

Knee Osteoarthritis Treatment Recommendations

GREEN = Strongly Recommended
(Strong evidence FOR)

YELLOW = May Help / Consider
(Moderate or Limited evidence)

RED = Not Recommended
(Evidence AGAINST)

✓ GREEN — Strongly Recommended

Intervention	Recommendation	Evidence Strength
Oral NSAIDs	Recommended to improve pain and function (when not contraindicated).	Strong
Topical NSAIDs	Should be used to improve function and quality of life (when not contraindicated).	Strong
Oral Acetaminophen	Recommended to improve pain and function (when not contraindicated).	Strong
Exercise	Recommended over no exercise to improve pain and function (supervised, unsupervised, or aquatic).	Strong

■ YELLOW — May Help / Consider

Intervention	Recommendation	Evidence Strength
Corticosteroid Injections	Could provide short-term relief for symptomatic knee osteoarthritis.	Moderate
Weight Loss	Sustained weight loss is recommended for overweight/obese patients to improve pain and function.	Moderate
Braces / Canes	Could be used to improve pain, function, and quality of life.	Moderate
Dietary Supplements (Turmeric, Ginger, Glucosamine, Chondroitin, Vitamin D)	May help reduce pain and improve function in mild–moderate knee osteoarthritis; evidence inconsistent/limited.	Limited
Massage	May be used to improve pain and function.	Limited
Acupuncture	May improve pain and function.	Limited
TENS	May be used to improve pain.	Limited
Platelet-rich Plasma (PRP)	May reduce pain and improve function.	Limited

✗ RED — Not Recommended

Intervention	Recommendation	Evidence Strength
Oral Narcotics (including Tramadol)	Not effective for pain/function; significant increase in adverse events.	Strong
Lateral Wedge Insoles	Not recommended for patients with knee osteoarthritis.	Strong
Hyaluronic Acid (Gel) Injections	Not recommended for routine use in symptomatic knee osteoarthritis.	Moderate
Arthroscopic Procedures	Arthroscopy with lavage and/or debridement is not recommended for primary diagnosis of knee osteoarthritis.	Moderate