

Knee Osteoarthritis

What You Need to Know

What Is Knee Osteoarthritis?

Knee osteoarthritis (OA) is the most common form of arthritis and one of the leading causes of pain and disability worldwide. It develops when the smooth cartilage that cushions the ends of the bones in the knee gradually breaks down. Without this cushion, the bones begin to rub together, the joint becomes inflamed, and bone spurs (osteophytes) may form along the joint edges.

It is important to understand that OA on an X-ray or MRI does not automatically mean severe pain. Many people with significant arthritis visible on imaging have minimal symptoms, while others with relatively mild structural changes experience considerable discomfort. Muscle strength, body weight, activity level, and overall health all play a major role in how much — or how little — your OA affects your daily life.

What Does It Feel Like?

- Pain that is typically worse with activity and better with rest (early stages)
- Morning stiffness that usually improves within 30 minutes of movement
- Stiffness after sitting, riding in a car, or any period of inactivity
- A deep, aching pain in the front, inside, or back of the knee
- Grinding, creaking, or grating sensations (crepitus)
- Swelling that worsens after activity
- Reduced ability to fully bend or straighten the knee
- In advanced stages, pain at rest or at night

What Makes It Worse?

- Prolonged walking, especially on hard surfaces
- Stairs — particularly going downstairs
- Squatting, kneeling, or getting up from a low chair
- Being overweight — significant additional load on every step

- Cold weather — many patients report increased stiffness
- Inactivity — muscles weaken and the joint becomes stiffer

How Did This Happen?

- Age — cartilage wears down over decades of use
- Prior knee injuries (fractures, ligament or meniscus tears)
- Genetics — family history of OA increases risk
- Obesity — dramatically accelerates cartilage breakdown
- Occupational or athletic overuse — years of repetitive loading
- Muscle weakness — allows excess joint stress
- Malalignment — bow-legged or knock-kneed posture shifts load unevenly

What Are My Treatment Options?

Knee OA is managed along a spectrum depending on severity:

- Physical therapy — the cornerstone of conservative management
- Weight management — even modest weight loss significantly reduces knee pain
- Anti-inflammatory medications (NSAIDs) as directed by your physician
- Cortisone or hyaluronic acid injections — can provide temporary relief
- Bracing or orthotics — can offload the affected compartment
- Total knee replacement — considered when conservative options are exhausted

When Should I Be Concerned?

- Sudden significant increase in swelling or warmth — rule out infection
- Pain that wakes you from sleep every night
- Inability to perform basic daily activities despite conservative treatment
- Progressive deformity of the knee (increasing bow-leg or knock-knee)

The Good News

Strong evidence shows that a structured physical therapy program — focused on quadriceps and hip strengthening, flexibility, and activity modification — reduces knee OA pain as effectively as surgery for the majority of patients. You do not have to stop being active. With the right guidance, exercise is your most powerful tool.

Research shows PT and exercise reduce knee OA pain **as effectively as surgery** for most patients — without the risks or recovery time.

This information is for general educational purposes only and is not a substitute for a professional evaluation. Call us today — we have immediate openings with no waitlist.

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