

KNEE OSTEOARTHRITIS E-BOOK

Osteoarthritis (OA) is one of the most common joint disorders in the US. Knee OA alone is estimated to affect 250 million people worldwide. Most people are of working age and more than half are under the age of 65. OA severely reduces physical activity levels which has wide reaching consequences for raising the risk of other chronic conditions like cardiovascular disease, diabetes, Cancer, dementia, WORSENING OA, and many other chronic conditions.

MYTHS AND OLD MISCONCEPTIONS

Knee Osteoarthritis Is Caused by Wear and Tear

We now know that osteoarthritis (OA) represents joint failure related to a multitude of contributors including inflammation, genetic factors, diet, other disease conditions, excessive body fat and more.

Exercise can cause further damage to a vulnerable joint

While it may sound counterintuitive, exercise therapy is safe and effective for managing OA when properly designed and implemented. There are a multitude of high-quality research studies demonstrating the positive benefits of land-based exercise in reducing symptoms associated with OA.

Osteoarthritis is a Disease of Older Individuals

The prevalence of OA peaks at age 50. Care of OA in a younger individual (under age 65) is substantial and work-related costs, in addition to early physical decline cannot be overlooked.



"the extent of bony changes seen in osteoarthritis does not always correlate with the degree of pain, and half of all people with bony changes have no pain"

MODERN CONCEPTS ABOUT OSTEOARTHRITIS

People may experience a variety of additional symptoms as a result of the pain and functional limitations arising from OA and/or other conditions. These include mood disorders, such as depression and anxiety, altered sleep, chronic widespread pain, and impaired coping skills.

There is not one exercise program that is superior to another and the program needs to be individualized.

Changes in footwear or the use of orthotics are generally not seen as beneficial.

Pain in OA is the result of the interplay between bony change and changes in the nervous system and how it processes pain.

Despite the overwhelming evidence, still today however, physical activity is considered as a complementary and optional treatment.

While knee OA is considered a degenerative condition, progression is highly variable; many people do not exhibit signs of worsening symptoms or advancing joint degeneration, even over the course of several years.

In large-scale studies of older adults with knee pain, only about half of the people had degenerative changes on x-rays. Conversely, of all people with radiographic knee OA, only about half report pain.

A large study in the British Journal of Sports Medicine in 2016, found that among patients with a degenerative medial meniscus tear, knee arthroscopy was no better than exercise therapy. The panel make a strong recommendation against arthroscopy for degenerative knee disease.

Among individuals over 50 years old with knee OA, self-selected running is associated with improved knee pain and not with worsening knee pain or progression of the bony changes seen with arthritis. Therefore, self-selected running, need not be discouraged in people with knee OA

PRACTICAL ADVICE

- (1) Exercise and physical activity should be tailored to your needs and preferences.
- (2) Consider water exercises if it is too painful to exercise on land as a way to get started.

- (3) Supervised exercise therapy over a 6-week period is often helpful to get you started, and is optimally carried out 2-3 times/week. Some people may need 12 weeks of supervised therapy to begin.
- (4) After you complete supervised therapy, you may need periodic "booster sessions" to help with long-term management of your OA pain and overall health.
- (5) Home exercises should be performed to optimize your outcomes.
- (6) You should be sure you understand how to manage flare-ups in pain and how to modify your exercises when pain increases.
- (7) In addition to aerobic fitness training, strength training is critical.
- (8) Weight loss may be an important component of care.
- (9) Adhering to a Mediterranean style eating pattern may reduce symptom severity.

EXERCISE IS MEDICINE



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