



Non-Operative Knee Arthritis Protocol

The following is an outline of the non0surgical approach to helping patients with arthritis control knee symptoms and lead productive lives, your physician will review your individualized treatment program with you.

Phase I Mild Arthritis

A. Lifestyle change

- a. Weight control
 - i. Diet
 - ii. For every pound lost, 4-6 pounds of pressure are taken off your knees
 - iii. See appendix A
- b. Activity Modifications
 - i. Activity may need to be changed or substituted pending the extent or location of the knee arthritis
 - ii. Decrease activities by 50% can help with pain
 - iii. Cross train find other ways of exercising that can benefit the body and not aggravate the knee
 - iv. See Appendix B
- Mild analgesics
 - a. Anti-inflammatory (Aleve, Advil, Motrin)
 - b. Acetaminophen (Tylenol)
 - c. Ice after activities or sports
 - Ice needs to be done on a regular basis to get the best results
 - 1. 2-3x/day x 15 minutes
- C. Physical Therapy
 - a. PT may be prescribed to help improve flexibility, range of motion, strength, balance and/or endurance
 - Patients that are compliant with their therapy have better results
- D. Glucosamine Chondroitin
 - a. 1 of 3 say their symptoms are improved

Appendix A: Diet

- Decrease portion size
- Decrease fat intake
- Keep track of calories
- Avoid unhealthy snacks and sweets
- Low carbohydrate diet
- Meal supplements (slim fast, ensure, etc.)
- Seek professional help/weight watchers

Phase II/III Moderate to Severe Arthritis

- A. Lifestyle Change
 - a. Weight control See phase 1
 - i. Diet (see appendix A)
- B. Activity Modifications
 - a. Avoid aggravating activities
 - b. Low impact activities (water aerobics, cycling, etc.)
 - c. Upper body conditioning
 - d. Decrease activities by 75% to help pain
 - e. Cross train find other ways of exercising that can benefit the body and not aggravate the knee
 - f. See appendix B
- C. Moderate analgesics
 - a. NSAIDS Mobic, Voltaren
 - b. Ice after activities or sports
 - Ice needs to be done on a regular basis to get the best results
 - 1. 2-3x/day x 15 minutes
 - Injections
 - i. Cortisone
 - ii. Synthetic lubricants (Synvisc, Euflexxa)
 - iii. Platelet-Rich Plasma (PRP)
 - iv. Stem Cells (BMAC)
- D. Physical therapy
 - a. Similar to Phase I
 - b. PT will help prepare for surgical intervention if it should be needed in the future
- E. Glucosamine Chondroitin
 - a. 1 of 3 say their symptoms are improved

Appendix B: Activity Modification

- It's important to stay active, but you may need to substitute activities according to the nature of your arthritis
- Use pain and swelling as a guide

