

Knee Osteoarthritis

FACT & FICTION

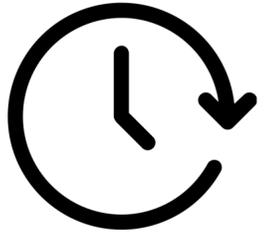


ACTIVITY RELATED KNEE PAIN

Usually in people 45 years or older with either no morning stiffness or stiffness that lasts no longer than 30 minutes

EVERYONE GETS WORSE

It is not an inevitable part of ageing and not everyone gets worse. In fact many people can improve their pain and function

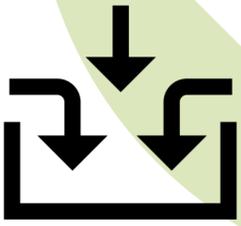


PAIN CAN CHANGE

Across a day, one day to the next and week to week. This is normal and rarely a sign that anything serious has happened to your knee

X-RAY'S TELL US LOTS

Actually, medical imaging can't predict someone's pain or function and they are no longer needed to diagnose or manage knee osteoarthritis



MANY FACTORS INFLUENCE SYMPTOMS

Including; anxiety, stress, fatigue, quality of sleep, fears and past experiences

"BONE ON BONE" OR "WEAR AND TEAR"

Are common phrases that are incorrectly used to explain the condition and its symptoms. The condition is far more complex than we once thought

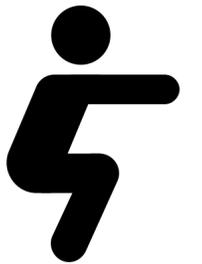


KNEES LIKE AND NEED MOVEMENT

Regular exercise keeps your joint healthy and can decrease pain and stiffness. Plus exercise has a whole lot of other benefits to improve your overall physical and psychological health

AVOID EXERCISE

Exercise is suitable for all people with knee osteoarthritis regardless of age, severity of condition or comorbidities

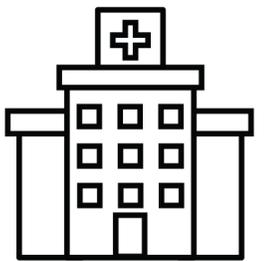


SELF-MANAGEMENT IS FIRST-LINE CARE

Educating yourself about how to best self-manage the condition along with exercise and weight loss (if appropriate) is the best thing everyone can do to help their condition

SURGERY WILL FIX IT

Surgery is not a magic cure. Keyhole surgery is no more effective than fake surgery and up to 1 in 5 people who have a knee replacement are unsatisfied with outcomes



Icons created by Adrian Coquet, Saifurrijal, shaurya, Eli Kleppe & Icongreek26 from Noun Project