

Further information

Below are the telephone numbers for the Community Outpatient Physiotherapy departments. Please call your local department for any further information/guidance;

Chippenham - 01249 456451
Devizes - 01380 732520
Malmesbury - 01666 827583
Melksham - 01225 701027
Salisbury - 01722 336262 Ext 4425/4413
Savernake - 01672 517310
Trowbridge – 01225 711341
Warminster – 01985 224716

Useful resources

- <http://www.nice.org.uk/CG177>
- www.bdaweightwise.com
- www.nhs.uk/change4life
- www.weightconcern.org.uk
- www.arthritisresearchuk.org

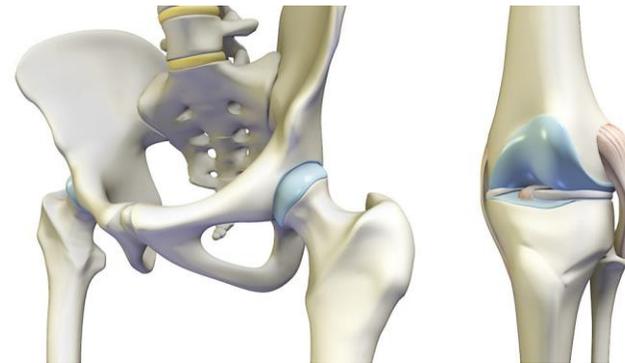
Arthritis Research UK

Copeman House, St Mary's Court, St Mary's Gate,
Chesterfield, Derbyshire, S41 7TD
Tel 0300790 0400

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Patient Information

Osteoarthritis of the Hip & Knee



If you would like this information in another format, i.e. large print or another language, please contact the Patient Advice and Liaison Service (PALS) department on 01793 604031.

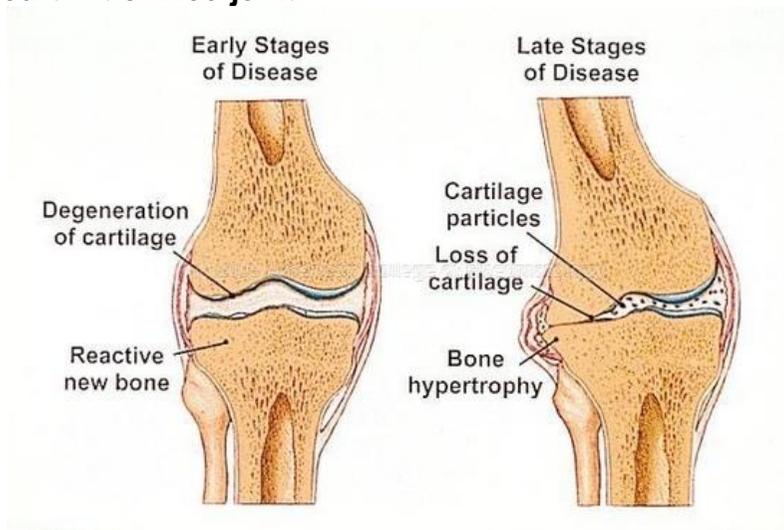
What is osteoarthritis (OA)?

Osteoarthritis is the most common form of joint arthritis. The cartilage covering the joints gradually becomes worn and damaged. Bony growths may appear and the capsule surrounding the joint becomes thicker. Some ligaments may become weaker. This process can lead to deformity of the joint.

Normal knee joint



Osteoarthritic knee joint



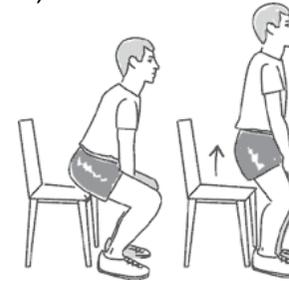
Exercises

4) Knee flexion



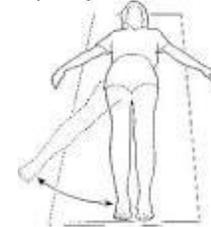
In lying, bend your knee as far as you can, hold for 5 seconds, then straighten. Repeat 10 times.

5) Sit to stand



Try not to push up with your hands if you can. Sit to stand slowly 10 times.

6) Hip abduction lying



Keeping your leg straight and your toes pointing to the ceiling take your leg out as far as you can manage. Repeat 10 times

7) Bridging

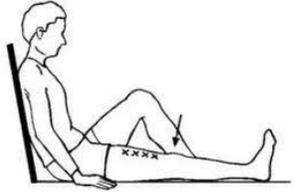


Lie on your back with your knees bent, try and lift your hips as high as you can. Hold 5 seconds. Repeat 5-10 times.

Exercises

Your Physiotherapist can guide you to the suitable exercises for you. Although the exercises may feel hard to do at first they should not greatly aggravate your pain. If they do please seek advice from your Physiotherapist or GP.

1) Static quadriceps



Sitting with your leg straight, push the back of your knee into the bed/floor, hold for 5 seconds, then release. Repeat 10 – 20 times

2) Inner range quadriceps



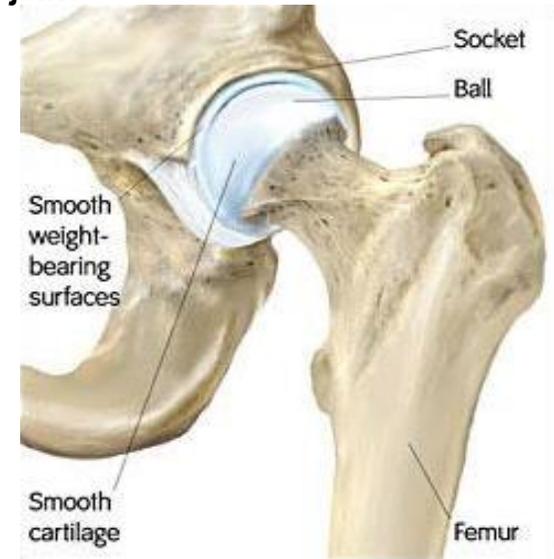
Sitting with your knee over a rolled up towel, push the back of your knee into the towel and lift your foot off the bed/floor, hold for 5 seconds, then return your foot to the surface. Repeat 10 – 20 times.

3) Straight leg lifts

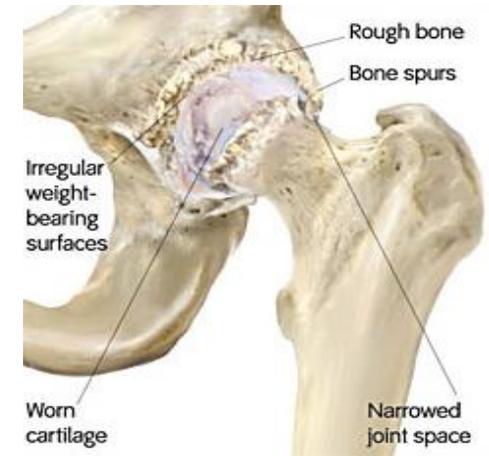


In lying, lift your straight leg up, hold for 5 seconds, then release. Repeat 10 times.

Normal hip joint



Osteoarthritic hip joint



Symptoms of OA

- Pain
- Stiffness (often worse in the morning)
- Grating/grinding on movement
- Swelling

Causes of osteoarthritis

- OA is more common in older persons but can affect younger people too
- Obesity is a major factor due to increased stress through the joints
- Previous injury or other joint disease (fractures, rheumatoid arthritis, joint laxity)
- Genetic factors can play a part
- Some occupations and repetitive/heavy activities could contribute

Prognosis

- Gradual deterioration in symptoms over many years
- X-ray changes are not a good indicator of pain/disability
- The process can be slowed or reversed in many cases by making lifestyle changes as outlined by the NICE guidelines

NICE guidelines for OA

- The National Institute for Health and Care Excellence produced guidelines for managing OA in 2008. They were updated in 2014. They recommend the following:
 - Weight management
 - Pain relief
 - Reduce joint stress
 - Regular exercise
 - Activity pacing

Recovery following joint replacement surgery

You will usually stay in hospital for between 1-5 days following surgery. You will normally see the physiotherapist as soon as possible after the operation to begin exercises and walking. You will be discharged home once the nurses are happy with the wound and the physiotherapists are happy with your joint movement and walking.

It will take at least 6 weeks to recover from the operation, often longer. Of course each patient is different and each will have a different experience.

There will be restrictions on driving and advice will be given on when you can return to work. You would normally have a follow up with a member of the orthopaedic team six weeks after your operation.

As with all surgery there are risks and benefits:

- Risks:
 - Blood clots, infection, stiffness, loosening/failure, dislocation, numbness around the scar, leg length discrepancy, unexpected bleeding into the joint, need for blood transfusion, damage to ligaments, nerve or blood vessels and fracture of the bone around the joint
- Benefits:
 - Improved movement and use of the joint, pain relief, improved joint alignment, improved joint stability, improved function and improved quality of life.

Surgery

Referral for surgery is normally considered only if:

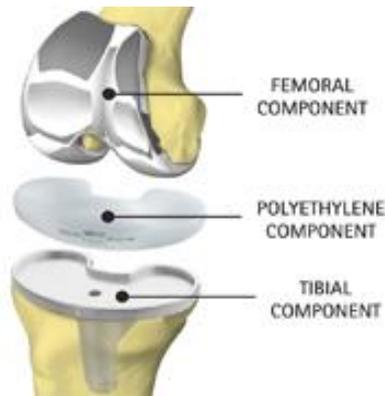
- All core treatments (i.e. pain control, physiotherapy and OA exercise class) have been tried.
- Quality of life is adversely affected.

Patient specific factors such as age, smoking, obesity, gender and co-morbidities should not stop referral for assessment.

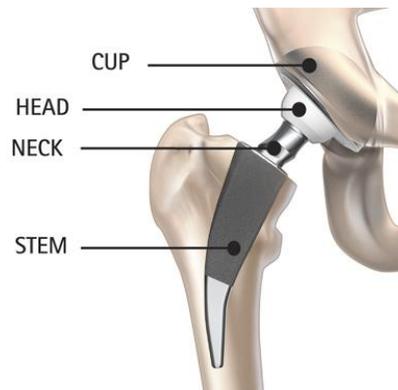
Total joint replacement

- This involves replacing the damaged joint surfaces with a replacement joint
- This is usually a combination of metal and plastic
- Implants can be fixed to bone using cement or rely on bone growth onto the implant (uncemented)

Total knee replacement



Total hip replacement



Other types of surgery for OA:

- Arthroscopy and debridement – for locking of the knee, impingement of the hip
- Osteotomy – to realign the bones
- Partial knee replacement (unicompartmental)

Weight management

- Body mass index (BMI) is the common way to calculate if you are a healthy weight.
- It is worked out by calculating weight in kilograms divided by height in metres squared
- There are tools available on the internet that calculate both in metric and imperial
 - < 18.5 underweight
 - 18.5-24.9 ideal weight
 - 25-29.9 overweight
 - >30 obese
- Speak to your GP about a weight loss programme suitable for you.
- Eat a healthy balanced diet as outlined below

Healthy balanced diet

- Base meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible.
- Eat plenty of fibre-rich foods – such as oats, beans, peas, lentils, grains, seeds, fruit and vegetables, as well as wholegrain bread, brown rice and pasta.
- Eat at least five portions of fruit and vegetables a day in place of foods higher in fat and calories.
- Eat a low-fat diet, and avoid increasing your fat and/or calorie intake.
- Eat as little as possible of: fried foods; drinks and confectionery high in added sugars; and other food and drinks high in fat and sugar, such as some take away and fast foods.
- Eat breakfast.
- Watch the portion size of meals and snacks, and how often you are eating.
- Avoid taking in too many calories in the form of alcohol.

Medication

- Your GP may prescribe some pain relieving medications from the following list;
 - Paracetamol
 - Non-steroidal anti-inflammatory drugs (NSAIDs) e.g. ibuprofen or diclofenac
 - Topical NSAIDs for knee OA e.g. Ibuleve gel
 - Opioids e.g. dihydrocodeine, tramadol
 - Steroid injection
 - Topical capsaicin for OA knees

Other ways to ease pain

- Your GP or Physiotherapist will be able to discuss which of these interventions may help you.
- Heat – using gentle heat such as a wheat bag for 10 minutes
- Cold – using crushed ice/bag of frozen peas wrapped in a towel for 10 minutes
- TENS – a small machine that can help to block out pain signals
- Walking aids –such as a stick to help support when walking
- Relaxation
- Aids to daily living - Make daily activities easier and reduce stress on joints e.g. chair/bed raises, sock aid, toilet seat raise, bath aids, grab rails

Reducing joint stress

- Maintain normal weight
- Shock absorbing footwear/insoles
- If you have biomechanical problems or joint instability it may be appropriate to assess for bracing/joint supports/insoles
- Walking aids
- Low impact exercise e.g. exercise in water, cycling/static bike, cross trainer, Pilates, Tai Chi, yoga
- Other aids e.g. kneeling pads, helping hand

Exercise

- There are 4 main types of exercises and using a combination of these will help to reduce your pain in most cases.
 - Stretching – to maintain muscle length
 - Strengthening – to build the muscles and improve support to the joint
 - Range of movement– to relieve stiffness and maintain range of movement in the joint
 - Cardiovascular – to maintain/improve fitness level e.g. exercise bike, walking
- Aim towards 30 minutes a day, 5 days a week
- Try the exercises found on page 10-11 of this leaflet

Posture and muscle control

- Muscles work most efficiently if your posture is good
- Maintaining good posture will reduce the stress through your joints and ligaments helping to reduce pain and fatigue
- Try to maintain a good upright posture in sitting and standing

Pacing activity

- Prioritising – does it need to be done?
- Planning – break the task into small stages, could you do it differently?
- Pacing – not provoking/increasing your pain
- Make a plan, prioritise what has to be done on a daily basis (a pain diary may help initially)
- Start activities with realistic low baselines, then build up gradually
- Take regular rests between activities but avoid prolonged periods of rest
- Change position frequently whilst performing activities
- Do a small amount often rather than doing everything at once
- Modify your activity level if you get a flare up
- Research has shown that increasing activity/exercise reduces pain in the long term