OSTEOARTHRITIS

Nitin Budhwar, M.D. & Shobha Rao, M.D.
Department of Family & Community Medicine

(Other terms used - Degenerative joint disease.(DJD),Osteoarthrosis,Hypertrophic arthritis, Atrophic arthritis)

History:

- How did the pain present? (sudden onset or slow worsening over time)?
- Duration of the pain.
- How would you classify the pain? (sharp, dull, pinching, episodic, tight)?
- How would you rate your average pain over the last month (0-10)?
- What activity reproduces the pain? What makes it go away?
- Where is the pain?
- Is there a history of injury to the joint?
- Are there any associated symptoms (locking, swelling, giving way, stiffness)?
- Activity history: What are you doing for exercise? What have you changed about your exercise regimen? What kind of work do you do?
- Previous treatments/surgery/diagnostic studies.
- Do you have any chronic medical illnesses?
- Ask differentiating questions (e.g., does patient have a history of blood clots, psoriasis, gout, liver disease, or a recent deer tick bite)?

DDx:

Chronic inflammatory Jt disease, Gout, cartilage tear (Knees), ligmentous injury.

Red Flag – Septic joint, fractures, vascular occlusion, Immune suppressed with swelling.

Physical exam.

- Affected joint exam should be inspected for deformity, enlargement, effusion.
- ROM – active and passive. (Knee joint – challenge the cartilage).
- Check for crepitation.
- Gait or grip strength (depending on the joints being evaluated).
- Test one joint above and below (when applicable).
- Check distal pulses.
- Examine surrounding muscles.

Tests. (Class D & R)/consensus statement, case reports etc

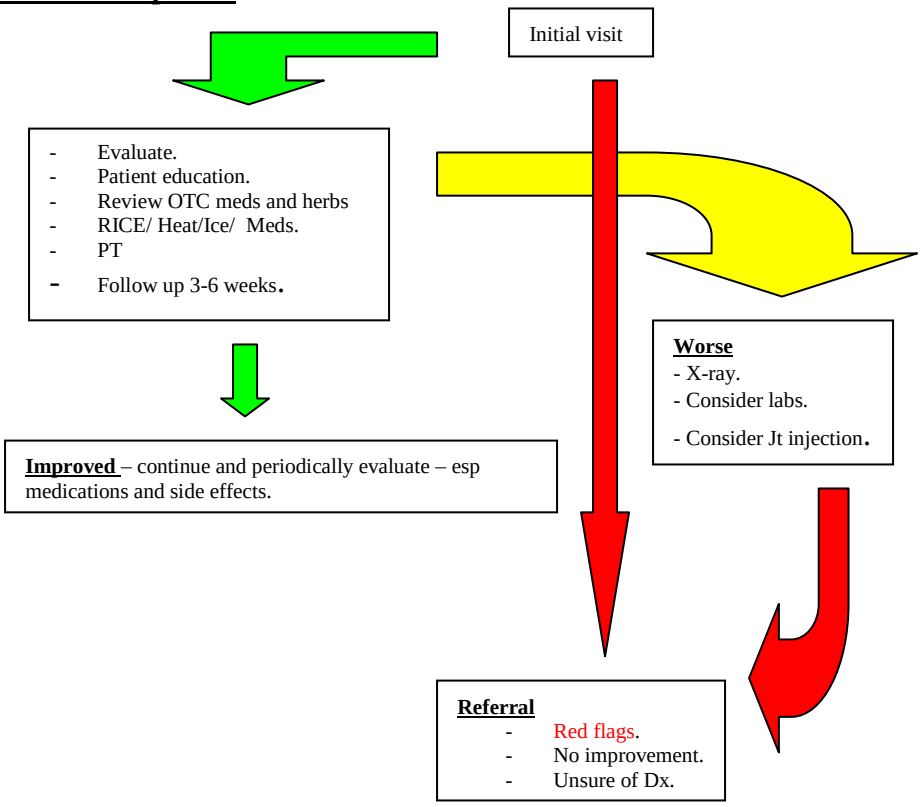
- There are no specific tests for OA. – Testing is done to exclude other diagnosis.
- Joint fluid analysis (Gram stain, crystals, WBC), CBC, RA factor, ANA, ESR, uric acid, chemistry, lyme titer, etc
- Radiology – X-rays should be done if there is no improvement with initial conservative management, joint injections are being considered or fractures need to be excluded. (*There is poor correlation between disease process and x-ray findings*).
- Consider MRI scans if soft tissue damage / cartilage, ligaments etc is being considered.
- Under 50 with X-ray evidence of OA and no obvious cause – consider a work up for with other illness - DM, Wilsons disease, hemochromatosis, hyperparathyroidisum, acromegaly.

Patient education

- Explanation of the disease process.
- Explanations of the limitations of diagnostic testing esp. radiography.
- Expectation of treatment goals and likely out comes. (Life style and pain control)
- Detailed **review of OTC and prescription medication**, esp. relating to their **side effects** and impact on **co-morbid conditions**.

- Importance of life style impact – i.e. occupation, activities, weight loss, Muscle strengthening.
- Review life style as preventative measures to slow down progression emphasize
- **Review habits** that could increase risks for adverse events with use of prescription or OTC meds – e.g Alcohol use and tobacco use.

Treatment options.



- Aquatherapy – helps short term – no long term studies (only for weight bearing jts).
- Ice massage – helps improve ROM and strength (Knees). Poor evidence for heat.
- Exercise (Knee) – ROM, progressive walking, increasing quad strength (Grade A)
- Alternative Tx – Accupuncture, Herbal products, massage (might be tried by pts)

Follow up.

For most people you should consider an initial follow up with in a month – to assess for the impact the above interventions are having. Sooner if pain is a major issue and treatment needs to be titrated faster.

ICD-9

715.90

Nitin Budhwar, M.D.
Assistant Professor, Family & Community Medicine

Shobha Rao, M.D.
Associate Professor, Family & Community Medicine

Last Reviewed: 2008