

Osteoarthritis (OA) of the Knee



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What is it?

Arthritis means inflammation of the joints. 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.

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.

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. It mainly affects people over the age of 40, and is most common among those over the age of 65. This may be due to 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 having the condition.
- 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.

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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
- Consider walking aides, such as a stick, if recommended by your physiotherapist
- Consider inserts or orthotics for your shoes. This option could be discussed with the Physiotherapist or Podiatrist.

What else will help?

Exercise - as long as the right kind - can also help. Strengthening 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 can advise you on appropriate exercises.

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.

Food 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.

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