

Nine Standards of Care for Hip and Knee Conservative Osteoarthritis Management – For Clinicians

Standard 1: Comprehensive Clinical Assessment for Osteoarthritis Diagnosis

For adults who present with the typical signs and symptoms of osteoarthritis (OA), a diagnosis can be made through a comprehensive clinical and bio-psychosocial assessment. No imaging is required to make a clinical diagnosis of OA.

Standard 2: Development of a Comprehensive Care Plan

A care plan is developed in collaboration with the person living with osteoarthritis of the hip or knee through discussion of evidence informed care and treatment options. Using a shared decision-making approach will ensure the individual's health priorities, goals, values and preferences are the foundations of the care plan.

Standard 3: Tailoring Treatments Over Time

Treatment selection will vary for each individual. To navigate a life-long journey with OA, it is important to strive for confidence in self-management. However, people with OA of the hip or knee often require support to manage this chronic and evolving condition. Tailoring treatments depends on symptoms, experiences, needs, goals, and their care plan and self efficacy. Collaboration between clinicians of different disciplines will likely be required as an individual's OA care journey develops.

Standard 4: Core Treatment 1 – Education

OA education programs should be offered to all people diagnosed with OA of the hip or knee. Understanding OA empowers the individual with the knowledge and tools to self-manage their symptoms and enjoy life as much as possible. Accessible education resources can be provided in various formats, including in-person group education programs, community-based programs, virtual platforms and written materials.

Standard 5: Core Treatment 2 – Exercise and Physical Activity

Individualized exercise and physical activity programs should be integrated into the care plan for people with OA of the hip or knee. Individualized programs provide support and information on progressive exercises and how to modify those activities as symptoms change. These programs focus on improving strength, endurance and function which will help support an active lifestyle and improve overall health. Use of shared decision-making techniques will ensure the individual's priorities, values and preferences are considered when setting wellness goals.

Standard 6: Core Treatment 3 – Weight Management

When an individual identifies weight management as a priority in their care plan, they should be offered weight management options that are tailored to support their individual needs. Use of shared decision-making techniques will ensure the individual's priorities, goals, values and preferences are built into their weight management plan.

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Standard 7: Adjunct Treatments

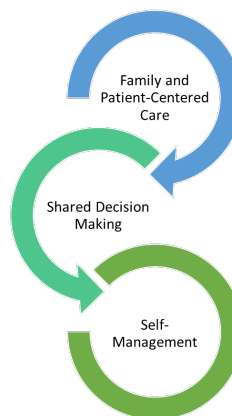
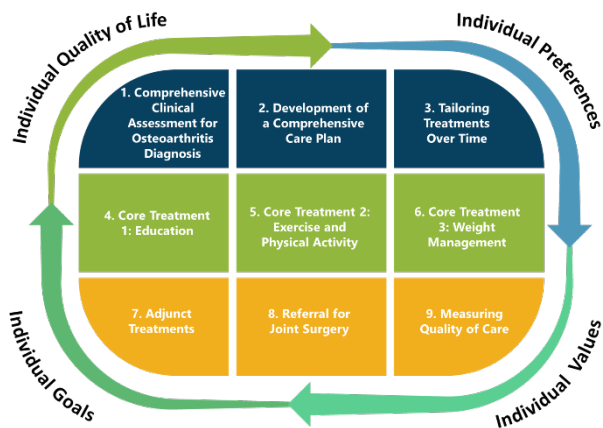
If the individual with hip or knee OA is unable to participate in Core Treatments, reports minimal progression towards goals, or requires additional support to manage symptoms the care team can consider Adjunct Treatments. Adjunct Treatments include non-pharmacological and pharmacological interventions to improve the individual's pain, function, and ability to participate in Core Treatments. Use of shared decision-making techniques will ensure the individual's priorities, values and preferences are considered when choosing Adjunct Treatments.

Standard 8: Referral for Joint Surgery

Individuals with osteoarthritis (OA) of the hip or knee may be considered for joint surgery if they have severe symptoms and poor quality of life that has not improved after exhausting their non-surgical (conservative) care options. While joint replacements have very positive health outcomes for many individuals and can help them return to conservative treatments faster, non-urgent surgery should be considered an option only after conservative treatments stop working. The use of shared decision-making techniques will ensure individuals understand the benefits and risks of surgical options and help set expectations for functional outcomes.

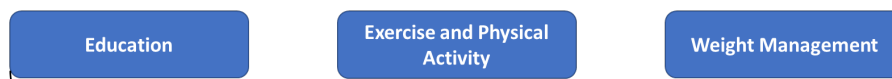
Standard 9: Measuring Quality of Care

For any health care intervention or program to reliably demonstrate success, a multi-faceted approach to continuous measurement of outcomes must be applied. The influence of these standards in Alberta will be measured, but measurement of outcomes can also happen at a local level.



Three Talk Model – Shared Decision Making

CORE Treatments



+/-

ADJUNCT Treatments

For additional symptom management

