Knee Osteoarthritis (OA)



Irreversible condition due to inflammation and common age-related degenerative changes. It can involve cartilage within the tibiofemoral joint (more common) and/or the patellofemoral joint (less common). Knee OA directly affects the bones of the joint, as well as surrounding cartilage and muscles.

Clinical Diagnosis

Knee pain + ≥3 of the following:

- Age >50 years
- < 30 mins of morning stiffness
- Crepitus
- Bony tenderness
- Bony enlargement
- No palpable warmth



Related Findings

(May be asymmetrical)

- Knee pain during WBing and at rest
- Effusion
- Hip and knee muscle weakness
- Knee stiffness in the morning
- Balance impairments
- Limitations in activities (functional & leisure)



Risk Factors

- Family history of OA
- Overweight/ obese
- Prior knee injury or trauma
 - Ligamentous or meniscal tears
 - Prior fractures
 - Ligamentous instability
- Leg length discrepancy (OA likely on longer side)
- Genu valgum (lateral compartment knee OA) or genu varum (medial compartment knee OA)
- > or < 15° Q-angle
- Patella Alta (patellofemoral OA)
- Repetitive kneeling and heavy lifting
- Long distance running, football, hockey



Outcome Measures

Patient-reported Outcome Measures

- KOOS
 - 5 subscales (pain, symptoms, ADL, sport/rec, knee-related QoL)
- WOMAC

Functional Outcome Measures

- 6MWT
- TUG
- 30CST

Differential Diagnosis

<u>Patellofemoral Pain Syndrome (PFPS)</u> - Retropatellar pain or pain around the patella; more common in teens and young adults; no presence of structural deformities including increased Q-angle or articular cartilage degeneration; may see patella maltracking

Rheumatoid Arthritis (RA) - chronic inflammatory disease with symmetrical presentation; progresses from smaller to larger joints; >30 minutes of morning stiffness in the affected joints, swelling, warm, tender joints, fatigue, fever, onset between ages 35-60 years.

Knee OA References:

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