

# Non-operative Management of Osteoarthritis

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*Empowering Rheumatology Professionals*

# 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee

# Preface

Appropriate treatment varies between patients

Single or grouped interventions

Vary with time

Adherence important

# Pharmacological

PHARMACOLOGIC APPROACHES

Oral NSAIDs

Topical NSAIDs

Topical NSAIDs

I-A Steroids

I-A Steroids (Imaging-Guidance for Hip)

Acetaminophen

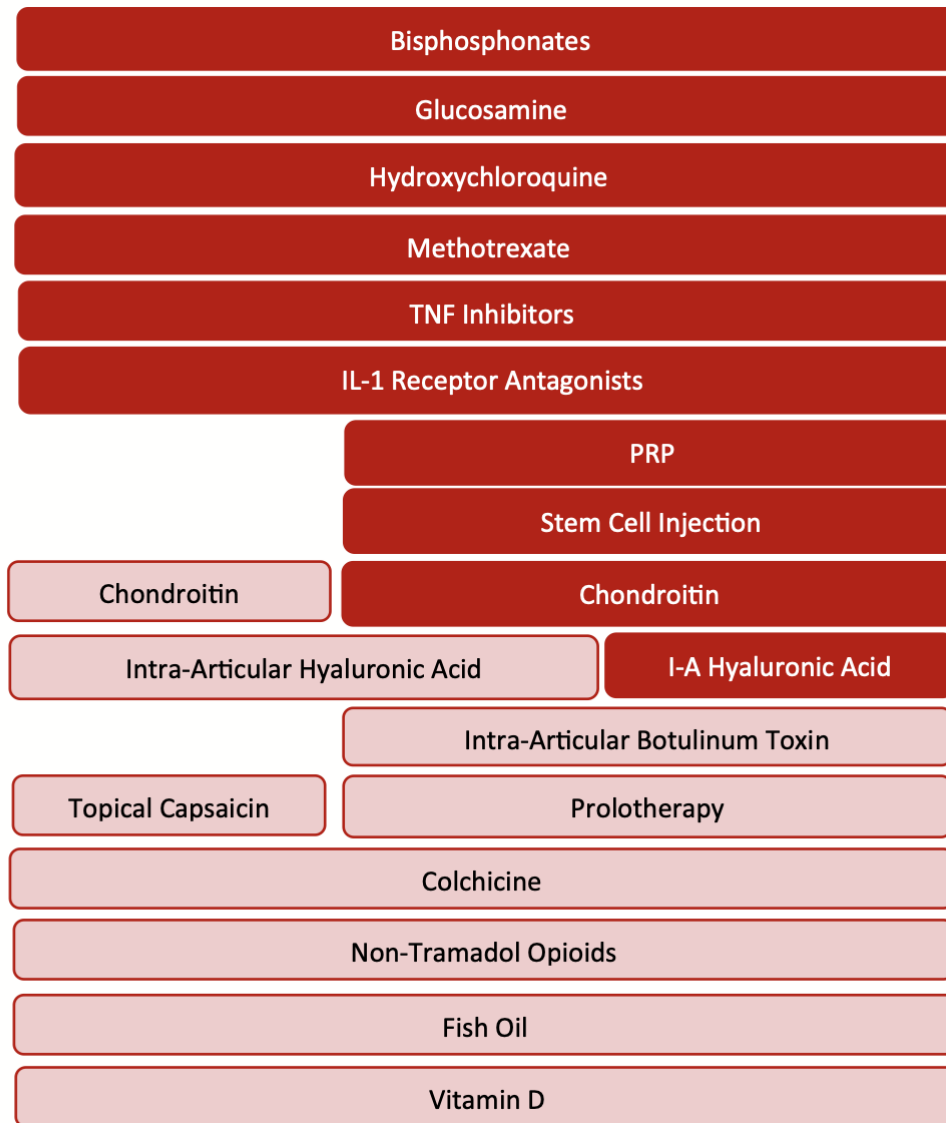
Tramadol

Duloxetine

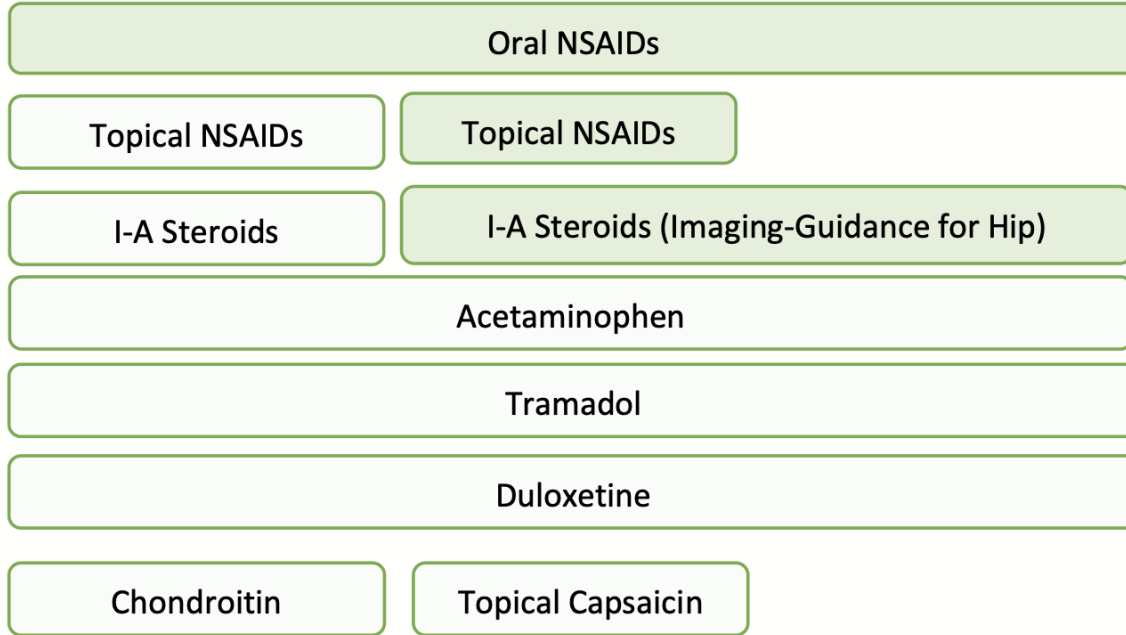
Chondroitin

Topical Capsaicin

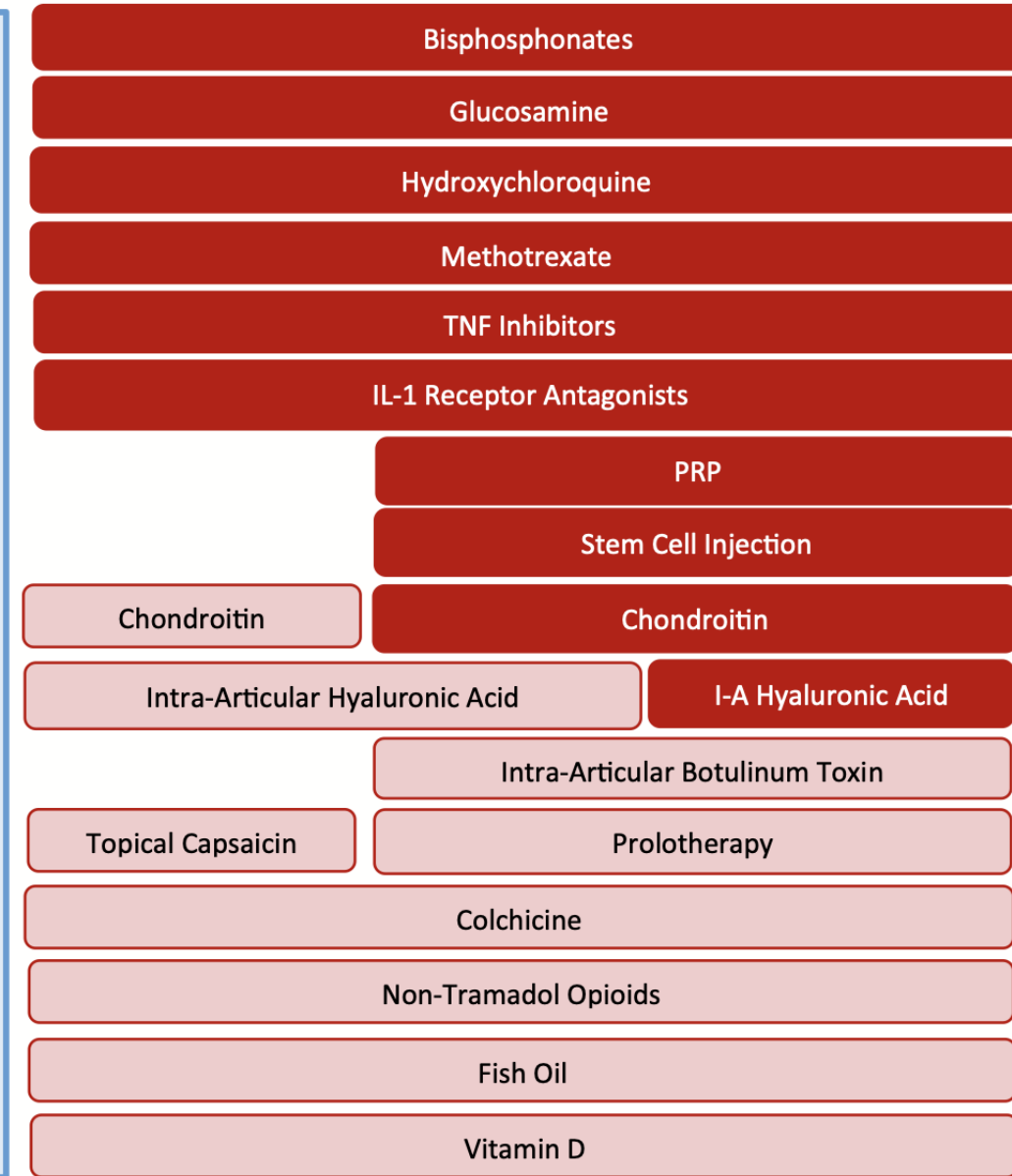
PHARMACOLOGIC APPROACHES



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Injectables

Topicals

Orals



# Injectables

Platelet Rich Plasma

Stem cells

Hyaluronic Acid

Botox

Prolotherapy

Steroids

# Topicals

NSAIDs (superficial joints)

Capsaicin (superficial joints, not on hands)

# Orals

NSAIDs

Paracetamol

Tramadol

Non-tramadol opiates

Duloxetine

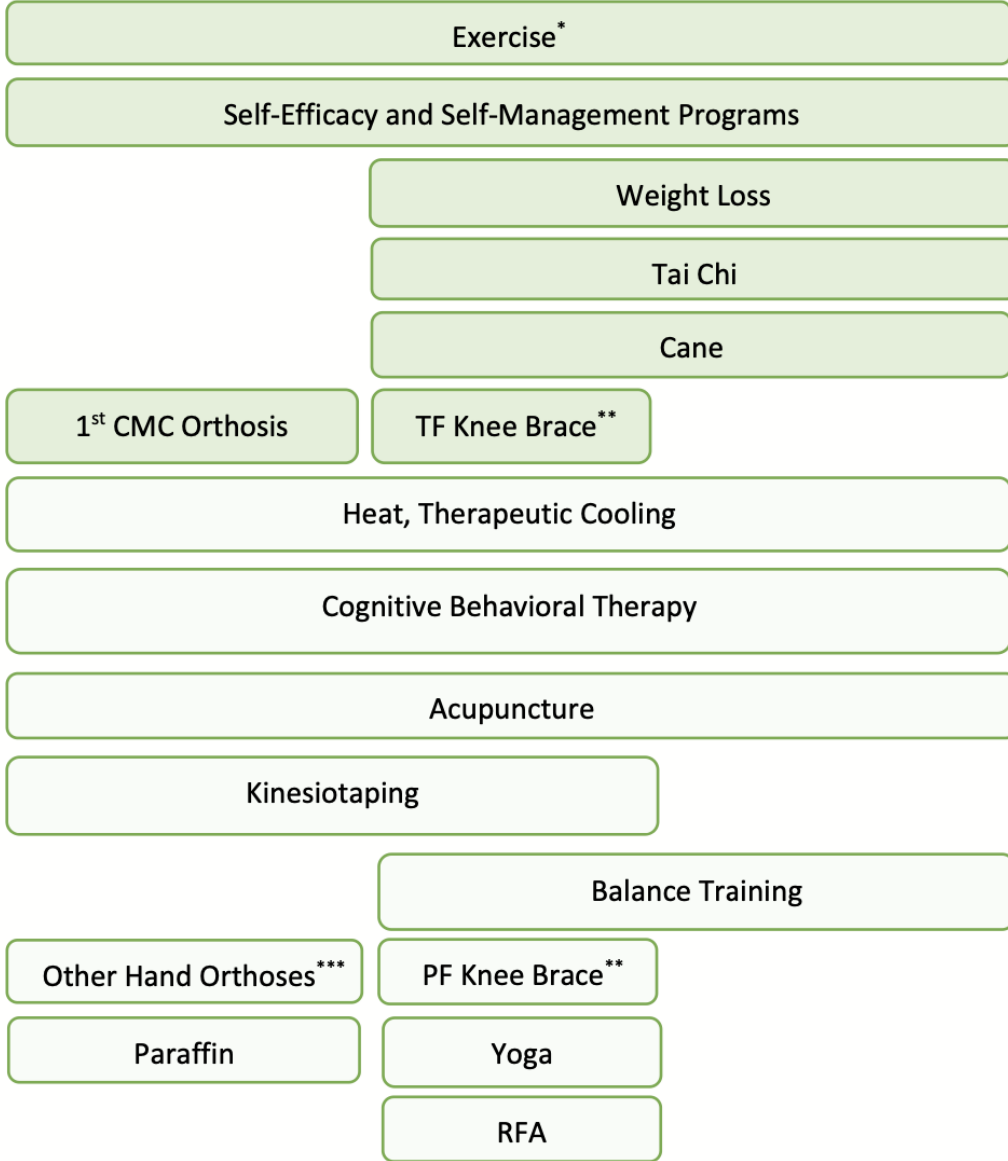
Fish Oil

Chondroitin

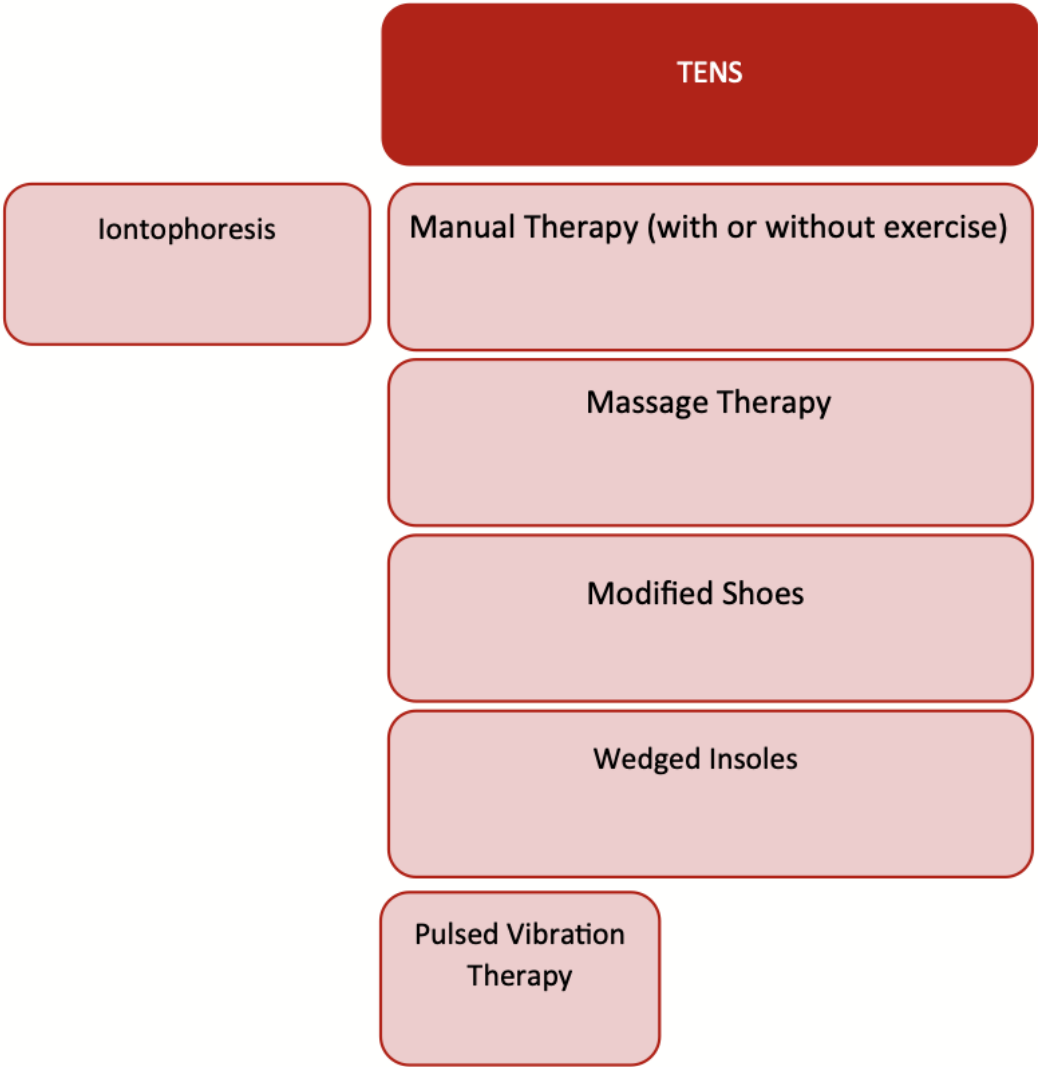
Glucosamine

# Non-pharmacological

PHYSICAL, PSYCHOSOCIAL, and MIND-BODY APPROACHES



PHYSICAL, PSYCHOSOCIAL, and MIND-BODY APPROACHES



Recommended

Not recommended

# Recommended

Physiotherapy / Exercise – adherence is key

Weight loss

Tai Chi / Yoga

Walking stick

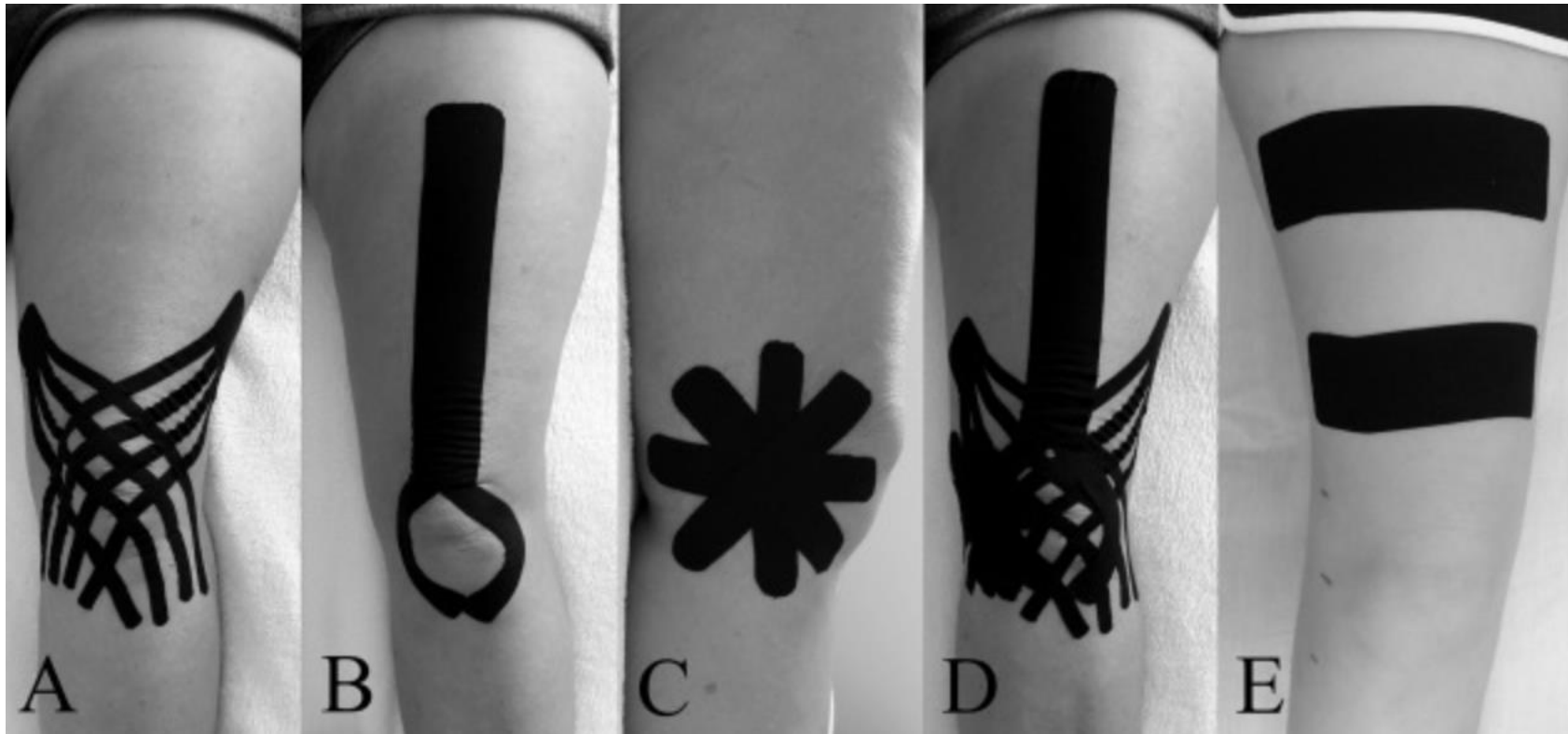
Acupuncture



# Braces



# Kinesiotaping



# Not recommended

Wedge insoles

Massage

TENS

Pulsed vibration therapy

Iontophoresis

# Iontophoresis



# Summary

Analgesia

Activity

Weight loss

Sticks and Braces

Others based on risk and cost

Few indications for IA steroid