Knee Osteoarthritis

The most common cause of chronic knee pain after 50 — and one of the most treatable. Here's what's actually happening in your knee, and every option you have.

Common after 50 · Very treatable · Surgery is NOT the first step

What is it?

Knee osteoarthritis (OA) is gradual wear of the smooth cartilage that cushions the ends of your thigh bone (femur) and shin bone (tibia). Healthy cartilage lets the joint glide almost friction-free; as it thins and roughens, bones take more load directly, the joint lining becomes irritated, and the knee becomes painful, stiff and sometimes swollen.

OA is not simply 'old age' and it is not a reason to stop moving. In fact, the right kind of movement is the single best treatment for most people.

Causes & risk factors

Age is the biggest factor — cartilage repairs itself more slowly over time. Other important contributors: previous knee injuries (ligament or meniscus tears, fractures), being overweight (every extra kilogram adds roughly four kilograms of load across the knee when walking), family history, bow-leg or knock-knee alignment, and occupations involving heavy lifting, squatting or kneeling.

Women are affected somewhat more often than men, particularly after menopause.

Symptoms

Typical features: pain that worsens with activity (stairs, squatting, long walks) and settles with rest; stiffness in the morning or after sitting, usually easing within 30 minutes; swelling after heavy use; a grating or crunching sensation (crepitus); and difficulty rising from low chairs or using Indian-style toilets.

In later stages the knee may feel unstable, look deformed (bowing), or ache even at night.

Diagnosis & investigations

Your surgeon will assess your walking pattern, knee alignment, range of motion, tenderness and stability. A standing (weight-bearing) X-ray is usually all that's needed — it shows joint-space narrowing, bone spurs (osteophytes) and alignment.

MRI is NOT routinely needed for knee OA. It's reserved for cases where something additional is suspected, such as a significant meniscus tear in a younger patient.

Non-surgical treatment

Most knees improve meaningfully without surgery. The evidence-backed pillars: weight reduction (even 5% helps), quadriceps and hip strengthening exercises, low-impact activity (cycling, swimming, walking on level ground), simple pain relief used sensibly, and physiotherapy.

Injections (steroid or hyaluronic acid) can give useful relief for selected patients, but are a bridge — not a cure. Braces and footwear modification help some people. Glucosamine supplements have weak evidence; they're safe but don't expect miracles.

When surgery helps

Surgery is considered when pain limits daily life despite several months of good non-surgical care. Options include: knee replacement — partial (only the worn compartment) or total — which reliably relieves pain in over 90% of patients; and osteotomy (realigning the bone) for younger patients with early, one-sided wear.

Modern knee replacement, including robotic-assisted techniques, offers precise alignment, faster recovery and implants that commonly last 20+ years. Arthroscopic 'clean-up' surgery has little role in arthritis and is generally not recommended.

Recovery & rehabilitation

After total knee replacement: standing and walking with support usually begins within 24–48 hours; most patients climb stairs by 2 weeks, walk independently by 4–6 weeks, drive by 6–8 weeks, and return to most daily activities by 3 months. Improvement continues for a full year.

Rehabilitation is half the operation. Committed physiotherapy — especially regaining full straightening and bending early — is what separates good results from great ones.

Prevention tips

Keep your weight in a healthy range, build strong thigh and hip muscles, stay active with joint-friendly exercise, treat knee injuries properly when they happen, and avoid prolonged deep squatting or kneeling if your knees are already symptomatic.

Frequently asked questions

Will walking make my arthritis worse?
No — regular walking on level ground does not wear the knee out faster and usually reduces pain over time. Motion is lotion. Start gradually and build up.

My X-ray shows Grade 3–4 arthritis. Do I need surgery?
Not automatically. Treatment is based on your pain and function, not the X-ray grade alone. Many people with 'severe' X-rays manage well with exercise and weight control.

What is the right age for knee replacement?
There's no fixed age. Surgeons consider it when symptoms are disabling despite non-surgical care — typically after 55–60, but earlier when justified. Modern implants last 20+ years.

Is robotic knee replacement better?
Robotic assistance improves the precision of bone cuts and implant alignment. Early results show excellent accuracy; long-term outcomes are promising and at least as good as conventional surgery in experienced hands.

Can knee arthritis be cured with medicines or oils?
No medicine, oil or supplement regrows cartilage. Be wary of anyone promising a cure. The goal of treatment is to control pain and keep you active — which is very achievable.

Questions about your specific case? Book a video, audio or in-clinic consultation with an OssifiDE orthopaedic surgeon: visit **ossifide.com/consultation.html**, WhatsApp **+91 90760 79000**, or email **ossifide@gmail.com**.