

# DISCLAIMER

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# Arthritis

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# Arthritis (Osteoarthritis)

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- Joint pain? Vs. Bursitis or Tendonitis
- **Inflammatory** arthritis may have extra articular symptoms
  - **Morning is the worst**, joint warmth, redness or swelling
  - Gout, CPDD, Rheumatoid arthritis, lupus or psoriasis
  - Infected joint (septic arthritis)
  - Post infection arthritis: Lyme disease, Gonorrhea, or Strep throat
- **Non-inflammatory** (osteoarthritis) usually involves knees, hips, or back
- Pain is worse with use and at the **end of the day**, improves with rest



# Causes of Osteoarthritis

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- Osteoarthritis = degenerative arthritis
- Not immune mediated but caused by wear and tear over years
- ↑ risk with Obesity, increased age and female sex
- Sometimes precipitated or accelerated by a prior injury
- Sometimes mild inflammation is present



# Diagnoses of Osteoarthritis

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- History of joint pain worsen by movement
- Joint grinding seen on exam
- Inflammation tests are not necessary and if done are negative
- Synovial fluid from joint aspiration is non-inflammatory
- Xray shows cartilage that has worn away in increased bone density or bone spurs at the joint



# Treatment of Osteoarthritis

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- Moderate exercise has been shown to reduce pain and disability
  - Swimming, walking, bicycling, Tai Chi
- Proper posture and weight loss have long term benefit
- Avoid prolonged use of the effected joint, valgus bracing, knee taping, TENS, hot/cold
- Tylenol, then NSAIDS
- Long term narcotics are not generally recommended
- Glucosamine/Chondroitin can be used
- Corticosteroid injections are inexpensive and last 4-8 weeks or longer
- Hyaluronic acid injections cost more but can last longer
- Joint replacement surgery is generally reserved after other therapies fail

