



Osteoarthritis

- Osteoarthritis (OA) occurs when the cartilage inside a joint breaks down causing pain and stiffness.
- People over 45 are more at risk, but younger people can get it too.
- Exercise is one of the best ways to manage OA.

Osteoarthritis (OA) is the most common arthritis. It's mostly an issue for people 45 and over, but can appear much earlier.

OA was considered a result of a lifetime of 'wear and tear' on joints but we now know it's complex, and influenced by many factors.

Your joints

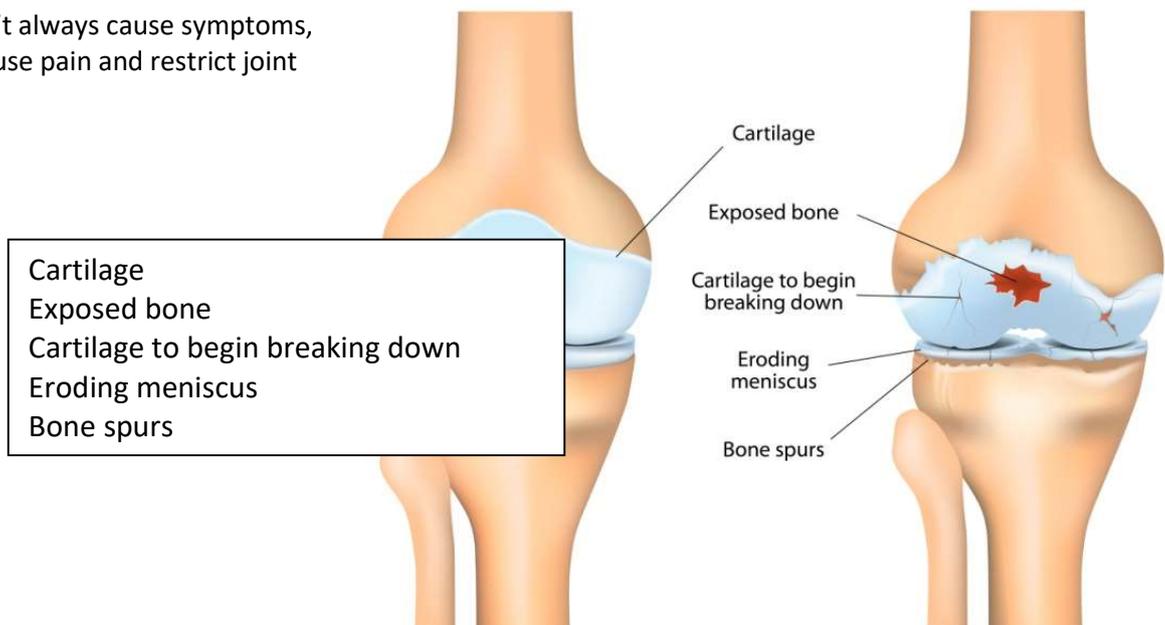
Joints are where your bones meet. Bones, muscles, ligaments and tendons all work together so you can bend, twist, stretch and move. A thin layer of cartilage covers the ends of your bones like a slippery shock absorbing cushion so your joint moves smoothly.

The joint is wrapped inside a tough capsule filled with synovial fluid that lubricates and nourishes the cartilage and other structures in the joint.

With OA, cartilage becomes brittle and breaks down and may even break away to float inside the synovial fluid. Without a smooth, even surface, the joint becomes stiff and painful to move.

The cartilage can eventually break down so much that it no longer cushions the two bones. Your body tries to repair itself by creating bone spurs.

Bone spurs don't always cause symptoms, but they can cause pain and restrict joint movement.



Common Symptoms

- joint stiffness
- joint swelling (inflammation)
- joint pain
- grinding, rubbing or crunching sensation (crepitus)
- weaker muscles.

Causes

- being 45 or over (greater risk)
- being overweight or obese
- your genes
- gender – women get OA more
- repetitive movements at work
- significant injury, damage or overuse of a joint.

Diagnosis

Talk to your doctor if you have joint pain. With an early diagnosis, treatment can start quickly to give you the best possible outcome. In diagnosing your condition your doctor will:

- take your medical history – this will include finding out about your symptoms, how long you've had them, what makes them better or worse.
- examine the affected joint/s.

OA isn't usually diagnosed with x-rays, ultrasounds, MRIs or blood tests. However they might be used if your doctor isn't sure what your situation is.

Treatment

There's no cure for OA, but it can be managed effectively using exercise, weight loss, medications and sometimes surgery.

Exercise

Regular exercise can help reduce pain and stiffness and improve your joint mobility and strength.

Cartilage doesn't have a blood supply, so it relies on the synovial fluid moving in and out of your joints for nourishment and to remove waste.

Exercises that move your joints will help maintain your flexibility.

Strengthening the muscles around your joints is important. The stronger they are, the more weight they can take and the more they can support and protect your joints.

Other benefits of exercise include:

- easing joint and muscle pain and stiffness
- better balance and posture
- better sleep
- improved mood
- helping you maintain a healthy weight, or lose weight when combined with a weight loss diet
- less stress
- reducing your risk of other chronic health issues like diabetes or heart disease.

Your doctor, physiotherapist or exercise physiologist can tell you what exercises are best for you. You'll need exercises that promote muscle strength, joint flexibility, improved balance and coordination, and general fitness.

Manage your weight

Being overweight or obese increases your risk of developing OA, and its severity. Additional weight also increases pressure on your joints, especially weight bearing ones like hips, knees and feet. It can cause more pain and joint damage.

Fat also releases molecules that contribute to low, but persistent, inflammation across your body. This in turn increases inflammation in your OA affected joints.

A healthy weight is important if you have OA and your doctor or dietitian can advise you on safe weight loss strategies.

Medication

Depending on your symptoms, your doctor may recommend over-the-counter or prescription medications such as:

- pain relievers (analgesics) for temporary pain relief
- non-steroidal anti-inflammatories (NSAIDs) to control inflammation and provide pain relief
- anti-inflammatory or analgesic creams and gels for temporary pain relief.

Tell your doctor if you're taking any other medications, supplements or treatments – including any from a supermarket, health store or complementary therapist.

Steroid joint injections are sometimes recommended for people who still have significant pain after trying exercise, weight loss or other medications. However, they can't be given repeatedly, and it's recommended you have no more than three to four a year per joint.

Tips for managing OA

Learn about your condition – this will help you make informed decisions about your health care and take an active role in managing your condition.

Learn ways to manage pain – there are many strategies to deal with pain. Knowing about these and what works best for you is an important part of living with a chronic condition like arthritis.

See our book *Managing your pain: An A-Z guide* at www.msk.org.au

See a physio – physiotherapists have techniques to improve movement and reduce pain. This can include an exercise program tailored to your needs, and ways to modify your daily activities.

Talk to an OT – an occupational therapist can give advice on pacing yourself and managing fatigue, as well as how to modify daily activities at home and work to reduce strain on, and pain from, affected joints.

Choose supportive shoes – supportive, well-fitting shoes will help reduce the symptoms of OA in weight bearing joints like feet, knees, hips and spine. Talk to a podiatrist about getting a flat shoe with a cushioned, flexible sole and a good arch support.

Try relaxation techniques – muscle relaxation, meditation, visualisation and other techniques can help you manage pain and difficult emotions, such as anxiety. They can also help you fall asleep.

Grab a gadget – reduce joint strain with supports like walking aids, specialised cooking utensils, ergonomic computer equipment and long-handled shoehorns. Speak to an OT for aids and equipment advice.

Eat well – while there's no specific diet to help with OA, you should eat a healthy, balanced diet to maintain general health and prevent weight gain and other medical problems, like diabetes and heart disease.

Get some sleep – a good night's sleep helps, but it can be hard if you're in pain. If you wake with pain or discomfort during the night, consider pain relieving medication before bed. A warm bath before bed can also help you fall asleep. Have a warm shower if it's hard getting in and out of the bath. Pillows between your knees (if you sleep on your side), hot water bottles or electric blankets can also help you get to sleep.

Pace yourself – find the right balance between rest and activity. Break up chores into smaller tasks and over a longer time, rather than all in one go. In between smaller tasks, do activities that are less active or stressful on your sore joint/s. For example, if you're vacuuming your house, break it into rooms. Vacuum one room, and then sit down and

go through your mail, or write the shopping list. Then do the next. If it helps, set a timer to remind you to take a break.

Stay at work – it's good for your health and wellbeing. Talk to your doctor or allied health professional about ways to help you stay at work or get back to it.

Taping, braces and orthotics – joint supports can be helpful, e.g. splints for hand joints or orthotics for feet. However some braces, taping and wedge insoles aren't recommended for knee OA, so always get professional advice before choosing a joint support.

Seek support – family, friends, work colleagues, health professionals or a peer support group can all be a great help.

Surgery

Mostly surgery isn't needed. However if you've tried all non-surgical treatment options without success, it may be an option.

The most common surgery for OA is a total joint replacement. Be informed about what it involves – including the benefits and risks and rehabilitation.

Arthroscopy is not recommended.

Where to get help

- Your doctor
- Musculoskeletal Australia
www.msk.org.au
MSK Help Line: 1800 263 265

How we can help

Call our MSK Help Line on 1800 263 265 to speak to our nurses or email helpline@msk.org.au

We can help you find out more about:

- arthritis and musculoskeletal conditions
- how to live well with these
- managing pain
- upcoming webinars, seminars and other events.

More to explore

- Better Health Channel
www.betterhealth.vic.gov.au
- Australian Physiotherapy Association
www.physiotherapy.asn.au
- Australian Podiatry Association
<https://www.podiatry.org.au/>
- Dietitians Association of Australia
<http://daa.asn.au>
- Exercise and Sports Science Australia
www.essa.org.au
- Occupational Therapy Australia
www.otaus.com.au

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