

Management of Osteoarthritis of the hip and knee

Funding will be considered where the patient meets the following criteria.

Clinicians need to ensure that the patients fulfil all criteria before they are referred to secondary care. These criteria will be vigorously observed unless a patient can demonstrate genuine exceptionality, in which case an individual funding request must be followed.

<https://www.greaterhuddersfieldccg.nhs.uk/key-publications/individual-funding-requests-ifr/>

<https://www.calderdaleccg.nhs.uk/key-documents/>

Conservative measures should have been exhausted and failed.

This will include:

- Advice regarding weight reduction
- Appropriate use of NSAIDs and analgesia.
- Pacing of activity
- Therapy referral
- Use of relevant prosthetics (walking aids/shoe inserts etc.)

Do not offer acupuncture for the management of osteoarthritis.

Referrals to the MSK service/Gateway should be made where patients have confirmed findings of osteoarthritis and symptoms that are serious enough to consider a major operation or other secondary care interventions.

Evidence suggests that the following patients would be INAPPROPRIATE candidates for hip or knee joint replacement surgery:

- Where the patient complains of mild joint pain AND has minor or moderate functional limitation
- Where the patient complains of moderate to severe joint pain AND has minor functional limitation AND has not previously had an adequate trial of conservative management as described above

NICE CG 177:

Offer accurate verbal and written information to all people with osteoarthritis to enhance understanding of the condition and its management, and to counter misconceptions, such as that it inevitably progresses and cannot be treated. Ensure that information sharing is an ongoing, integral part of the management plan rather than a single event at time of presentation

Advise people with osteoarthritis to exercise as a core treatment irrespective of age, comorbidity, pain severity or disability. Exercise should include local muscle strengthening **and** general aerobic fitness.

It has not been specified whether exercise should be provided by the NHS or whether the healthcare professional should provide advice and encouragement to the person to obtain and carry out the intervention themselves. Exercise has been found to be beneficial but the clinician needs to make a judgement in each case on how to effectively ensure participation. This will depend upon the person's individual needs, circumstances and self-motivation, and the availability of local facilities.

Manipulation and stretching should be considered as an adjunct to core treatments, particularly for osteoarthritis of the hip.

References (accessed June 2017)

NICE CG177, Osteoarthritis: care and management

<https://www.nice.org.uk/guidance/cg177>

NHS North Kirklees and Wakefield CCG Commissioning Policy

Osteoarthritis Quality standard [QS87] Published date: June 2015

<https://www.nice.org.uk/guidance/qs87/chapter/Introduction>

Royal College of Surgeons Commissioning Guides: Painful osteoarthritis of the knee November 2013 https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/nscc/painful-osteoarthritis-of-the-knee_revisedfinal.pdf

Arthritis Research Campaign: "Osteoarthritis and Obesity" (2009)

<http://www.arthritisresearchuk.org/external-resources/2012/09/17/15/29/osteoarthritis-and-obesity-a-report-by-the-arthritis-research-campaign.aspx>

Effects of intensive diet and exercise on knee joint loads, inflammation, and clinical outcomes among overweight and obese adults with knee osteoarthritis: the IDEA randomised controlled trial Messier et al JAMA 310(12) 1263-73 (2013)

<http://www.ncbi.nlm.nih.gov/pubmed/2406501>

Obesity and total joint arthroplasty: a literature based review. Journal of Arthroplasty May 2013 [http://www.arthroplastyjournal.org/article/S0883-5403\(13\)00174-5/abstract](http://www.arthroplastyjournal.org/article/S0883-5403(13)00174-5/abstract)