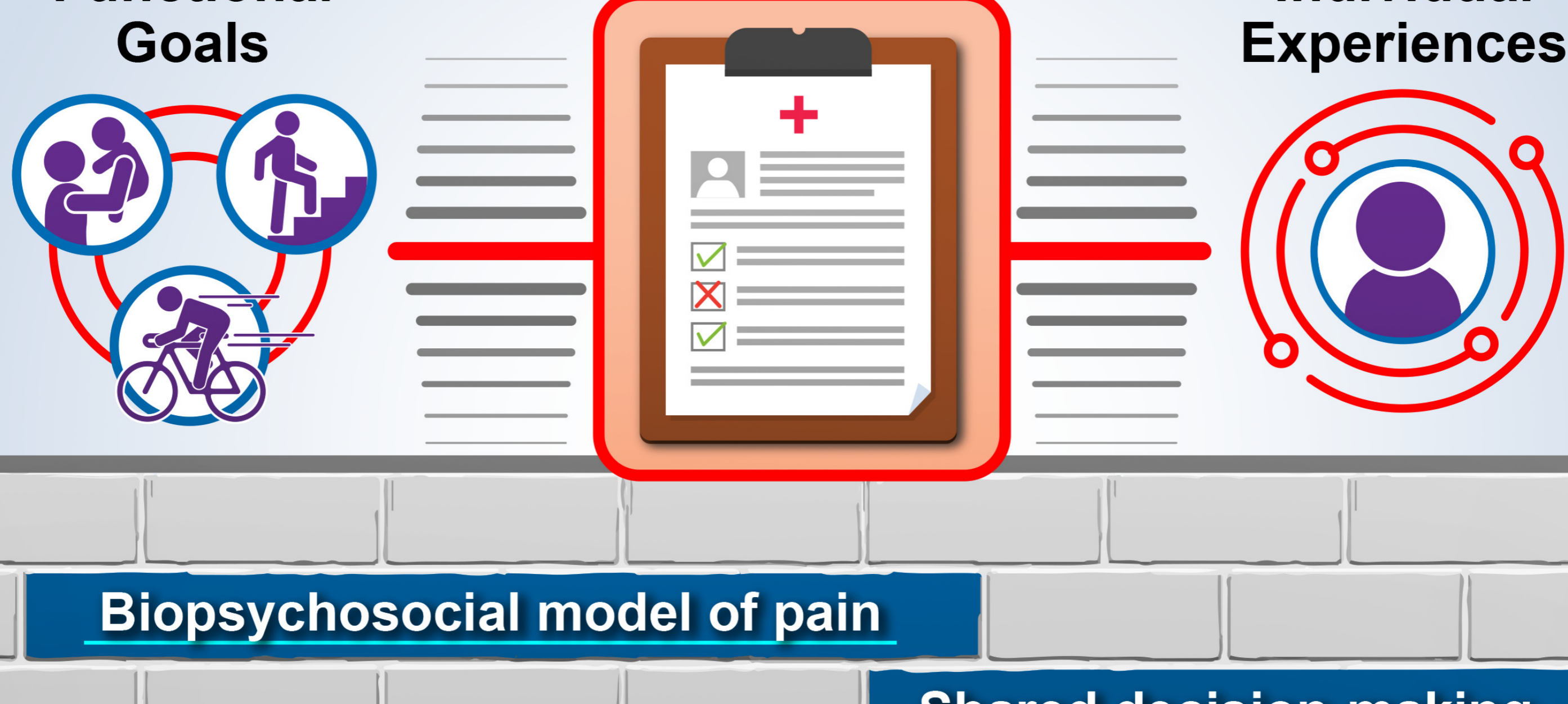


Setting, Monitoring, and TAILORING INDIVIDUALIZED GOALS for Patients With OA

Tailoring OA treatment aligns treatment plans with functional goals and individual experiences. It rests on the foundations of the biopsychosocial model of pain and shared decision-making.



Tailoring treatment is an iterative process that requires periodic assessment and monitoring of:

- Pain and function
- Cognitive and emotional state
- Treatment goals, preferences, and concerns
- Psychological vulnerability
- Conditioned responses to pain
- Medical evidence of treatments
- Interactive dialogue

OA Care

OA care consists of **rehabilitation/physical therapy**, **weight management**, **behavior modification**, and **medication**, each with its own considerations for appropriateness and patient receptiveness.

REHABILITATION/PHYSICAL THERAPY



Exercise

- Land- or water-based exercises
- Should be of sufficient duration and intensity to alleviate pain and improve function, but not to exacerbating pain
- Includes aerobic, strength, and stretching exercises

Adjunct therapies

- Manual therapy (joint mobilizations/manipulation, massage)
- Thermal modalities (superficial hot and cold)
- Acupuncture
- Electrotherapies (eg, TENS)

Aids, devices, and occupational therapy

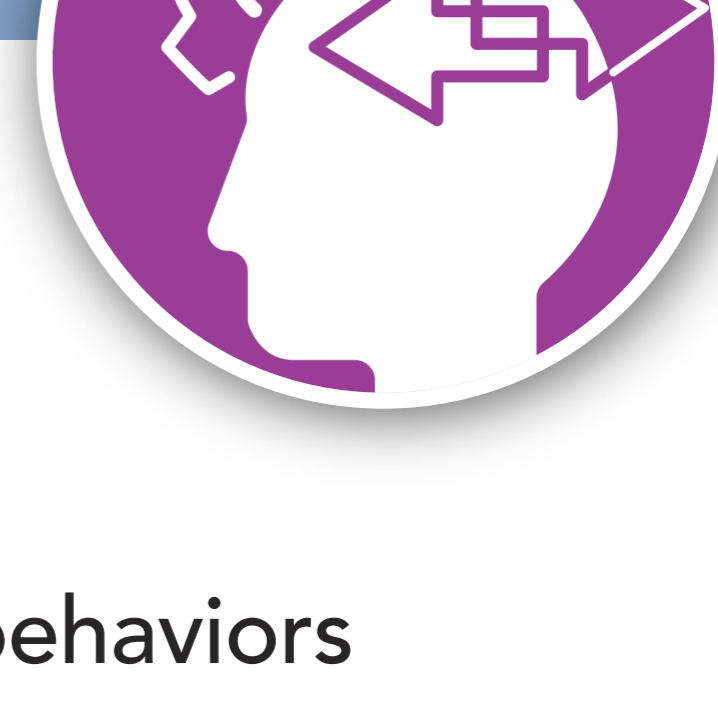
- Braces
- Insoles
- Tape
- Splints

WEIGHT MANAGEMENT



- Type of weight loss program
- Desired rate of weight loss
- Maintaining healthy weight after weight loss

BEHAVIOR MODIFICATION



Cognitive behavioral therapy (to change unhelpful thinking patterns)

- Especially important for those with psychosocial comorbidities
- Use to identify and move through adaptive behaviors (pain catastrophizing, avoidance behaviors)

MEDICATION



- Over-the-counter pain relievers
- NSAIDs
- Duloxetine
- Steroid or hyaluronic acid injection
- Opioids^a

^aOpioids are to be used for the management of OA pain only when all other modalities have been ineffective, are contraindicated, or cannot be tolerated; they should be used with caution.

NSAIDs: nonsteroidal anti-inflammatory drugs; TENS: transcutaneous electrical nerve stimulation.

Setting and Monitoring Treatment Goals

A SMART^a way to set and monitor treatment goals means the goals need to be:

- S**PECIFIC
- M**EASURABLE
- A**CHIEVABLE
- R**ELEVANT
- T**IME-BOUND

Once these criteria are met, an action plan can be made and then monitored over time to determine if it is still relevant.

Goals should be individualized to the patient's starting functional ability, motivation, and functional priorities.

PATIENT A



GOAL

Play with grandchildren, walk 2-3 miles, lose 10% of body weight

FOLLOW-UP

1-2x/month to start, then less frequently with maintenance, once goals are achieved, or until new goals are desired

PATIENT B



GOAL

Walk up to 2 blocks, reduce joint pain

FOLLOW-UP

1-2x/month to start, then less frequently with maintenance, once goals are achieved, or until new goals are desired

^aThere may be some variation in the criteria but they are generally as listed here.

Adapted from Doran GT. *Manage Rev.* 1981;70:35-36.

Clinical Pearls

- The experience of pain is highly individualized
- There are many missed opportunities with existing efficacious treatments
- Be aware of competing demands from other comorbid conditions
- Use decision tools to identify those who are likely to be nonresponders (eg, those with morbid obesity or psychosocial comorbidities)



Looking Ahead

We have much to learn.

Future directions in targeted OA therapy include:

- Research on OA phenotypes to identify key prognostic factors
- New ways to understand and improve adherence

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