Developing an Individualized Treatment Plan for Osteoarthritis of the Hip and/or Knee

For patients diagnosed with Osteoarthritis (OA) of the hip and/or knee. Assess pain, severity, and functional limitations of the individual to determine the best treatment plan.

For further information on the VA/DoD Clinical Practice Guideline for the Non-surgical Management of Hip & Knee Osteoarthritis, visit: https://www.healthquality.va.gov/guidelines/cd/oa/

Initial Individualized Treatments

A Wellness & Self-Management Program

- Provide education on OA self-management and treatment goals
- Increase physical activity (e.g., walking, cycling)
- Encourage regular self-directed exercise, as appropriate (e.g., strengthening, yoga, tai chi)

B Weight Reduction

- Recommend weight reduction for patients who are overweight or obese

Refer to the current VA/DoD CPG for the Management of Adult Overweight and Obesity

C Bracing & Assistive Devices

- Offer bracing when indicated
- Consider assistive devices based on individual needs

D Physical Therapy

- Offer referral for physical therapy when indicated
- Consider early referral based on pain severity, functional limitations, and patient preferences

E Initial Pharmacotherapy

- Topical agents for knee OA (e.g., NSAIDs, capsaicin)
- Acetaminophen
- NSAIDs or Cyclooxygenase-2 (COX-2) inhibitors

Second-line or Combination Treatments

Combine two or more Initial Treatments

A + D

A + D + E

Addition of Duloxetine

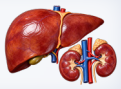
As an alternative or adjunct to initial treatments

Intra-articular Corticosteroid Injection (CSI) for Knee & Hip OA

- CSI should be avoided for the three months preceding joint replacement surgery
- CSI for the hip should be image-guided
- Consider viscosupplementation in patients with inadequately controlled knee pain with core pharmacologic and non-pharmacologic treatments

Pharmacotherapy Considerations

Assess renal and liver functions



Acetaminophen

Lowest clinically effective dose should be used; in addition, a maximum of **4 g/day from all sources** should never be exceeded

Avoid NSAIDs or COX-2 inhibitors

- Generally avoid in patients with or at risk for CVD, CKD, or serious upper gastrointestinal (UGI) toxicity
- Consider a proton pump inhibitor (PPI) or misoprostol in patients at risk for UGI events who require NSAID therapy
- Assess renal function; avoid NSAIDs, including COX-2 inhibitors, when eGFR <30 mL/min/1.73 m²

Opioid Therapy

Suggest against initiating opioids, including tramadol, for hip or knee OA.

For patients already receiving long-term opioid therapy, refer to the current VA/DoD CPG for the Use of Opioids in the Management of Chronic Pain.