

Osteoarthritis of the knee

This quick guide for physiotherapists is based on the *Osteoarthritis of the Knee Clinical Care Standard (2024)*.

For more information see the complete Standard (safetyandquality.gov.au/oak-ccs)



ASSESS

Comprehensive person-centred clinical assessment

HISTORY

- Symptoms: pain, joint stiffness, function
- Comorbidities, risk factors, treatment response
- Knee injury

PHYSICAL EXAMINATION AND FUNCTIONAL ASSESSMENT

- Joint line tenderness
- Malalignment or deformities
- Bony enlargement
- Effusion
- Gait and range of motion
- Crepitus
- Use validated tools to aid assessment (see [Standard](#) for list)

ATYPICAL FEATURES/ALTERNATE DIAGNOSES

- Prolonged morning stiffness
- Rapidly worsening symptoms
- Hot, swollen joint suggesting possible infection or inflammation
- Possible referred pain from hip or spine
- Possible malignancy

NOTE: Knee osteoarthritis can be confidently diagnosed on clinical assessment, without imaging.

- X-ray is first-line approach if atypical features

PSYCHOSOCIAL EVALUATION

- Quality of life, daily activities
- Emotional/mental health, health beliefs
- Social, financial, geographical and cultural factors



PLAN

Tailored self management plan developed with patient

EDUCATION AND SELF MANAGEMENT

- Provide clear and comprehensive information about knee osteoarthritis and its management
- Encourage helpful beliefs
- Consider psychosocial health
- Offer weight management guidance (or refer as appropriate)
- Devise strategies to improve comfort/mobility
- Involve patient's family/carers/support team
- Refer to other clinicians or recommend services/resources

PHYSICAL ACTIVITY AND EXERCISE

- Reassure patient that exercise is safe and will not cause damage
- Tailor exercises to manage knee pain and improve strength, function and fitness
- Set realistic, achievable goals for enjoyable physical activity
- Consider physical environment, level of activity, falls risk, cultural activities and attitudes towards physical activity
- Provide clear information on modifying usual physical activities
- Refer/recommend patient to community programs, online resources and other clinicians/multidisciplinary services

REVIEW

Regular ongoing review of symptoms, goals and strategies



ON A REGULAR BASIS

- Repeat comprehensive person-centred clinical assessment
- Assess response to treatment using the same tools as in initial assessment
- Review and update self-management goals, including physical activity and weight loss goals

NOTE: If patient has worsening symptoms and/or severe functional impairment despite optimal non-surgical management, recommend they see their GP for referrals for:

- weight-bearing knee X-ray
- further assessment by specialist.