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Osteoarthritis

By the age of 65, 1/3 of women and 1/5 of men have reported having osteoarthritis.

Osteoarthritis affects mostly the weight bearing joints such as the knee, hip and spine. It causes thinning of the layer of smooth cartilage covering the bone.

Osteoarthritis does not weaken the bones and so does not carry an increased risk of fracture. It is usually diagnosed by clinical examination and confirmed by x-ray.

Pain can often come and go (intermittent), and there can be some joint stiffness, particularly after periods of inactivity such as getting out of the car or chair, or first thing in the morning.

Risk factors include aging, being overweight, and having had major injury to joints in the past.

There is no cure for osteoarthritis.

Management can include analgesic medication such as paracetamol or anti-inflammatory drugs.

Pain and arthritis do not have a direct correlation.

Many people with obvious signs of osteoarthritis on x-ray do not report joint pain, stiffness, or difficulty with everyday activities.

Having strong lower-limb muscles and maintaining normal body weight will often reduce the risk of experiencing joint pain in the presence of osteoarthritis.

Some patients can be caught in a vicious cycle where they are sedentary and overweight and find that certain types of exercise increase their joint pain. Consequently they become more sedentary and this further weakens their muscles and perpetuates their pain.

Exercise in a heated pool can be particularly effective for promoting joint movement, reducing joint load and improving muscle strength, as well as working on weight loss.

Glucosamine and chondroitin are dietary supplements, which may slow the rate of joint destruction and cartilage loss. They are compounds occurring naturally in the body and are one of the principle building blocks of proteoglycan - a compound essential for maintaining cartilage integrity.

Research about the effectiveness of these supplements is inconclusive at this stage.