

Chiropractic Care and OA

Chiropractic care can assist in the management of OA through prescribing stretches and strengthening exercises specific to the region involved, mobilizing and manipulating the involved region(s) to improve function, range of motion and reduce pain, soft tissue therapy to help correct any muscle imbalances as well nutritional and home advice.

Sources:

Department of Orthopaedics (University of Iowa), Clinical Orthopaedics and Related Research, Drugs and Aging, Osteoarthritis and Cartilage/OARS Osteoarthritis Research Society, Journal of Joint and Bone Surgery, Annals of the Rheumatic Diseases, Cochrane Database of Systems Review, Journal of Clinical Rheumatology, Journal of Rheumatology, The Medical Journal of Australia



dr nicholas shannon

Galleria Medical Centre
Level 2, 343 Little Collins Street
Melbourne, 3000
Ph: 03 9670 9950



dr nicholas shannon

Osteoarthritis



What is Osteoarthritis?

Osteoarthritis (OA) or Degenerative Joint Disease is one of the most prevalent joint diseases causing pain and disability in middle to older aged people. There is a strong link between increase in age and increase in the prevalence of OA, with age related changes contributing to the development and progression of OA.

The exact mechanisms of how OA occurs still aren't well understood but the basic theory is. A joint is comprised of two opposing bones, each covered by a "cap" of cartilage. The surface of the cartilage is smooth and it enables the two bones to "glide" against each other, it also acts as a shock absorber. The cartilage its self is like a sponge and holds in water to stay hydrated and healthy. When the surface of the cartilage is damaged its capacity to hold in water is reduced and hence so is its ability to repair its self. The severity of the damage to the cartilage will determine how diminished its water holding capacity is and therefore how quickly the cartilage "dries out" leading to further damage and ultimately OA.

Signs and Symptoms of Osteoarthritis

There are two types of OA, primary and secondary.

Secondary usually occurs in younger people and is often preceded by trauma such as a sporting injury. Primary most commonly occurs in middle to older aged people and has a more idiopathic onset (no apparent cause).

Factors predisposing to the onset of OA include: high impact and torsional loads, abnormal joint anatomy, joint instability, altered joint and/or muscle innervation, inadequate muscle strength and endurance. OA commonly occurs in the knees, hips, hands and spine and is a major source of lower back pain. OA develops slowly and progresses over many years and may not become symptomatic until later on in life. Signs and symptoms of OA include, a deep achy pain, reduced joint motion, inflammation and swelling. Typically pain is present for less than 30 minutes in the morning, it is relieved with short periods of exercise and rest and aggravated by longer periods of exercise or rest.

Current treatment options available for Osteoarthritis

Current research literature shows there is a wide variety of treatment options available to OA sufferers. Treatment includes:

Paracetamol-Helps to modulate pain levels, but has limited anti-inflammatory properties

and can have complications in patients on Warfarin and those with liver disease.

Oral Non-Steroidal Anti-Inflammatory Drugs-Reduce inflammation and modulate pain. Side effects include increased risk of peptic ulcers, cardiovascular and renal disease.

Glucosamine and Chondroitin Sulfate-Research shows it's a safe and efficient treatment for OA. It is most beneficial in patients with mild to moderate symptoms and may interfere with the progression of OA. Benefits include, reduced pain and joint space narrowing and increased joint function. *Exercise (land and aquatic)*-Land exercise including high and low intensity aerobic exercise has been proven to be beneficial in reducing pain, increasing aerobic fitness and improving joint function and flexibility. Aquatic exercises have short-term benefits and should be considered within an overall training program.

Home-Ice when the affected area is inflamed. A heat bag or warm bath at all other times to improve circulation and relax the surrounding muscles.

Surgery-Cartilage transplants show great promise although success is limited at present. Knee and hip replacements (arthroplasty) along with decompressive spinal surgery are the last line.