

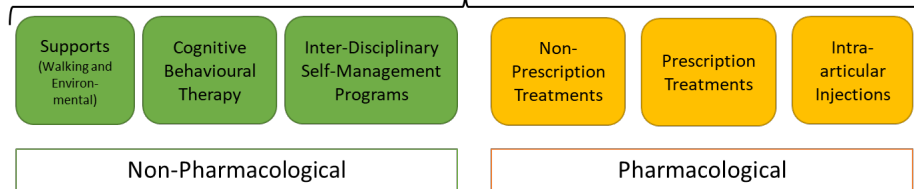
# Conservative OA Treatments – Examples for Providers

## CORE Treatments



## ADJUNCT Treatments

For additional symptom management



## Instructions

1. Choose Core Treatments with every care plan, or care plan modification
2. Use Adjunct Treatments to manage symptoms to allow continued participation with Core Treatments
3. Set SMART goals for each treatment
4. Plan specific follow-ups

## Treatment Options

| Examples of Core Treatments  |   |   |   |
|--|---|---|---|
| <b>Education</b>   |   |   |   |
| Format:  | <ul style="list-style-type: none"> <li>Group classes</li> <li>1:1 Counselling</li> </ul>  | Examples:   | <ul style="list-style-type: none"> <li><a href="#">GLA:D®</a></li> <li>COMET</li> <li>OA Education Class Video</li> </ul> |
| <ul style="list-style-type: none"> <li>Online support</li> </ul>   |   | <ul style="list-style-type: none"> <li>MyHealth</li> <li>Healthier Together</li> </ul>  |   |
| <b>Exercise and Physical Activity</b>  |   |   |   |
| Land Based Physical Activity:  | Water Based Physical Activity:  | Exercise:   |   |
| <ul style="list-style-type: none"> <li>Walking</li> <li>Cycling</li> <li>Cross Country Skiing</li> <li>Yoga</li> <li>Tai Chi</li> <li>Low impact Aerobics</li> </ul> | <ul style="list-style-type: none"> <li>Swimming</li> <li>Low impact water aerobics</li> <li>Deep water workout</li> <li>Aqua-cycle</li> <li>Aqua-walking</li> </ul> | <ul style="list-style-type: none"> <li>OA group exercise program (i.e. <a href="#">GLA:D®</a>)</li> <li>Physical Therapist 1:1</li> <li>Community recreation programs</li> <li>Home exercise programs</li> <li>Glen Sather Sports Medicine Clinic Videos</li> </ul> |   |
| <b>Weight Management</b>   |   |   |   |
| Weight Management:   |   | Nutrition:  |   |
| <ul style="list-style-type: none"> <li>Dietitian Consultant (1:1 or group class)</li> <li>Public weight management programs</li> </ul>                               | <ul style="list-style-type: none"> <li>Private weight management programs</li> <li>Cognitive Behavioural Therapy (CBT)</li> </ul>                                   | <ul style="list-style-type: none"> <li>Dietitian 1:1 consult</li> <li>Public education programs</li> </ul>  | <ul style="list-style-type: none"> <li>Private education programs</li> <li>Private nutritional counselling</li> </ul>     |

## Adjunct Treatments: Non-Pharmacological Treatments

### Supports

#### Walking Supports

|   |   |  |
|---|---|--|
| Assistive Devices:  | Braces:   | Footwear and Orthotics:  |
| <ul style="list-style-type: none"> <li>Cane</li> <li>Crutches</li> <li>Nordic walking poles</li> <li>Framed walker</li> <li>Wheeled walker</li> </ul> | <ul style="list-style-type: none"> <li>Knee brace</li> <li>Hip brace</li> <li>Knee soft sleeve support</li> </ul> | <ul style="list-style-type: none"> <li>Foot orthotics (custom or commercial)</li> <li>Specialized footwear</li> <li>OT or PT for range of motion and joint protection ideas</li> </ul> |

## Hierarchy of Conservative OA Treatments – Examples for Providers

| Adjunct Treatments: Non-Pharmacological Treatments   |  |   |
|--|--|---|
| Environmental Supports   |  |   |
| <b>Assistive technologies:</b> <ul style="list-style-type: none"> <li>Long shoehorn</li> <li>Long Handled Reacher</li> <li>Sock aids</li> <li>Elastic shoelaces</li> <li>Long handled sponges</li> </ul>                                   | <b>Home Adaptations:</b> <ul style="list-style-type: none"> <li>Raised toilet seat</li> <li>Toilet armrests/commodes</li> </ul> <p>*Feet should be planted on the floor for pelvic stability</p> <p>*Check manufacturer weight limits</p>                        | <ul style="list-style-type: none"> <li>Higher seat/hip cushions</li> <li>Bath seat/Bench</li> <li>Handrails on stairs</li> <li>Bedrails/assists</li> <li>Tub grab bars, wall bars</li> </ul>  |
| Cognitive Behaviour Therapy  | Inter-Disciplinary Self-Management Programs  |   |
| <b>Format:</b> <ul style="list-style-type: none"> <li>Group counselling</li> <li>1:1 counselling</li> </ul> <b>May Include:</b> <ul style="list-style-type: none"> <li>Acceptance Commitment Therapy (ACT)</li> <li>Mindfulness</li> </ul> | <b>Format:</b> <ul style="list-style-type: none"> <li>Group classes</li> <li>Online support</li> <li>1:1 Counselling</li> </ul> <b>Examples:</b> <ul style="list-style-type: none"> <li>Priority and goal setting</li> <li>Self-evaluation strategies</li> </ul> | <ul style="list-style-type: none"> <li>Problem-solving strategies</li> <li>Mental health strategies</li> <li>Symptom management options:                             <ul style="list-style-type: none"> <li>Thermotherapy</li> <li>Heat modalities</li> <li>Cryotherapy</li> <li>Activity self selection</li> </ul> </li> </ul> |

| Adjunct Treatments: Pharmacological Treatments <sup>1</sup>  |  |   |
|--|--|---|
| Non-Prescription Treatments  |  |   |
| <b>Topical NSAIDs: (knees only)</b> <ul style="list-style-type: none"> <li>Diclofenac diethylamine 1.16%-2.32%)</li> <li><b>Voltaren Emulgel:</b><br/>Apply three to four times daily</li> </ul> | <b>Oral NSAIDs:<sup>4</sup></b> <ul style="list-style-type: none"> <li>Ibuprofen 200-400mg po up to three times daily (max OTC dose)</li> <li>Naproxen 220mg po 1-2 times daily (<b>Aleve</b> OTC)</li> </ul>  | <b>Acetaminophen: <sup>2</sup></b> <ul style="list-style-type: none"> <li>Regular strength tablets: 325-650mg po every 4-6 hours</li> <li>Extra strength tablets: 500-1000mg po every 6 hours</li> <li>CR tablets (<b>Tylenol Arthritis</b>): 650-1300mg po every 8-12 hours</li> </ul> |
| Prescription Treatments  |  |   |
| <b>Topical NSAIDs: (knees only):</b> <ul style="list-style-type: none"> <li>Diclofenac 1.5% Solution (<b>Pennsaid</b>): 40 drops four times daily or 50 drops three times daily</li> </ul>       | <ul style="list-style-type: none"> <li>Diclofenac sodium 3-10% compounded cream: Apply 3-4 times daily</li> </ul>  | <b>Oral NSAIDs: <sup>3,4</sup></b> <ul style="list-style-type: none"> <li>Naproxen 375-500mg po 1-2 times daily</li> <li>Ibuprofen 600-800mg po up to 3 times daily</li> <li>Diclofenac SR 75-100mg po daily</li> </ul>   |
| <b>Cox-2 Inhibitors:<sup>4</sup></b> <ul style="list-style-type: none"> <li>Celecoxib 100-200mg po 1-2 times daily</li> </ul>  | <b>Combo Products:<sup>4</sup></b> <ul style="list-style-type: none"> <li>Diclofenac + misoprostol 50mg/200mcg po up to 3 times daily or 75mg/200mcg po 1-2 times daily</li> <li>Naproxen + esomeprazole 375/20mg po 1-2 times daily or 500/20mg po 1-2 times daily</li> </ul> |   |
| <b>SNRI's: (knee only)<sup>5</sup></b> <ul style="list-style-type: none"> <li>Duloxetine 30mg once daily for 1 week then increase to 60mg</li> </ul>   | <b>Opioids: Not recommended for routine use in OA</b>  | <b>Cannabinoids: No randomized clinical trials in OA available. If patient chooses to use, caution about potential side effects. Start low, go Slow.</b>  |
| Injectable Examples  |  |   |
| <b>Cortico-steroid:</b> <ul style="list-style-type: none"> <li>Depo-medrol®</li> <li>Kenalog®</li> </ul>   | <b>Hyaluronic Acid:</b> <ul style="list-style-type: none"> <li>Durolane®</li> <li>Synvisc®</li> </ul>  | <b>Blood Derived Therapies:</b> <ul style="list-style-type: none"> <li>N-Stride®</li> </ul> <p>Note: preparations varies by clinic</p>  |

<sup>1</sup>When prescribing, remember to personalize and adjust medication/dosages for individual patient factors. (eg. renal/liver function, potential for drug interactions, comorbidities, history of addiction, elderly/frail, and pain experience.)

<sup>2</sup>Acetaminophen in clinical trials appears to offer little clinically meaningful benefit. However, a short-term trial is often recommended as it is considered relatively safe compared to alternatives. Daily maximum dose is 4 g. Consider a lower maximum daily dose of 3.2g per day for those using daily or elderly patients.

<sup>3</sup>Consider adding on a Proton Pump Inhibitor (PPI) for gastroprotection for those at increased GI Risk (eg pantoprazole 40mg/day).

<sup>4</sup>All NSAIDS have increased risk of serious side effects. Consider contraindications prior to prescribing. Use the lowest possible dose for the shortest possible treatment duration.

<sup>5</sup>Osteoarthritis of the knee: Consider for those with moderate to severe symptoms with an inadequate response to non-pharmacological treatments and oral NSAIDS or patients who have a contradiction to oral NSAIDS. May also consider for patients with OA of the hip with comorbid depression or anxiety.