**MEDICATION**

**KNEE**
- Evidence-based medicine supported NSAIDs, tramadol (AAOS)
- Little evidence for acetaminophen, opioids, topicals (AAOS)
- Some recommendation to start with topicals to minimize GI toxicity (Cochrane)
- No recommendation regarding opioid analgesics (ACRheum)
- No recommendation regarding duloxetine (ACRheum)

**BACK**
- If non-pharmacological inadequate, move to pharmacological- NSAIDs first (ACP)
- Tramadol or duloxetine after NSAID (ACP)
- Do NOT use opiates first (CW)
- No evidence of benefit for acetaminophen, antiepileptics, TCA (ACP)

**MOVEMENT**

**KNEE**
- All patients in a walking exercise program (ACOEM)
- Strong recommendation for cardiovascular and/or resistance land-based exercise, aquatic exercise, and weight loss (ACRheum)
- Evidence supports exercise, including PT (AAOS)
- Exercise has beneficial medium/long-term outcomes (AHRQ)

**BACK**
- Nonpharmacologic should be first line therapy and include exercise (ACP)
- Prescribe activity including progressive walking program (ACOEM)

**KNEE INJECTION**
- Some evidence for steroid injections (AAOS)
- No evidence-based value for viscosupplement (hyaluronic acid) injections in improvement of function for moderate to severe knee OA (ACOEM)
- No recommendation for intra-articular hyaluronate injections (ACRheum)