

OSTEOARTHRITIS (OA): PATIENT JOURNEY



Use this Patient Journey to learn about the various steps in the osteoarthritis (OA) patient experience. Not all steps will apply to everyone, but this can help you learn more about what you might expect and how to effectively manage your OA. If you are not sure about your risk of OA, try out our [risk assessment](#).

Pre-diagnosis

Symptoms

You may experience the following signs and symptoms in one or more affected joints: occasional and intermittent pain, aching, morning stiffness lasting less than 30 minutes, reduced range of movement, creaking (crepitus) in your joints and/or swelling. Osteoarthritis can occur in any movable joint, but most commonly affects the knees, hips, big toes, hands, neck, shoulder, ankle and spine. Contributing factors can include excess weight, a previous joint injury, and/or heavy physical activity from sports or work that puts more stress on weight-bearing joints. You may have difficulty walking, gripping, or climbing stairs, for example, or may avoid physical and recreational activities because of unpredictable moments of joint pain.

Healthcare Provider

Visit your healthcare provider (doctor, nurse practitioner, physiotherapist, occupational therapist) to talk about your symptoms. In some cases, a chiropractor might also be helpful. Tell your healthcare provider about how pain impacts your quality of life. They will assess your symptoms to determine how these affect your energy, mood, sleep, work, hobbies, family and social life. They will also review your history and perform a physical exam. If diagnosed with OA, your healthcare provider will work with you to develop a care plan. Follow up with your healthcare provider as you continue through your patient journey.

There is no single laboratory or diagnostic test for OA. The most accurate way to diagnose the condition is through a clinical assessment that is based on your symptoms and physical examination findings. If you are over 40 and have symptoms typical of OA, additional testing (such as x-ray, MRI, or blood work) is not needed for diagnosis but may be required to establish the severity of your OA and how to best manage it. Sometimes symptoms of OA don't always match the results of x-rays. If you've had a recent joint injury or have additional signs and symptoms that aren't typical of OA, such as joint locking, prolonged joint stiffness in the morning, rapid onset of symptoms, a hot, swollen joint, or feeling generally unwell, then additional investigation may be needed.

[How to talk to your doctor about joint pain](#)

Diagnosis

Diagnosis

You are diagnosed with **osteoarthritis (OA)**.

Learn more about OA

Take the time to learn about OA and how you can manage it. Your healthcare provider should speak with you about the importance of staying active, doing therapeutic exercise, and maintaining a healthy weight. They should also tell you about how to protect your joints and prevent injury while you are active. You can learn more from:

- ▼ **The Arthritis Society:** arthritis.ca, **Support & Education pages** arthritis.ca/support-education, and **YouTube channel**
- ▼ **The Arthritis Society's Information line** (toll-free) at 1-800-321-1433
- ▼ **Credible information sources**, including those created by healthcare professionals and non-commercial organizations, such as rheuminfo.com and rheumatology.org
- ▼ **Your care team:** family doctor, physiotherapist, occupational therapist, nurse practitioner, dietitian, social worker, orthopedic specialist, pharmacist

Developing Your Care Plan

Your healthcare provider will complete a comprehensive assessment with you to determine how osteoarthritis affects your overall health and lifestyle and establish a care plan to address identified needs. A care plan also identifies how you and your treatment team will work together to improve your symptoms and help you manage daily activities. This plan should involve education about osteoarthritis, lifestyle changes such as increasing physical activity, eating healthier, weight-loss, as well as doing therapeutic exercises. If these initial interventions are tried and not effective, the use of medications may need to be considered. Your care plan also serves to inform your self-management plan, including what day-to-day actions you can do to help improve your symptoms. The next steps you choose in your OA patient journey will shape the key elements of your care plan.

Self-Management Plan

Managing your osteoarthritis requires an approach that works best for you. Your self-management plan should be individualized and goal-oriented, created in collaboration with members of your care team. This approach will help you identify priorities and goals, establish an action plan, solve problems, and monitor your progress. The core aspect of this plan is ongoing symptom management, using strategies such as exercise, physical activity and weight management to protect your joints and improve your health outcomes. Your plan might include accessing local or online exercise and weight-management resources, looking after other health conditions, or using assistive devices to help in the completion of your daily tasks.

Part of your self-management plan will likely involve pain control, which is a primary symptom of OA. Pain can come from inflammation, joint damage, or increased sensitivity to stimuli that is normally not painful. Pain is perceived and processed by your brain, and the intensity of pain will vary from person to person. This means pain treatments that work for one person may not work for another or may work differently. Pain management may include mindfulness meditation, cognitive behavioural therapy, therapeutic exercise, physiotherapy, medication (if needed) and complementary therapies offered by regulated health professionals.

Everyone's care plan and self-management plan will be unique, so as you continue through the journey, choose the treatment path(s) that make sense for you and your needs.

Self-Management

Start your treatment with **therapeutic exercise**, including progressive neuromuscular training, as well as exercises for muscle strength, flexibility, and cardiovascular fitness. Neuromuscular training will increase coordination to help your joints remain stable during physical activity. This treatment will improve your ability to function and will not cause any additional joint damage. Be sure to consult with a healthcare professional before starting any new exercise routine. Studies have indicated that exercise and physical activity can help people with osteoarthritis reduce pain and disability, while also improving function, sleep and mood.

1 Improve joint health and fitness

- Neuromuscular training, muscle strengthening and aerobic exercises all improve function and can be done through a variety of low-impact methods, such as walking and aquatic exercise, Tai Chi and yoga
- A physiotherapist can prescribe a tailored therapeutic exercise program to target specific muscles and functional deficits which in turn will reduce pain and increase your joint function
- Gradually increase physical activity to target 150 minutes of moderate- to vigorous-intensity aerobic exercise per week – start with light intensity and gradually increase to moderate intensity
- Group exercise programs, such as [GLA:D Canada](#) or Aquafit, can help you stay motivated and learn about exercise

2 Daily activity modifications

- An occupational therapist can teach you how to modify daily tasks to reduce symptoms and improve function
- Assistive devices, such as a cane, raised toilet seat, buttonhooks, and supportive footwear can help decrease joint stress and make it easier to manage day-to-day activities
- Protect joints by using the following strategies: pace yourself on daily tasks, plan activities in advance, avoid excess joint stress, and avoid a sedentary lifestyle

3 Whole-body wellness

- Weight management is different for each person, but if you are overweight, losing 5%-10% of body weight can help reduce strain on your joints and reduce the pain associated with OA
- Keep your body fueled with [healthy eating](#) that supports weight management, promotes strong bone and tissue health, and fights inflammation: consider limiting saturated and trans fats, reducing sugar intake and eating more fruits, vegetables and Omega 3's (from oily fish). Consultation with a dietitian to learn how to optimize your diet is recommended.
- Practice mindfulness and relaxation to maintain balance in your life and give you a feeling of control over your arthritis
- Support your self-management practice through online symptom trackers, mobile apps and telemedicine communication with your care team, if available

From here, you might want to explore other treatment options, or continue monitoring and revising your care plan.

Medication (Pharmacological Symptom Management)

Use of medication will vary based on your symptoms and the affected joint(s) and is individualized to your needs. Regular monitoring is required for all medications so that side effects can be identified and managed. Common medications include:

- Topical treatments:** creams or rubs that include non-steroidal anti-inflammatory drugs (NSAIDs) or capsaicin (a chili pepper extract, recommended for hands).
- Pain medication:**
 - Acetaminophen is a pain medication sometimes used for osteoarthritis and is available over the counter. You should not exceed the recommended dose.
 - Nonsteroidal anti-inflammatory drugs (NSAIDs) may reduce pain and inflammation and are available over the counter (i.e. ibuprofen and naproxen) or in a stronger form through a prescription. Make sure you have your doctor's approval before using NSAIDs if you have other health conditions, are frail, or are over the age of 65.
 - Duloxetine can be used to treat chronic pain conditions and may be used if you do not respond to or cannot tolerate acetaminophen or NSAIDs, as it addresses the impact of pain from pain sensitization.
 - Opioid medications have strong addictive properties and are not recommended for the management of pain associated with OA.
- Injections:** corticosteroid injections may relieve symptoms in lower extremity joints for several weeks or months and are tolerated by many people without side effects. Hyaluronan injections (viscosupplementation) may also provide temporary relief of symptoms related to osteoarthritis in the knee in some patients.
- Medical cannabis:** Although there is currently a lack of evidence on the efficacy of medical cannabis for arthritis, some people report relief of symptoms such as chronic pain, inflammation, anxiety and sleep problems through its use. Medical cannabis can be taken as CBD oil, capsules, topical creams, or edibles. It is also available in dried plant form, though smoking or vaping cannabis can pose serious health hazards and are therefore not advised.

Referral for Consideration of Joint Surgery

If your osteoarthritis becomes severe and other non-surgical treatments are no longer working, surgery may be considered. The most common surgical procedures for osteoarthritis include hip and knee replacements (arthroplasty).

The decision to undergo surgery depends on the amount of pain your arthritis is causing, the degree to which your quality of life is negatively impacted, as well as the risks and benefits of surgery. This should be discussed further with your doctor and care team. Not everyone will be an appropriate candidate for surgery.

Surgery is not a final step in the patient journey – in fact, many people with osteoarthritis may never require surgery. If you undergo surgery for your osteoarthritis, you must continue your self-management plan to maintain your joint health.

Healthcare Professionals with Additional Skills in OA Management

Healthcare providers offer primary and specialty care for people with arthritis. Specialty care can include services from a rheumatologist, sports medicine clinician, orthopedic surgeon, physiotherapist or occupational therapist. Some people also find relief from the signs and symptoms of OA using other non-pharmacological management approaches including:

- Therapeutic modalities**, such as hot and cold treatment
- Complementary therapies** to support overall wellness, such as massage or acupuncture
- Psychosocial support** (including cognitive behavioural therapy) provided by a social worker or mental health counselor

Your care plan may include referrals to healthcare professionals with additional skills in managing the signs and symptoms of osteoarthritis, including pain, poor sleep quality, anxiety and weight management. These professionals could include a rheumatologist, advanced practice therapist, chiropractor, dietitian, pharmacist or psychologist.

Monitoring

Continue your self-management plan and maintain follow-up appointments with your healthcare provider(s). Your care plan will be revised based on your response to treatment, which may change the path(s) you take on your patient journey. In consultation with your care team, you may also need to revise your self-management plan to address changes in weight management, exercise and daily living.