OA Treatment Pathway Quick Reference

Non-Surgical Management of Hip & Knee Osteoarthritis

Use shared decision-making and individualize treatment based on symptoms, function, comorbidities, risks, and patient preferences.

Treatment	Knee OA	Hip OA
Weight loss – overweight/obesity	✓	✓
Tailored education + physical activity	✓	—
Structured physical therapy	✓	✓
Knee bracing – select patients	✓	—
Topical capsaicin	✓	—
Topical NSAIDs	✓	—
Oral NSAIDs or acetaminophen	✓	✓
Duloxetine	✓	—
Corticosteroid injection	✓	✓
Yoga or tai chi	✓	—
Orthopedic insoles	?	—
TENS	?	—
Viscosupplementation - Knee	?	—
Orthobiologics	?	—
Opioid initiation, including tramadol	✗	✗
CBD Products	✗	✗
Viscosupplementation - Hip	—	✗

RECOMMENDED
VA/DoD EVIDENCE-BASED PRACTICE

INSUFFICIENT EVIDENCE TO RECOMMEND
VA/DoD EVIDENCE-BASED PRACTICE

NOT RECOMMENDED
VA/DoD EVIDENCE-BASED PRACTICE

Recommendation categories are simplified for quick reference. See the full VA/DoD CPG for recommendation strength and supporting evidence.

Clinical Considerations

- **NSAIDs:** Consider GI, cardiovascular, and renal risk. Avoid NSAIDs, including COX-2 inhibitors, when eGFR is <30 mL/min/1.73 m².
- **Acetaminophen:** Use the lowest clinically effective dose; do not exceed 4 g/day.
- **Physical Therapy:** Consider early referral based on pain severity, functional limitations, and patient preference.
- **Corticosteroid Injection:** Hip injections should be image-guided. Avoid corticosteroid injection during the 3 months before joint replacement surgery.

✓ **Recommended** | ? **Insufficient Evidence** | ✗ **Not Recommended** | — **Not-Applicable**