FINAL JULY 2022

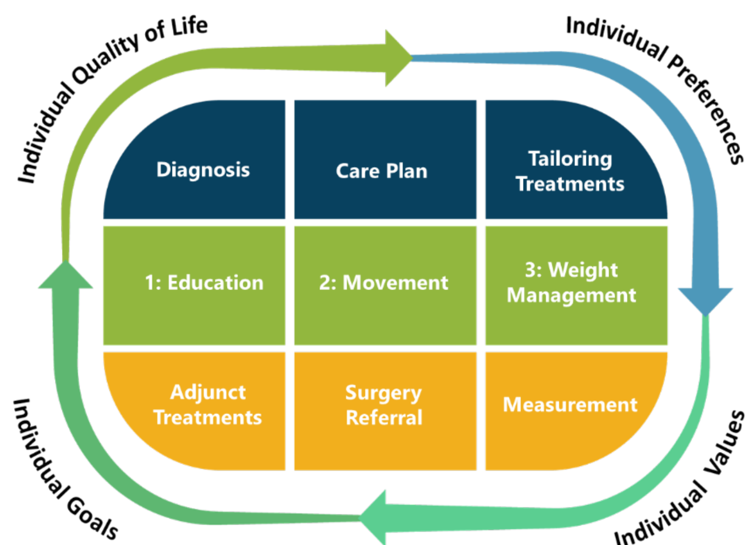
Comprehensive Quality Care Standards for Hip and Knee Osteoarthritis

Osteoarthritis (OA) is the most common type of arthritis. It's a chronic, progressive condition with no cure. More cases of OA are diagnosed each year in Alberta because we're living longer, and obesity rates are going up. Being obese puts more stress on the hips and knees. OA of the hip and knee joints can have a huge impact on your mobility and quality of life.

These 9 care standards support care for adults with OA of the hip and knee. The 9 standards focus on assessment, diagnosis, treatment, self-management, and measurement of this condition for people across all health care settings. **This is the version of the standards for people with OA.**

Standard 1	Being Assessed for OA
Standard 2	Developing a Care Plan
Standard 3	Tailoring Treatments Over Time
Standard 4	Core Treatment 1: Education
Standard 5	Core Treatment 2: Exercise and Physical Activity
Standard 6	Core Treatment 3: Managing Weight
Standard 7	Adjunct/Alternative Treatments
Standard 8	Being Referred for Joint Surgery
Standard 9	Measuring Quality of Care

About the Standards



Standard 1: Being Assessed for OA

For adults who present with the usual signs and symptoms of OA, a diagnosis can be made by having a complete clinical assessment.

Adults (especially if over 40) who have joint pain, swelling, or stiffness in their hips, knees, or lower backs[1-2] should be assessed for OA of the knees or hips. See a health care clinician if you often have pain or constant pain, aching, swelling, and/or stiffness in your hip or knee.

It's important to be diagnosed early with OA as the symptoms don't go away and they don't get better, especially if not treated. Developing ways or strategies to manage your OA can slow the disease and the worsening symptoms.

A complete assessment for OA of the hip or knee includes:

- reviewing your medical history
- ruling out other health conditions
- looking for other risk factors that may contribute to developing OA
- a physical examination.

Your clinician will also do a medical history, including asking questions about the symptoms you're having. It helps if you can spend some time before your appointment writing down what you can remember about your joint pain and how it's affecting your activities.

A physical exam will also be done. It will include examining the part of your body causing your pain and assessing movement and functional activities (like walking or getting out of a chair), and how your lower limbs look. It can also include measuring your height and weight.

OA has some typical symptoms. If you have other symptoms not usually seen with OA, your clinician will need to do some other investigations. While symptoms of OA aren't the same for everyone, there are many symptoms that are usually seen with OA.

<table>
<tr><th>You Likely HAVE Hip or Knee OA</th><th>You Likely DO NOT Have OA</th></tr>
<tr><td>movement-related joint pain (not due to an injury) that doesn’t go away
aching
swelling
a joint that ’catches’
joint stiffness in the morning that lasts less than 30 minutes.</td><td>a recent history of injury
a joint that ‘locks’
a joint that gives out
morning stiffness that doesn’t go away after 30 minutes
symptoms that came on quickly
joints that are hot and swollen
you just don’t feel well.</td></tr>
<tr><td>These symptoms may affect more than one joint at a time. Earlier injuries, other health conditions, and change in the size or look of the joint are also seen with typical OA symptoms.</td><td>Your clinician will do more tests to find or to rule out other concerns, like an injured knee ligament, gout, inflammatory arthritis, or rheumatoid arthritis.</td></tr>
</table>

Stages of OA

You’ll hear terms like ‘early/mild’, ‘moderate’, or ‘advanced/late’ used to describe your OA.

However, these 9 standards never use these terms to describe you and/or your treatment options. This is because the information in the standards can be adjusted to meet **your needs for where you are right now.** The toolbox of OA treatments is for all stages of OA.

These words are also unfair to describe where you are in your OA journey. For example, if you’ve been managing your condition for some time your disease may be in the ‘early’ stage, but your journey may be ‘advanced’.

Imaging

X-rays and lab test usually don’t help to diagnose[3] OA. The clinical diagnosis is enough to begin planning your care and treating the OA and your symptoms: Your pain or how well you can move the joint should guide how your OA is managed. **What’s seen on x-ray may not always match your symptoms. It also doesn’t predict how you’ll respond to your treatment.**

Using x-rays to track how your OA is progressing isn’t usually done. Your care plan should be guided by your symptoms and choices you’ve made through shared decision-making (SDM), Repeated x-rays don’t add anything to planning your treatment, unless your symptoms change suddenly or unexpectedly, and an x-ray hasn’t been done in 1 or 2 years.

Ethics and Inclusivity

You have a right to a respectful and culturally appropriate assessment and diagnosis. You also have a right to a second opinion if you wish. Your clinical assessment should be complete to properly diagnose your condition.

Standard 2: Developing a Care Plan

You and your clinician will develop a care plan by talking about the evidence based- treatment options. Using the shared decision-making (SDM) approach will make sure your health priorities, goals, values, and preferences form the base of your care plan.

The OA care plan describes the treatments you and your clinician talked about. They're picked to focus on a range of items. **A care plan will change as your condition and symptoms change**. Standard 3 describes how to adjust or tailor your care plan over time after the first care plan is created. This is done to help manage your symptoms and prevent your OA from progressing so that you have the best joint function possible.

You and your clinician will develop your care plan based on your:

- health concerns
- readiness for change
- goals
- values and preferences
- overall physical and mental well-being
- earlier experiences with OA treatments.

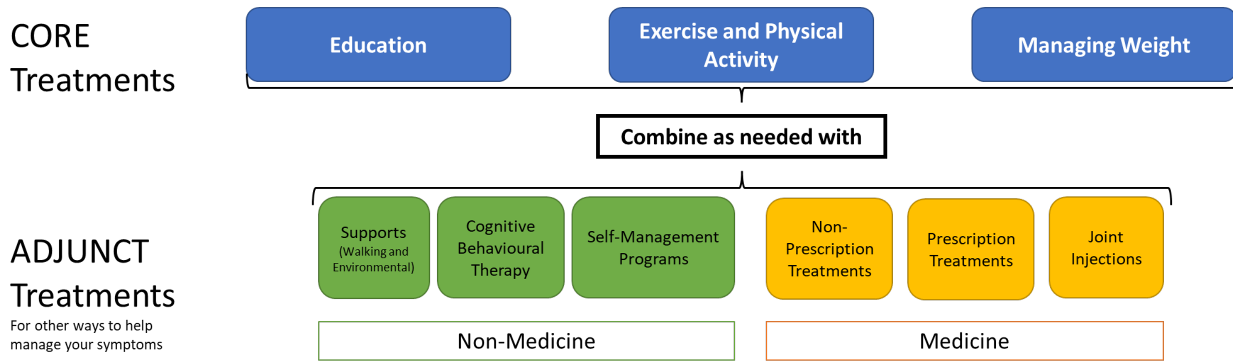
Building an OA Care Plan

While keeping everything described above in mind, an OA care plan will be built by:

- picking Core Treatment(s) that are tailored to your needs
- picking a combination of Adjunct Treatment(s) to support the Core Treatments, if needed (Standard 7).
- attaching SMART goal(s) to the selected treatment(s)
- choosing a follow-up plan and revising the care plan as your needs and priorities change (Standard 3).

It's important that you share your priorities, goals, values, and preferences with your clinician early on as you develop a care plan together. Sharing the decision with your clinician will:

- make sure the goals you set are meaningful to you
- make you happier with your plan, which makes it more likely that you'll follow it
- increase the chance you'll follow your care plan.



OA Treatments Toolbox

Core Treatments have the strongest evidence to help the most with your OA[1-4]. They include:

- Education[1] to give you the knowledge and skills that give you the confidence to learn about OA and the evidence-informed treatments available to you (Standard 4)
- Exercise and physical activity[1,3] to encourage you to use movement to improve your joint health and do your everyday activities (Standard 5)
- Managing your weight[1,3] to prevent increasing the load on your joint. This will affect your joint health and improve your ability to move so you can do your everyday activities (Standard 6).

Adjunct Treatments can also be tailored to your needs and preferences. They're used to support you taking part in your Core Treatments (Standard 7). Some treatments will cost money, so speak with your clinician about what you're able and willing to pay for.

The OA Self-Management Toolkit includes basic information about OA and 3 tools: 1. a Report Card, 2. a Treatment Menu and 3. an example of a Resource Inventory. These tools can support and encourage you to choose the treatment options you want and can help you manage your OA treatment plan over the long term.

Everyone with OA seeks care at different points in their OA journey. Talk to your clinician about how to try the treatments you choose together. Choosing 1 or 2 treatments to start with can prevent you from making too many changes at the same time. A good idea is to start with just 1 treatment within 3 months after your OA diagnosis.

Putting a Care Plan into Action

As soon as possible after an OA diagnosis, you'll have:

- created and documented your care plan with your primary clinician
- some ideas on things you can do (actions you can take) to begin your care plan
- started at least 1 of the treatment options you've chosen
- a plan for following up with your clinician (Standard 3).

The exception to this is if you're referred to an orthopaedic surgeon right away (your clinician will decide if this is right for you). If you do have to see a surgeon, an OA treatment plan will include the surgeon's recommendations. Standard 8 talks more about how surgery may only be one step in the ongoing journey in managing your OA. It also talks about how surgery isn't right for everyone.

Talk to your clinician about your follow-up plan. Standard 3 describes more about how to adjust your care plan on your OA journey.

Ethics and Inclusivity

You have a right to a respectful and culturally appropriate talk about your treatment options, and how it fits your cultural customs. You also have a right to tailor your care plan to your interests and what you're able to do.

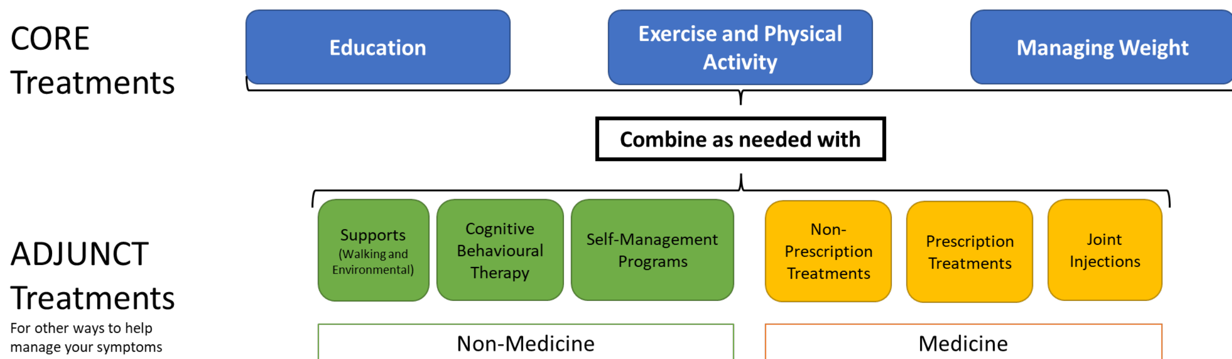
Standard 3: Tailoring Treatments Over Time

The treatments you pick will be the best ones for you. To navigate your life-long journey with OA, it's important to feel confident managing your OA. However, you'll likely need support to manage this chronic and progressive condition. Tailoring treatments depends on your symptoms, experiences, needs, and your care plan and goals. You'll likely work with many clinicians as your care journey develops.

Your OA care plan will change as your symptoms change, your experience with treatments change, and your needs change.

There are no one-size-fits-all rules for how to combine treatments and tailor the care for you. Your clinician's knowledge and experience should be combined with your goals and needs.

You'll work with your clinicians to combine different treatments to manage your OA for the rest of your life. Even if you've already tried a treatment, it may be time to try it again if some time has passed. If you like one treatment and it works for you then you can use that treatment for as long as you want.



You can use your Treatment Menu from your OA Self-Management Toolkit to go over your options and pick new treatments to add to your care plan. Your clinician will suggest combining different treatments to help manage your symptoms. It's important to combine treatments so you can focus on the Cores (education, exercise, and physical activity, and managing your weight).

It's possible that surgery for your hip or knee may be part of your OA care journey. Standard 8 talks more about making the decision to have surgery. Being referred to a surgeon is a possible change to a care plan. However, a referral isn't usually made until all non-surgical treatment options have been exhausted. Surgery doesn't mean the end of your OA journey. It's important to keep the other joints affected by your OA healthy.

Clinicians Work Together

Your primary clinician is the one who'll work with you the most to keep your care plan up to date and help guide you on treatment choices. They can also help guide you to finding the best supporting clinicians for you where you live.

Over time, it's likely that you'll see many clinicians; they'll become part of your network of support. Different clinicians have different training and skills to help you with the different treatments you'll try over time[3].

Remember your care plan belongs to you. Take it to every appointment so you can talk to any clinician about it.

Your Follow-Up Plan

A follow-up plan describes when you'll see any of your clinicians again. As the care plan is tailored over time, you may follow-up to:

- see how you respond to a new treatment
- monitor changes in your symptoms and decide if your care plan needs to be adjusted.

While there's no set schedule for when you should be seen for a follow-up, the follow-up plan should be clear to you and your clinician.

Your clinician may ask you to contact them when you want to talk about your care plan again or if your symptoms change. Your clinician might also ask you to make an appointment to see them after a certain time. Make sure you understand who'll make the next appointment and what's a reasonable time to wait given how active your OA disease is at the time you made your care plan.

It's important to always be upfront with your primary clinician: Be honest about how you've been feeling, what treatments you liked and didn't like, and if your goals have changed. Work with them to keep your care plan up to date so it's always meeting your needs.

Don't expect instant results when you start a treatment. You have to try for 3 months before you can ask yourself if your symptoms have changed. It can take 3 months or more of following your plan to see results.

Feeling Confident Managing Your OA

You live with your disease every day. The goal of your life-long OA journey is to give you the confidence to use strategies to cope with your OA. Every Core Treatment is about helping you manage your OA (Standard 4, Standard 5, and Standard 6). The category of Adjunct Treatments called: Self-Management Programs, in Standard 7, also offer more strategies to help you manage your OA.

You can keep notes or a journal of the treatments you've tried from your care plan, how often you have symptoms, how long the symptoms last, changes in your symptoms, and your overall experience. Make sure to bring your notes with you when you see your clinician.

There are many ways to keep a journal. Use a format that feels right to you. Monitoring and evaluating during your care plan and at follow-up visits will help you feel in control and in charge of your care journey.

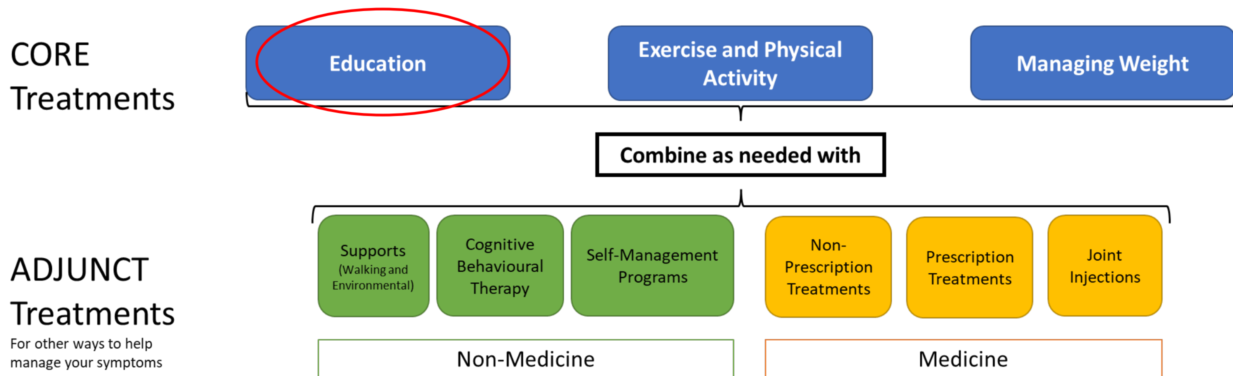
Every clinician should support your treatment and the choices you've made to manage your OA. Part of managing your OA is to pay attention to your symptoms, how you're feeling, and how your care plan choices are working for you. The next step is that when you do see that there's a problem or issue, you look at ways to manage it.

Other ways to manage your coping strategies for OA include:

- setting your priorities and goals
- managing your symptoms
- hot and cold therapies
- selecting your own activities
- manging your mental health
- making clinician appointments as needed

Standard 4: Core Treatment 1 – Education

There are OA education programs for people with OA of the hip or knee. Understanding OA gives you the knowledge and tools to manage your symptoms. Education is offered in many formats, including in-person group programs, community-based programs, virtual platforms, and written materials.



Education gives you the tools and knowledge you need to manage your OA during your life-long OA journey. Understanding your OA through education can improve your quality of life. Choose new education options each time you revise your care plan:

- keeps your basic understanding of OA fresh
- let's you know about new information as it's available
- let's you meet others living with OA
- let's you revisit your treatment options and self-management strategies, especially options to manage your symptoms, which include:
- hot or cold therapies
- choosing your activities

Types of OA Education Classes

There are 2 types of education classes important for you:

1. Education classes that give you basic information about a topic. For example:
- an introduction to OA
- an introduction to nutrition and OA.

2. Education classes specific to understanding a treatment. For example:
- education about how a pool exercise program will affect your joints and how to adapt exercises for your needs.
- Good Life with osteoArthritis in Denmark (GLA:D™) education sessions
- classes that teach you ways to manage mental health issues like depression

In OA education sessions you'll learn about OA and how your lifestyle, health behaviours, attitudes, and beliefs play a major role in improving your symptoms. The better you understand OA, the better you'll know how to track your symptoms and treatments.

The more you know about your OA the more you'll also be able to share in the decisions you make for your care plan as it changes over time. Be sure to ask your clinician or clinician team any questions you have about your OA treatments and care plan.

Invite your support people to come to the education classes with you; family and friend support is an important part of helping you manage your OA. Share written information so you can talk about the information together. Having people in your life who understand your disease and can remind you about what you're learning will help you manage your OA.

Finding or Designing OA Education Resources

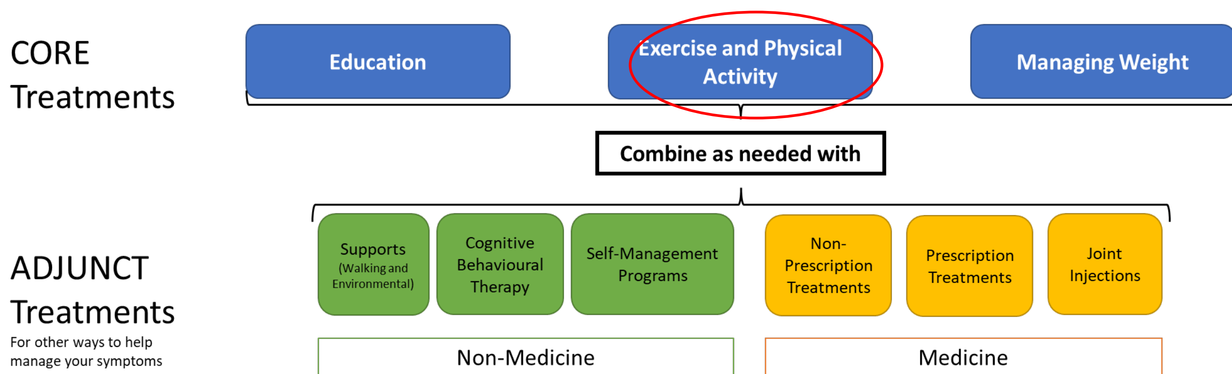
You can receive education sessions by discussions, handouts, presentations, education sessions, or by Zoom.

The OA Self-Management Education booklet introduces you to OA education. You can also watch this video for an overview of OA information. The Web Resources section of the booklet has information about OA that anyone can access.

Look for programs where you live and for programs health organizations may offer. For instance, a recreation centre may have a class for people with OA.

Standard 5: Core Treatment 2 – Exercise and Physical Activity

Exercise and physical activity programs are an important part of the care plan when you have OA of the hip or knee. Programs tailored for your needs offer support and information on progressive exercises and how to modify or change the activities as your symptoms change. These programs focus on improving your strength, endurance, and movement, which will help support regular movement and improve your overall health. Working with your clinician team will make sure your priorities, values, and preferences are part of setting exercise and physical activity goals.



You might find that over time your legs are weaker[1-2], which may mean that you won't be able to use or move them as well as before. Not being active (sedentary) is one of the major risk factors of OA, as it can make your symptoms worse, which can affect your quality of life[3] and your overall health[1-4]. **Regular exercise and physical activity are among the best treatments to improve your symptoms[4-5] and maintain your overall wellness**.

Speak with your clinician about strategies to manage your OA along with the prescribed exercises that meet your needs and physical activity programs. Once you're comfortable with your body and your options for modifying or changing your exercises and physical activities, you'll be better able to safely exercise and do your day-to-day activities.

Prescribed Movement

During your care planning, your primary clinician should offer options for exercise and physical activity to focus on strength and flexibility and balancing it with your heart health. Or your primary clinician can refer you to other clinicians specialized in prescribed exercise to work with you to develop an exercise program.

Most recommended exercises and physical activities for hip and knee OA focus on lower half of your body (below the waist), including the trunk/core, gluteal, quadriceps, hamstring, and calf muscles. The muscles of the stomach and back help support the hips and knees.

It's very common to be afraid that you're going to hurt your joint even more or end up with an injury while exercising or doing your activities. However, your pain and stiffness aren't directly related to the health of your joint.

It may feel confusing to be told you have to move a sore joint or body part, but exercise and moving a sore joint are important to keep joints healthy and slow the OA. If you have other health conditions that could make activity risky for you, such as heart or lung conditions, make sure your clinicians know and work with them to safely modify your program.

A well-rounded movement plan[4-6]:

- accommodates for your baseline wellness
- addresses your:
    - needs
    - goals
    - symptoms
    - budget limits
    - preferences
    - values
- has an early plan for progression
- incorporates:
    - daily movement goals (see below)
    - education on safe practices strategies for:
        - recovery
        - tracking and managing pain
        - pacing and modifying your activities
- increase your motivation to stay active

The Treatment Menu from your Toolkit gives you several choices for both exercise and physical activity. Use these ideas to help you tell your clinician what you're interested in. If you choose something you're interested in, you'll be more likely to enjoy it and to keep doing the exercise or physical activity. *Note:* Structured programs may cost money so talk with your clinician about what you're able and willing to incorporate into your budget.

Physical Activity Target

Once your clinician approves, a target of 150 minutes of moderate to vigorous aerobic movement per week is recommended[7-8].

	Moderate Activity	Vigorous Activity
Description	You can carry a conversation while doing these activities.	You'd feel a little out of breath during a conversation while doing these activities.
Examples	brisk walking, biking, household chores, yard work, and dancing	faster-paced walking, biking uphill, and swimming

You can work your way up to this target by gradually increasing your daily physical activities. Several short activities are better than no activity at all! Structured exercise programs contribute to the 150 minutes per week.

Tips for Self-Managing Movement

Your clinician team will show you how to safely do exercise and physical activities within reasonable limits and acceptable pain levels. You'll also learn how to use your pain as a guide when doing any exercise or activity. If you're starting on your own before you see a clinician, you can use the following as a guide:

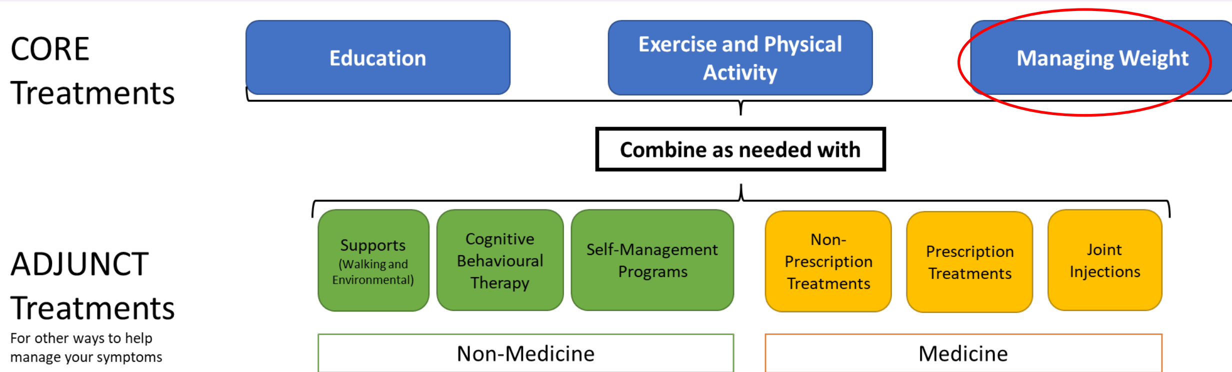
- Start by measuring your 'baseline' pain.
  - Baseline pain is rating how strong your pain is while you're sitting or resting and noting where it hurts.
  - Rate the pain between 0 and 10 (0 = no pain; 10 = the worst pain you can imagine) for each place where you feel it.
- Do the recommended exercise or activity.
- Once you're done the exercise or activity, rate your pain again and note the again where it hurts.

If the pain goes back to baseline within 24 hours after you did the exercise or activity, keep doing them.

If your pain isn't back to the baseline within 24 hours, the exercise or activity you did may have been too much for your joint. **Speak with your clinician team for advice on how to adjust the exercise and activity so that you do return to your baseline within 24 hours.**

Standard 6: Core Treatment 3 – Managing Weight

If you choose to include managing your weight as part of your care plan, you will be given options that will support your needs. Working with your clinician team will make sure your priorities, goals, values, and preferences are part of your plan to manage your weight.



A higher body weight and extra body fat has been linked to developing OA and to how quickly it progresses[1]. This is because the extra weight puts more stress on the lower limb joints. There's also a relationship between the body's internal response and how slowly or quickly OA progresses.

Therefore, staying at the weight you are, not gaining more weight, or losing weight if needed is basic to managing your OA. This is especially challenging and important because you tend to both gain weight and become less active as you get older, making managing your weight even more of a challenge.

Studies show that losing 5%–10% of body weight can reduce the stress on your joints and improve OA-related pain, physical function, and quality of life. When you use nutrition, activity, and behavioural change strategies to lose weight, you lose about 3–5% of body weight, which could still help improve symptoms.

Obesity is a chronic disease. Because obesity is recognized as a disease, we understand that body weight isn't 100% under a person's control. Therefore, strategies should focus on improving your overall health, OA symptoms, and being more active than losing weight.

Talking about Managing Weight

Understanding your health priorities, goals, values, and preferences is the starting point for

talking to your clinician about managing your weight when you have OA. This includes your clinician asking you for permission to talk about your body weight, weight history, the behaviour management strategies you've tried before or are trying now, and your interest in other strategies or supports. Weight management isn't right for everyone.

There are many strategies to support manging your weight when you have OA that are based on your needs. You can work with your clinician to create a plan that meets your goals, values, and preferences. This may include[7-8]:

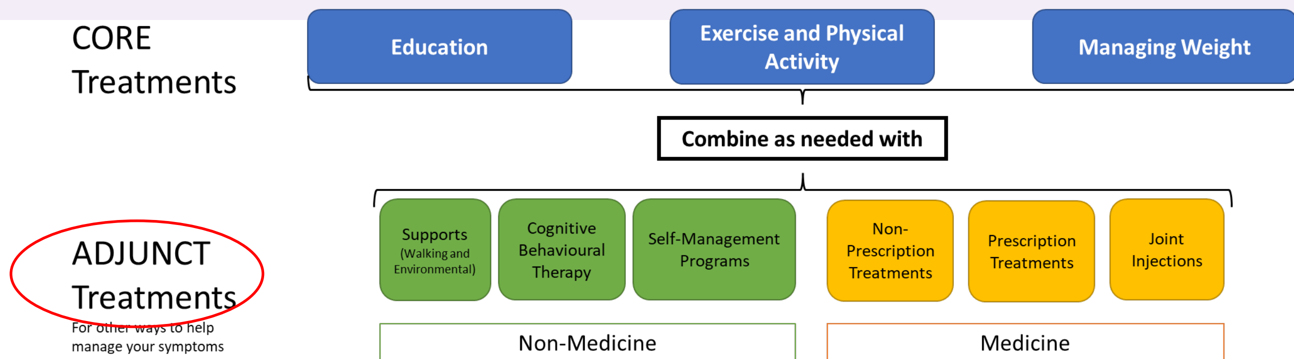
- using weight management services that support your lifestyle change (See Health Resources and the Treatment Menu for examples)
- coordinating your exercise and physical activity care plans so that they work together (Standard 5)
- asking to be referred to supports for mental health, which may help with issues like managing sleep, stress, and chronic pain.
- asking to be referred to other clinicians that can support you
- asking to be referred to clinicians that specialize in people that are obese.

Managing your weight means working with your clinician team. It can take time to create a plan that's right for you.

For your safety, please speak with your clinician team before you make any big lifestyle changes. Your team will work with you to develop strategies to help you cope with stress and plan for life changes or events that might come up while you're working on your goals.

Standard 7: Adjunct Treatments

If you're not able to try the Core Treatments, it's taking longer than expected to reach your goals, or you need more support to manage symptoms, you can ask about Adjunct Treatments. They include non-medicine and medicine options to improve your pain, movement, and ability to take part in your Core Treatments. Working with your team to develop your Adjunct Treatment plan will ensure that your priorities, values, and preferences are considered when choosing them.



Core Treatments are the basis of every care plan (**Standard 4**, **Standard 5**, and **Standard 6**). However, Adjunct Treatments can be considered if:

- you can't try the Core Treatments
- it's taking longer than it should to reach your goals
- you need more support to manage your symptoms.

Adjunct Treatments are used to improve your ability to fully take part in your Core Treatments. The clinician can offer evidence-informed, non-medicinal, and medicinal treatments options to support your goals. If you're having a lot of pain, trouble doing the Core Treatments, and/or your symptoms aren't being managed enough, talk to your clinician about Adjunct options. Muscle weakness, joint pain, and the fear of making symptoms worse can be barriers to doing the prescribed exercises and increasing your activity (Standard 5).

Dealing with these physical and emotional barriers with Adjunct Treatments can support:

- strategies to help you manage pain
- your affected joints to help you to move more easily[5]
- improve the stability, strength, and mobility of your affected joint(s)
- lifestyle changes
- your long-term commitment to exercise and physical activity[1].

Some of the treatments are in your Toolkit Treatment Menu. Talk with your clinical team about Adjunct treatments, as you'll have to pay for some of them yourself. Don't try an adjunct treatment without first speaking to your clinician.

Non-Medicine Options

Non-medicinal options will help you address the physical and emotional barriers you face in your care journey. Medicinal options may help you lower your pain to a level where you're more comfortable. Talk to your clinician about what you prefer, and which options best suit your needs.

Non-medicinal Adjunct Treatments include:

- supports[1,5] (walking and environmental)
- cognitive behavioural therapy[1] (CBT)
- self-management programs[1].

Supports – Walking and Environmental

Using walking supports can improve your stability, how well you move, lower the risk of falling, and reduce the amount of weight on your hip or knee joint. The table below has examples of supports.

Type	Facts and Benefits	Examples
Assistive Devices	• Stabilizes the joint by reducing the load on the hip or knee joints. • Increases the size of your base of support to improve balance. • Moves some of the body weight to the arms.	• Canes • Crutches • Hiking poles/walking sticks • Walkers
Braces	• Worn under clothing. • Helps support the joint and improve alignment. • Redistributes forces on weight-bearing joints. • Decreases pain. • Improves overall movement (function).	• Custom offloading brace • Soft sleeve support
Footwear and Orthotics	• Decreases pain. • Improves overall movement (function). • Improves alignment.	• Orthotics: commercial or custom made • Footwear

Environmental supports can conserve energy and give you options for safe movement. They include the assistive technologies and home adaptions shown below.

Type	What They Do	Examples
Items That Help You with Everyday Activities	• Save your energy. • Reduce painful joint positions. • Help you carry out your everyday activities.	• Long shoehorn • Long handled reacher • Sock aids
Items That Can Help with Your Home Needs	• Reduce painful joint position. • Increase the seat-to-floor height so there's less force on your joints. • Promote safety and help prevent falls.	• Raised toilet seat • Toilet armrests/commodes • Higher seat/hip cushions

Supports can address symptoms and make it easier for you to do your exercise and physical activities. If there are treatment options that would work for you, your primary clinician can refer you to supporting clinicians or medical supply stores that know about the walking supports commonly used by people with hip or knee OA. You can also refer yourself to many clinicians who have supports expertise. Supports are usually affordable. However, there may be some funding support so check with your insurance provider or ask your primary clinician if they know about any funding supports.

Cognitive Behavioural Therapy (CBT)[1]

Your OA pain experience can be influenced by the physical changes of your OA, your emotions, your behaviour, and even how you think. CBT may:

- support your mental health
- help you learn ways to cope with the pain
- help you learn ways to manage your stress and anxiety
- help you change your behaviour

The clinician may offer advice for these or refer you to clinicians or other trained cognitive specialists that can support you.

Self-Management Programs

Self-management programs offer resources and strategies that can help support you. These programs focus on:

- *Setting priorities and goals*: Identify and set the SMART goals that are important to you
- *Teaching you strategies to monitor your OA* so that you recognize when it's time to ask for more support or help you keeping working towards your goals.
- *Teaching you problem-solving strategies:* To identify what may get in the way of you reaching your goals, and strategies for how to address them.
- *Teaching you strategies to cope with OA:* Give you the tools and guidance to manage the emotional impacts of OA for you and your family support systems.

- *Teaching you ways to manage your symptoms.*
  - *Hot and cold therapies*: Heat or cold can help relieve joint discomfort. *Note*: Don't leave an ice pack on your skin for longer than 20 minutes at a time. The OA Self-Management Toolkit has more information about hot and cold therapies.
  - *Selecting Your Activity*: Building your understanding of your local structured exercise programs and physical activity options so you can choose new ones as you wish.

When these programs are offered in a group setting, they also can help you meet others with OA. Having the support of others on the OA journey can improve how you manage your OA[6,7].

All education resources and sessions will be combined with learning strategies to manage your OA (Standard 4). The clinician will always work with you to review and modify your self-management strategies and as your symptoms change.

Medicine Options

There are 3 types of medications:

1. non-prescription
2. prescription
3. joint injections

Remember that medicine will never make all your OA pain go away. However, it can help reduce the pain 30% to 50%. That change in pain can help you continue with your Core Treatments, which will then help your OA symptoms even more.

Medications can be recommended by a primary care physician and/or with a pharmacist or nurse practitioner. Before recommending medication it's important that your clinician team assess:

- your symptoms
- your pain experience
- other health issues you may have
- what other medicines you've taken

Complications, side effects, and possible ways the medication may work together are also considered. Your team will speak with other specialities as needed if there are questions about the medication, you're taking because of another health issue. Joint injections are only done by trained clinicians.

It's important to talk about ways or strategies for you to manage your symptoms at the same time as planning for a new or different medication. **Medicine won't stop the pain**. Some also have side effects, or your body builds up a tolerance to them, so combining medicine with other non-medicine treatments such as hot and cold therapies and the activities that you choose is the best strategy.

Your clinician will speak with you about all the benefits, risks, side effects, and how to best take the medicine. Make sure to take the medicine as directed and tell your clinician right away if you think you're having side effects.

It's also very important to tell your clinician if you have any changes in movement (function), pain, or other symptoms at all follow-up visits, so your medicine can be adjusted.

Other Therapies

Other therapies include joint injections, which include steroids, hyaluronic acid (HA) preparations, platelet rich plasma (PRP), and stem cells. Stem cell therapy for OA isn't allowed in Canada.

There are a few advanced options to help manage pain including:

- peripheral nerve block
- opioids
- referral for a joint surgery assessment (Standard 8).

Opioids aren't the first medication used to treat OA pain[8] because these drugs can have serious health and safety risks.

Cannabinoids have created great interest in people with OA. Cannabinoids are compounds found in the cannabis plant (marijuana is a well-known example). However, cannabinoids aren't usually recommended to treat OA[9]. Health Canada maintains that there's no scientific evidence that cannabinoids are safe and work for medical use. The topic Cannabinoids and Managing Chronic Pain from MyHealth.Alberta.ca answers many common questions about using cannabinoids.

Standard 8: Being Referred for Joint Surgery

Referring you for joint surgery is only done if your symptoms and quality of life haven't improved after all possible conservative care options have been exhausted. While joint replacements are successful for many people, non-urgent surgery should be considered as an option only after other OA treatments have stopped working. Your surgeon will help you understand the benefits and risks of surgical options and help you understand how joint surgery can help you.

As we talked about earlier, the goal of using conservative options to manage your OA is to slow the progression of your symptoms. Some people may get to a point that their symptoms don't get any worse. However, others may still find that their symptoms are progressing. This can cause them to lose more movement, which affects their quality of life.

Once all possible Core and Adjunct Treatment options have been tried but haven't helped, a referral for joint surgery *may* be next. Surgery isn't usually an option until you've tried at **least 3 months of treatment options**. **Remember that it can take over 3 months of dedication to most OA treatments to see results** (Standard 3). Surgery isn't the final goal of Core and Adjunct Treatments; a referral for joint surgery means that all treatments haven't worked or have stopped working.

The decision to refer you for joint surgery also depends on how ready you are, and how your symptoms (your pain, movement, and joint function) are doing. Even after all care options have been tried, your symptoms may not be any better or may have continued to get worse. This is a good sign that it is time to talk to a surgeon.

Being Referred to an Alberta Hip and Knee Clinic

You and your primary clinician will make the decision when it's time to be referred to a surgeon This is why it's important to make sure your primary clinician understands your priorities, needs, expectations, values, and preferences when talking about surgical options. Your primary clinician will let you know that there are both risks and benefits to surgery (Hip Risks & Benefits, Knee Risks & Benefits). However, it's the surgeon who will go into more detail about these risks and benefits.

Once you agree to be referred, you'll be guided through the process. There are 11 Hip and Knee Clinics in Alberta that follow the same Hip and Knee Surgical Care Path. You'll be referred to the clinic closest to where you live.

Your primary clinician will send in the referral form with your medical history. Give your primary clinician a copy of your log with the history of the conservative treatments you've tried so far so they can attach it to the referral form (Standard 3).

If you haven't had any x-rays of your affected joints in the last year, you'll have x-rays done so they can be sent with the referral (Standard 1). Once all this is done, the information is sent to the Hip and Knee Clinic closest to you.

Your primary clinician should hear about a week later what the wait time will be. Wait times can change, which can be frustrating. This is why we've created a Common Question document that explains why this may happen.

The Hip and Knee Clinic will assess whether you're a candidate for surgery. At some clinics this means you might have 2 appointments before you help make the decision that surgery is the best option for you. Make sure you talk to all the doctors that you'll see at the Hip and Knee Clinic about your other health diagnoses too.

Since your health or joint status can change, it's important that your clinicians (including the screening specialist and/or surgeon) know if your OA symptoms or your quality-of-life changes. It's also important to keep your care plan up to date.

Waiting for Surgery

Once your surgeon approves you for surgery, you'll be assigned a Case Manager. Your Case Manager will guide you through the blood tests, x-rays, and anything else you need to have done before surgery. The Case Manager is there to answer your questions while you wait for surgery.

You'll also go to a pre-surgery teaching class, where you'll be given helpful education booklets (Alberta Hip or Knee Surgery booklets) that describe the surgical journey. The booklets also have the pre-surgery exercises you can do to get ready. The pre-surgery teaching class **isn't** the same as the OA conservative education.

Note: Don't have a steroid injection within 6 weeks of your surgery date.

After Surgery

You'll be helped to walk 10 steps on your new joint a few hours after surgery, a very important step to starting your recovery. The surgical pain should get a little better every day. You'll also be monitored by your hospital care team while in the hospital and then by your Case Manager from the Hip and Knee Clinic from when you leave the hospital up to when you have your 2-week appointment.

Your staples are taken out about 2 weeks after surgery. It's around that time that you may really notice that your walking starts to improve. This is because before then, your leg movement was likely stiff, and you may not have been putting your full weight on your leg yet.

You can expect the pain to improve starting 6 weeks after surgery. You should be moving much better after 3 months. While your joints will likely start to feel stronger, they can take up to 1 year to be at their strongest. You may still have some pain in the affected joint, but you'll be able to manage it.

Everyone heals differently. Healing takes time, patience, and a lot of rehabilitation work on your part before you see a change (or improvement) in your function, mobility, and pain in your affected joint.

Exercise and physical activity are important for building your muscle strength while healing from surgery—and it helps you feel better overall. Your Case Management team will speak with you about the type of exercise that's best for you. You'll likely be able to return to most of the activities you did before your OA symptoms stopped you, such as golfing, biking, swimming, or dancing. Your surgeon may ask you not to do things that put a lot of stress on the new joint, like running or playing tennis. Your Hip or Knee Surgery booklet tells you more about exercise and activity after a joint replacement.

Surgery usually works well for most people. You'll likely have much less pain and be able to do most of your daily activities more easily. But recovery does take time and patience. The Alberta Hip and Knee Program has over 10 years of feedback from other Albertans who've had surgery, have less pain, and are able to do many more of their everyday activities.

Most artificial hip joints will last for 10 to 20 years, sometimes even longer. It depends on things you can control, like how well you continue to manage your OA, the Core and Adjunct Treatments you choose, and how much stress you put on the joint. It also depends on things that you can't control, like your age and how well your new joint and bones heal.

Managing Your OA

Throughout your surgery journey, it's important to keep managing your OA symptoms with the treatments you and your primary clinician chose for you.

Continuing your Core and Adjunct Treatments will:

- help you get back to your best level of health and wellness before surgery
- improve your chances for greater functional recovery after surgery
- improve your general health and joint care long after the surgery. Joint care includes caring for the replaced joints as well as your other affected joints.

Standard 9: Measuring Quality of Care

We collect data for any health care intervention or program to prove that it's working. You may be asked to fill out surveys that will help improve OA care in Alberta.

Surveys

If you're asked to fill out a survey, remember that your answers are confidential. You don't have to do the survey if you don't want to.

If you choose to fill out a survey, there are 2 questions you may be asked:

- Questions about your experiences with your care. Your answers can be used to make the care better for you and the people coming after you.
- Questions about your pain, movement, and mood. Your answers can be used to understand if your care plan is working for your OA. Your answers can also help us understand if OA care in Alberta is improving or where it needs to be improved.

Measuring Change in OA Care in Alberta

The Bone and Joint Health Strategic Clinical Network (BJH SCN), in partnership with the Alberta Bone and Joint Health Institute (ABJHI) are committed to making big improvements in Alberta's OA care, especially the non-surgical management of OA.

This work will take time as it means building many partnerships with many kinds of providers and with people like you, who are managing their OA. The more information we have, the better we understand the strengths and weakness of OA care in Alberta.

Learn More Sections

1. OA Clinicians [Go Back]

Clinicians Who Can Diagnose OA	Clinicians Who May Take Part in the Assessment and Treatment of OA
• Family doctors • Nurse practitioners • Physiotherapists • Occupational therapists • Specialty physicians including: • Sport and exercise medicine physicians • Rheumatologists • Physiatrists • Chiropractors • Orthopaedic surgeons	**Regulated Clinicians:** • Family physicians • Nurse practitioners • Physiotherapists (Allied Health) • Occupational therapists (Allied Health) • Pharmacists (Allied Health) • Registered Dietitians (Allied Health) • Psychiatrists • Psychologists/Mental Health Therapists • Specialty physicians including: • Sport and exercise medicine doctors • Radiologists • Rheumatologists • Physiatrists • Chiropractors • Orthopaedic surgeons **Non-Regulated Clinicians:** • Podiatrists • Pedorthists • Kinesiologists • Exercise physiologists • Recreational therapists • Counsellors

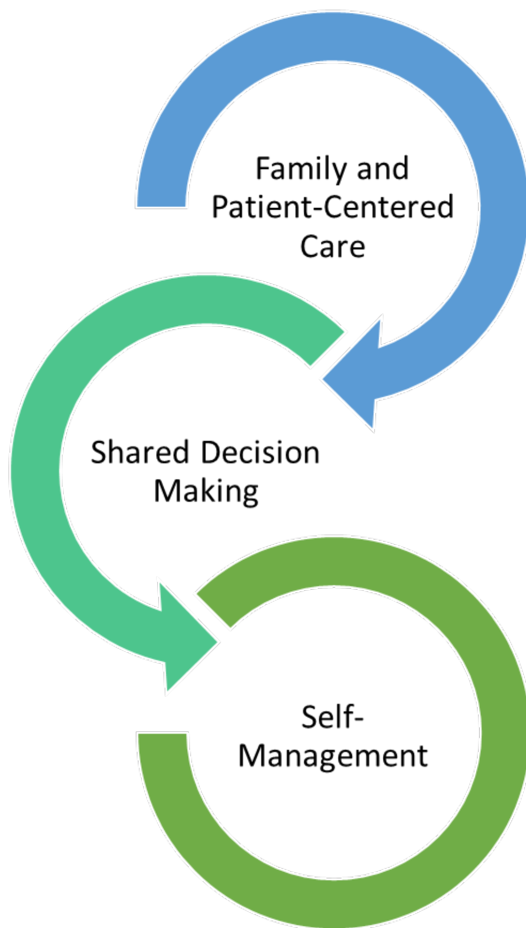
[Go Back]

2. Shared Decision-Making (SDM)

Go Back to Standard 1 Standard 2 Standard 3

We mention evidence based SDM techniques and processes a lot in these standards. SDM is an important part of family and patient-centred care. SDM is when you and your clinician share information and decide together what the best treatment option for you is. SDM is proven to lead to better outcomes for you, such as being satisfied with and having success with your care plan.

Standard 2 describes how sharing the decision-making is important for building a care plan.



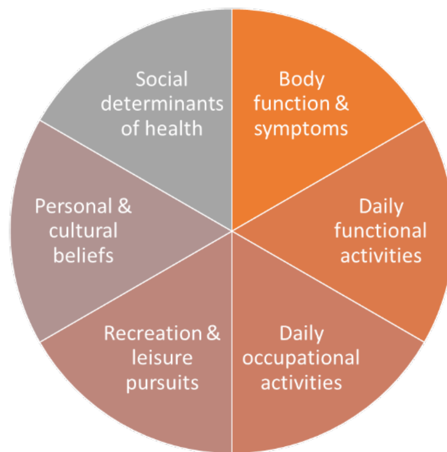
The intertwining principles that ground the Comprehensive Quality Care Standards for OA of the Hip and Knee.

Go Back to Standard 1 Standard 2 Standard 3

3. Overall Well-Being [Go Back]

An OA management care plan considers your overall well-being. It includes many factors:

- Body function and symptoms such as pain, swelling, joint range of motion, strength, balance, and any other health issues you may have.
- Daily functional activities such as personal care, walking, climbing stairs, sleep, housework, and preparing meals.
- Daily occupational activities such as your job and family responsibilities.
- Recreation and leisure activities and interests.
- Personal and cultural beliefs and attitudes towards health, activity, and exercise.
- Social determinants of health including gender/gender identity, race/racialization, respectful and culturally appropriate care for Indigenous people, income/income security, employment/job security.



Elements of Overall Well-Being Care Planning

[Go Back]

4. SMART Goals [Go Back]

SMART goals can used to identify goals that are meaningful to you. They help you break your goals down into smaller, more manageable steps that you're more likely to be able to do. SMART goals are:

S	**Specific**	The goal is specific to the OA treatment selected (e.g., going to the pool for aerobics).
M	**Measurable**	How often you'll do the activity (e.g., going to the pool 2 days a week).
A	**Attainable**	The goal is chosen in context of your life (e.g., going to the pool 2 days a week is an important but realistic change from what you're doing now and a there's a pool near you).
R	**Rewarding**	The goal is meaningful to you. (e.g., going to the pool includes a chance to visit with a close friend and you'll be working on changes for your OA together).
T	**Timely**	The goal has some due dates (e.g., pool visits start next week, and you and your primary clinician will review them in 4 weeks)

SMART goals take practice to write. They're the most successful when you and your clinician create them together.

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5. Your OA Self-Management Toolkit

Go Back to Standard 2 Standard 3

The OA Self-Management Toolkit is designed for you. It's evidence-based and can be adapted to many healthcare settings. You can use the toolkit to build a care plan and to update your care plan as your symptoms change.

The toolkit was designed with the principles of family and patient-centred care in mind. The tools are easy to use with SDM techniques to help you manage your OA. The toolkit was also created by people before you who also have OA.

The Tools in Your Toolkit

	Purpose
Education Booklet	Gives you the basic information about OA, from the basic facts to learning coping techniques.
Report Card	A one-time worksheet for you to write about the treatment options you've used so far and to identify your values and goals.
Treatment Menu	Lists examples of treatment options from the Core and Adjunct Treatments you can choose from.
Resource Inventory	This tool tells you 'where' and 'how' you can trial your selected treatments. It's an important part of putting your plan into action. Resource Inventories aren't always available where you live so you want to make sure you keep this list up to date. A Resource Inventory specific to the area you live. This template helps you create a Resource Inventory specific to the area you live.

Go Back to Standard 2 Standard 3

6. Managing Your OA

Go Back to Standard 2 Standard 3 Standard 4 Standard 5

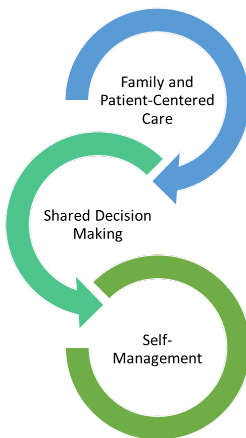
You understand that OA is a progressive disease with no cure. You live with your disease every day, while the clinicians provide support for short periods or short interactions. Throughout these 9 standards, the principles of self-management are reinforced. Confidence in self-management- can be supported by the family and patient-centred care approach using SDM techniques.

All the processes and strategies described in these standards focus on supporting you as you learn more about your OA so you can have all the tools you need to make choices for your OA journey. The principles of self-management are vital to managing your symptoms day-to-day. Even when you're doing everything 'right', OA can flare up for no reason that you can figure out. Once you understand this, and you have the tools you need, you'll be ready to act when this happens.

As care progresses, every clinician should support your treatment and coping choices. Other ways to manage your coping strategies for OA include:

- setting your priorities and goals
- managing your symptoms
- hot and cold therapies
- selecting your own activities
- manging your mental health
- making clinician appointments as needed

There's more information in Standard 7 if you want to become even more confident in your self-management techniques.



Go Back to Standard 2 Standard 3 Standard 4 Standard 5

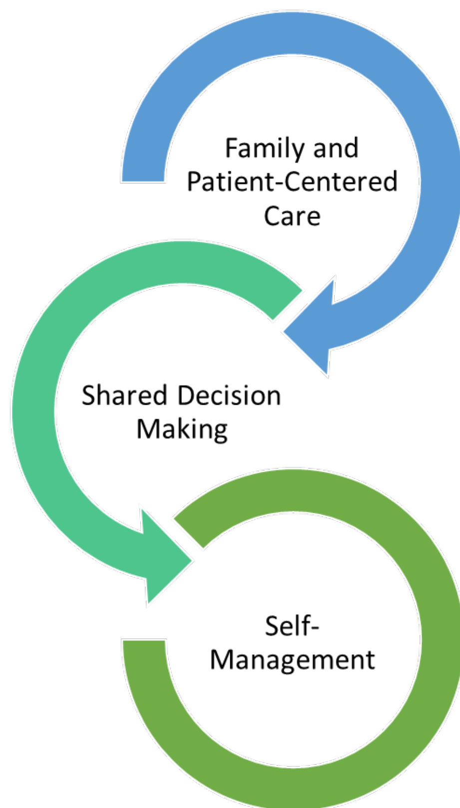
7. Active vs Passive Treatment

Go Back to Standard 2   Standard 3

When we talk about treatments, we usually mean the evidence-based options you have to manage your OA. However, treatments can also include a range of interactions between you and a clinician. For example, sometimes the clinician may suggest a pool therapy program and another time, you may be given an injection:

- Active treatments mean you're a full participant in the treatment (e.g., pool therapy program).
- Passive treatments mean you receive something from a clinician (e.g., a joint injection).

Whether the treatments are active, passive, or a mix of the two, throughout these 9 standards the principles of family and patient-centred care are stressed to encourage using SDM techniques with you to support you to manage your OA.



Go Back to Standard 2   Standard 3

8. Referral Between Clinicians

Go Back to Standard 3 Standard 4 Standard 5 Standard 6 Standard 7

The chart below guides clinicians on referrals and building a multi-disciplinary team of support for you. Some supporting clinicians will work as a team at the same centre as a primary clinician, other supporting clinicians will work elsewhere in the community.

	Category of OA Treatments								
Discipline that may offer the treatment	**Education**	**Exercise and Physical Activity**	**Weight Management**	**Supports (Walking and Environmental)**	**Cognitive Behavioural Therapy**	**Self-Management Programs**	**Non-prescription Pharma Treatments**	**Prescription Pharma Treatments**	**Joint Injections**
Family Physicians	X		X*				X	X	X*
Nurse Practitioners	X						X	X	X*
Physiotherapists	X	X		X	X*	X			Restricted
Occupational Therapists	X	X		X	X*	X			
Kinesiologists	X	X				X			
Exercise Physiologists	X	X				X			
Sport and Exercise Medicine Physicians	X	X					X	X	X
Radiologists									X
Rheumatologists	X						X	X	X
Physiatrists	X						X	X	X
Chiropractors		X							
Orthopaedic Surgeons	X						X	X	X
Pharmacist	X						X		
Registered Dietitians	X		X						
Counsellors			X		X	X			
Psychiatrists			X		X	X			
Psychologists/Mental Health Therapists			X		X	X			
Podiatrists				X					X
Pedorthists				X					

Note: How the OA treatments are delivered can vary between disciplines, between practices, and between

communities. Clinicians should talk with you to make sure the referral will be the right fit for you.

*Note: Clinicians can offer these services with the applicable training.

Go Back to Standard 3 Standard 4 Standard 5 Standard 6 Standard 7

9. Joint Injections [Go Back]

Many studies are being done looking at joint injections as a treatment for OA. The study results don't tell us enough either way if joint injections should be a recommended treatment for OA. Because of this, the clinical guidelines can't recommend them as a treatment. However, some people have responded well to injections so can keep using them alongside their Cores. Different injections have different purposes, and for some people a combination of injections may be a good choice for them:

- Steroid (e.g., cortisone) is a strong anti-inflammatory medication. Steroids generally work quickly and last for 1 to 6 months.
- Hyaluronic acid (HA) is a compound found in normal, healthy joint fluid. An arthritic joint has less HA in it. HA injections work best when the arthritic joint isn't swollen. HA effects generally last 6 to 12 months.
- Platelet rich plasma (PRP) is a form of biologic injection that's becoming used more as therapeutic treatment option. A small amount of your blood is withdrawn in a test tube and then spun in a machine. The blood cells fall to the bottom and the clear yellow fluid (the plasma) floats to the top. The plasma is then injected into the joint. Health Canada hasn't approved PRP as a 'drug' treatment yet.

Only some clinicians are trained to give injections. Steroid, HA, and PRP treatments are given by sterile injection into the knee. This simple procedure can be done in your clinician's office, or at a diagnostic imaging centre so the clinician can see the joint during the injection.

Stem Cells

Stem cells are cells that can change into any tissue in the body. In theory, stem cells can be changed into cartilage to replace the lost or damaged cartilage in an arthritic joint. Health Canada is studying using stem cells as a treatment so it can't be used outside the study until more research is done into its safety.

Read more about Stem Cell Treatment for Osteoarthritis (MyHealthAlberta).

[Go Back]

10. Advanced Pain Medication [Go Back]

Opioids

Opioids aren't usually recommended to treat OA pain. Opioids can:

- affect your memory and concentration
- increase your risk of a fall
- increase your pain symptoms.

Opioids can also increase your risk of:

- building a tolerance, which means you need a higher dose to get the same effect.
- becoming addicted
- accidentally overdosing, especially if used with other prescription medicine like sleeping pills, or alcohol, or if you have other health issues like sleep apnoea.

Before prescribing opioids, your clinician will assess all risks and your medical history carefully. If you do need advanced pain management, your clinicians will prescribe the lowest dose and for the shortest time. A strong opioid prescription plan includes:

- a talk about the benefits and risks of opioids
- a talk about how using opioids short-term is meant to support you during your Cores
- instructions on when to use it, how to use it, and how long it's for
- a follow-up to ensure it's working and not causing side effects
- a naloxone kit with prescription (for some people).

Expect your clinician to closely watch for changes in your mobility and movement, that you're taking the medication exactly as prescribed, and any side effects that may mean your medication needs to be adjusted.

Peripheral Nerve Blocks

This is like the 'freezing' used before a procedure, like stitching a wound or filling a cavity. In this case, the freezing is injected around a bundle of nerves. When the nerve is 'frozen', the brain doesn't get pain messages from the nerves. If freezing the nerve(s) gives enough pain relief, a longer lasting solution may be an option.

If you lose sensation after a nerve block you may be at a higher risk for falls. In this case you may need a walking support after the treatment.

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11. Bone and Joint Health Strategic Clinical Network (BJH SCN)

Go Back to Standard 9 Stem Cells Hip and Knee Surgical Care Path
Surgical Candidacy About Care Standards

The BJH SCN is one of 11 SCNs run by Alberta Health Services (AHS).

SCNs create improvements within focused areas of health care. SCNs are networks of people who are passionate and knowledgeable about specific areas of health. They are tasked with finding new and innovative ways of delivering care that will offer better quality, better outcomes, and better value for every Albertan.

The BJH SCN vision is to 'Keep Albertans Moving'. The BJH SCN Mission is *to create a person-centred, integrated system to optimize bone and joint health of Albertans by working together with our partners.*

To read more, visit BJH SCN.

To learn more about the future goals of bone and joint care in Alberta, see BJH SCN's Transformational Road Map for 2020-2025.

Go Back to Standard 9 Stem Cells Hip and Knee Surgical Care Path
Surgical Candidacy About Care Standards

12. Hip and Knee Surgical Care Path [Go Back]

The Hip and Knee Surgical Care Path was created by the Alberta Hip and Knee Replacement Clinical Committee. The Clinical Committee is a partnership between the Alberta Orthopaedic Society and the BJH SCN. Contact the BJH SCN if you'd like to learn more about the Alberta Orthopaedic Society.

As well as inpatient care needs for hip or knee joint replacement, the care path details standards for:

- when you need to be referred to an Alberta Hip and Knee Clinic
- when surgery might be the best option.

[Go Back]

13. Ongoing OA Management [Go Back]

The 12-week (3 month) trial of OA treatment supports the success of your surgical outcomes if you do go on to have surgery.

- Education about OA can support you to:
    - understand your condition
    - continue to care for your joints after surgery
    - understand the purpose of surgery and how it complements, but is different from, the purpose of non-surgical treatments
- Exercise and physical activity can support you to:
    - reduce your risks for the surgery
    - improve healing after surgery
    - continue to care for your joints and well-being after the surgery.
- Managing your weight can support you to:
    - reduce your risks for the surgery
    - continue to care for your OA, your replaced joint, and manage your well-being after the surgery.

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14. Being a Candidate for Surgery [Go Back]

You're likely not a candidate for elective hip or knee joint replacement surgery for your OA in Alberta if:

- you haven't tried OA treatments for at least 3 months
- you have problems with memory or your ability to learn information and use that information, etc. (cognitive skills)
- there are issues with your joint or the surgery you need, such as:
- you've had an infection in that joint
- the surgery will be hard to do
- a replacement won't help because of the condition of the joint.
- you're not willing or able to follow the care path, which includes:
- following all instructions the surgeon gives you to get ready for the surgery
- going to the Hip and Knee Surgical Care Path pre-operative teaching class to prepare you for the surgery
- you're not willing to commit to the rehabilitation process after the surgery
- you have other health issues that make surgery too risky
- your joint movement or pain level hasn't gotten any worse

Surgeons usually won't recommend elective joint replacement surgery for people that have unmanaged health conditions that make the surgery too high-risk. These include:

- brain diseases
- diabetes
- cancer
- heart disease
- kidney disease
- liver disease
- obesity

If you're managing your risk factors, the surgeon will speak with you to decide if surgery is an option for you. If you have a health conditions that's not well-managed, you'll likely have to work on managing it before you're a candidate for surgery, either through the Hip and Knee Clinic or with your primary clinician. If you're able to manage your other medical conditions and reduce your risk for joint replacement surgery, then you may be able to become a good candidate for surgery.

The surgeon will talk to you about their recommendations for non-surgical OA treatments. They will also write a letter to your primary clinician with their recommendations Your clinician will then work with you to review your non-surgical OA care plan, choose new treatments, and keep supporting you to meet your OA goals.

15. Alberta Bone and Joint Health Institute (ABJHI)

Go Back to Standard 9 About Care Standards

ABJHI was established in 2004. The institute offers data services and partners with health organizations to drive quality improvement change. ABJHI is a trusted third party that links data from many sources to give a picture of a person's care journey

About Care Standards

Comprehensive Quality Care Standards for OA of the Hip and Knee includes 9 consensus-based statements that use evidence to guide the ideal OA care for people in Alberta with OA.

These standards guide the reader through a conservative OA care journey, while still recognizing that every person will have their own OA journey and care should be tailored to them. This body of work is living and will be updated about once a year. Please contact ABJHI if you would like to know more about the updating process.

These standards were authored by the Conservative OA Clinical Committee. The committee works on behalf of the BJH SCN and is supported by ABJHI. As of August 2021, members of the Conservative OA Clinical Committee are:

Chair: Donna Davies	AHS Physiotherapist, Central Zone Practice Lead
Dr. Joanne Homik	Rheumatologist
Dr. Allyson Jones	University of Alberta Professor, Dept of Physical Therapy; School of Public Health
Dr. Marni Wesner	Sports Medicine University of Alberta Glen Sather Sport Medicine Clinic; Assistant Professor University of Alberta
Christine Gregoire-Gau	Occupational Therapist, Camrose Musculoskeletal Clinic
Dr. Ted Findlay	Family Physician, Calgary Chronic Pain Centre; Assistant Professor Dept. of Family Medicine, University of Calgary
Dr. Sarah Koles	Musculoskeletal Radiologist, Calgary; Associate Clinical Professor, Cumming School of Medicine, University of Calgary
Kimberly Phillips	Pharmacist, Extended Health Team, Foothills Primary Care Network
Dr. Steve Kwan	Orthopaedic Surgeon, Chief of Surgery Chinook Regional Hospital
Sheila Kelly	Orthopaedic Nurse, Manager BJH SCN

The Health Quality of Ontario's *Quality Standards for Care for Adults with OA of the Knee, Hip, or Hand* were an inspiration for this body of work for Albertans.

Jump to:
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Scope
Principles of Care
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Acknowledgements

Purpose

The purpose of these standards is to:

- help you and your social supports to understand the best care options for managing your hip and/or knee OA in Alberta
- guide clinicians on best practices for OA care based on strong evidence and expert consensus
- provide health care organizations with tools to measure, analyse, and structure improved quality care for people with hip or knee OA.

Scope

These standards outline care from your diagnosis to managing your OA throughout your life. When used as designed, these standards are meant to raise the quality of OA care in Alberta by using best practice and the most updated evidence.

These standards offer a structure for planning OA treatments as you explore your options and manage your evolving symptoms. The treatments with the consistently strongest evidence are presented as the 3 Core Treatments, and options for Adjunct Treatments are described to support you taking part fully in Core Treatments. Having choice within your environment and life circumstance to create a care plan that is right for you is crucial to successfully managing your OA and to delivering family and patient -centred care.

The goal is that these standards will:

- empower you to navigate your OA management and options
- support your understanding of the 3 Core Treatments.

These standards are also meant to respect your choices.

Definitions

Treatments

Your options to manage your OA. Treatments can include the range of active and passive treatments between you and the clinician.

Regardless of whether the treatment is active or passive, throughout these standards the principles of family and patient-centred care are emphasized to encourage shared decision-making. Both active and passive treatments can and should be a choice made by you, the person with OA.

Conservative Management

The practice of conserving your joints with the goal of slowing your disease and managing evolving symptoms to preserve your quality of life.

Principles of Care

This *Comprehensive Quality Care Standards for OA of the Hip and Knee* is grounded by the vision and mission of AHS and the BJH SCN, to provide a family and patient-centred, high quality health system that is accessible and sustainable for all Albertans.

The AHS Vision: *Healthy Albertans. Healthy Communities. Together.* AHS's 5 values are present throughout this document and guide how Albertans work together with patients, clients, families, and each other:

- Compassion
- Accountability
- Respect
- Excellence
- Safety

Family and patient-centred care is driven by the person's:

- preferences
- values
- goals
- quality of life.

Ethics and Inclusivity

You have the right to:

- respectful language and physical examination from your clinicians
- equal access to care regardless of age, socio-economic status, gender, race, or body size.

Clinicians are expected to act with a high ethical standard and to be inclusive of the holistic needs of everyone the person with OA encounters.

AHS, BJH SCN, and their partners support the Indigenous Health and Wellness' holistic model of health.

Conflicts of Interest

Except as noted below, the committee members report no relationships that could be viewed as possible conflicts of interest (e.g., financial interest, patents, employment relationship), or undue influence on any recommendations, guidelines, or findings in this document.

In instances of a possible conflict, the member disclosed the possible conflict to the committee and did not give input in discussions relevant to the conflict.

Member	Nature of Conflict
Marni Wesner	Engaged advocate for hyaluronic acid manufacturers.

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