

ARTHRITIS | *advisor*

Advice and information from a world leader in bone and joint care

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New Guidelines for Osteoarthritis

Exercise remains the mainstay of treatment, but there are other options.

Osteoarthritis can be challenging to treat. There is no single, one-size-fits-all therapy. Instead, there are a variety of treatment approaches that may be appropriate depending on the joint or joints affected and symptoms, which can change over time. Therapies may be used together or one after another at different times.

To help doctors and their patients sort through the options and make the best informed choices, the American College of Rheumatology (ACR) publishes clinical practice guidelines. New guidelines that cover osteoarthritis of the knee, hip and hand were published in January 2020.

The ACR collaborated with the Arthritis Foundation, in a process that included patients who have osteoarthritis, who provide an important perspective in making treatment recommendations.

“The guideline development process involves teams of experts who review the literature and rate the quality of evidence to make recommendations,” says Chad Deal, MD, Head of the Center for Osteoporosis and Metabolic Bone Disease at Cleveland Clinic, and Associate Editor of *Arthritis Advisor*.

What Is Osteoarthritis?

Osteoarthritis is the most common type of arthritis. It results from deterioration

of cartilage in joints. Cartilage is a tough, somewhat elastic material that covers the ends of bones, allowing for smooth movements.

As cartilage wears down, the space between bones narrows and the surfaces of the bones change shape. Ultimately, this can cause friction and joint damage. Osteoarthritis can occur in almost any joint, but it is common in the knee, hip and hands.

There's no cure for osteoarthritis, and there

are no drugs that will slow down its progression (like there are for rheumatoid arthritis). Treatment is aimed at relieving pain, protecting joints and maintaining motion in the joint.

Guidelines

Guidelines can be helpful for choosing the best therapies. For the ACR osteoarthritis guidelines, the panel of experts put recommendations into four categories. Those that are strongly recommended have the most convincing evidence to back them up. Conditionally recommended therapies were found to be effective, but the quality of evidence was lower.

“For conditional recommendations, where the data are not strong, the benefits and potential harms of a therapy should be discussed between doctor and patient to make an informed choice,” says Dr. Deal.

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An exercise program is most effective when started under the guidance of a physical therapist.

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IN THE NEWS



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Treatment for Low Back Pain Often Doesn't Match Guidelines

Many older adults with low back pain receive treatment that is not consistent with guideline recommendations, according to a study published in the journal *Medical Care* (February 2020). Unless there are specific danger signs, guidelines suggest that diagnosis should be based on a history and physical examination with no imaging tests at first. For treatment, guidelines recommend starting with nondrug approaches, such as physical therapy. Drug treatment should begin with nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. For the study, researchers analyzed Medicare data from 2011 to 2014 on over 162,000 people ages 65 and older with new or persistent low back pain. They found that advanced imaging tests (such as magnetic resonance imaging [MRI] and computed tomography [CT]) were used for up to half of patients within six weeks. They also found that only 11% of patients received physical therapy. Opioids were prescribed to about 25% of patients, over half of whom had not been given an NSAID first.



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Both Aerobic and Strengthening Exercises May Prevent Obesity

Physical activity has proven health benefits, including keeping weight under control. Most of the evidence is based on studies of aerobic activity (such as walking, cycling and running). A study published in the journal *Obesity* (February 2020) examined the effects of both aerobic and muscle-strengthening exercises on obesity (body mass index of 30 or more). The researchers combined data from four health surveys given to over 1.6 million American adults. They categorized participants by their weight and exercise habits, including whether they adhered to the recommendations of aerobic exercise for at least 150 minutes per week and strengthening exercises at least twice a week. Any type of exercise was associated with lower rates of obesity. People who met both exercise guidelines were 50% less likely to be obese than inactive people, which was the greatest effect.



Illustration by Marry Bee

Knee Osteoarthritis Plus Low Back Pain Raises Risk for Falls

Having low back pain in addition to knee osteoarthritis appears to increase the risk for falling, compared to having knee arthritis and no back pain. This was the finding of a study published in *Arthritis Care & Research* (January 2020). The study included 189 people ages 61 to 90 with knee osteoarthritis who completed questionnaires about back pain and falls in the previous 12 months. Of these, 101 reported low back pain and 41 reported falling. Those with low back pain were 2.7 times more likely to fall than those without back pain. For the 45 study participants with moderate to severe back pain, the odds of falling rose to 3.7 times that of those without low back pain.

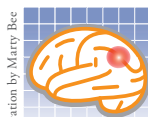



Illustration by Marry Bee

Shingles Vaccination Tied to Lower Stroke Risk

Shingles is a viral infection that can occur in anyone who had chickenpox earlier in life. Vaccines are available to reduce the chances of getting shingles. Vaccination is recommended for all adults ages 50 and older. It is especially important for people with autoimmune diseases, such as rheumatoid arthritis, who are at increased risk for infections. A study presented at the American Stroke Association's International Stroke Conference (February 2020) found that vaccination with Zostavax® has the added benefit of lowering risk for stroke. The researchers reviewed medical records of over 1 million Medicare beneficiaries ages 66 and older who were vaccinated between 2008 and 2014. After four years, receiving the vaccine lowered the risk for stroke by about 16%. The effect was strongest among those ages 66 to 79. The study did not include the Shingrix® vaccine, which was not available at the time of the study. 

Big Toe Arthritis

Arthritis in the big toe is often treated with nonsurgical measures.

One of the most common problems in the front of the foot is a condition called hallux rigidus (which means big toe stiffness). Hallux rigidus is caused by mechanical wear in the joint where the big toe bone meets the rest of the foot.

“The first thing that usually happens is a little bone spur appears on the top of the toe, and there can be some pain with that,” says Cleveland Clinic foot and ankle orthopaedic surgeon Stephen Pinney, MD.

Problem of Misalignment

Cartilage is the material covering the ends of bones in joints, allowing for smooth movement. The wearing down of this cartilage is osteoarthritis. In the big toe, cartilage can deteriorate from overuse, an injury or a misalignment.

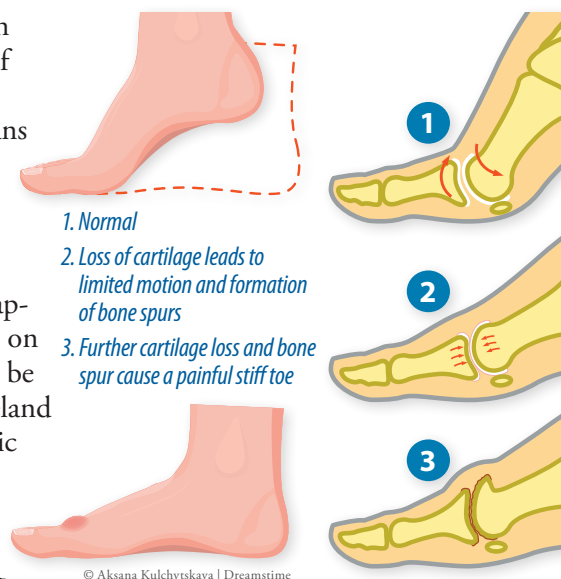
For example, if the toe bone (metatarsal) is slightly elevated, it will come up as you roll off your foot while walking. “It will jam into the top part of the joint, causing cartilage to deteriorate,” says Dr. Pinney.

Loss of cartilage often occurs first along the top half of the joint. Over time, more and more cartilage wears away. Your body responds to the loss of cartilage by forming bone spurs, which makes the toe stiffer. A bump forms on the top of the big toe, which can be tender.

“Each time you take a step in flexible shoes or bare feet, you get jamming of the area of the joint that doesn't have cartilage, which gets inflamed and irritated, causing pain,” Dr. Pinney explains.

Diagnosis and Treatment

Pain, swelling and loss of motion



in the big toe joint are the signs a doctor will look for when evaluating someone for hallux rigidus. The diagnosis can be confirmed with an X-ray, which will show a narrowing of the joint space from loss of cartilage. It will also show bone spurs. The condition is categorized as mild, moderate or severe based on the extent of cartilage loss.

“The vast majority of people with hallux rigidus do well with nonsurgical treatment,” says Dr. Pinney. The main focus of treatment is to limit motion in the toe, mostly with shoe modifications (see box). For many people, these measures are enough to relieve symptoms.

Surgical Options

If symptoms persist, surgery is an option. There are two main procedures. The first, called cheilectomy, involves shaving away bone spurs and making a cut in the toe bone. This allows for increased motion in the toe. It is for people with mild hallux rigidus who have loss of cartilage just in the top part of the joint.

Treat Hallux Rigidus

- Wear stiff-soled shoes, which help to propel you forward without having to bend your big toe. You can also wear a stiff shoe insert.
- Wear shoes made of soft material with a wide toe box. This prevents the bone spur on top of the toe from rubbing against the shoe.
- Avoid activities that require you to get up on to your toes.
- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), can be taken short term for pain.
- Occasionally, an injection of a corticosteroid (a powerful anti-inflammatory) can be used.

For moderate-to-severe hallux rigidus, the standard surgery is joint fusion. This involves permanently joining the two bones together. This takes away motion in the joint, but it also takes away pain.

At that stage, people don't have much motion in their toe anyway. “You're taking a stiff, painful toe and turning it into a stiff, essentially painless toe,” says Dr. Pinney.

A newer surgical procedure allows for some continued movement. It's not a complete joint replacement. That procedure has not proven to be sufficiently successful. Instead, the surgeon inserts a small plastic plug-like implant in the joint to replace the function of cartilage.

“It acts sort of like a bumper, and it allows for some movement of the toe,” says Dr. Pinney. It was FDA-approved for moderate hallux rigidus in 2017. Results in practice haven't been quite as successful as the clinical trials. However, it is an option. If it fails, it can be converted to a fusion relatively easily. [Ara](#)

Exercise Tips for Travelers

Stay fit while traveling with a few simple exercises.

Traveling can be a wonderful experience, whether you are exploring places you've never seen before, visiting distant family or friends, or leaving home for some other reason. If you have arthritis, the excitement of a trip may be dampened by concerns about how your symptoms will limit you.


With some preparation and some simple steps you can enjoy your travels. Cleveland Clinic physical therapist Mary Morrison, PT, DScPT, has some advice.

When traveling, it can be difficult to keep to your routine of exercising and healthy eating. Yet these

are important for functioning at your best.

Your usual routine may not be practical on a trip, but doing nothing can set you back. Morrison suggests doing just four exercises three times a week to maintain your muscle tone. "These are full body exercises, which also help with balance," says Morrison (see box).

Other Tips

- Don't sit for long periods of time. On a car trip, stop every one to two hours to walk around. On an airplane, get up and move around.
- Try some simple exercises while
- If you use a cane, knee brace or any other assistive device, be sure to bring it. If you have any concerns about your balance, bring a cane. Practice using it before the trip.
- Wear shoes that have been broken in, not new ones.
- Get in shape before the trip with a walking program.
- Pace yourself. Alternate days of heavy activity with days of less activity. Recovery time is important. 

seated. For example, pull your stomach in, press your shoulder blades and upper back into the back of your chair. Hold this position while you straighten one knee, lifting your toes. Do this 10 times, and then switch legs. Even though the movement of your leg might be small, you will still lubricate your knee and ankle joints.

Four-Exercise Routine



MINI SQUATS

From a standing position, hold your arms out, look forward, stick your buttocks out (like you are going to sit down) and squat as low as is comfortable. Keep your knees pointing forward (don't let them collapse toward one another). Push down through your heels and return to standing. Keep your upper body straight. Do one to three sets of 10 to 15 squats.



HEEL RAISES

Stand with your hands resting on a countertop. Rise up onto your toes as high as you can. Lower back to the floor. Do one to three sets of 10 to 15 raises, with one minute rest between sets. People with arthritis in the foot and those who have had ankle fusion should not do this exercise.



LUNGE

Stand with a table or counter beside you. Take as big a step forward with one leg as is comfortable. Then drop the back knee down like you're going to kneel. Push back with the front foot with some force. Repeat with the other leg. Do one to three sets of 10 to 20 repetitions.



CLAMSHELL

Lie on your back. Bend your knees so your feet are flat on the floor. Tie a resistance band around your legs just above your knees. Press one knee sideways toward the floor. Hold for one second. Slowly return to start position while keeping stomach muscles tight. Repeat with the other knee. Do one to three sets of 10 to 20 repetitions.

Illustrations by Alayna Paquette

How to Identify Hidden Sugar

Sugar in packaged foods is hard to avoid.

We all know we should cut back on sugar, and ideally stop eating foods with added sugars. Too much sugar contributes to a host of health problems, including obesity, diabetes and heart disease. It promotes inflammation, which is particularly problematic for people with arthritis. Sugar also appears to be addicting, making it hard to resist.

Even with this knowledge, grocery store shelves remain full of foods laden with sugar. If you look on a food label, you will often see the sugar content divided into “total sugar” and “added sugar.”

Total sugar includes both natural and added sugar. Natural sugar is the sugar naturally contained in foods like fruits and vegetables. In a bag of granola, the raisins or other dried fruit will have natural sugar. But the product often also contains added sugar.

Sugar Aliases

“Some products list many different kinds of sugar that you might not recognize as sugar,” says Roxanne B. Sukol, MD, MS, Vice Chair of the Department of Executive Health in Cleveland Clinic Community Care.

We know that “high-fructose corn syrup” is really just a form of sugar. But if you aren’t paying enough attention, you might not notice ingredients like cane syrup, dextrose, fructose and strawberry concentrate. All of these are sugar (see box).



Sugar consumed in its natural forms, which means in whole fruits and vegetables, is preferred over the sugar added to foods, often in excessive amounts.

Some products, such as granola bars, might seem healthy because they contain whole grains. But products can have misleading ingredient lists. For example, on a box of granola bars, the crust ingredients might come first, making whole grains look like the main ingredient. The filling, the most sugar-packed part, comes second.

“They hide the sugar so it doesn’t look like it’s so prominent,” says Dr. Sukol.

Many processed and packaged foods simply have way too much


sugar. As an example, the average 12-ounce can of soda has the equivalent of 12 teaspoons of sugar.

“When would you ever put that much sugar in a glass of iced tea?” says Dr. Sukol.

Why Natural Is Best

Ideally, we should consume sugar primarily in its natural containers, meaning fruits and vegetables. “Fruit contains sugar inside a fiber matrix,” says Dr. Sukol. “In order to get to the sugar, your body has to rip apart the fiber matrix, and that takes time.” So

you are only absorbing a little bit of sugar at a time.

Fruits, when eaten in their whole form (not concentrated in juice), have a moderate amount of sugar. “And fruits have phytonutrients that nourish us, and the phytonutrients have antioxidant properties that make them anti-inflammatory,” says Dr. Sukol. 

Sugar by Any Other Name... Is Still Sugar

Added sugar in food products can go by several names. If you see these words, they all mean sugar:

- Words that end in “ose” (sucrose, fructose, dextrose, maltose).
- Phrases that contain the word syrup (corn syrup, cane syrup, rice syrup)
- Honey, agave, molasses.
- Fruit concentrates.

INGREDIENTS: CRUST: WHOLE GRAIN OATS, ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, VITAMIN B₁ [THIAMIN MONONITRATE], VITAMIN B₂ [RIBOFLAVIN], FOLIC ACID), WHOLE WHEAT FLOUR, SOYBEAN AND/OR CANOLA OIL, SOLUBLE CORN FIBER, **SUGAR, DEXTROSE**
FRUCTOSE CALCIUM CARBONATE, WHEY, WHEAT BRAN, SALT, CELLULOSE, POTASSIUM BICARBONATE, NATURAL AND ARTIFICIAL FLAVOR, MONO- AND DIGLYCERIDES, SOY LECITHIN, WHEAT GLUTEN, NIACINAMIDE, VITAMIN A PALMITATE, CARRAGEENAN, ZINC OXIDE, REDUCED IRON, GUAR GUM, VITAMIN B₆ (PYRIDOXINE HYDROCHLORIDE), VITAMIN B₁ (THIAMIN HYDROCHLORIDE), VITAMIN B₂ (RIBOFLAVIN), **FILLING: INVERT SUGAR, CORN SYRUP, STRAWBERRY PUREE CONCENTRATE**, GLYCERIN, **SUGAR**, MODIFIED CORN STARCH, SODIUM ALGINATE, CITRIC ACID, DICALCIUM PHOSPHATE, METHYLCELLULOSE, NATURAL AND ARTIFICIAL FLAVOR, CARAMEL COLOR, MALIC ACID, RED 40.

Drug Management of RA

There is logic to the order rheumatoid arthritis drugs are given.

Of the many different types of arthritis, rheumatoid arthritis (RA) is one that can be treated with medications that can actually keep the disease from getting worse. The word arthritis refers to diseases of joints. The cause of joint symptoms differs among the different types of arthritis.

In the case of RA, a malfunctioning immune system is at fault. The immune system mistakenly attacks healthy tissue, primarily the lining of the joints (called synovium). The attack involves ongoing inflammation, which ultimately damages joints if not adequately treated. RA causes joint pain and swelling, and it can limit your ability to function in daily life.

Where to Start

Many of the drugs for RA are disease-modifying antirheumatic drugs (DMARDs). They work by blocking inflammation in different ways. They can be biologic or nonbiologic. They don't cure the disease, but they can slow the worsening of it.

Doctors can choose from a wide range of DMARDs, and there are a growing number of them. If you are diagnosed with RA, which of these drugs are you likely to get? That can get complicated, but the starting point is often the same.

"Most rheumatologists start a newly diagnosed rheumatoid arthritis patient on the drug methotrexate, although there are other options," says Cleveland Clinic rheumatologist Matthew Bunyard, MD. Methotrexate, which has been used for RA for more than 30 years, has a proven track record of slowing the progression of RA.

"Rheumatologists are comfortable using it, and there are good data about its effectiveness," he says.

Once any medication has been started, a person with RA will see the rheumatologist a few months later, and then on a regular basis, to evaluate how well the drug is working. "We do a disease activity assessment to decide whether we might need to increase the dose, add another drug or switch to a different drug," says Dr. Bunyard.

Goals of Treatment

The aim of treatment is to get the person to the lowest disease state that is possible. "There are four goals we are attempting to reach," says Dr. Bunyard

- Reduce pain.
- Improve function.
- Reduce inflammation.
- Slow down the disease activity.

Sometimes you accomplish some but not all of them. "We have patients who we've slowed down the disease remarkably but they are still in pain, or vice versa," says Dr. Bunyard. Medications are adjusted to try to accomplish all four goals to as great a degree as possible.

Next Step

If methotrexate by itself is not working well enough, there are many options. The doctor and patient can choose from at least three approaches. First, there are other DMARDs that, like methotrexate, are taken as a pill. These include hydroxychloroquine (Plaquenil®) and sulfasalazine (Azulfidine®), which can be added to methotrexate.


What You Need to Know

- Rheumatoid arthritis can be treated with medications that slow down the disease.
- In most cases, the first disease-modifying antirheumatic drug (DMARD) will be methotrexate.
- If methotrexate doesn't meet the goals of treatment, there are many other options.
- The doctor and patient will work together to choose a drug regimen based on individual factors such as other medical conditions, potential side effects and patient preference.



The second approach would be to add or substitute a biologic DMARD. These drugs have been engineered to have a more targeted effect on individual parts of the inflammatory response. One group of drugs block a molecule called tumor necrosis factor, which is involved in joint inflammation. Other drugs have different targets. They are all given by injection or infusion.

The third approach would be to add or substitute a JAK inhibitor, which is the newest type of drug for RA. They work differently than other DMARDs, inhibiting inflammation from inside the cells. They are taken as pills.

The approach that is right for you will depend on a number of factors, including other medical problems you might have. All of the medications for RA have potential side effects. And these will be taken into consideration as well. 


Osteoarthritis ... from page 1

Therapies with a “strongly against” recommendation failed to show benefits in clinical trials, or it was determined that benefits did not outweigh potential harms. A therapy was designated “conditionally against” if the evidence is generally but not

definitively negative. In some cases, there may simply not be enough high-quality studies to make a determination. It’s important to note that guidelines change over time as new evidence comes to light.

In this article we focus on knee osteoarthritis. Recommendations for hip and hand osteoarthritis will

be published in upcoming issues of *Arthritis Advisor*.

Overall, the guidelines emphasize a comprehensive, multipronged approach to treatment. Therapies were divided into two categories. One is physical, psychosocial and mind-body approaches. The other is pharmacologic approaches. 

GUIDELINES FOR MANAGEMENT OF KNEE OSTEOARTHRITIS

STRONGLY RECOMMENDED

Physical, Psychosocial, Mind-Body Approaches

- **Exercise.** Exercise remains a mainstay of treatment, with very strong evidence to support it. This includes aerobic exercise, strengthening exercise, and exercises in water. Exercise is most effective when it’s started under the supervision of a physical therapist who can individualize a program. Taking an exercise class is also recommended. The guidelines make a strong recommendation for tai chi, which is a traditional Chinese practice that involves slow, gentle movements. It has been shown to improve strength and balance. Regardless of which exercises you choose, the key is to make it a regular, lifelong practice.
- **Weight loss.** For people who are overweight or obese, losing even 5% to 10% of body weight can make a difference. Benefits increase with increased amounts of weight loss. A weight reduction of 10 pounds reduces the force on the knee by about 30 pounds.
- **Assistive devices.** When knee pain limits your ability to walk, use of a knee brace or cane is recommended.

Pharmacologic Approaches

- **Nonsteroidal anti-inflammatory drugs (NSAIDs).** Topical NSAIDs (such as Voltaren Gel®) are strongly recommended, even before oral NSAIDs (such as ibuprofen [Advil®, Motrin®] and naproxen [Aleve®]). Because of concerns about side effects, oral NSAIDs should be used for the shortest time possible.
- **Steroid shots.** Injections of corticosteroids (powerful anti-inflammatory drugs) into the knee have been shown to provide short-term pain relief.

CONDITIONALLY RECOMMENDED

Physical, Psychosocial, Mind-Body Approaches

- **Exercise.** Exercises that focus on stability, posture and improving balance, including the mind-body practice of yoga, may help relieve symptoms.
- **Assistive devices.** Kinesiology tape is a type of stretchy tape applied over a joint that supports and permits greater range of motion in the joint.
- **Acupuncture.** This involves the application of tiny needles to specific points on the skin. It is difficult to conduct comparison studies of acupuncture. However, several trials have been positive, and the risk for harm is low.
- **Hot and cold therapies.** Some people get some relief of stiff, painful joints with the application of heat or cold.
- **Radiofrequency ablation.** With a procedure called a genicular nerve block, a local anesthetic is injected into the knee to disrupt nerves that transmit pain. If this is effective, the nerve can be destroyed with radiofrequency ablation. This can provide pain relief for up to a year for some people.

Pharmacologic Approaches

- **Topical capsaicin.** Capsaicin, which is the substance that makes chili peppers hot, has some pain-relieving qualities. Creams and gels containing capsaicin can help knee osteoarthritis. Some people can’t tolerate the burning sensation of this medication. Be careful to avoid getting capsaicin in the eyes.
- **Acetaminophen.** While acetaminophen (Tylenol®) is not as effective for relieving osteoarthritis pain as NSAIDs, it was given a conditional recommendation because it may be an alternative for people who cannot take NSAIDs.
- **Tramadol.** For some people who can’t tolerate or shouldn’t use NSAIDs, the drug tramadol may be appropriate. It is an opioid drug, but it works differently than the other opioids and is less potent. It received a conditional recommendation because it is preferred over other opioid drugs.
- **Duloxetine (Cymbalta®).** The drug Cymbalta, which is used for depression and fibromyalgia, has been shown in some studies to ease the chronic pain of knee osteoarthritis.

STRONGLY RECOMMEND AGAINST

Physical, Psychosocial, Mind-Body Approaches

- **TENS.** Transcutaneous electrical nerve stimulation (TENS) delivers low-level electrical pulses via electrodes placed on the skin. The previous guidelines gave this a conditional recommendation in favor. Based on more recent studies that found no benefit, this is no longer recommended for knee osteoarthritis.

Pharmacologic Approaches

- **Glucosamine and chondroitin.** The panel determined that the weight of the evidence does not support any beneficial effects of the supplements glucosamine and chondroitin for knee osteoarthritis.

CONDITIONALLY RECOMMEND AGAINST

Pharmacologic Approaches

- **Hyaluronic acid injections.** The previous guidelines had a conditional recommendation in favor of injections of hyaluronic acid (a substance that lubricates joints) in the knee. This changed based on studies that show only a small benefit and potential side effects. “Rheumatologists may find this difficult to accept since many patients swear by these injections and come back for regular treatments,” says Dr. Deal.
- **Other opioids.** The dangers of chronic use of opioid drugs have been well publicized. And studies have shown that they are only modestly helpful for osteoarthritis pain. They may have a role for some patients, but only after other options have been tried.



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ASK THE DOCTORS

Ankle replacement.....Diagnosing arthritis

Q I have severe osteoarthritis in my ankle, and I am considering surgery. What should I know about ankle replacement surgery?

A When osteoarthritis becomes severe and nonsurgical measures are no longer adequate to relieve symptoms, surgery is an option for some joints. Hip and knee replacements are common. There's also a replacement surgery for the ankle. But it isn't the only option. Joint fusions are also done.

Osteoarthritis occurs when the smooth coating over the ends of bones in joints (cartilage) wears down. This can cause pain, stiffness and limited function. The main goal of surgery is to relieve pain. With joint replacement surgery, cartilage and some bone are removed and an implant made of some combination of metal, plastic and ceramic is inserted. This mimics the function of the joint, but without the pain.

With fusion surgery, cartilage is removed and two bones are permanently joined together. In the case of ankle fusion, the end of the tibia (the larger bone in the lower leg) is joined to the talus (the ankle bone). This relieves pain, but it also takes away motion in the joint. However, this doesn't seriously limit the ability to walk normally.


Whether ankle replacement or ankle fusion is the right surgery for you depends on several factors. Just about anyone can have ankle fusion. But you have to meet certain criteria to be a candidate for ankle replacement. Ankle replacement is typically considered for middle- and older-age people who have healthy bone to seat the implant, stable ligaments and normal nerve and muscle function. In the past, ankle replacements were not as long-lasting as hip and knee replacements. But newer versions of the implants are proving to be more durable.

Q How is osteoarthritis diagnosed? What tests are used?

A Doctors can usually diagnose osteoarthritis based on symptoms and a physical examination. If a test is ordered, it will be an X-ray. More advanced imaging tests, such as magnetic resonance imaging, are not needed. Other tests may be done if your doctor suspects your symptoms may have another cause, such as rheumatoid arthritis.

Your doctor will start by asking about your symptoms, especially joint pain and stiffness. Osteoarthritis can occur in just about any joint, but it is most common in the knee, hip, hands, feet and spine. Symptoms usually start out mild. You may experience pain after strenuous activity. As deterioration of cartilage (the covering over the ends of bones in joints) worsens, you may experience pain even with slight movement. Joint stiffness when you wake up in the morning is common. It usually goes away after a few minutes of movement.

During a physical examination your doctor will look for swelling in joints and bony bumps (called osteophytes). He or she will also assess mobility in the joint. The doctor may also listen for a crunching or grating sound as the joint moves (called crepitus). This is caused by the bones rubbing against each other.

An X-ray will show joint abnormalities, such as narrowing of the joint space (the space between the two bones), osteophytes (bone spurs), and increased density of bone below the cartilage (subchondral sclerosis). 

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IN COMING ISSUES

- Guidelines for Hand OA
- Bicycling
- Kinesiology Tape
- Hip Resurfacing

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