

# Pain Management of Knee Osteoarthritis

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## Objectives

Review:

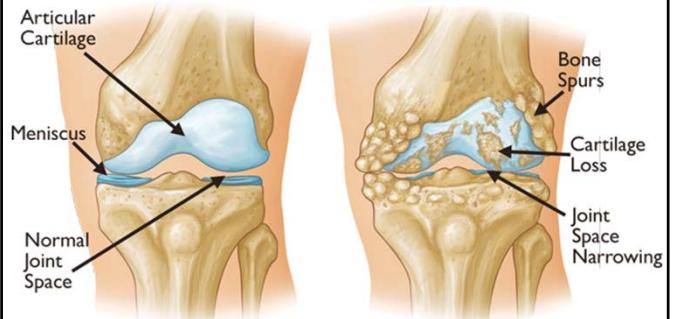
- What is knee osteoarthritis (OA)?
- What causes pain in knee OA?
- Scope of the problem
- Spectrum of care; treatment options



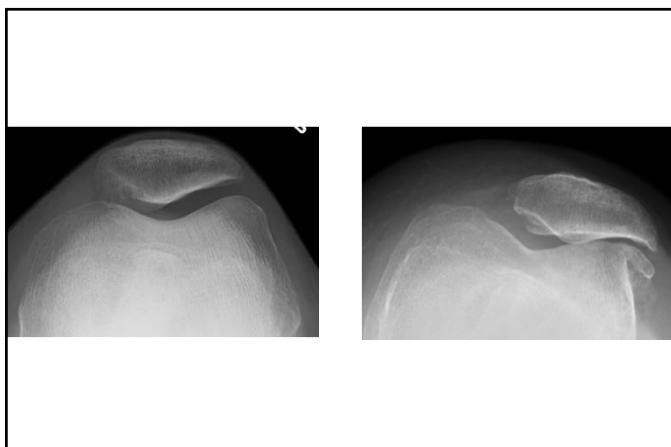
## What is Knee OA?

Degenerative condition:

- Synovial inflammation
- Loss of articular cartilage
- Subchondral sclerosis and cysts
- Joint hypertrophy/osteophytes



<http://orthoinfo.aaos.org/figures/A00389F02.jpg>



## What causes pain in knee OA?

### Inflammation

- Synovitis

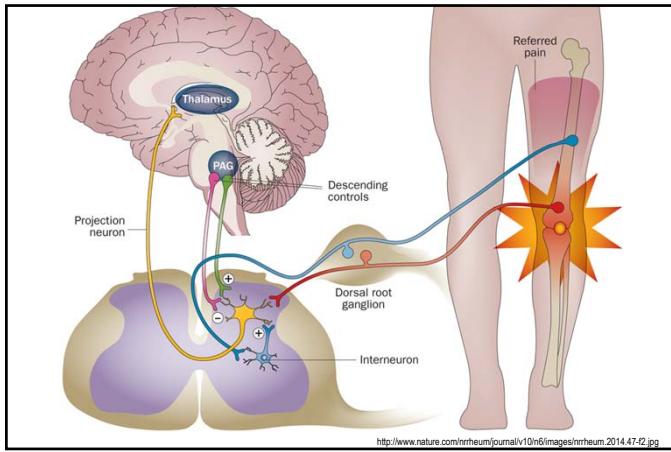
### Mechanical Changes

- ↑ friction
- ↓ shock-absorption
- Ligament + capsule stretch
- Joint Instability



### Pain Sensitization

- Peripheral
- Central



## Scope of the Problem

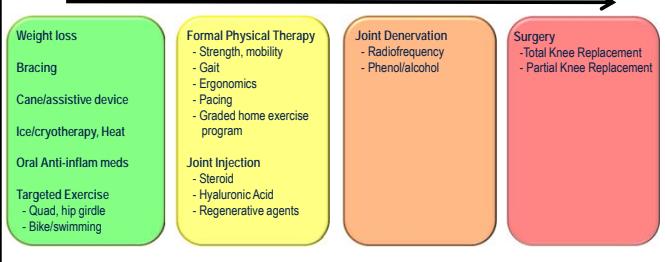
Chronic Pain due to knee OA is common:

- >25 million (US alone)<sup>1</sup>
  - 13% of adults >65 years of age<sup>2</sup>
  - 10-20%: chronic pain after knee replacement<sup>3</sup>



# Spectrum of Care

### **Continued Pain and Disability Despite Treatment**



**Formal Physical Therapy**

- Strength, mobility
- Gait
- Ergonomics
- Pacing
- Graded home exercise program

Individualized to unique anatomy and biomechanics

Active > Passive

Quadriceps, hip girdle, core strength

- Address imbalances

Gait, movement, lifting mechanics

Techniques for pain exacerbations, pacing

Graded independent exercise program



<http://dataearthdesk.com/wp-content/uploads/2010/07/physical-therapy.jpg>

**Joint Injection**

- Steroid
- Hyaluronic Acid
- Regenerative agents



**Steroid**

- Anti-inflammatory
- Nerve membrane stabilizing
- ≤3 per year

<http://www.newhealthadvisor.com/images/HT03617/cortisone-injection.jpg>

**Joint Injection**

- Steroid
- Hyaluronic Acid
- Regenerative agents



**Hyaluronic Acid**

- Reduces loading/sheering forces on joint
- Supplement + stimulate production
- 1-5 injections/ 6 months

<http://www.newhealthadvisor.com/images/HT03617/cortisone-injection.jpg>

**Joint Injection**

- Steroid
- Hyaluronic Acid
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**Regenerative Treatments**

- Platelet Rich Plasma
- Stem Cells
  - Adipose
  - Bone marrow
  - Placental
- Chondrogenesis
- Early evidence

<http://www.newhealthadvisor.com/images/HT03617/cortisone-injection.jpg>

### Joint Denervation - Radiofrequency

#### Indications

- Continued pain and functional disability despite conservative management
- Desire to avoid surgery
- Inability to undergo surgery

### Joint Denervation - Radiofrequency

- Thermocoagulation of sensory nerves
- Radiofrequency Energy
  - Vibration of H<sub>2</sub>O molecules → heating
  - Predictable + Controlled lesion size<sup>4</sup>



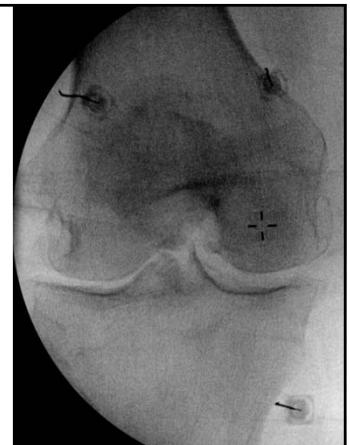
### Joint Denervation - Radiofrequency

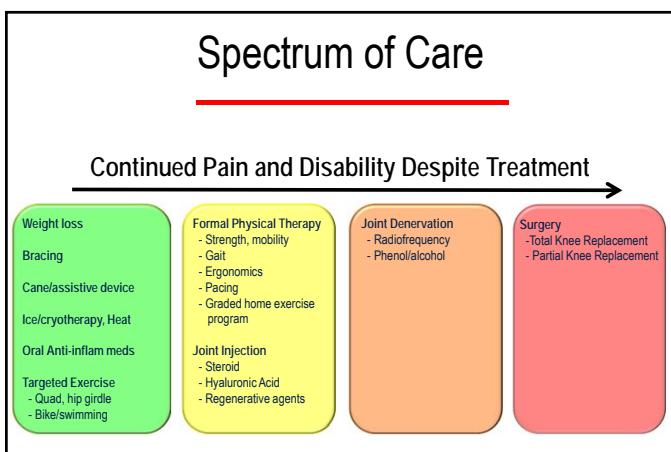
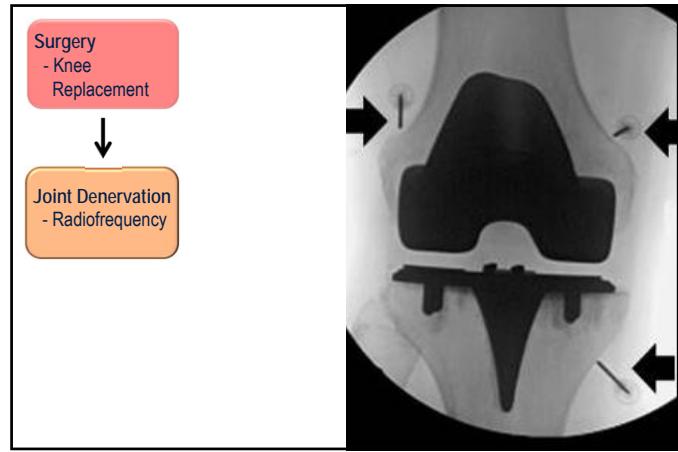
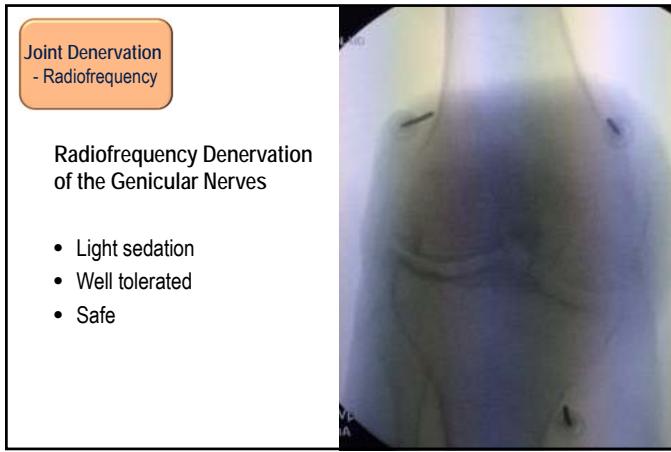
- Genicular nerves
  - Sensory
  - No motor fibers
- Defined anatomic locations



### Joint Denervation - Radiofrequency

Diagnostic nerve injections  
Small volume of local anesthetic  
>80% pain relief = positive response





## Summary

- Knee OA is a common degenerative condition
- Major cause of pain and disability
- Treatments range from conservative to surgical
- Regenerative and joint denervation techniques provide a novel approach to treatment

## References

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1. Garstang, S, Stitik, T. Osteoarthritis: epidemiology, risk factors, and pathophysiology. *Am J Phys Med Rehabil.* 2006;S2-11
2. Bedson J, Jordan K, Croft P. The prevalence and history of knee osteoarthritis in general practice: a case-control study. *Fam Pract.* 2005 Feb;22(1):103-8.
3. Lewis GN, Rice DA, McNair PJ, Kluger M. Predictors of persistent pain after total knee arthroplasty: a systematic review and meta-analysis. *Br J Anaesth* 2014; 114(4):551-61
4. Cosman ER, Dolensky JR, Hoffman RA. Factors that affect radiofrequency heat lesion size. *Pain Med.* 2014;15(12):2020-36.

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Thank You

Questions?

