

Nine Standards for Hip and Knee Conservative Osteoarthritis Management

Standard 1: 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 complete clinical assessment. No imaging is required to make a clinical diagnosis of OA.

Standard 2: Development of a Care Plan

A care plan is developed in collaboration between you and your clinician through discussion of evidence informed care and treatment options. Using a shared decision-making approach will ensure your health priorities, goals, values, and preferences are the foundations of the plan.

Standard 3: Tailoring Treatments Over Time

Treatment selection will vary for everyone. To navigate a life-long journey with OA, it is important to strive for confidence in self-management. However, you will likely require support to manage this chronic and evolving condition. Tailoring treatments depends on symptom evolution, your interest in and commitment to your care plan and goals. Collaboration between clinicians of different disciplines will likely be required as your care journey develops.

Standard 4: Core Treatment 1 – Education

OA education programs will be offered to all people diagnosed with OA of the hip or knee. Understanding OA can help empower you with the knowledge and tools to self-manage your symptoms. Accessible education resources can be provided in various formats, including in-class 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 movement which will help support an active lifestyle and improve overall health. Use of shared decision-making techniques will ensure your concerns, values and preferences are considered when setting exercise and physical activity goals.

Standard 6: Core Treatment 3 – Weight Management

When you identify weight management as a priority in your care plan, you should be offered weight management options that are tailored to support your needs. Use of shared decision-making techniques will ensure your concerns, goals, values, and preferences are built into your weight management plan.

Standard 7: Adjunct Treatments

If you are unable to participate in Core Treatments, experience little progress towards goals, require additional support to manage symptoms, you can ask about Adjunct Treatments. Adjunct Treatments include non-medicinal and medicinal interventions to improve your pain, movement, and ability to participate in Core Treatments. Use of shared decision-making techniques will ensure your concerns, values and preferences are considered when choosing Adjunct Treatments.

Standard 8: Referral for Joint Surgery

You *may* be considered for joint surgery if your symptoms and quality of life have not improved after exhausting conservative care options. Surgery is an advanced pain management option. While joint replacements are a successful procedure for many people, non-urgent surgery should be considered an option only after conservative treatments have stopped working. The use of shared decision-making techniques will ensure you understand the benefits and risks of surgical options and help set expectations for changes in your movement abilities.

Standard 9: Measuring Quality of Care

For any health care intervention or program to prove its success, data needs to be collected. You may be asked to complete surveys that will help improve conservative OA care for the province.

