

Osteoarthritis of the knee

At **Allied Health Professionals Suffolk (AHPS)**, we're committed to helping you manage your health and stay active. This booklet is designed to provide clear, practical information about osteoarthritis of the knee - what it is, how it affects you, and most importantly, what you can do to manage your symptoms.

Inside, you'll find expert advice from our Physiotherapists on exercise, pain relief, and lifestyle changes to help keep you moving. Whether you're looking for ways to stay active or considering treatment options, we're here to support you every step of the way.

Let's take control of knee osteoarthritis together!

Contents

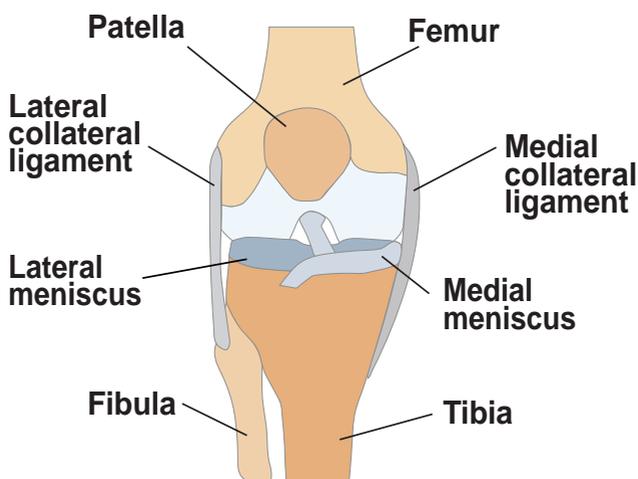
1. What is osteoarthritis
2. Do I need an X-ray
3. How will it affect me
4. Suffolk pathway for knee osteoarthritis
5. Management of symptoms
6. Nutrition
7. Other options
8. Surgery
9. ESCAPE-pain
11. BMI
12. Notes



What is osteoarthritis of the knee?

Osteoarthritis is the most common form of arthritis, and the knee is one of the most commonly affected joints.

A joint is where two or more bones meet – in the knee, it's the thigh bone (femur), shin bone (tibia), and the kneecap (patella). The ends of these bones are covered with smooth, slippery cartilage, which helps them move easily and protects the joint from stress.



Your knee also has two other rings of a different type of cartilage known as menisci or meniscus, which help to share weight evenly across your knee joint, and there's also cartilage underneath your kneecap.

Osteoarthritis causes this cartilage becomes thin and rough, so the joint moves less smoothly and may feel painful or stiff.

While osteoarthritis can affect people at any age, it's more common over 50. It may be linked to previous injuries, other joint conditions like gout, or genetics. Being overweight can also increase the risk, as it puts extra strain on the knees and contributes to inflammation.

Do I need an X-ray?

X-rays aren't usually needed to diagnose osteoarthritis, as there isn't always a clear link between symptoms and changes seen on scans.

Some people have symptoms without visible changes on X-ray, while others show changes but have no symptoms. If your symptoms are severe enough to consider surgery, an X-ray will be arranged.



How will it affect me?

Osteoarthritis often develops slowly over time, though it can progress more quickly in some cases. If it affects your knee, you'll likely notice pain and stiffness.

It might affect one or both knees, often worse in a knee that's been injured before. Pain is usually worse with movement or by the end of the day and improves with rest. Morning stiffness is common but tends to ease within 30 minutes. Pain may be felt around the whole knee or in specific spots, and can be triggered by activities like climbing stairs. Some people may also experience pain at night.

Symptoms can vary, with good and bad days. Your knee may feel stiff, swollen, or make crunching or creaking sounds.

Over time, the thigh muscles can weaken, making your leg appear thinner and your knee feel unstable, which may cause it to give way. The ongoing pain can affect your mood, sleep, and relationships. If it's impacting your daily life, speak to your doctor – support is available.

Are there any complications?

Some people with knee osteoarthritis develop a lump at the back of the knee, known as a Baker's cyst (or popliteal cyst). This is a fluid-filled swelling that forms when joint lining pushes through a small opening in the joint capsule, trapping fluid.

It can happen on its own, but is more common in knees already affected by arthritis.

Baker's cysts don't always cause pain, but if one bursts, the fluid can leak into the calf, leading to sudden pain, swelling, and redness. These symptoms usually settle over time.



Suffolk Pathway for knee osteoarthritis

In Suffolk all patients with knee osteoarthritis are initially seen by a Physiotherapist at Allied Health Professionals Suffolk CIC.

At your first appointment your Physiotherapist will ask you various questions about your symptoms and assess your knee joint.

The Physiotherapist will be able to increase your understanding of what osteoarthritis is and discuss how this may affect you. As part of a shared process, they will discuss what your goals and expectations are and how best to proceed further.

Your next options may include continuing with exercises and following the advice of your Physiotherapist at home, coming in for further education or ESCAPE-pain classes with our rehab team or being referred on for a consultation with orthopaedics for consideration of a knee replacement.

If your symptoms are severe enough and surgery is indicated, an X-ray and possibly a blood test will be arranged to complete your referral.



Management of symptoms

There is no cure for osteoarthritis but there are things that you can do that can significantly reduce the pain and symptoms you are experiencing.

Exercise

It's very important to keep moving if you have osteoarthritis of the knee. Whatever your fitness level, exercise helps the knee to be able to cope with normal daily activities again.

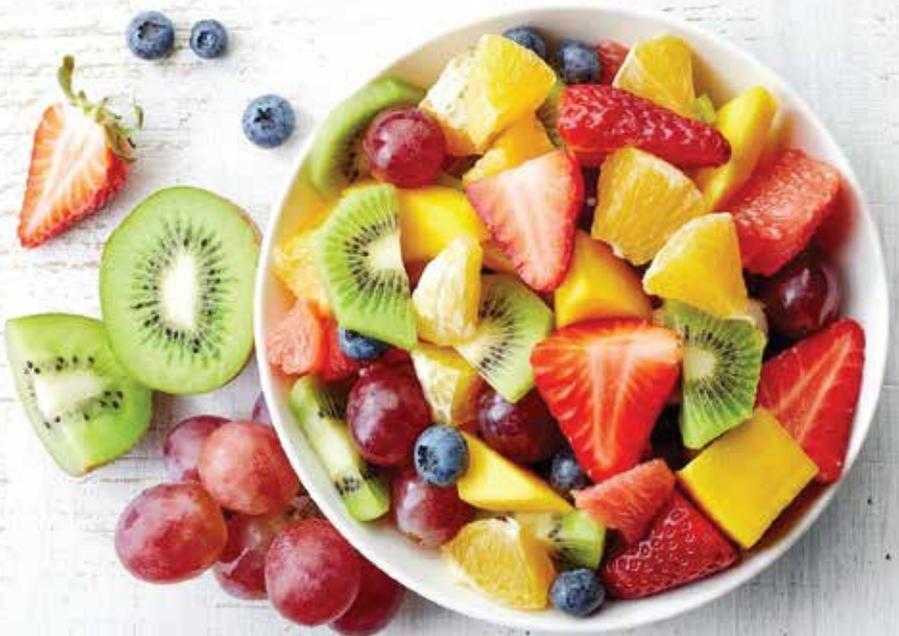
You'll need to find the right balance between rest and exercise – most people with osteoarthritis find that too much activity increases their pain while too little makes their joints stiffen up. We want to try to find comfortable ways to keep your joint moving and keep you strong without increasing your symptoms.

This may include: swimming, cycling, strengthening exercises, Pilates or yoga. Your Physiotherapist can discuss what exercises might be beneficial to you based on your goals.

Nutrition

We know that carrying additional weight can cause increased stress onto these joints likely increasing the progression of osteoarthritic changes as well as increasing pain. Weight loss can have drastically beneficial effects on function and pain levels in those with osteoarthritis.

For many weight loss is hard, making sustainable change to habits and behaviours is typically the best way to encourage weight loss, you can be referred for additional support if this is indicated.



Other options

A walking stick or hiking poles can offload the knee and reduce the pain in your knee.

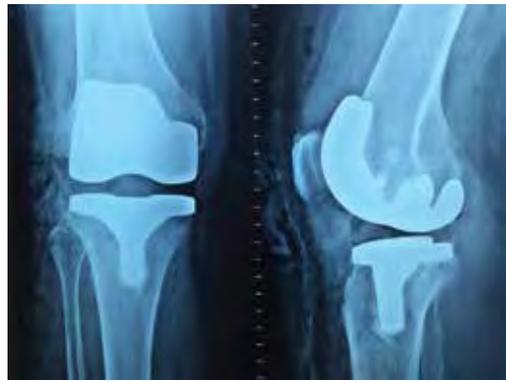
Using a heat pack on your knee may reduce the pain and stiffness. If this doesn't work you could try ice but please ensure you wrap an ice pack in a towel and leave on for no longer than 20 minutes.

- **Some people find a knee brace can help** – please speak to your Physiotherapist and they will discuss whether this is appropriate.
- **Painkillers** – simple over the counter painkillers such as paracetamol can help reduce some pain your GP can prescribe stronger painkillers if this is indicated. Please discuss this with the Pharmacy or your GP.
- **Hyaluronic acid injections** aren't currently available on the NHS as they haven't got a strong enough evidence based to prove their effectiveness but you may be able to get them privately.
- **Steroid injections** are occasionally offered to reduce pain and swelling. They are short lasting and there is risk factors associated with them. If your symptoms are severe enough to consider surgery a steroid injection would not be appropriate due to increased risks and complications.
- **Acupuncture** – there is no strong evidence that acupuncture can help with osteoarthritis but some people find it can help manage the symptoms. This can be accessed privately.



Surgery

The options we have just discussed usually improve the symptoms, pain and ability to do daily activities in most people with osteoarthritis of the knee.



But if these treatments haven't worked for you, you may benefit from having surgery on your knee. Surgery might be suggested if your pain is very severe or if you have problems getting around or moving your knee.

The most common type of surgery for osteoarthritis of the knee is a knee replacement. This normally involves replacing the joint surfaces at the end of your thigh bone (femur) and the top of your shin bone (tibia), it may also involve replacing the surface under your kneecap (patella).



Many knee replacements are performed each year all over the world and the operation can give a lot of pain relief and improve movement in your knee.

Surgical techniques are improving all the time and research has shown that up to 8 in 10 knee replacements could last as long as 25 years.

However, as with all surgery, there are some risks and your surgeon will want to make sure you're in the best health possible before the operation. Your Physiotherapist will be able to discuss this with you and refer you on to your preferred hospital for consideration of surgery.



What are ESCAPE-pain Classes?

ESCAPE-pain (Enabling Self-management and Coping with Arthritic Pain using Exercise) is an evidence-based group rehabilitation program for chronic joint pain, specifically targeting knee and hip pain. These classes are delivered by trained professionals like Physiotherapists or Exercise instructors.

What to Expect:

Group Sessions: You'll join a small group (8-10 people) for a supportive learning environment.

Six-Week Program: There are 12 sessions in total, held twice a week for six weeks. If you miss more than 3 classes, you will not complete the course. Due to the program set up it is not possible to reschedule missed classes.

Combined Learning & Exercise: Each session includes an educational discussion to help you understand your pain and learn self-management strategies, followed by a supervised exercise program with activities tailored to your needs.

Focus on Self-Management: The main goal is to give you the tools to manage your pain independently, reduce reliance on medication, and improve your daily function.

Goal Setting & Progress Tracking: You'll set personal goals and complete questionnaires to track your progress.

Why ESCAPE-pain is Effective:

Evidence-Based: It's backed by strong research and clinical trials, showing significant reductions in pain and improved physical function.

NICE Recommended & CE Certified: ESCAPE-pain is recommended by NICE and is CE certified, ensuring it meets high healthcare standards.

Holistic Approach: It combines both education and exercise, helping you understand your condition and move more confidently.

Personalised & Supportive: Exercises are adapted to your individual needs, and participants consistently report positive experiences.



BMI

The meet criteria for an NHS funded joint replacement you need to have a BMI of 35 or under. Your BMI is a calculation of your height and weight, you can use the below link (or scan the QR Code) to check yours

<https://www.nhs.uk/health-assessment-tools/calculate-your-body-mass-index/calculate-bmi-for-adults>



If your BMI is greater than 35 we need to provide evidence of documented weight loss. In exceptional circumstances a special funding request can be put in through the local commissioning group.

Date	Weight

If you are being referred for surgery you may find documenting on the chart opposite is helpful to keep track of your appointments and tasks.

Is my BMI under 35?

Has the Physiotherapist checked my blood pressure and is it within the normal parameters?

Have I booked my blood test if required?

Have I had a recent X-ray of my knee?

Osteoarthritis of the Knee

Osteoarthritis is the most common form of joint disease. In this booklet we explain what it is, how it develops and how it's treated. We also give some hints and tips on managing osteoarthritis of the knee in daily life

For more information please visit our website or scan the QR code here:

www.ahpsuffolk.co.uk

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Need more support?

If you need additional help, our physiotherapy team is here for you.

You can self-refer to our services through our website or call us on: **03330 433966**

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