritis	<input type="checkbox"/> Severe

## About Knee Arthritis

Arthritis or thinning of the joint cartilage is a common cause of a painful or stiff knee. The most common types of arthritis in the knee are osteoarthritis and post-traumatic arthritis. Osteoarthritis is “wear and tear” of the knee. In osteoarthritis, there is thinning and roughening of cartilage, softening and tearing of the meniscus or “shock absorber” and bone spurs form. Osteoarthritis develops over years and usually doesn’t begin until patients are in their 50s or later. Post-traumatic arthritis means that the knee has been injured in the past and this has led to arthritis. Post-traumatic arthritis can happen in younger patients. Some patients with rheumatoid arthritis or other inflammatory conditions can develop inflammatory arthritis in the knee.



Normal Knee compared to Arthritic Knee

Most patients benefit from treatment of their arthritis to reduce pain and improve quality of life. Some patients require knee replacement or other surgery to treat their arthritis. Your doctor will work with you to determine the best treatment for your arthritis.

Non-surgical treatment options for knee arthritis are described below. Not all options are appropriate for all patients. Your doctor will tell you what treatment is recommended for you.

## Healthy Body Weight, Staying Active & Maintain Strength: Recommended for All Patients with Knee Arthritis

<b>Healthy body weight:</b>	
Maintain a healthy body weight to reduce pain and reduce chances of arthritis getting worse. Use a combination of diet and exercise. Your doctor can refer you to a dietician for further help if you are overweight.	
<b>Low-Impact Exercise:</b>	
Try to stay as active as possible using minimal impact activities such as: <ul style="list-style-type: none"> <li>• Walking</li> <li>• Cycling (stationary or road)</li> <li>• Swimming or water based exercise</li> <li>• Elliptical or Rowing machines</li> </ul>	
<b>Knee and Hip Strengthening &amp; Stretching:</b>	
Work with a physiotherapist or kinesiologist to get a programme of exercises to strengthen and stretch the muscles that support the knee to reduce pain and help you stay active. Your doctor can refer you to a physiotherapist or the Arthritis Centre.	

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## **Pain Control:**

Tylenol (acetaminophen)	
Well tolerated with most people reporting no side effects. Can take Regular strength, Extra Strength or Arthritis (lasts 8 hrs instead of 4-6). Maximum dose is 3-4 grams/day. No prescription is required. It is safe to take Tylenol with an NSAID.	
NSAIDs or Anti-Inflammatories	
NSAIDS are often very effective to reduce arthritis pain. NSAIDs are drugs like: Advil, Ibuprofen, Aleve, Naproxen, Voltaren, Arthrotec, Vimovo, Celebrex You must be monitored by your family doctor if you are taking long term NSAIDS. Regular or long term use of NSAIDs can cause: <ul style="list-style-type: none"> <li>• Stomach Upset or Ulcers</li> <li>• Kidney problems</li> <li>• Increase in blood pressure</li> <li>• Easy bruising or bleeding</li> </ul>	
Topical Anti-Inflammatory	
Anti-inflammatory cream such as Voltaren or Pennsaid can relieve pain with fewer side effects compared to pills. Non-prescription strength Voltaren can be purchased without a prescription but most patients find the prescription strength is more effective.	
Narcotics	
Tylenol# 3, Tramacet or other narcotics should be used carefully and only if needed.	

## **Knee Braces & Walking Aides**

Supportive Brace: gives compression, may reduce swelling and increase confidence in the knee	
Structural Brace: can help to take stress off the worn out parts of the knee onto the less worn parts to reduce pain	

Hiking Poles: can reduce pain by off loading the knee	
Cane: Usually most helpful in same hand as sore knee	
Walker, wheelchair or scooter may be needed.	

## **Injections into the Knee:**

Injections into the knee are done in the office and generally very well tolerated with minimal pain.	
Cortisone Injections: Can reduce pain and acute inflammation. May improve symptoms for 2-6 months. Can be repeated if injections give good and lasting relief.	
Hyaluronic Acid or Viscosupplementation: Injection of a synthetic joint fluid that may reduce pain for up to 6-10 months. Pain relief usually begins a few weeks after the injection. Injections can be repeated every 6 months if helping. Cost: 325-400\$/injection.	
Platelet Rich Plasma (PRP): Injection of your own plasma into the knee joint. See this <a href="#">PRP handout</a> for more information.	

## **Diet and Naturopathic Supplements**

There are no rigorous medical studies that have shown that patients benefit from any diet or naturopathic supplement ( e.g glucosamine, chondroitin, hyaluronic acid, turmeric, fish oil etc). However, many patients report feeling better on a supplement. This is a personal choice as long as the supplement is safe.
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## **Ice, Heat and Sleep**

Ice and heat both provide an anti-inflammatory effect and may reduce pain. Use for 15-20 minutes at a time and always protect the skin. Sleep position: many patients have less pain if the sleep with a pillow under the knee (back sleepers) or between the knees (side sleepers).
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