CLINICAL GUIDELINES FOR NONSURGICAL MANAGEMENT OF OSTEOARTHRITIS

Osteoarthritis management core treatment

Nonpharmacologic

Exercise: low-impact aerobic, aquatic, strength training, neuromuscular education
Weight loss (if BMI>25)
Self-management program (Arthritis Foundation)
Thermal agents (heat/cold)
Tai chi

Pharmacologic

Oral NSAID* +/- PPI
Oral Cox2
Topical capsaicin (OTC) or NSAID, e.g., Voltaren gel
Acetaminophen (not to exceed 3000mg/day)
Tramadol
Chondroitin Sulfate and/or Glucosamine (If no help d/c after 3-month trial)

LOCATION

Hand

Evaluate ADLs
Instruct in joint protection
Provide assistive devices
Heat modalities
Splint (MCPJ/TMCJ)

Knee

Effusion	No Effusion
Cold therapy	Shoe Insoles* *
+/- aspiration	Patellar taping* *

Corticosteroid intraarticular injection
Use mobility aids as needed ie. cane, crutches, or walker
Viscous supplementation injection *** (refer to orthopedic surgeon)

Hip

Use mobility aids as needed (e.g., cane, crutches, or walker)

**Refer for medial wedge shoe insoles for valgus knee OA, subtalar strapped lateral insoles for varus knee, medially directed patellar taping (ACR recommends/AAOS does not)

REFERRAL

Failed conservative treatment with significant functional loss and pain
Refer to orthopedic surgeon:
Send documentation of failed conservative treatment modalities
Anemia work up, dental evaluation, sleep apnea study, PT for core strengthening
Standing AP, lateral and sunrise views of the knee; AP pelvis and frog leg lateral views of the hip

REFUSES REFERRAL OR UNABLE TO BE CLEARED FOR SURGERY

Opioids (Follow American Pain Society/American Academy of Pain Medicine guidelines regarding opioid analgesics)
Refer to pain clinic

***Comorbid pharmacologic management**: NSAIDs: use lowest dose for the shortest duration
Cardiovascular on ASA; Ok to use most NSAIDs but add proton pump inhibitor (PPI): Do not use Ibuprofen (reduces effectiveness of ASA): Do **not** use Cox-2 inhibitors (C2Is) (celecoxib [Celebrex])
Renal stage IV and V (eGFR <30 mL/min) do **not** use NSAIDs; evaluate Stage III (eGFR between 30-59 mL/min) for benefits vs risk
Upper GI: Upper GI bleed within 1 year use C2I with PPI; history of symptomatic or uncomplicated ulcer use NSAID or C2I with PPI
***Viscous supplementation not recommended by AAOS or ACR guidelines based on lack of efficacy not potential harm.

Adapted from American Academy of Orthopaedic Surgeons (AAOS) 2013 and the American College of Rheumatologist (ACR) 2012 guidelines.