

Osteoarthritis – Managing the Symptoms and preventing further deterioration of the joint

1. Weight Management: The #1 recommendation from the Arthritis Foundation to prevent arthritis
 - a. For every 1 lb of weight, we put 4 lbs of pressure in our lower body joints
 - b. Goal is to have a BMI under 25. To achieve this, lose 1 lb per week with diet and exercise
2. Diet & Supplements: Natural way of decreasing pain and inflammation
 - a. *Anti-inflammatory Diet* (ex. Dr Andrew Weil's diet)
 - i. Eat whole fruits and vegetables, whole grains and nuts, lean meats (Ex. Fish, turkey, etc.)
 - ii. Avoid processed carbohydrates, bread, sugar, saturated fat, and fried foods
 - b. *Glucosamine sulfate with chondroitin* (1,500mg daily or 500mg three times a day)
 - c. *Fish Oil & Omega-3* (1,000mg EPA and 500mg DHA)
 - d. *Calcium* (Men 600mg daily; Women 1,200mg daily) and *Vitamin D* (1,200mg daily)
 - e. *Herbs and spices* (ex. Turmeric, Bromelaine, garlic, etc. per bottle directions)
3. Exercise: If you don't use it, you lose it! It is absolutely necessary for maintaining a healthy lifestyle
 - a. *Balance and Range of Motion* (Ex. Yoga, Pilates, Tai Chi) It's more effective when done in classes
 - b. *Low impact aerobics* (Ex. Cycling, swimming, elliptical) American Heart Association recommends doing at least 30 minutes of cardiovascular exercise vigorous enough to sweat, at least 5 times per week
 - c. *Strength and conditioning* (Ex. Power yoga, Lifting low weights with more reps with a personal trainer)
4. Physical Therapy & Chiropractor: Movement is medicine. They help you transition to an exercise program
 - a. *Range of motion* – Preserving it allows you to use the parts of the joint created for weight bearing
 - b. *Strength & conditioning* – Provide stability/support to the joint. Gives you energy for the daily activities
 - c. *Anti-inflammatory therapeutic modalities* – Complementary to the medications and supplements
5. Medications: The goal is to use the minimum required dose for decreasing pain and inflammation
 - a. *Acetaminophen* (up to 1,000mg three times a day)(500mg three times a day if >65 years) For pain only
 - b. *Non-steroidal anti-inflammatory (NSAID)* Decrease pain and inflammation
 - i. Over the counter (ex. Ibuprofen, Naproxen per bottle directions) – For mild to moderate pain
 - ii. Prescription (ex. Diclofenac, Meloxicam, Nabumetone) Come in oral and topical options
 - c. *Duloxetine* (Recommended for cases with pain in multiple joints and muscles)
 - d. *Narcotics* (Regulated by the Drug Enforcement Administration; may not be prescribed over the phone)
 - i. Tramadol (Very effective, especially when combined with an over the counter NSAID)
 - ii. Opioids (ex. Hydrocodone, Oxycodone) Usually avoided due to high risk of addiction
6. Orthotics: Provide support and stability to a joint. May also re-align and offload the arthritic part of the joint
 - a. *Braces* (ex. knee sleeve, hinged brace, unloading brace)
 - b. *Inserts* (ex. Shoe inserts with medial heel and arch support, lateral heel wedge)
 - c. *Gait assistive devices* (ex. Cane, rolling walker)
7. Injections: Recommended when the above treatments fail to provide significant relief
 - a. *Cortisone* (i.e. steroid) Help to quickly decrease the pain and inflammation. Usually take 3 days to work
 - b. *Hyaluronate* – Restores the natural joint fluid; provides long-term relief of the pain and inflammation
 - c. *Prolotherapy* – An alternative option to decrease pain without the side effects of cortisone
 - d. *Platelet Rich Plasma (PRP)* – Stimulates the healing of the injured joint; decreases pain and inflammation
 - e. *Bone marrow derived injections* – Similar to PRP with a higher concentration of growth factors

If you would like to know if any of these recommendations would benefit you, call (205) 939-3699 and request an appointment with Ricardo Colberg, MD.