

Explain that:

- osteoarthritis is diagnosed clinically and does not need imaging
- the core treatments are therapeutic exercise and weight loss, alongside information and support

Exercise	Weight loss	Information and support
<ul style="list-style-type: none"> <li>• Offer tailored therapeutic exercise (for example, local muscle strengthening, general aerobic fitness)</li> <li>• Consider supervised therapeutic exercise</li> <li>• Advise people it may initially cause discomfort but long-term adherence to exercise will benefit the joints</li> <li>• Consider combining therapeutic exercise with an education programme or behaviour change approaches in a structured treatment package</li> </ul>	<p><b>For people with excess weight and obesity:</b></p> <ul style="list-style-type: none"> <li>• advise them that weight loss will improve quality of life and physical function, and reduce pain</li> <li>• support them to choose a weight loss goal</li> <li>• explain that any weight loss is likely to be beneficial, but losing 10% is likely to be better than 5%</li> </ul> <p>For guidance and information on weight management, including interventions for weight loss, see <a href="#">NICE's webpage on obesity</a></p>	<ul style="list-style-type: none"> <li>• Tailor information to the person's individual needs and ensure it is in an accessible format</li> <li>• Advise where to find information on:               <ul style="list-style-type: none"> <li>○ the condition and information that challenges common misconceptions</li> <li>○ specific types of exercise</li> <li>○ managing pain</li> <li>○ how to access additional information and support</li> <li>○ benefits of treatment</li> </ul> </li> </ul>

<p><b>Manual therapy</b> Only consider for hip and knee osteoarthritis and alongside therapeutic exercise</p>	<p><b>Devices</b> Consider walking aids for lower limb osteoarthritis</p>	<p><b>Do not routinely offer:</b></p> <ul style="list-style-type: none"> <li>• acupuncture or electroacupuncture</li> <li>• electrotherapy</li> <li>• insoles, braces, tape, splints or supports</li> </ul>
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### Pharmacological management

**If needed, use**

- alongside non-pharmacological treatments and to support therapeutic exercise
- the lowest effective dose for the shortest possible period of time

**Review with the person whether to continue treatment. Base frequency of reviews on clinical need**

Offer a topical NSAID for knee osteoarthritis

- consider for other osteoarthritis-affected joints

Consider an oral NSAID if topical NSAIDs are ineffective or unsuitable and consider adding a gastroprotective treatment

**Do not routinely offer**

- weak opioids unless
  - for short-term pain relief
  - all other treatments are ineffective or unsuitable
- paracetamol
- glucosamine

Consider intra-articular corticosteroid injections when other pharmacological treatments are ineffective or unsuitable

Do not offer strong opioids or intra-articular hyaluronan injections

**Consider referring people with hip, knee or shoulder osteoarthritis for joint replacement if:**

- joint symptoms are substantially impacting their quality of life and
- non-surgical management is ineffective or unsuitable

Do not exclude people with osteoarthritis from referral for joint replacement because of age, sex, smoking, comorbidities, or overweight or obesity