

SOUTHPORT PHYSIOTHERAPY CENTRE

3E/34 High Street, Southport QLD 4215 P: (07) 5591 4333 E: southportphysio@gmail.com

Diagnosis and Management of Osteoarthritis (OA) Pain - A Physio's Perspective



X-rays are used to diagnose OA.

Physios treat the pain caused by the OA.

- Physios will conduct a comprehensive assessment and examination on a patient with arthritis. Consideration should be given to the affects the OA has on quality of life, physical activity, sleep, medication use and interaction with other medical conditions.

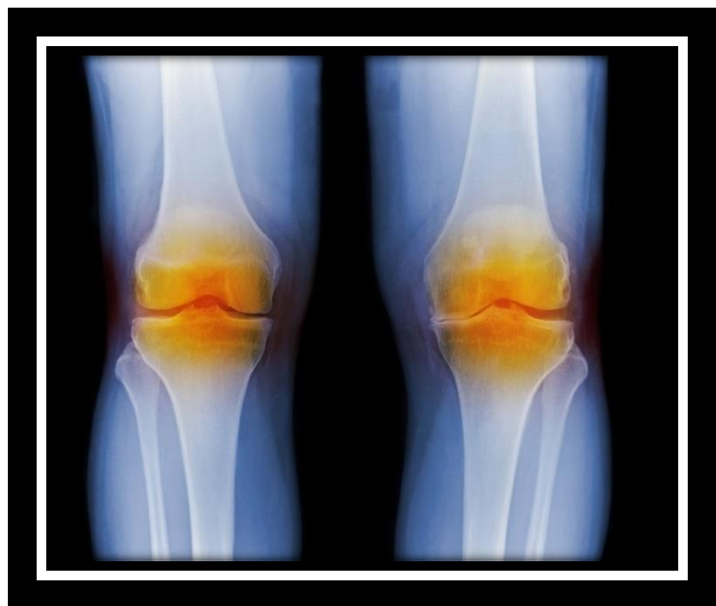
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- Often there is no direct correlation between the extent of OA and severity of pain. Some patients have extensive arthritis, but minimal pain and others may have mild degeneration on x-ray but have significant pain and impairment to function.

There are many factors that can contribute to the presentation of osteoarthritis.

Usually, however the reason the patient presents to the physio is when the pain affects their day-to-day function. OA gradually causes destruction of the joint surface; however the pain can present with minimal or significant OA. Imaging such as x-rays can be useful when there has been a rapid worsening of symptoms, or evidence of an inflamed joint without an obvious reason.



Joint damage does not fully explain arthritic pain.

- Symptoms can occur before structural damage appears on x-ray. Furthermore- a joint may show evidence of damage for many years before the pain presents. Pain is a complex experience which can be associated with memories, emotions, beliefs and social context. Many factors can determine whether a stimulus is perceived as painful or not.

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Exercise is safe and recommended for OA

- There is strong evidence to show that appropriate exercise is beneficial in managing OA pain. Exercise therapy can strengthen muscle, improve joint stability and range of movement. Studies have shown that exercise can improve articular cartilage in people at high risk of OA.
- Rest can be detrimental.
- Physical activity and exercise are essential for good joint and general health as well as useful in controlling or in some cases preventing many chronic diseases.

Your physiotherapist can advise and guide you in which exercises are best suited to you.

OA pain can be reduced by managing modifiable risk factors.

- Obesity is a well-documented risk factor which contributes to OA. Increased weight means increased mechanical loading through the joints. This can lead to pro-inflammatory processes in cartilage and bone.
- Traumatic joint injuries earlier in life can contribute to premature onset of OA. This can include acute sporting or recreational injuries.
- Excessive occupational load, physical inactivity and muscle weakness have all been linked to the development of OA. Jobs which involve excessive kneeling and lifting can increase risk.
- Genetics can play a factor in OA. A family history of OA increases the likelihood of OA in future generations.

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(As stated previously, appropriate movement and exercise can stimulate cartilage regeneration and muscle strengthening can reduce load on joints.)

Surgery should not be the first treatment choice for OA.

- Many people believe the only way to 'fix' arthritis is by surgery.
- Arthroscopic surgery has little benefit in management of OA patients.
- Joint replacement surgery however can provide significant relief for people with severe OA pain. However, surgery involves hospital admission, costs, risks of infection and post-op complications and a period of recuperation and recovery.
- Up to 1 in 5 people who undergo knee replacement are not satisfied with the outcome citing persistent pain, stiffness and difficulty with daily activities after surgery.



There are many conservative options available to patients which can delay and sometimes prevent surgery from being required.

Ask your physiotherapist for advice regarding ongoing management of the pain associated with OA.