



# VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE NON-SURGICAL MANAGEMENT OF HIP & KNEE OSTEOARTHRITIS

**Department of Veterans Affairs  
Department of Defense**

## **Patient Guide**

### **QUALIFYING STATEMENTS**

The Department of Veterans Affairs and the Department of Defense guidelines are based upon the best information available at the time of publication. They are designed to provide information and assist decision-making. They are not intended to define a standard of care and should not be construed as one.

Neither should they be interpreted as prescribing an exclusive course of management.

The Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendations.

Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation.

These guidelines are not intended to represent TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within these guidelines does not guarantee coverage of civilian sector care. Additional information on current TRICARE benefits may be found at [www.tricare.mil](http://www.tricare.mil) or by contacting your regional TRICARE Managed Care Support Contractor.

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## Osteoarthritis

Osteoarthritis (OA), sometimes simply called arthritis, is a chronic joint disease that affects 13.9% of adults age 25 years and older and 33.6% of adults age 65 years and older.<sup>1</sup> Usually, patients with OA experience morning joint stiffness in the hips or knees, which usually resolves within 30 minutes. However severe cases can cause debilitating pain, leading to mobility impairment and disability.

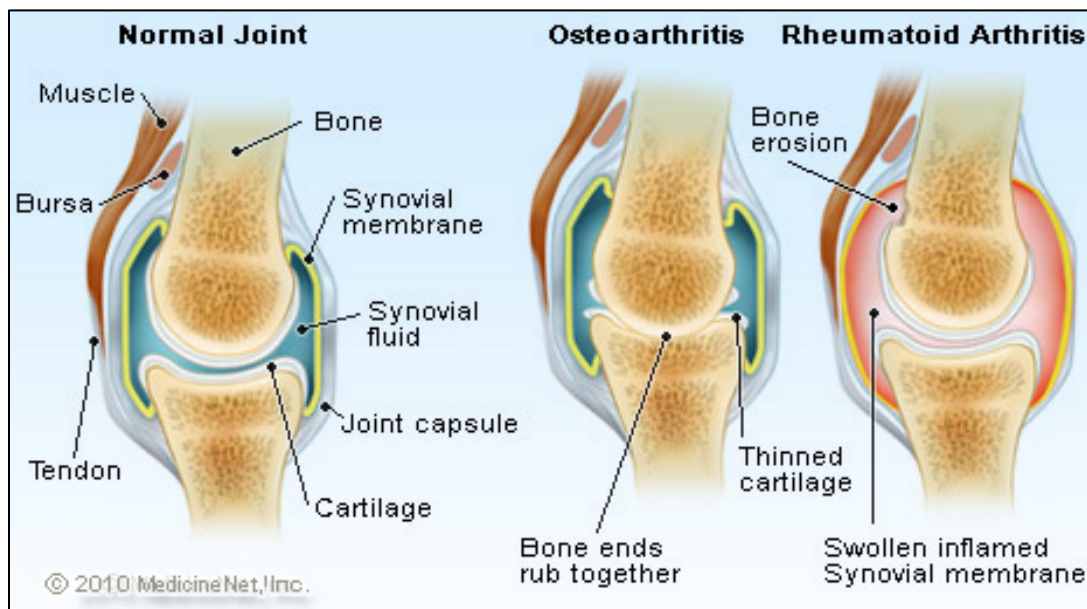
### Did You Know?

- The economic burden of direct and indirect costs associated with OA is significant, likely exceeding \$60 billion annually<sup>2</sup>
- On average, 10,287 cases of OA are diagnosed each year among active duty U.S. Service Members<sup>2</sup>
- Occupational risk factors including military rank and branch of military service can contribute to the onset of OA

### What Causes Osteoarthritis?

OA typically affects the joints in your hands, knees, hips, neck, or lower back and progresses with age. OA occurs when the protective cartilage on the ends of your bones, wears down over time. Cartilage is the cushion between the two sets of bones in a joint. Figure 1 illustrates the difference between a normal knee and knees affected by osteoarthritis or rheumatoid arthritis.

Figure 1: Image of normal and arthritic knees



Source: <http://www.onhealth.com/osteoarthritis/article.htm>

Although OA is more common in the elderly, younger people can also develop it, usually as the result of joint injury or a genetic defect in joint cartilage. Some of the risk factors for OA include:



- Age
- Genetic predisposition
- Obesity
- Joint injury or overuse
- Joint deformity

### How is Osteoarthritis Diagnosed?

OA is typically diagnosed based on a medical history and a physical examination. There is no blood test for the diagnosis of osteoarthritis. During the office visit, your doctor may ask you questions about your pain level and lifestyle. For example:

1. When did your pain begin?
2. Does your pain come and go, or is it continuous?
3. During what time of day is your pain worse?
4. How often do you exercise or engage in vigorous physical activity?
5. Have you ever injured the joint in which you feel pain?

Although x-rays and other imaging technologies such as radiographs are not required, your doctor may use them to confirm diagnosis, rule out bone fractures or other conditions, or to guide the overall treatment plan.

### How is Osteoarthritis Treated?

While there is no cure for OA, many of the symptoms can be managed through diet, exercise, and over-the-counter pain relief medications. The goal of OA treatment is to reduce pain and improve joint function. Your doctor will develop an individualized treatment plan, specifically tailored for your lifestyle.

Treatments can include:

- Weight loss through diet and exercise
- Physical therapy (aquatic, land-based, or manual)
- Acupuncture
- Chiropractic therapy
- Over-the-counter pain relievers (e.g., Tylenol, Ibuprofen, Advil)
- Prescription medications
- Corticosteroids
- Hylan/hyaluronate injections
- Joint replacement therapy

OA is a chronic condition, but effective treatments and support are available from the Veterans Health Administration and Department of Defense. A comprehensive care and management plan, designed to achieve maximum functionality and independence, can help to improve quality of life.



## References:

1. Dominick KL, Golightly YM, Jackson GL. Arthritis prevalence and symptoms among US non-veterans, veterans, and veterans receiving Department of Veterans Affairs Healthcare. *J Rheumatol.* Feb 2006;33(2):348-354.
2. Cameron KL, Hsiao MS, Owens BD, Burks R, Svoboda SJ. Incidence of physician-diagnosed osteoarthritis among active duty United States military service members. *Arthritis Rheum.* Oct 2011;63(10):2974-2982.