PATIENT EDUCATION GUIDE

The Knee Arthritis Treatment Options Guide

A clear, practical roadmap for understanding your choices - from exercise and medications to injections and joint replacement.

THE GOAL Reduce pain, improve function, and help you stay active using the least invasive treatment that safely meets your needs.

Inside this guide

- How knee osteoarthritis is evaluated
- A step-by-step treatment ladder
- Plain-language comparisons of medications, injections, PRP, and surgery
- Questions to ask before choosing a treatment

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1. First, make sure the diagnosis is right

Knee pain is not always caused by osteoarthritis. A good evaluation connects your symptoms, physical examination, function, and imaging. X-rays are often the most useful first study; MRI is usually reserved for a specific unanswered question.

IMPORTANT An X-ray can show arthritis even when a person has little pain. Treatment should be based on how the knee affects your life - not the image alone.

Common features of knee osteoarthritis

- Pain with walking, stairs, standing from a chair, or prolonged activity
- Stiffness after rest, often improving after the knee begins moving
- Swelling, reduced motion, grinding or crackling, and loss of confidence in the knee
- Gradual limitation of exercise, work, travel, or everyday activities

Seek prompt medical care if you have

- A hot, red, very swollen knee - especially with fever or illness
- Sudden inability to bear weight after an injury
- New calf swelling, chest pain, or shortness of breath
- Rapidly worsening pain, unexplained weight loss, or pain that is severe at rest

What a thoughtful treatment plan considers

Your priorities matter: pain severity, activity goals, arthritis pattern and stage, alignment, strength, weight, other medical conditions, medication risks, previous treatments, cost, recovery time, and willingness to consider surgery.

2. The knee arthritis treatment ladder

Most patients use more than one treatment. Options are usually added, adjusted, or removed over time rather than followed as a rigid sequence.

1

Education, movement, and strength

The foundation of care for nearly everyone.

May fit when: you want better day-to-day function and a sustainable self-management plan.

Potential benefits: less pain, stronger support around the knee, improved balance and confidence.

Limits / cautions: progress is gradual; exercises must be matched to your current capacity.

2

Weight management and load modification

Reduce unnecessary stress on the joint without giving up activity.

May fit when: excess body weight, painful high-impact activity, or poor movement mechanics contribute to symptoms.

Potential benefits: improved pain and function; better overall health and surgical readiness when relevant.

Limits / cautions: weight change is difficult and should be approached without blame; even modest, sustained change can help.

3

Pain-relieving medications

Topical or oral medicines can support activity and rehabilitation.

May fit when: pain is limiting sleep, exercise, work, or physical therapy.

Potential benefits: convenient symptom relief; topical NSAIDs have less whole-body exposure than pills.

Limits / cautions: kidney, stomach, liver, heart, bleeding, and drug-interaction risks must be reviewed.

The treatment ladder (continued)

4

Braces, cane, and supportive strategies

Tools can improve stability and redistribute load.

May fit when: pain is worse in one knee compartment, the knee feels unstable, or walking is limited.

Potential benefits: better confidence, mobility, and tolerance of activity.

Limits / cautions: fit matters; some devices are uncomfortable or unhelpful if not properly selected.

5

Joint injections

Options include corticosteroid, hyaluronic acid, and platelet-rich plasma (PRP).

May fit when: symptoms remain limiting despite foundational care or faster relief is needed to participate in rehabilitation.

Potential benefits: may reduce pain and improve function for selected patients.

Limits / cautions: benefit is variable; injections do not replace diagnosis, strength, and movement-based care.

6

Surgical consultation

Partial or total knee replacement may be appropriate when symptoms and structural disease are advanced.

May fit when: pain and disability remain unacceptable after reasonable non-surgical care.

Potential benefits: substantial pain relief and improved function for many appropriately selected patients.

Limits / cautions: major surgery, rehabilitation, and risks; artificial joints can wear or require revision.

3. The foundation: treatments with the broadest support

Exercise and physical therapy

Exercise is medicine for knee arthritis. Both supervised and home-based programs can improve pain and function. The best program is one you can perform consistently and progress safely.

- Strength: quadriceps, hips, hamstrings, calves, and core
- Aerobic activity: walking, cycling, swimming, or water exercise
- Mobility: gentle range-of-motion work for stiffness
- Neuromuscular training: balance, coordination, and movement control

GOOD SORENESS VS. WARNING PAIN Mild muscle soreness after a new program can be normal. Sharp pain, major swelling, instability, or symptoms that remain clearly worse the next day suggest the program needs adjustment.

Weight and joint load

For patients who are overweight, sustained weight loss can improve pain and function. The goal is not a perfect number; it is a realistic reduction in the repeated load the knee experiences while preserving muscle.

Topical and oral medicines

- Topical NSAIDs (such as diclofenac): often considered before oral medication because whole-body exposure is lower.
- Oral NSAIDs (such as ibuprofen or naproxen): can improve pain and function but may not be safe with kidney disease, ulcers, bleeding risk, uncontrolled blood pressure, heart disease, anticoagulants, or certain drug combinations.
- Acetaminophen: may help some patients, but benefit is often modest. Liver disease, alcohol use, and the total dose from all products must be considered.
- Duloxetine: a prescription medicine sometimes used for chronic osteoarthritis pain, particularly when pain processing or other chronic pain conditions contribute.

MEDICATION SAFETY Do not assume an over-the-counter medicine is safe for you. Review the dose, duration, other medications, and medical conditions with a qualified clinician.

What is usually not a good long-term strategy

Long-term opioid therapy is generally avoided for knee osteoarthritis because meaningful functional benefit is limited and harms can be substantial. Arthroscopic washout or debridement is not recommended when osteoarthritis is the primary diagnosis.

4. Understanding knee injections

An injection should have a clear purpose: temporary pain control, improved participation in rehabilitation, or a longer-lasting reduction in symptoms. Ultrasound guidance can help place medication accurately and identify fluid or other structures, but it does not guarantee a clinical response.

Option	What it may do	Typical role	Important limitations
Corticosteroid	Can reduce inflammation and pain relatively quickly.	Short-term relief during a flare or when pain blocks rehabilitation.	Benefit often fades; repeated frequent injections may carry cartilage and systemic concerns.
Hyaluronic acid (gel)	Attempts to improve joint lubrication and symptoms.	Sometimes considered after other options, depending on clinician judgment and coverage.	Average benefit is inconsistent; AAOS does not recommend routine use for symptomatic knee OA.
Platelet-rich plasma (PRP)	Uses concentrated platelets from your blood to influence the joint environment.	May be considered for selected patients seeking a non-surgical option after foundational care.	Preparations and doses vary; evidence and guideline recommendations remain mixed; often self-pay.

Guideline context: organizations sometimes reach different conclusions because they review different evidence, use different thresholds, and update on different schedules.

A closer look at PRP

PRP is prepared from a patient's own blood. The blood is processed to concentrate platelets, and the final product is injected into the knee. Studies suggest that PRP can improve pain and function for some patients with symptomatic knee osteoarthritis.

- PRP is not one standardized product. Blood volume, platelet concentration, leukocyte content, processing method, activation, injected volume, and number of injections can differ.
- Patient selection matters. Age, arthritis severity, alignment, metabolic health, activity goals, and other pain generators may influence results.
- PRP should not be presented as a guaranteed way to regrow cartilage or avoid surgery permanently.
- Ask how the product is prepared, whether the injection is image-guided, what outcomes are realistic, and what the full cost and follow-up plan include.

BALANCED EXPECTATION A successful injection is not only a lower pain score. The practical goal is better function: walking farther, sleeping better, exercising more consistently, or returning to meaningful activities.

5. When surgery enters the conversation

A surgical consultation does not commit you to surgery. It helps determine whether joint replacement is likely to offer more benefit than continued non-surgical care.

Common reasons to consider a consultation

- Pain and disability remain unacceptable despite a reasonable trial of non-surgical treatment
- Walking, sleep, work, self-care, or valued activities are substantially limited
- X-rays show advanced disease that matches the symptom pattern
- The knee has progressive deformity, stiffness, or instability

Partial vs. total knee replacement

Partial knee replacement replaces one damaged compartment in carefully selected patients. Total knee replacement resurfaces the major knee compartments and is used more broadly for advanced disease. Selection depends on arthritis distribution, ligaments, alignment, motion, age, health, goals, and surgeon assessment.

Questions to discuss

- What improvement is realistic for my pain, walking, and activity goals?
- What are my personal risks, and how can I reduce them before surgery?
- What will rehabilitation require, and what help will I need at home?
- How long might the implant last, and what activities are appropriate afterward?

TIMING Waiting until the knee is completely intolerable is not always necessary, but surgery should be based on symptoms, function, imaging, health, and informed preference - not age or an X-ray label alone.

6. Build your personal decision plan

1. Name the problem: confirm that osteoarthritis is the main cause of your knee pain.
2. Define success: choose two or three measurable goals, such as walking 30 minutes or climbing stairs with less pain.
3. Start with the foundation: movement, strength, education, and load management.
4. Add symptom relief thoughtfully: select medication, bracing, or injection options based on benefits, risks, and your health.
5. Set a review date: decide when and how you will judge whether the plan is working.
6. Escalate when appropriate: seek another opinion or a surgical consultation if function remains unacceptable.

Questions to take to your appointment

- ☐ What is the most likely source of my knee pain?
- ☐ How severe is the arthritis, and does the imaging match my symptoms?
- ☐ Which two treatments should I prioritize first, and why?
- ☐ What should I stop, continue, or modify while I begin treatment?
- ☐ What benefits are realistic, and how long might they last?
- ☐ What are the risks given my medical conditions and medications?
- ☐ If you recommend an injection, what product, dose, guidance method, and follow-up plan will you use?
- ☐ How will we measure success, and when will we reconsider the plan?

My goals

Activity I want to return to: _____

My pain/function goal: _____

Date I will reassess: _____

NEXT STEP Schedule an individualized knee evaluation to review your diagnosis, goals, medical history, imaging, and the full range of appropriate treatment options.

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Sources and important notes

- American Academy of Orthopaedic Surgeons. Management of Osteoarthritis of the Knee (Non-Arthroplasty), 3rd ed. Clinical Practice Guideline. 2021. https://www.aaos.org/oak3cpg
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- AAOS OrthoInfo. Arthritis: An Overview; Total Joint Replacement. https://orthoinfo.aaos.org
- U.S. Food and Drug Administration. Important Patient and Consumer Information About Regenerative Medicine Therapies. https://www.fda.gov/regenerative-medicine-consumer-information

This guide is for general education and does not replace medical advice, diagnosis, or treatment. Recommendations can change as evidence evolves. No treatment works for every patient, and individual risks, benefits, costs, and insurance coverage vary.