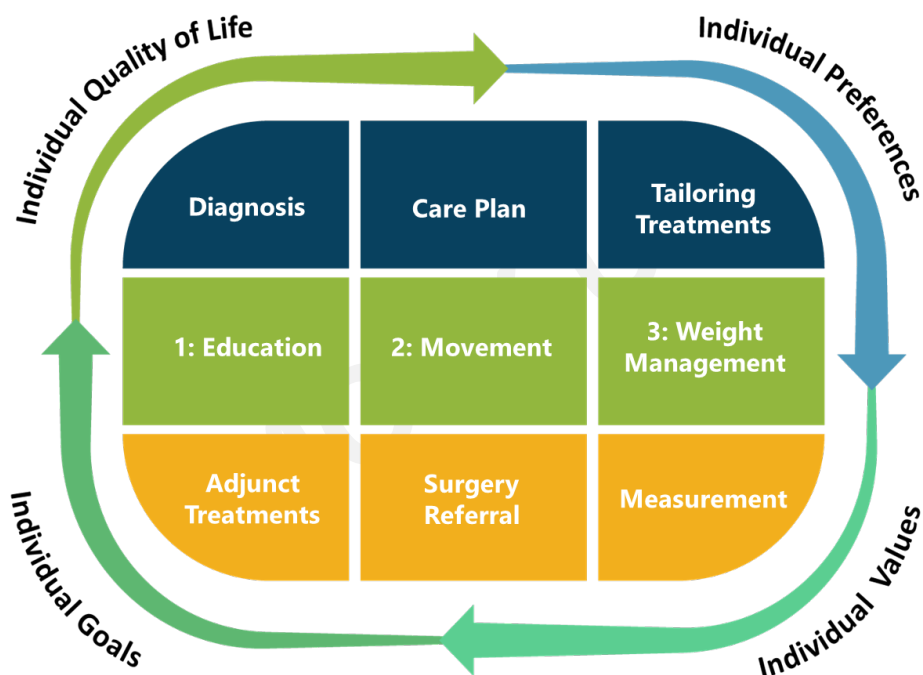


Comprehensive Quality Care Standards for Osteoarthritis (OA) of the Hip and Knee

9 Quality Care Standards for Hip and Knee OA in Alberta



1. Clinical Assessment to Diagnose OA

- If you have joint pain (especially if you're over 40), swelling or stiffness in your hips, knees, or lower back you should seek a health care clinician for a complete examination – you may have OA
- Prepare for your visit by thinking about and writing down your medical history and writing it down so you don't forget anything when you see your clinician
- A complete clinical assessment for OA of the hip or knee is considered includes:
 - reviewing your medical history
 - ruling out other health conditions
 - looking for other risk factors that may contribute to the development of the OA
 - a physical exam to understand strength and presentation of the joint
- X-rays and lab tests usually don't help to diagnose OA. What you see on x-ray doesn't always match your symptoms
- Your experience with your symptoms in your joint (pain and ability to move) will guide your care plan
- You have a right to a respectful and culturally appropriate assessment and diagnosis

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2. Developing a Care Plan

CORE
Treatments

Education

Exercise and Physical
Activity

Weight Management

Combine as needed with

ADJUNCT
Treatments

Supports
(Walking and
Environmental)

Cognitive
Behavioural
Therapy

Inter-Disciplinary
Self-Management
Programs

Non-
Prescription
Treatments

Prescription
Treatments

Joint
Injections

Non-Medicine

Medicine

- A care plan is living document that describes the treatments you and your primary clinician talk about and decide together to **address your health concerns and goals**
- Working with your clinician you can tailor your care plan to your needs and interests
- Core Treatments have the strongest evidence for helping your OA. Adjunct Treatments support your Core Treatments.
- Choose 1-2 things to try at first, and work with your clinician to attach SMART goals to your choices
- Your OA Self-Management Toolkit gives you information and examples of treatments to try
- Ask for your **Resource Inventory** to learn where you can find treatments in your area

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- Your life and OA symptoms will change as your symptoms change. There is no ‘one size fits all’ care plan: your care plan will meet your needs and goals and change as they change.
- Make sure you know who your primary clinician is and that you have a clear follow up plan with them
- It’s likely you’ll work with many different clinicians on your OA over your lifetime
- **Remember your care plan belongs to you: Take it to every appointment so you can talk to any of your clinicians about it**
- It’s possible that you’ll try and re-try different treatments over your lifetime: A treatment that didn’t help your symptoms at first may work later, and some treatments that did help might stop helping.
- As you learn about your OA and try some treatments, you’ll become more confident managing it
- **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.**

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4. Core Treatment 1: Education

- There are OA education programs for people with OA of the hip or knee
- Understanding your OA through education can improve your life
- Education will give you the information you need to understand your OA, or to understand a treatment before you start it
 - Examples: how a pool exercise program is going to work, the GLA:D™ education classes, or classes on how to cope with your OA.
- The *Good Life with osteoArthritis: Denmark (GLA:D)* program is an education and exercise program that promotes independence in physical activity
- Education can be offered in many formats, including in-person group programs, community-based programs, virtual platforms, and written materials.

GLA:D[™]
CANADA



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- You might find that over time your legs are weaker, which may mean that you won't be able to use them or move them as well as before
- Not being active is a major risk factor of OA, as it makes symptoms worse, which can affect your quality of life and your overall health
- Regular exercise and physical activity are among the best treatments to improve your symptoms and maintain your overall wellness
- Most recommended exercises and physical activities for hip and knee OA focus the lower half of your body (below the waist), including the trunk/core, gluteal, quadriceps, hamstring, and calf muscles
- Prescribed exercise can be done on your own or by joining a program. Over time and when it's safe, you can gradually increase your daily physical activity by increasing how often, and how long you do the program.

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Prescribed Exercise	Physical Activity
<ul style="list-style-type: none"> • Targeted to specific body parts • Purposeful movements • Structured movements • Repetitive movements 	<ul style="list-style-type: none"> • Any leisurely action or task performed in everyday environments • Encourages you to move all body parts • Improves overall health and wellness • No structure • Not repetitive or targeted

Physical Activity Target for Adults

Once your clinician approves, aim for:

- 150 minutes of moderate to vigorous aerobic physical activity per week
- 10 minutes of continuous activity daily

Moderate Activity	Vigorous Activity
Can carry a conversation while doing the activity	Would feel a little out of breath when talking while doing the activity

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- A higher body weight and extra body fat have been linked to OA and how quickly it progresses for 2 reasons:
 1. There's more stress on the lower limb joints with higher body weights.
 2. There's a relationship between the body's internal response and how low or quickly the OA progresses.
- Staying at your weight or not gaining more weight is a Core Treatment to manage OA. It's especially important because everyone tends to both gain weight and become less active as they get older.
- For people that are obese and have OA, reducing weight can help the OA symptoms (pain and ability to do everyday things). Studies show that losing 5-10% of body weight can reduce the force and stress on joints to improve symptoms.
- When you use nutrition, activity, and behavioural change strategies to lose weight, you lose about 3–5% of body weight, which still could help improve symptoms.
- If managing your weight is one of your goals ask your clinician for support in making choices for your care plan.

A pound matters:

For every extra pound of body weight, there is 4 to 6 times more force through the knee joints.



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7. Adjunct Treatments

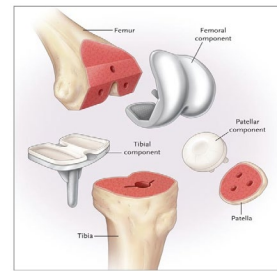
Adjunct Treatments improve your ability to do the Core Treatments

- | | |
|---|--|
| <ul style="list-style-type: none"> • Muscle weakness, joint pain and fear of making your OA worse can be barriers to participating in prescribed exercise and increasing your activity. But Adjunct Treatments can address these barriers by: <ul style="list-style-type: none"> • supporting affected joints to ease movement • guiding behavioural change • promoting long term commitment to exercise and physical activity | <ul style="list-style-type: none"> • There are non-medicine and medicine options if you feel your symptoms aren't being managed enough to do your Core Treatments <ul style="list-style-type: none"> • non-medicine options will help address the physical and emotional barriers you face in your care journey • medicine options may help lower your pain to a level where are more comfortable. |
|---|--|
- **Medicine will never make your OA pain go away. However, it usually helps reduce the pain about 30 to 50%.**
 - **Your OA Self Management Toolkit has some examples of non-medicine and medicine Adjunct Treatments** for you to talk to your clinician about.
 - **Opioids aren't recommended** to treat OA pain as they have serious health and safety risks.
 - Health Canada hasn't approved stem cell therapy for OA because there's not enough evidence to prove that it's safe.
 - Cannabinoids aren't usually used for OA because there's not enough evidence to prove their safety.

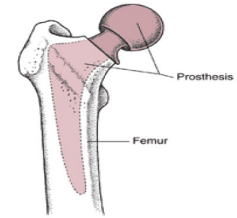
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8. Referral for Joint Surgery

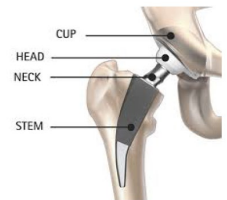
- The goal of using Core and Adjunct Treatments to manage your OA is to slow the progression of your symptoms. Some people will notice that their OA symptoms don't get any worse or even improve.
- You **may** be considered for joint surgery if your symptoms and quality of life have not improved after exhausting all Core and Adjunct options.
- To be referred for surgery depends on 2 things:
 1. how ready you are for possible surgery
 2. how your symptoms (your pain, movement, and joint function) are doing
- There are 11 H&K Clinics in Alberta. They all follow the same Hip and Knee Surgical Care Path. You'll be referred to the clinic closest to where you live.
- Depending on the clinic, you may have 1 or 2 appointments to see if surgery is the best option for you. For some, surgery isn't the right choice.
- Throughout the surgery journey, it's important to keep managing your OA symptoms with your Core and Adjunct treatments.



Total Knee Repair



Partial Hip Repair



Total Hip Repair

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9. Measuring Quality of Care

- You may be asked to complete 1 or 2 surveys about your OA Care.
- Your answers are ALWAYS confidential.
- You don't have to do the surveys. It won't affect your care.
- There are 2 types of surveys:
 1. 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.
 2. Question 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 the province is improving or where it needs to be improved.
- For any questions about the surveys, please email the Alberta Bone and Joint Health Institute: info@albertaboneandjointhealthinstute.ca