



Making decisions with my healthcare professional:

Knee problems for people aged 45 and over

Primary and self-care

Use this tool to prepare for appointments, during appointments, or both.

Sharing information about my condition

Name:

.....

I think that my knee problems are due to: (Please write below)

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.....

Today, I hope that we can:

.....

.....

I would like some help with: (please circle what matters most to you)

Activity



Family and
friends



Mobility



Pain



Sleep



Mental
wellbeing



Work and
finance



Fatigue



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What is likely to happen with my knee problems?

Knee pain varies a lot among people. Most people can manage their knee problems with simple treatments.

These include exercise or medication. About 1 out of every 10 people will have surgery to replace a knee in the first 10 years after they see their doctor, nurse or therapist. About 9 out of every 10 people will not.

Understanding my options

Can we please talk about my options?

What can I do myself?



Being active

What adjustments might help me?



House and home

What types of tests and treatments might help?



Physical therapies



How I feel



At work



Mental health



Healthy weight



Getting around



Medicines and other treatments



Community groups



Managing with money



Tests and scans

General Questions:

What are the advantages and disadvantages of these options?

How much better will I feel, and when?

What practical things should I know?

Should I choose one option or try several?

Notes

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What should I do?

People who stay active or go to work with knee problems recover faster and have less pain than people who rest.

Understanding my treatment options

What does the evidence say about knee pain?

After a healthcare professional has diagnosed your knee problems, you can discuss these options with them to find out if they are right for you. If you have exhausted the choices listed here and want to discuss further options, please ask for *Knee pain: thinking about a referral*.

Exercise, physical activity, and weight loss

Most people with knee pain will get some help from doing regular strength, flexibility, and aerobic exercises. If someone is overweight, losing weight can help. At first, exercise may make pain worse, but this does not mean that the knee is being damaged. It's best to start with a small amount of activity and build up.

Paracetamol

Some people with knee pain will get some help from paracetamol. It is less likely to cause side effects than other medicines, so it may be good to try it first. Many people find that paracetamol works better if they take it regularly instead of waiting for pain to get bad.

Non-steroidal anti-inflammatory (NSAID) tablets (such as ibuprofen or naproxen) or NSAID creams (such as ibuprofen or diclofenac)

Most people with knee pain will have less pain in the first 3 months of taking NSAID tablets. These should be taken at the lowest dose that works for the shortest possible time, and usually with tablets to protect the stomach. People with some health conditions should avoid NSAID tablets. NSAID creams have fewer side effects, so should be tried first. NSAIDs work better if you take them regularly instead of waiting for pain to get bad.

Other pain relief creams

Most people with knee pain will get some pain relief from capsaicin cream if it is used 3 to 4 times every day for several weeks. It is normal to feel mild burning pain after applying the cream.

Opioids

People should only use weak opioids such as codeine if they cannot take NSAIDs, if NSAIDs have not worked well enough or have caused side effects. People should only use opioids for short periods as opioids can cause side effects and addiction. Guidelines recommend avoiding strong opioids, including tramadol, morphine and oxycodone.

Steroid injections

Steroid injections help most people with knee pain that is very bad and that goes on for a long time. These can help for 3 months or more. There is a small risk of complications such as pain, infection, bleeding or bruising.

Tests and scans

Usually, a healthcare professional can diagnose someone from their symptoms and by examining them, so most people do not need tests or scans.

Some people's knee problems may be caused by conditions that need other kinds of treatment. Your healthcare professional will explain options recommended by the National Institute of Health and Care Excellence, or NICE. This will help you make a decision together about what is best for you.

Sharing decisions

Please complete this section together with your healthcare professional.

- ☐ I would like to make some decisions today
- ☐ I would like to talk to my family and/or friends before making a decision
- ☐ I would like to make another appointment
- ☐ I would like to have more information

We agreed that:

I will:



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My healthcare professional will:

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I should come back to see a healthcare professional if:



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If I have a problem or a concern, I should contact: (name and contact details)

.....

I can find more information:

1. [nhs.uk/conditions/knee-pain](https://www.nhs.uk/conditions/knee-pain)
2. [arthritis-uk.org/knee-pain](https://www.arthritis-uk.org/knee-pain) or call our helpline on 0800 5200 520
3. [nice.org.uk/guidance/cg177/ifp/chapter/About-this-information](https://www.nice.org.uk/guidance/cg177/ifp/chapter/About-this-information)
4. [citizensadvice.org.uk](https://www.citizensadvice.org.uk) or 03444 111 444
5. [fitforwork.org](https://www.fitforwork.org)

Local services I can access include:

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This decision support tool was developed by Arthritis UK with support from the Primary Care Centre Arthritis UK at Keele University and funding from NHS England. For information on the evidence sources used, please contact content@arthritis-uk.org