

Outpatient Management of the Arthritic Knee

St. Joseph's Health Family Practice Refresher Course
Thursday March 9th, 2023

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Who am I?



Outline

- **What do you do when a patient with knee pain walks in to your office?**
 - Imaging
 - When to sound the alarm?
- Treatment of the arthritic knee
- Outpatient TKA

It's a Stretch



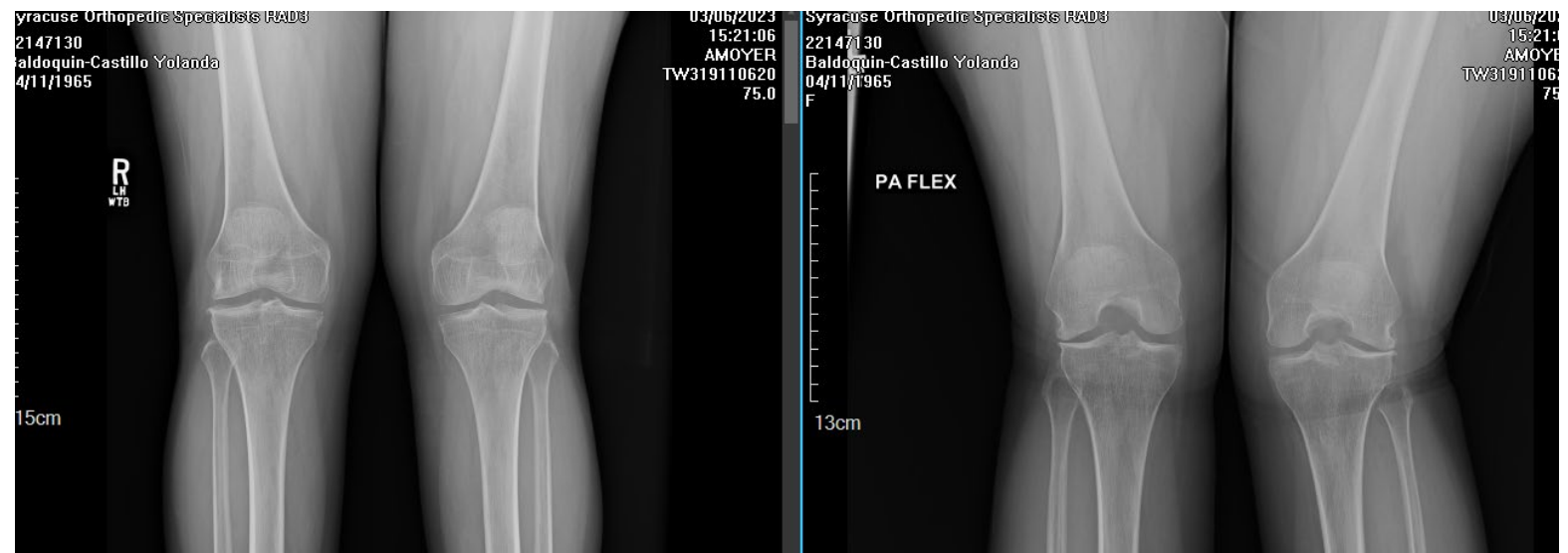
"The pain's mostly just in my knees."

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If a person with knee pain walks into your office...

- Imaging
 - X-rays
 - 4 weight bearing views
 - AP, Lateral, sunrise, and *PA Flexion
 - MRI almost never urgent



If a person with knee pain walks into you office...

- When to sound the alarm (urgent referral)?
 - Fractures
 - patella, tibial plateau, femoral condyle
 - Tendon injury
 - Patella or quadriceps (Do not need to wait for MRI, clinical diagnosis and MRI can delay care)
 - Painful effusion
 - Traumatic or atraumatic

Outline

- What do you do when a patient with knee pain walks in?
- **Treatment of the arthritic knee**
 - Non-operative
 - Operative
- Outpatient TKA

AAOS Clinical Practice Guidelines: **What works?**

- Exercise/Wellness
 - Physical therapy
 - Supervised home low impact exercise program
 - Aquatic Therapy
 - Education program
 - Psychologic effect of disease understanding



AAOS Clinical Practice Guidelines: **What works?**

- Analgesics
 - NSAIDs
 - Oral
 - Prescription or over the counter
 - Dealers choice
 - Topical (if cannot take oral)
 - Acetaminophen

CELEBREX
(CELECOXIB CAPSULES) 100 mg
200 mg



AAOS Clinical Practice Guidelines: **What works?**

- Weight loss
 - For every pound lost, equivalent to taking 5 lbs of force of the knee during weight bearing
 - Hard to do with an arthritic knee

AAOS Clinical Practice Guidelines: **What works?**

- Canes or other assistive devices
 - Use in the opposite hand
 - If patient is really suffering, ok to put on a walker until they can be evaluated by orthopaedics



AAOS Clinical Practice Guidelines: **What doesn't work?**

- Opioids
 - Including tramadol
 - Do not work, many adverse effects
 - Compromises outcomes of eventual joint replacement
- AAHKS position statement
 - “It is our position that the use of opioids for the treatment of osteoarthritis of the hip and knee should be avoided and reserved for only for exceptional circumstances.”

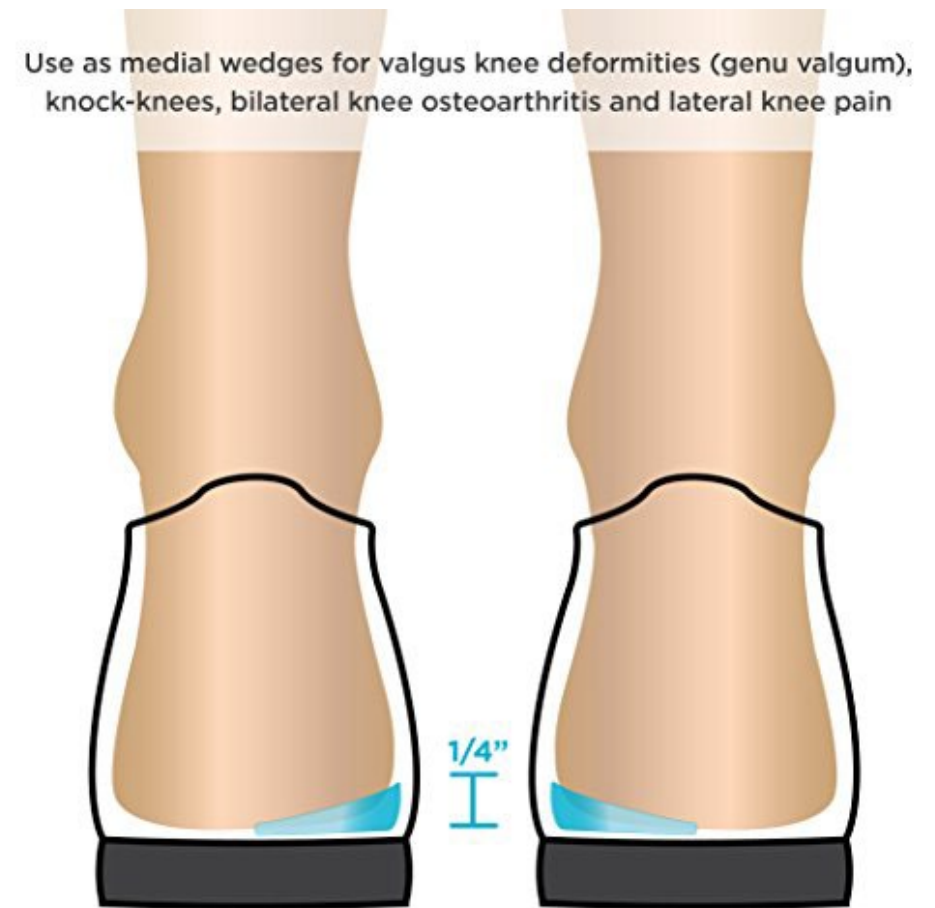
AAOS Clinical Practice Guidelines: **What doesn't work?**

- Hyaluronic Acid Injections



AAOS Clinical Practice Guidelines: **What doesn't work?**

- Lateral or medial shoe wedges



AAOS Clinical Practice Guidelines: **What doesn't work?**

- Oral supplements
 - Glucosamine chondroitin sulfate
 - Turmeric
 - Ginger



AAOS Clinical Practice Guidelines: **What doesn't work?**

- Arthroscopic debridement/ “clean out”
- *With the exception of mild arthritis and symptomatic meniscal tears*



AAOS Clinical Practice Guidelines: **What doesn't work?**

- Acupuncture



AAOS Clinical Practice Guidelines: **What doesn't work?**

- Biologics
 - PRP/Stem-cell injections
- AAHKS position statement
 - It is our position that biologic therapies, including stem cell and PRP injections, cannot currently be recommended for the treatment of advanced hip or knee arthritis.



AAOS Clinical Practice Guidelines: Inconclusive

- Intra-articular steroid injections
 - Works but short lived
 - Arthritic flairs

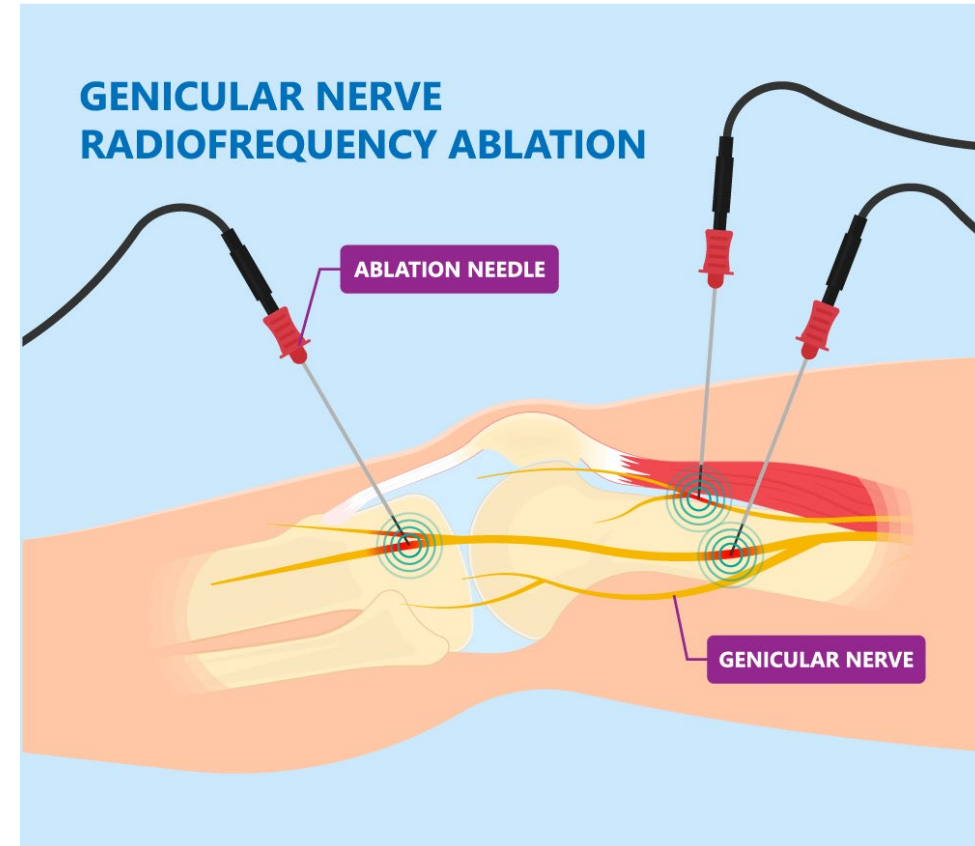
AAOS Clinical Practice Guidelines: Inconclusive

- Bracing
 - Placebo effect vs real benefit
 - No difference between off-loaders, neoprene sleeves, off-loaders
 - Very little downside



AAOS Clinical Practice Guidelines: Inconclusive

- Geniculate Nerve Ablation



Clinical Practice Guidelines Non-operative treatment of knee arthritis- Summary

Recommended

- Rehab, Education, Exercise
- NSAIDS
- Weight Loss
- Canes or ambulatory devices
- Acetaminophen

Recommend Against

- Accupuncture
- Glucosamine/Chondroitin /Supplements
- Viscosupplementation
- Arthroscopic Cleanout
- Shoe Wedges
- Biologics
- Narcotics

Inconclusive: Steroid injections, Bracing, geniculate nerve ablation

Treatment of the arthritic knee- operative

- When to move on to consideration of knee replacement?
 - Pain for at least 6 months
 - Reasonable trial of non-operative management
 - When arthritic pain interferes with quality of life (The juice has to be worth the squeeze)

Outline

- What do you do when a patient with knee pain walks in?
- Treatment of the arthritic knee
- **Outpatient TKA**
 - Why?
 - Who is a candidate?



Contents lists available at [ScienceDirect](#)

The Journal of Arthroplasty

journal homepage: www.arthroplastyjournal.org



The American Association of Hip and Knee Surgeons, Hip Society, Knee Society, and American Academy of Orthopaedic Surgeons Position Statement on Outpatient Joint Replacement



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“Outpatient total joint arthroplasty has been successfully performed during the past decade by a select group of surgeons and institutions and success has been attributed to multidisciplinary care team coordination, standardized perioperative protocols, discharge planning, and careful patient selection.”

Outpatient knee replacement

- Done at SOS for the last 6 years
- 2,000 joints per year



Outpatient total knee arthroplasty

- Why?
 - Lower infection rates
 - Better outcomes
 - Cheaper cost of care (at least 50% less)
 - Higher patient satisfaction
- Who is a candidate? (or who is not)
 - Comorbidities
 - Social support/home environment
 - Proximity to Syracuse (2 hrs, but can stay over night)
 - Patient desire/anxiety

Conclusion

- Weight bearing films (so we don't have to repeat) (before MRI)
- If patient meets criteria, outpatient knee replacement is good for everyone involved
- Any questions at all contact us directly
 - SOS plus precheck process on SOS plus website
 - 95% placement of the same day with the appropriate specialty
 - Can almost always get a patient in to the joint replacement provider within 1 week

Questions?

Thank You!

