

Weighing nonsurgical treatment options for knee osteoarthritis pain

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Osteoarthritis (OA) is a progressive "wear and tear" disease of the joint. Osteoarthritis of the knee (knee OA) may not be totally preventable but according to Elizabeth Matzkin, MD, an orthopaedic surgeon specializing in sports medicine with Brigham and Women's Hospital, there are some key factors that we can control to minimize the chances of developing bone and joint pain. So, what's the best treatment option for those who already have knee OA? Dr. Matzkin explains her study's findings published in the October issue of the *Journal of the American Academy of Orthopaedic Surgeons*.

"Patients with symptomatic [knee](#) OA who received an intra-articular corticosteroid injection demonstrated improvement in [pain](#), stiffness and function for up to six months," says Dr. Matzkin. Intra-articular corticosteroid injection—a steroid injection into a joint to reduce painful swelling—could provide effective short-term relief and improve function for [patients](#) who are not ready or able to undergo surgical treatment.

While knee OA is complex and often secondary to many other factors, Dr. Matzkin says there are some factors we can control to help prevent and minimize the symptoms of the disease:

Maintaining a healthy body weight and diet. Every pound of weight can feel like 5 pounds to the knee, which is a risk factor for knee OA. So, a 20-pound weight loss can feel like 100-pound weight loss to the knee, significantly decreasing the load on the joint and improving pain.

- Participating in physical activity to help keep muscles strong. Keeping the proximal knee muscles—the muscles nearby the knee joint—strong can help decrease the symptoms of knee OA. These muscles include the hip flexors that help move your leg or knee up towards your torso, abductors (outer thigh), and quadriceps (front of the thigh).

In this study:

- Non-obese patients with low-grade, or less severe knee OA may be able to get an injection for pain relief so they may work on proximal muscle strengthening. Allowing patients to maintain their physical activities with minimal pain can help delay their needing a knee replacement surgery for years.
- An injection in a patient with obesity may provide some pain relief and allow them to start or continue an exercise regimen to lose weight, and decrease the load on the knee joint.
- Although patients with obesity had improved pain relief and function after injection, their overall pain and function scores were worse when compared to patients without obesity.
- Weight loss may not only help prevent the development of knee OA, but may maximize the benefits of treatment with an intra-articular corticosteroid injection.
- Patients with high-grade, or more severe knee OA can benefit from some [pain relief](#) and some time to plan for potential [knee replacement surgery](#) from an intra-articular corticosteroid [injection](#).

This study evaluated the effectiveness of intra-articular corticosteroid injections as an acceptable short-term nonsurgical management option for patients seeking to improve pain and function. The findings complement the AAOS Guidelines on the Treatment of Osteoarthritis (OA) of the Knee, and does not advocate this option for long-term

management of knee OA pain.

For people experiencing knee problems, work closely with your physician and orthopaedic surgeon to develop the best course of treatment for you.

More information: *Journal of the American Academy of Orthopaedic Surgeons* (2017). [DOI: 10.5435/JAAOS-D-16-00541](https://doi.org/10.5435/JAAOS-D-16-00541)

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