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Osteoarthritis is the most common joint condition in the United States, affecting some 27 million people.



Osteoarthritis can occur in people of all ages; however it is more common in those over the age of 65.

Check with your doctor before embarking on any new exercise program.

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Osteoarthritis Doesn't Have to Slow You Down

What is Osteoarthritis?

Osteoarthritis (OA) develops when the protective covering of cartilage that covers the end of each bone in a joint starts to wear away. Instead of your bones gliding smoothly over each other, damaged or missing cartilage causes friction. Pain and swelling ensues, and bits of bone and cartilage may chip off and float inside the joint. In its latest stages, osteoarthritis can cause bone to rub directly against bone, causing more pain and joint damage.

Types and Causes of Osteoarthritis

There are two types of osteoarthritis:

- **Primary OA** may be a result of genetics.
- **Secondary OA** can result from trauma to the joint area, mechanical misalignment, or a history of childhood hip infection.

Common risk factors for developing OA include increasing age, obesity, overuse of the joint and weak thigh muscles. Increased weight can place additional stress on your joints, which take on more load than they are designed to bear.

Symptoms of Osteoarthritis

- Pain when you move the joint or stiffness that may be worse at certain times of the day
- Limited range of motion
- Clicking or cracking when bending the joint
- Slight swelling of the joint

When Is Surgery Needed for Osteoarthritis?

When a patient has exhausted all nonsurgical therapies and there is clear evidence of severe osteoarthritis on x-rays, and when pain and swelling limit activity and impair quality of life, it may be time for joint replacement surgery. Your physician can discuss this option and risks with you.



What Treatment Options are Available for Osteoarthritis?

While there is no cure for OA, it can be managed.

Conservative, Nonsurgical Treatment

- **Physical Activity:** For the active adult engaging in high-impact exercise such as running, Dr. Nawabi suggests switching to low- or no-impact activities such as swimming, bicycling, or elliptical training which will reduce wear and tear on your joints. Walking around the block is a good way to start, increasing the length of your walks as you build strength and stamina.
- **Pain and anti-inflammatory medications,** which relieve pain and swelling, including pain relievers, nonsteroidal anti-inflammatory drugs (NSAIDs), cortisone and gel injections
- **Current Innovative Approaches Available:** Platelet-rich plasma (PRP) treatment, currently used to treat injured muscles and tendons, may also have benefits for people with osteoarthritis and is currently under study for this purpose. PRP treatment can potentially delay the need for joint replacement surgery. This type of therapy uses one's own platelets (blood-clotting cells) that are separated from the blood and injected into an injured area.

“A common example of a trauma that can lead to secondary OA is an anterior cruciate ligament (ACL) tear in the knee joint in athletic individuals, which can lead to a higher risk of osteoarthritis of the joint years later.”

—Danyal H. Nawabi, MD, FRCS, Assistant Attending Orthopedic Surgeon

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