

# QUALITY STANDARDS

## Placemat for Osteoarthritis of the Knee, Hip, Hand, or Shoulder

This document is a resource for clinicians and summarizes content from the [Osteoarthritis](#) quality standard.

### Assessment

#### Quality Statement (QS) 1: Clinical Assessment for Diagnosis

People who have persistent, atraumatic, movement-related joint pain or aching, and/or morning stiffness lasting less than 30 minutes, are diagnosed with osteoarthritis based on clinical assessment. Radiological imaging is not required to make a diagnosis in people aged 40 years or older if their symptoms are typical of osteoarthritis.

Diagnose osteoarthritis based on a clinical assessment (history and physical examination) if the patient has **symptoms typical of osteoarthritis**:

- Persistent atraumatic movement-related joint pain, aching, stiffness, and/or swelling
- Morning stiffness lasting less than 30 minutes may or may not be present
- Symptoms may affect one or a few joints

For patients 40 years or older who present with symptoms typical of osteoarthritis, radiological imaging is NOT needed for diagnosis.

Use a [standardized assessment tool](#).

#### QS 2: Comprehensive Assessment to Inform the Care Plan

People who have been diagnosed with osteoarthritis receive a comprehensive assessment of their needs to inform the development of their care plan.

Perform and document a comprehensive assessment to address the individual's needs, including:

- Medical needs (e.g., pain, joint range of motion, weight, co-existing health conditions)
- Social and psychological factors that impact quality of life
- Ability to carry out activities of daily living
- Participation in work, family commitments, and leisure activities

Assessment is initiated within 3 months of diagnosis and at every clinical encounter.

### First-Line Treatments

#### QS 3: Patient Education

People with osteoarthritis are offered education to facilitate a self-management plan. This education is provided in accessible formats.

Provide ongoing education and educational resources (or refer to community-based education programs) based on an individual's needs, such as:

- Importance of an active lifestyle (see **QS 5** and **QS 6**)
- Healthy eating (see **QS 7**)
- Managing sleep interruptions
- Value of trying nonpharmacological treatments before starting medication
- Benefits, risks, and limitations of medications (see **QS 8**)
- Protecting joints to prevent injury
- Local application of heat or cold to joints
- Information about support groups and patient organizations

## QS 4: Patient Self-Management Plan

People with osteoarthritis are supported to develop an individualized, goal-oriented self-management plan that evolves to address ongoing symptom management and access to resources and supports.

Support development of an individualized, goal-oriented self-management plan. Include information on:

- Ongoing management of symptoms
- The use of aids and devices, as needed
- How to access local services, such as:
  - Therapeutic exercise classes (see **QS 5**)
  - Weight-management programs (see **QS 7**)
  - Support groups (see [Patient Guide](#) and **Resources**)

May include referrals to other clinicians (see **QS 9**).

## QS 5: Therapeutic Exercise

People with osteoarthritis are strongly encouraged to participate in progressive neuromuscular training, muscle strengthening, and aerobic exercise of sufficient frequency, intensity, and duration to maintain or improve joint health and physical fitness.

Encourage participation in exercise, including:

- Progressive neuromuscular training
- Muscle strengthening
- Aerobic exercise (cardio)

This may include referrals to a supervised individual or group education and therapeutic exercise program. See **Resources** for GLA:D Canada and Arthritis Society Canada.

## QS 6: Physical Activity

People with osteoarthritis are strongly encouraged to optimize their physical activity and minimize sedentary activity, and are offered information and support to help them toward these goals.

Ask about levels of physical activity at every visit and help to develop goals. Encourage as much physical activity as is tolerable and minimize sedentary activity. A good target is **at least 150 minutes** of moderate to vigorous activity each week.

## QS 7: Weight Management

People with osteoarthritis who are overweight or obese are offered patient-centred weight-management strategies, and people at a normal weight are encouraged to maintain their weight.

Offer weight-management strategies for those who are overweight or obese, to help them lose a **minimum of 5% to 10% of body weight**. Refer to a dietitian or weight-management program, if needed (see **QS 4**).

## Additional Treatment Options

### QS 8: Pharmacological Symptom Management

People with symptomatic osteoarthritis are offered pain-relieving medication options when nonpharmacological treatments are insufficient to control their symptoms.

- When nonpharmacological treatments are insufficient to control symptoms, offer pain-relieving medication options (stepped approach) in collaboration with the patient, with continued nonpharmacological treatments.
- This stepped approach includes offering topical therapy for knee, hand, or shoulder osteoarthritis or NSAIDs to relieve symptoms; systemic therapy consistent with course of treatment with analgesics or NSAIDs; selective or higher-dose nonselective NSAIDs in combination with a proton pump inhibitor or heterocyclic medication with antidepressant activity if an adequate response has not been obtained with the first 2 treatment options; or judicious use of intra-articular corticosteroid injections to control acute pain and reduce episodic inflammatory mediators if benefits outweigh known risks of cartilage degeneration.
- Opioids should not be used routinely to treat osteoarthritis pain (potential harms often outweigh the benefits).

- The potential harms of nonsteroidal anti-inflammatory drugs (NSAIDs) may also outweigh the benefits in some patients, especially in older adults who use NSAIDs on an ongoing basis.
- Intra-articular hyaluronic acid injections should not be used for people with symptomatic knee, hip, or shoulder osteoarthritis as it does not improve function or reduce pain.

### QS 9: Referral to a Clinician With Additional Skills in Osteoarthritis Management

People with osteoarthritis, when clinically indicated, are referred by their primary care clinician to a clinician with additional skills in osteoarthritis management.

If clinically indicated (i.e., uncertain diagnosis, unexpected or unusual disease progression, surgical or complex weight management, consideration of joint surgery), refer patients to a clinician with additional skills in osteoarthritis management or the management of its associated symptoms (e.g., pain, poor sleep quality, anxiety and mood disorders, weight management).

### QS 10: Referral for Consideration of Joint Surgery

People with osteoarthritis whose symptoms are not sufficiently controlled through nonsurgical management and whose quality of life is negatively impacted by their joint-related symptoms should be referred for consideration of joint surgery.

Consider referral if all other treatments have been complied with (i.e., adequate trial of nonpharmacological treatments [QS 3 to QS 7] and pharmacological management [QS 8]) but the individual is still experiencing **both** of the following symptoms:

- Significant reduction of joint mobility that negatively impacts activities of daily living and quality of life
- Escalation in the use of pain medication and/or reduced effectiveness of pain management

### Key Considerations:

- The decision to refer should be informed by the person’s need and fitness for surgery, with potential benefits outweighing risks.
- If ordering x-ray for knee osteoarthritis, specify “weight-bearing images.”
- For people with knee osteoarthritis, **do not** refer for surgical consultation for arthroscopic procedures.

### Resources

- [Osteoarthritis Quality Standard](#)
- [Osteoarthritis Patient Guide](#)
- [GLA:D Canada](#)
- [Arthritis Society Canada – Useful Osteoarthritis Resources](#)
- [Arthritis Society Canada – Osteoarthritis Exercise Videos](#)

Additional tools and resources are on [Quorum: Tools for Implementation](#)

Need this information in an accessible format?  
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ISBN 978-1-4868-8665-4 (PDF) © King’s Printer for Ontario, 2024