Opinion Article

Impact of Hip and Knee Osteoarthritis on Patients' Daily Living Activities

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DESCRIPTION

Osteoarthritis (OA) is a degenerative joint disease characterized by the breakdown of the articular cartilage, subchondral bone sclerosis, and osteophyte formation. The most commonly affected joints are the hip and knee. OA can cause pain, stiffness, and disability, which can have a significant impact on a patient's quality of life. In this article, we will discuss the impact of hip and knee osteoarthritis on patients' Activities of Daily Living (ADL) and how they can manage their symptoms.

Activities of daily living refer to the basic tasks that a person needs to perform to take care of themselves, such as dressing, bathing, grooming, and eating. Hip and knee OA can make it difficult for patients to perform these activities, as well as more complex tasks, such as walking, climbing stairs, and getting in and out of a car.

The impact of hip and knee OA on ADLs can be significant. Patients may experience pain and stiffness, which can make it difficult to move their joints. They may also have limited range of motion, which can make it difficult to perform tasks that require bending or reaching. In addition, patients may experience muscle weakness and fatigue, which can make it difficult to stand or walk for extended periods.

To manage their symptoms and maintain their independence, patients with hip and knee OA can take several steps. One of the most important things they can do is to stay active. While it may be tempting to avoid physical activity due to pain or discomfort, regular exercise can actually help to reduce pain and improve joint function. Low-impact exercises such as swimming, cycling, and walking are particularly beneficial for patients with hip and knee OA.

In addition to exercise, patients with hip and knee OA can benefit from physical therapy. Physical therapists can help patients to improve their strength, flexibility, and balance, which can help to reduce pain and improve mobility. They can also provide patients with exercises and stretches to do at home, as

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well as advice on how to modify their ADLs to reduce pain and strain on their joints.

Another important aspect of managing hip and knee OA is weight management. Excess weight can place additional stress on the joints, which can exacerbate symptoms. Patients with hip and knee OA should aim to maintain a healthy weight through a balanced diet and regular exercise. They may also benefit from working with a registered dietitian to develop a personalized nutrition plan.

In addition to these lifestyle changes, patients with hip and knee OA may benefit from medications to manage their symptoms. Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) can help to reduce pain and inflammation, while acetaminophen can help to reduce pain without causing gastrointestinal side effects. In some cases, corticosteroid injections may be used to reduce inflammation in the affected joint.

Surgery may also be an option for patients with severe hip and knee OA who have not responded to other treatments. Hip and knee replacements are common surgical procedures that can help to reduce pain and improve mobility. However, surgery is typically only recommended when other treatments have failed, and patients should discuss the risks and benefits with their healthcare provider.

In conclusion, hip and knee osteoarthritis can have a significant impact on patients' activities of daily living. Patients may experience pain, stiffness, and limited mobility, which can make it difficult to perform basic tasks and maintain their independence. However, with the right treatment and management strategies, patients with hip and knee OA can manage their symptoms and maintain their quality of life. Regular exercise, physical therapy, weight management, medication, and surgery are all potential treatment options that patients can explore with their healthcare provider. By taking an active role in their care, patients with hip and knee OA can continue to live a fulfilling and independent life.

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