KNEE PAIN (Degenerative Joint Disease)	
Overview	Degenerative joint disease (DJD) of the knee, also called osteoarthritis (OA) of the knee, is characterized by articular cartilage loss, bone remodeling, and periarticular muscle weakness resulting in knee joint pain and instability.
Lifestyle/Conservative	Exercise and weight reduction (BMI goal <25) may improve function (Strong, Mod evidence)
	Local heat (Mod evidence) // *Conflicting recommendations from Cochrane, ACR*
	Ice therapy may produce limited functional benefit (Mod evidence)
Alternative Medicine	Certain oral herbal therapies such as avocado-soya bean unsaponifiables, Boswellia serrata, or Pinus pinaster may reduce pain and/or improve function (Mod evidence)
	Consider acupuncture for patients with chronic moderate-to-severe pain who are candidates for total knee arthroplasty but are unable or unwilling (ACR Weak, Mod evidence)
	Yoga, tai chi, massage, magnet therapy may decrease pain and improve function (Mod evidence)
Physical Therapy/Rehab	Knee brace can reduce pain
	Physical therapy improves knee pain and function (Mod evidence)
Pharmacotherapy	NSAIDS recommended as initial therapy (Mod evidence)
	Topical diclofenac 1% gel and topical ketoprofen in transfersomes are each effective for pain relief in knee osteoarthritis (High evidence)
	Tramadol is recommended as an alternative to NSAIDs (AAOS strong, High evidence)
	Intra-articular corticosteroids offer short-term benefit with few side effects (Mod evidence)
	Opiods are an alternative if pain is refractory and patient unable/unwilling to have knee replacement // *Carefully weigh risks, benefits of opioids for open-ended course of therapy*
	Low-dose oral corticosteroids may be considered for short term relief of severe osteoarthritis (Mod evidence)
	Oral glucosamine and chondroitin (Strong, Mod evidence) - Not recommended
Interventions	Total knee replacement considered for patients with refractory pain, disability, and radiographic evidence of OA (Mod evidence)
KEY	Benefits clearly outweigh the harms with sufficient evidence, or possibility of benefit with minimal risk
	Benefits do not clearly outweigh the harms, or conflicting or limited evidence of efficacy
	Benefits do not outweigh the harms, evidence suggests poorer outcomes

Information was gathered from Dynamed accessed via Tufts

ACR - American College of Rheumatology; AAOS = American Academy of Orthopedic Surgeons