

Table 1 Clinical Practice Guidelines on the Treatment of Osteoarthritis of the Knee (nonarthroplasty)

Category	Recommendation	Level of Evidence	Grade of Recommendation
Patient Education and Lifestyle Modification	We suggest patients with symptomatic OA of the knee be encouraged to participate in self-management educational programs such as those conducted by the Arthritis Foundation, and incorporate activity modifications (e.g. walking instead of running; alternative activities) into their lifestyle.	II	B
Rehabilitation	Regular contact to promote self-care is an option for patients with symptomatic OA of the knee.	IV	C
Mechanical Interventions	We recommend patients with symptomatic OA of the knee, who are overweight (as defined by a BMI>25), should be encouraged to lose weight (a minimum of five percent [5%] of body weight) and maintain their weight at a lower level with an appropriate program of dietary modification and exercise.	I	A
	We recommend patients with symptomatic OA of the knee be encouraged to participate in low-impact aerobic fitness exercises.	I	A
	Range of motion/flexibility exercises are an option for patients with symptomatic OA of the knee.	V	C
	We suggest quadriceps strengthening for patients with symptomatic OA of the knee.	II	B
Complementary and Alternative Therapy	We suggest patients with symptomatic OA of the knee use patellar taping for short term relief of pain and improvement in function.	II	B
	We suggest lateral heel wedges not be prescribed for patients with symptomatic medial compartmental OA of the knee.	II	B
	We are unable to recommend for or against the use of a brace with a valgus directing force for patients with medial uni-compartmental OA of the knee.	II	Inconclusive
	We are unable to recommend for or against the use of a brace with a valgus directing force for patients with medial uni-compartmental OA of the knee.	V	Inconclusive
Pain Relievers	We are unable to recommend for or against the use of acupuncture as an adjunctive therapy for pain relief in patients with symptomatic OA of the knee.	I	Inconclusive
	We recommend glucosamine and/or chondroitin sulfate or hydrochloride not be prescribed for patients with symptomatic OA of the knee.	I	A
Intra-Articular Injections	We suggest patients with symptomatic OA of the knee receive one of the following analgesics for pain unless there are contraindications to this treatment: <ul style="list-style-type: none"> • Acetaminophen [not to exceed 4 grams per day] • Non-steroidal anti inflammatory drugs (NSAIDs) 	II	B
	We suggest patients with symptomatic OA of the knee and increased GI risk (Age >= 60 years, comorbid medical conditions, history of peptic ulcer disease, history of GI bleeding, concurrent corticosteroids and/or concomitant use of anticoagulants) receive one of the following analgesics for pain: <ul style="list-style-type: none"> • Acetaminophen [not to exceed 4 grams per day] • Topical NSAIDs • Nonselective oral NSAIDs plus gastro-protective agent • Cyclooxygenase-2 inhibitors 	II	B
Needle Lavage	We suggest intra-articular corticosteroids for short-term pain relief for patients with symptomatic OA of the knee.	II	B
	We cannot recommend for or against the use of intra-articular hyaluronic acid for patients with mild to moderate symptomatic OA of the knee.	I and II	Inconclusive
Surgical Intervention	We suggest that needle lavage not be used for patients with symptomatic OA of the knee.	I and II	B
	We recommend against performing arthroscopy with debridement or lavage in patients with a primary diagnosis of symptomatic OA of the knee.	I and II	A
	Arthroscopic partial meniscectomy or loose body removal is an option in patients with symptomatic OA of the knee who also have primary signs and symptoms of a torn meniscus and/or a loose body.	V	C
	We cannot recommend for or against an osteotomy of the tibial tubercle for patients with isolated symptomatic patello-femoral osteoarthritis.	V	Inconclusive
	Realignment osteotomy is an option in active patients with symptomatic unicompartmental OA of the knee with malalignment.	IV and V	C
	We suggest against using a free-floating interpositional device for patients with symptomatic unicompartmental OA of the knee.	IV	B