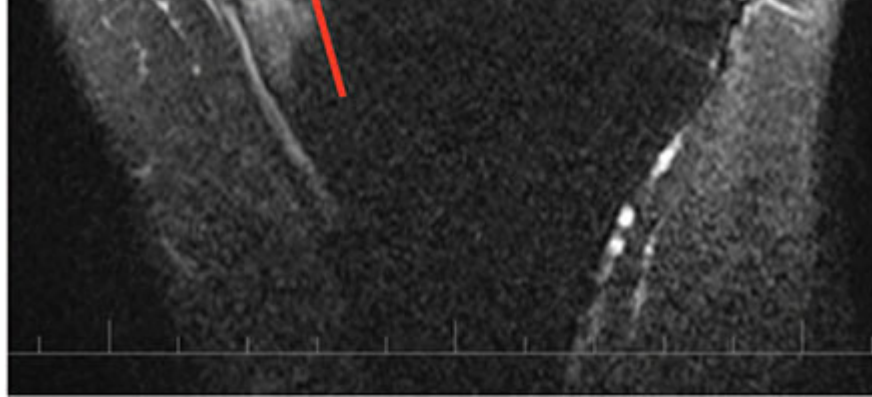




**FIGURE 371-6 X-ray and MRI of knee with medial osteoarthritis.** X-ray shows osteophytes at the medial and lateral tibia and femur and joint space narrowing of the medial tibiofemoral joint. Coronal intermediate-weighted fat-suppressed MRI confirms the presence of medial and lateral osteophytes and the medial tibiofemoral joint space narrowing. There is diffuse denuded area with no cartilage remaining at the weight-bearing medial tibiofemoral joint (*arrows*). There is also a severe medial meniscus extrusion (*arrowhead*). Bone marrow lesions, which provide evidence of bone injury, are present at medial tibia, medial femur, and intraspinous tibial region. Cartilage focal defects are also seen at the lateral weight-bearing femur and tibia.

Although MRI may reveal the extent of pathology in an osteoarthritic joint, it is not indicated as part of the diagnostic workup. Findings such as meniscal tears and cartilage and bone lesions occur not only in most patients with OA in the knee, but also in most older persons without joint pain. MRI findings almost never warrant a change in therapy.

## TREATMENT

### Osteoarthritis

The goals of the treatment of OA are to alleviate pain and minimize loss of physical function. To the extent that pain and loss of function are consequences of inflammation, of weakness across the joint, and of laxity and instability, the treatment of OA involves addressing each of these impairments. Comprehensive therapy consists of a multimodality approach including physical modalities and pharmacologic elements.