

QUALITY STANDARDS

Osteoarthritis

A guide for people with
osteoarthritis of the knee,
hip, hand, or shoulder

2024 UPDATE

Ontario Health is committed to improving the quality of health care in the province in partnership with patients, clinicians, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, clinicians, and researchers.

This patient guide accompanies the quality standard on osteoarthritis. It outlines the top 10 areas where clinicians can take steps to improve care for people with osteoarthritis of the knee, hip, hand, or shoulder. The patient guide also includes suggestions on what to discuss with your clinicians, as well as links to helpful resources.

Did you know?

There are many types of “clinicians” who may be part of your health care team, including:

- Primary care clinicians, such as a family doctor or nurse practitioner
- Doctors who focus on pain management or sport and exercise medicine
- Doctors who are specialists, such as an orthopaedic surgeon, physiatrist, plastic surgeon, or rheumatologist
- A chiropractor, dietitian, nurse, occupational therapist, pharmacist, or physiotherapist
- A psychologist, counsellor, or clinician who can help you manage your symptoms (such as pain, poor sleep, anxiety and mood, or weight)

Everybody is different, and some options may not apply in your situation. If you have questions about your care, **it is important to speak with your clinician.**

This guide is for adults with osteoarthritis of the knee, hip, hand, or shoulder. It can help you know what to ask for when receiving treatment and to ensure you receive the highest-quality care.

Osteoarthritis is a condition that affects the joints (the places where bones meet so you can bend and move), causing pain, swelling, and/or stiffness. Knees, hips, hands, and shoulders are the joints most commonly affected by this type of arthritis.

Osteoarthritis tends to get worse with time and can make it hard to do your normal activities. But there are ways to manage your symptoms and improve your quality of life. The people on your health care team want to help you feel confident to manage your symptoms and live the best life you can. The more they know about you and your goals, the better they can help create a plan that meets your needs.

If you or someone you care about is looking to manage their osteoarthritis...

You can use this guide to work with your clinicians to make a plan that works for you, including access to culturally appropriate care. We encourage you to use this guide to ask informed questions and to learn more about what types of care can help.

Summary of the top 10 areas to improve care for people with osteoarthritis



Quality Statement 1: Clinical Assessment for Diagnosis

What the standard says

People who have persistent, atraumatic, movement-related joint pain or aching, and/or morning stiffness lasting less than 30 minutes, are diagnosed with osteoarthritis based on clinical assessment. Radiological imaging is not required to make a diagnosis in people aged 40 years or older if their symptoms are typical of osteoarthritis.

What this means for you

You should see a clinician if you have persistent pain, aching, and/or stiffness in your knee, hip, hand, or shoulder when you move it. This does not apply if you have had a recent injury involving that joint or the area around it.

Getting a diagnosis early is important so that you can manage symptoms and maintain your quality of life. The symptoms of osteoarthritis tend to get worse with time, so it's best to start therapies early.

To diagnose your condition, your clinician will examine you and ask about your symptoms. You will not need an x-ray or a magnetic resonance imaging (MRI) scan to make a diagnosis if you are 40 or older and have symptoms typical of osteoarthritis. This is because osteoarthritis is more common in this age group, and an x-ray or MRI will not explain your symptoms or help in making a diagnosis. Initial decisions about your treatment can usually be based on the examination and how your symptoms are affecting your life.



Quality Statement 2: Comprehensive Assessment to Inform the Care Plan

What the standard says

People who have been diagnosed with osteoarthritis receive a comprehensive assessment of their needs to inform the development of their care plan.

What this means for you

Your clinicians should do a comprehensive assessment that covers your overall health. They should talk with you about how your osteoarthritis affects your energy, mood, sleep, work, hobbies, family, and social life.

They should use this information to develop a care plan with you that is started within 3 months of your diagnosis. Your care plan should outline how you and your clinicians will work together to improve your symptoms and your ability to keep doing your usual activities. Together, you should review this plan at every visit and change it as needed.

Did you know?

Care plans can be very different for each person, so it is important to work closely with your clinicians to create a care plan that works for you.



Quality Statement 3: Patient Education

What the standard says

People with osteoarthritis are offered education to facilitate a self-management plan. This education is provided in accessible formats.

What this means for you

Your clinicians should help you learn about your osteoarthritis and how to manage it. They may provide this information directly or refer you to education programs in your community. They should provide this information when you are first diagnosed and again as your needs change.

Each person will need different types of information, but there are key things everyone with osteoarthritis needs to know:

- Your clinicians should talk with you about the importance of being physically active, doing specific exercises, and managing your weight. These things can help reduce your pain, improve other symptoms (such as poor sleep and mood changes), and maintain your ability to function
- Your clinicians should show you how to protect your joints and prevent injury while being physically active (for example, by taking short breaks to allow the joint to rest)

We know that osteoarthritis is painful and can affect your life in many ways. Your clinicians will work with you to help improve your quality of life and help you meet your goals.



Quality Statement 4: Patient Self-Management Plan

What the standard says

People with osteoarthritis are supported to develop an individualized, goal-oriented self-management plan that evolves to address ongoing symptom management and access to resources and supports.

What this means for you

Your clinicians should work with you to create a self-management plan. This is the part of your care plan that focuses on your role in your care.

Your self-management plan is where you can set goals for living with osteoarthritis, create action plans, solve problems that arise, and chart your progress.

Your plan should include information about how to access local services, such as exercise classes, weight-management programs, and support groups.

Your plan will also need to consider any other medical conditions you have that may impact your goals and abilities.

Depending on your needs, your plan might also include information about aids and devices such as suitable shoes, leg braces, orthotics, and hand grips. These things can help you stay active and function well.

You and your clinicians should be aware that some treatments and programs described in this guide are not funded publicly, and you may need to pay for these services directly or through private insurance.



Quality Statement 5: Therapeutic Exercise

What the standard says

People with osteoarthritis are strongly encouraged to participate in progressive neuromuscular training, muscle strengthening, and aerobic exercise of sufficient frequency, intensity, and duration to maintain or improve joint health and physical fitness.

What this means for you

If you have osteoarthritis, doing specific types of exercises can reduce your pain and improve your balance and ability to move. Your clinicians should provide you with a therapeutic exercise program designed for your needs.

Therapeutic exercise is a planned program of exercises to strengthen your muscles and train them to move in ways that reduce the load on your joints. If you have hip or knee osteoarthritis, your exercise program should target the muscles in your legs, abdomen, and back. It should also include exercises to improve your heart and lung fitness. This will give you more energy to do your activities.

To make sure you benefit from these exercises, your clinicians should show you how to do them properly and safely. They should show you how to gradually do more challenging exercises and to increase the amount you can do.



Quality Statement 6: Physical Activity

What the standard says

People with osteoarthritis are strongly encouraged to optimize their physical activity and minimize sedentary activity, and are offered information and support to help them toward these goals.

What this means for you

In addition to your therapeutic exercise program, your clinicians should encourage you to be physically active every day. Even a small amount of activity is good. Regular physical activity can greatly reduce the pain, aching, and stiffness related to your osteoarthritis and improve your overall health.

Walking, biking, swimming, rowing, aqua-fit, and walking in a pool are activities that are gentler on the joints. Yoga and Tai Chi are also good but may need to be modified for you.

Brisk walking, biking, household chores, dancing, and yard work are examples of moderate activity.

Examples of vigorous activity are faster-paced walking, biking uphill, and swimming laps.

If you feel pain when you are active, it does not mean you are damaging your joints. If an activity does make your symptoms worse, your clinicians should show you how to modify it, or recommend other activities.

You should aim to do as much physical activity as you can tolerate. A good target is at least 150 minutes of moderate to vigorous activity each week. Being active in bouts of 10 minutes or more will give you health benefits.

If you find the target of 150 minutes each week is too hard, you can start small and gradually increase the amount of physical activity you do each day.

Your clinicians should work with you on a plan to reach your goals, or refer you to community programs that can help.



Quality Statement 7: Weight Management

What the standard says

People with osteoarthritis who are overweight or obese are offered patient-centred weight-management strategies, and people at a normal weight are encouraged to maintain their weight.

What this means for you

Being overweight can make joint pain and mobility worse. Losing weight can improve your symptoms. If you have osteoarthritis and are overweight, your clinicians should offer you help to lose at least 5% to 10% of your body weight. If you are at a healthy weight, they should encourage you to maintain it.

If you need help, your primary care clinician should refer you to a weight-management program or dietitian. They can support you with information and advice on things like how eating and exercise work together to affect your weight and how to stay motivated and reach your weight-loss goals.



Quality Statement 8: Pharmacological Symptom Management

What the standard says

People with symptomatic osteoarthritis are offered pain-relieving medication options when nonpharmacological treatments are insufficient to control their symptoms.

What this means for you

If things like exercise and weight management are not working well enough to control your symptoms, your primary care clinician should offer you options for pain-relieving medication. If you decide to use pain medication, it is important to continue using other nondrug treatments as well. One does not replace the other.

Your primary care clinician should work with you to make a plan to review your medication use after a certain time. However, if you experience any side effects from the medication, tell your primary care clinician right away.

Your primary care clinician should first offer you a cream to rub over the joint. If this doesn't work for you, they may recommend over-the-counter pills (such as low-dose analgesics and/or nonsteroidal anti-inflammatory drugs), prescription pills, or an injection into the joint.

Your primary care clinician should not offer you an opioid medication as the first or routine treatment for your osteoarthritis pain. These drugs have serious risks including addiction, overdose, and death. For more information, please see the patient guide for the [Opioid Prescribing for Chronic Pain](#) quality standard.



Quality Statement 9: Referral to a Clinician With Additional Skills in Osteoarthritis Management

What the standard says

People with osteoarthritis, when clinically indicated, are referred by their primary care clinician to a clinician with additional skills in osteoarthritis management.

What this means for you

Your primary care clinician may suggest you see another clinician with additional skills in helping people manage their osteoarthritis symptoms to see if you could benefit from further assessment or treatment. Ask your primary care clinician who will contact you about any upcoming assessment or treatment.

Clinicians you're referred to should send notes about your progress to your primary care clinician. Your primary care clinician should share this information with you at your next appointment.

Your overall care will remain the responsibility of your primary care clinician so that you can avoid unnecessary assessments, investigations, or treatments.



Quality Statement 10: Referral for Consideration of Joint Surgery

What the standard says

People with osteoarthritis whose symptoms are not sufficiently controlled through nonsurgical management and whose quality of life is negatively impacted by their joint-related symptoms should be referred for consideration of joint surgery.

What this means for you

If you have tried to manage your symptoms using the treatments described in this guide, and your osteoarthritis symptoms are making it difficult for you to manage day to day, your clinician may suggest that you be referred for an assessment to see if you could benefit from surgery to realign or replace your painful joint. Joint replacement can greatly reduce pain and improve function for people severely affected by osteoarthritis.

If you have knee osteoarthritis, your surgeon should not offer you a treatment called arthroscopy. (In this procedure, a tube-like device is inserted into a joint to examine and treat it.) Arthroscopy does not reduce pain or improve function in people with knee osteoarthritis, so it should not be used. The benefits do not outweigh the risks.

Suggestions on what to discuss with your clinicians

Ask your clinicians:

- What could be causing my persistent symptoms of pain, aching, and/or stiffness in my knees, hips, hands, or shoulders when I move, and how will I know if I have osteoarthritis?
- How can I manage my osteoarthritis?
- Who will be involved in my care?
- Will I need pain medication?
- What can I do to help prevent further joint damage?
- What types of exercise are recommended for my osteoarthritis? How much? How often?
- Will I need surgery?

Share with your clinicians:

- If you have persistent pain, aching, and/or stiffness in your knees, hips, hands, or shoulders when you move them
- If you have less strength and movement in a joint or in many joints
- If your osteoarthritis symptoms are impacting your quality of life (e.g., physical activity, sleep, mental health, relationships, work life)
- If you need support for or recommendations on staying physically active and managing your weight while protecting your joints and preventing injury
- If you would like to learn more about available education programs in your community or resources to help you manage your osteoarthritis

If you are a care partner

You might have your own questions. It can help to identify yourself as the patient's care partner to their clinicians. This will make sure the clinicians know and respect your questions and concerns.

- Let them know what your role will be in helping the patient manage their condition
- Let them know if you need help

Learn more

[Arthritis Rehabilitation and Education Program](#) is a program by the Arthritis Society Canada that provides patients with arthritic/degenerative joints with self-management approaches and education.

Arthritis Society Canada provides a wide range of [support and education resources](#) for individuals living with arthritis.

Canadian Arthritis Patient Alliance provides a wide range of resources for [talking with your health care provider](#), [managing daily life](#), [medication and treatments](#), and [advocacy and policy](#).

[GLA:D Canada program](#) is an 8-week education and exercise program for those with stiff and/or painful knees and/or hips, or those with knee and/or hip osteoarthritis.

Ontario Health has developed other quality standards and patient guides on conditions related to osteoarthritis that may be useful, including:

- [Low Back Pain](#)
- [Chronic Pain](#)
- [Prediabetes and Type 2 Diabetes](#)

Need more information?

If you have any questions or feedback about this guide, please contact us at QualityStandards@OntarioHealth.ca or 1-877-280-8538 (TTY: 1-800-855-0511).

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

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