

# Information for people with Knee Arthritis

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## Summary

Knee osteoarthritis is common, but this does not mean that you should not seek help. By forming a good plan, you can improve your well-being now and in the future.

Changes in knee joints happen slowly over a long period of time. You will not damage your knee by using and moving it.

Pain is an early warning signal to protect you. It does not tell you how bad your joint is. Your knee pain can increase without your knee being harmed.

Knee pain is influenced by all sorts of things, and the knee itself is only one of these.

Knee pain does not mean you should stop movement or activity.

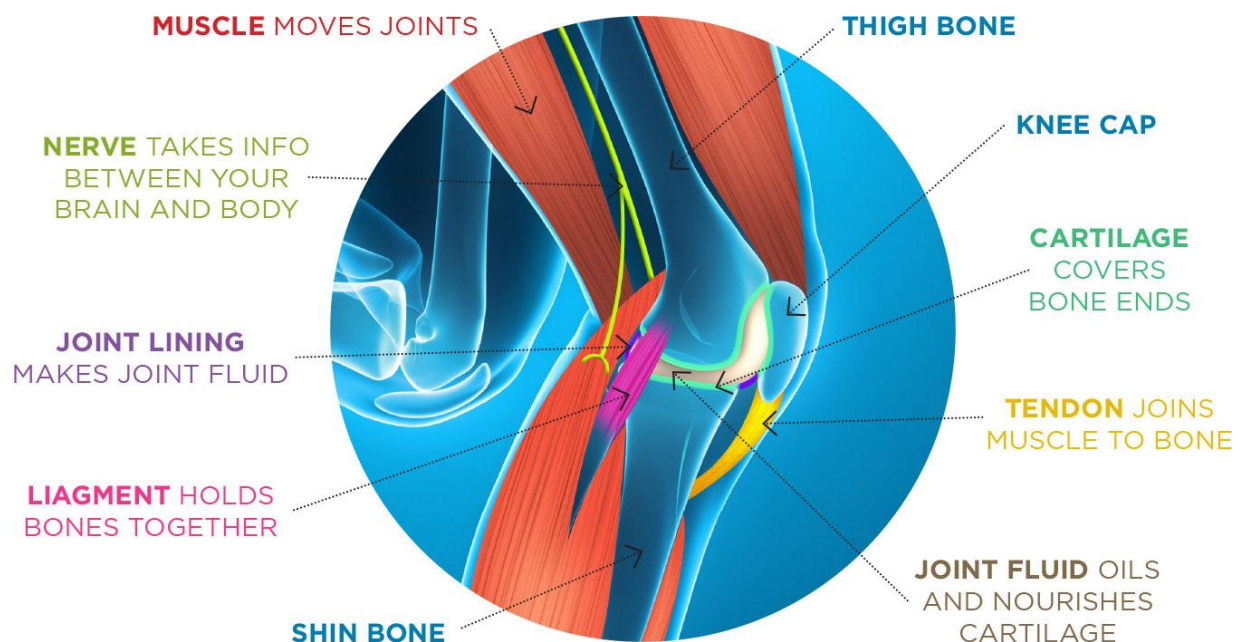
The best thing you can do for your knee and your health is to stay active and take part in things that are important to you.

Keep being you – osteoarthritis is part of your life but it does not need to define you.

## What is knee osteoarthritis?

Your body is constantly changing as old cells are replaced with new ones. Cartilage, bone, joint linings, muscles, and nerves adapt to life and movement. These changes can be helpful (like those that happen with exercise training) but some changes can be linked with pain, stiffness, or swelling.

Osteoarthritis (OA) is a term that is used to describe changes in joints. Changes in knee cartilage and joint surfaces happen, but these are only part of the story. Most of what you see and feel is due to changes in tissues around your knee and how your brain and body respond.



## Key points about OA:

- OA is a process not an end-point.
- OA involves many tissues (not just your cartilage).
- OA is a process you can help.

OA changes are more often painful in people who have been less active, are overweight, or who have old injuries. It is not true that everyone gets OA as they get older. **It is also not true that OA always gets worse with age.**

- The fact that bodies are always changing means that you can help the OA process.
- You can do things to improve how your body changes.
- Daily activity and exercise promote helpful changes and do not harm joints.

## X-rays and scans

Some people with OA have X-rays and scans, but these only show part of the whole picture.

### X-rays

X-rays only show your bones. You cannot see the cartilage, muscles or other tissues, and you cannot see pain. This means that an X-ray can only say what the bones look like on that day. X-rays cannot say how you feel or how much your OA affects you. X-rays also cannot say how long the joint has looked like this or what this means for the future.

Do not be surprised if your X-ray looks a lot better or a lot worse than you feel. Some people with no pain have a lot of joint changes on X-ray. Others have a lot of pain but few X-ray changes.

### Scans

Scans (like ultrasound or MRI) are usually not needed for people with knee OA.

## Pain

Physical changes in and around your knee only explain part of your pain. Sensors in your knee, messages in your nerves and spinal cord, and circuits in your brain are all part of the pain system.



The body makes knee pain when all the information it has says the knee needs protection. This includes what you're doing, what you're thinking, and how you're feeling. It also includes what's happened in the past, and what you expect to happen.

It is safe to exercise with knee OA. It is normal for pain to increase during exercise. This is fine if 1) pain does not go above 5/10, and 2) pain is no worse than normal the next morning.

Sometimes you may have more pain or stiffness than normal for a week or so. It may be a good idea to ease back a little while this settles, but don't stop altogether.

## Things you might see, hear, or feel

**SWELLING** – Swelling is common. It is likely to come and go. Swelling does not mean you have damaged your joint. If you have sudden or tense (tight) or hot swelling you should see your GP.

**NOISES** – It is normal for knees to be noisy at any age. Don't worry about noises unless you are getting a lot of pain with each one.

**LOOKING DIFFERENT** – This can be due to bony swelling, or changes in leg muscles or knee shape. These changes happen as your body adapts to OA and do not mean there is a problem.

**LOCKING** – It is normal for your knee to seize up from time to time. If your knee locks and you cannot overcome this, you should see your GP.

**GIVING WAY** – Improving muscle strength around the knee with exercise will help.

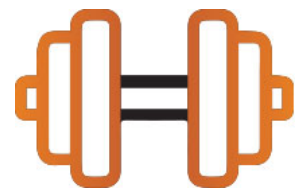
**STIFFNESS** – Most of the time, the best thing to do is move the joint more.

## Living well with OA

Living with OA can feel like a balancing act. Aim to do the things that are important to you and things that you enjoy.

Your knee is designed to be used. It needs movement and load to stay healthy. Movement and weight-bearing activities help to nourish the cartilage and strengthen the bone. It is fine to feel some pain while doing this. Many people worry that they will wear their joint out if they use it too much. **Research shows exercise does not wear out cartilage.**

Movement is also great for the tissues around the joint and muscle strength. Stronger muscles around the joint reduce the problems of OA.



## Move and improve

### Be realistic

- Build up activities over time
- Start with gentle activity or with bodyweight supported, e.g., in the water or on an exercise cycle.



## Be regular

- The best results are when exercise is regular

A physiotherapist, osteopath or therapy assistant can give you more advice.



## Eat for health

- Take time to enjoy and think about your food.
- Listen to your body to notice when you feel hungry or full.
- Eat plenty of different coloured vegetables and some fruit each day.
- Include wholegrains each day (like wholegrain oats, wholegrain bread, brown rice).
- Include a protein rich food at each meal (like lean meat, fish, eggs, low-fat milk, cheese, lentils, kidney beans).
- Choose foods with healthy fats (like fish, nuts, seeds, avocado, olive oil, canola oil).
- Make plain water your drink of choice.

A dietitian can give you more advice.



## Sleep for health

Sleeping well affects all aspects of your health, including knee pain. Poor sleep can make your knee pain worse. A few changes to your daily routines can have a large effect.

- Have a regular sleep pattern
- Be active in the day
- Avoid caffeine and alcohol for the 4 hours before bedtime
- Wind down at bedtime, take the time to relax
- Drinking warm milk may be helpful

Pain can also affect sleep. If your knee pain is having an impact on your sleep, ask a nurse or GP for more advice

## Medicines

There are various medicines that might help with pain as part of your approach to OA. These are usually not enough on their own. Non-drug treatments (like exercise programmes) help OA pain more than most medicines and without side-effects.

A pharmacist or GP can give you more advice

## Joint replacement surgery

Most people with OA never need joint replacement surgery. There are many other things you can do to manage OA. Most of these you can do on your own or with the help of your nurse, pharmacist, physio, osteopath, GP or dietitian.