

# Osteoarthritis Treatment Guidelines

This template is designed to guide healthcare providers through the comprehensive management of osteoarthritis (OA), incorporating evidence-based strategies for diagnosis, treatment, and patient education.

## Patient Information

Name:

Date of Birth:

Diagnosis Date:

Affected Joints:

## Diagnostic Criteria

### Patient History:

Include symptoms, duration, and impact on quality of life.

### Physical Examination:

Note joint tenderness, swelling, and range of motion.

### Imaging Tests:

Detail findings from X-rays or MRIs, if applicable.

## Treatment Plan

### Pharmacological Therapies

Oral NSAIDs:

*Specify type, dosage, and frequency.*

Topical NSAIDs:

*Indicate specific products and application instructions.*

Intra-Articular Corticosteroid Injections:

*Schedule and dosage.*

### **Non-Pharmacologic Therapies**

Physical Therapy:

*Outline goals, frequency, and specific exercises.*

Weight Management:

*Provide target weight, dietary recommendations, and follow-up schedule.*

Self-Management Programs:

*List available resources and enrollment information.*

### **Supportive Therapies**

Assistive Devices:

*Recommend specific devices (e.g., knee braces) and usage instructions.*

Topical Capsaicin:

*Application guidelines and frequency.*

### **Monitoring and Follow-Up**

#### **Follow-Up Visits:**

Schedule and objectives for ongoing assessment.

#### **Symptom Tracking:**

Recommend tools or methods for patients to monitor symptoms.

#### **Adjustments to Treatment Plan:**

Criteria for modifying treatment based on patient response.

### **Patient Education**

#### **Understanding OA:**

Provide materials on the nature of OA, its progression, and impact.

**Managing Symptoms:**

Tips and strategies for managing pain and stiffness at home.

**Activity Modification:**

Guidance on modifying activities to reduce joint stress.

**Additional Comments**

**Notes:**

Space for provider's observations, patient's concerns, or specific instructions.

**ICD and CPT Codes:**

For documentation and billing purposes.

**Approval**

Provider's Name:

Signature:

Date: