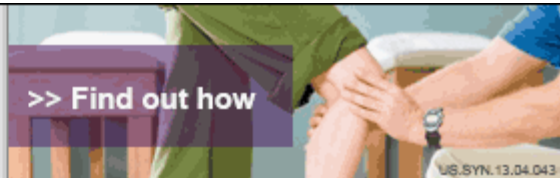




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Stages of Osteoarthritis of the Knee

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Osteoarthritis (OA) is divided into five stages: 0 is assigned to a normal, healthy knee. The highest stage, 4, is assigned to severe OA. OA that has become this advanced is likely causing significant pain and disruption to joint movement. To learn more about Osteoarthritis of the Knee, watch this video

Stage 0

Stage 0 OA is classified as “normal” knee health. The knee joint shows no signs of OA, and the joint functions without any impairment or pain.

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Treatments

No treatment is needed for stage 0 OA.

Stage 1

A person with stage 1 OA is showing very minor bone spur growth. (Bone spurs are boney growths that often develop where bones meet each other in the joint.) Likely, a person with stage 1 OA is not experiencing any pain or discomfort as a result of the very minor wear on the components of the joint.

Treatments

Without outward symptoms of OA to treat, many doctors will not require patients to undergo any treatments for stage 1 OA. However, if you have a predisposition to OA or are at an increased risk, your doctor may recommend you take supplements, such as glucosamine and chondroitin, or begin an exercise routine to relieve any minor symptoms of OA and slow the progression of the arthritis (2).

Stage 2

Stage 2 OA of the knee is considered a “mild” stage of the condition. X-rays of knee joints in this stage will reveal greater bone spur growth, but the cartilage likely remains at a healthy size — the space between the bones is normal, and the bones are not rubbing or scraping one another. Synovial fluid is also typically still present at sufficient levels for normal joint motion. However, this is the stage where people may first begin experiencing symptoms — pain after a long day of walking or running, greater stiffness in the joint when it’s not used for several hours, tenderness when kneeling or bending.

Treatments

Talk with your doctor about your possible signs of OA. They may be able to detect and diagnose the condition at this early stage. If so, the two of you can develop a plan to prevent the condition from progressing rapidly.

Several different therapies are recommended to help relieve the pain and discomfort caused by this mild stage of OA. These therapies are mainly nonpharmacologic — you do not need to take medicine for symptom relief. For overweight patients, the best advice is to lose weight through diet and exercise. Even people who are not overweight will benefit from exercise—low-impact aerobics and strength training can help strengthen the muscles around the joint, which increases stability and decreases the likelihood of additional joint damage.

Protect your joint from exertion by avoiding kneeling, squatting, or jumping. Braces and wraps can help stabilize your knee. Shoe inserts can help realign your leg and relieve some of the pressure you put on your joint.

Some patients may need medicine for mild pain relief. Medicines work best when they're used in conjunction with nonpharmacological therapies, too. For example, if you need to take NSAIDs or acetaminophen (such as Tylenol) for pain relief, it's suggested you also try exercising, losing weight, and protecting your knee from unnecessary stress. Long-term therapy with these medicines may cause other problems: NSAIDs can cause stomach ulcers, cardiovascular problems, and kidney and liver damage. Taking larger doses of acetaminophen may cause liver damage.

Stage 3

Stage 3 OA is classified as "moderate" OA. The cartilage between bones is showing obvious damage, and the space between the bones is narrowing. People with stage 3 OA of the knee are likely experiencing frequent pain when walking, running, bending, or kneeling. They also may experience joint stiffness after sitting for long periods of time or when waking up in the morning. Joint swelling may be present after extended periods of motion, too.

Treatments

If nonpharmacological therapies do not work or no longer provide the pain relief they once did, your doctor may recommend cortisone injections. Cortisone, a steroid produced naturally by your body, has been shown to relieve pain caused by OA when injected near the affected joint. The effects of a cortisone shot wear off in about two months. However, you and your doctor should look at the use of cortisone shots carefully. Research shows long-term use of the steroid can actually worsen joint damage.

If over-the-counter NSAIDs or acetaminophen are no longer effective, prescription pain medicine, such as codeine, oxycodone, and propoxyphene, may help relieve the increased pain common in stage 3 OA. On a short-term basis, these medicines can be used to treat moderate to severe pain. However, narcotic medicines are not recommended for long-term use due to the risk of increased tolerance and possible dependence. Side effects of these medicines include nausea, sleepiness, and fatigue.

Patients who have not responded to conservative treatments for OA — physical therapy, weight loss, use of NSAIDs and analgesics — may be good candidates for viscosupplementation. Viscosupplements, intra-articular injections of hyaluronic acid, are a relatively new form of treatment for knee arthritis. A typical treatment with a viscosupplement requires three to five injections of hyaluronic acid over three to five weeks' time. (One medicine is available as a single-dose injection.) The results of a

viscosupplementation injection are not immediate. In fact, it may take several weeks for the full effect of the treatment to be felt, but relief from symptoms typically lasts six months.

Stage 4

Stage 4 OA is considered “severe.” People in stage 4 OA of the knee experience great pain and discomfort when walking or moving the joint. That’s because the joint space between bones is dramatically reduced — the cartilage is almost completely gone, leaving the joint stiff and possibly immobile. The synovial fluid is decreased dramatically, and it no longer helps reduce the friction among the moving parts of a joint.

Treatments

Bone realignment surgery, or osteotomy, is one option for people with severe OA of the knee. During this surgery, a surgeon cuts the bone above or below the knee to shorten it, lengthen it, or change its alignment. This surgery shifts the weight of your body away from the points of the bone where the greatest bone spur growth and bone damage has occurred.

Total knee replacement, or arthroplasty, is a last resort for most patients with severe OA of the knee. During this procedure, a surgeon removes the damaged joint and replaces it with a plastic or metal device. Side effects of this surgery include infections at the incision site and blood clots. Recovery from this procedure takes several weeks and requires extensive physical and occupational therapy. It is possible that replacing your arthritic knee won’t be the end of your OA knee problems. You may need additional surgeries and even another knee replacement during your lifetime.

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