

Understanding Hip & Knee Osteoarthritis

Your Guide to Treatment Options · Dr. Jesse Chrastil, MD · Panorama Orthopedics & Spine



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What Is Osteoarthritis?

Osteoarthritis (OA) is the most common form of arthritis. It happens when the smooth cartilage that cushions the ends of your bones gradually wears down over time. Think of cartilage like the tread on a tire — as it wears thin, the ride gets rougher. In the hip or knee, this wear leads to pain, stiffness, and swelling, and in advanced cases the bones can rub directly against each other (“bone-on-bone”).

OA develops slowly, often over many years, and is influenced by age, genetics, prior injury, and everyday joint stress. It isn’t caused by anything you did wrong — and there are many effective ways to manage it. Most patients start with simple, conservative treatments long before surgery is ever needed.

Common Symptoms

- Pain that worsens with activity and improves with rest and progressively worsens with time
- Stiffness, especially in the morning or after sitting for a while
- Swelling around the joint
- A grinding, clicking, or catching sensation
- Reduced range of motion over time

A Step-by-Step Approach

Most patients move through treatment in stages, starting with the safest and most conservative options first. Surgery is typically considered only after conservative treatments no longer provide enough relief.

STEP 1 — Conservative Care

First-line treatments — safe, low-risk, and effective for many patients

Physical Therapy: Strengthening the muscles that support your hip or knee reduces stress on the joint and often significantly improves pain and function.

Weight Management: Every pound of body weight adds roughly 4 pounds of pressure across the knee joint with each step. Even modest weight loss can meaningfully reduce pain.

Nutrition: An anti-inflammatory diet rich in fruits, vegetables, lean protein, and healthy fats supports joint health and your body’s natural healing capacity.

NSAIDs: Medications like ibuprofen, naproxen, or meloxicam reduce inflammation and pain. Best for short-term or intermittent use — talk to your doctor about long-term use due to potential stomach or kidney effects.

Supplements: Glucosamine and chondroitin are popular joint supplements. Evidence on effectiveness is mixed, but they are low-risk, and some patients report meaningful symptom relief.

STEP 2 — Injections

When conservative care alone isn't providing enough relief

Corticosteroid ("Cortisone") Injections: A powerful anti-inflammatory medication injected directly into the joint. Can provide relief for weeks to several months. Recommendations are not more frequently than one injection every 3–4 months, injections are typically limited to a few times per year.

Hyaluronic Acid (Gel) Injections: Also called viscosupplementation, this injects a gel-like substance that mimics your joint's natural lubricating fluid, primarily functions as an anti-inflammatory. May reduce pain particularly in mild-to-moderate arthritis but is not regenerative in nature and are limited to no more frequently than once every 6 months.

PRP (Platelet-Rich Plasma) Injections: A concentrated sample of your own blood platelets, which contain growth factors thought to reduce inflammation and support healing. This type of injection theoretically has regenerative properties. Often the longest lasting. Research is still evolving, and PRP is often not covered by insurance. Pricing/injection duration can be discussed with your provider.

STEP 3 — Surgery

Considered when conservative care and injections no longer provide enough relief

Arthroscopic Surgery: A minimally invasive procedure using a small camera and instruments through tiny incisions. Best suited for soft-tissue problems — like a torn meniscus or labrum, or small loose cartilage fragments. It is generally not effective for advanced arthritis or bone-on-bone joints, since it cannot rebuild cartilage that has already worn away.

Joint Replacement (Arthroplasty)

When arthritis has significantly worn down the joint and conservative treatments no longer provide relief, joint replacement is the most effective long-term solution — damaged surfaces are resurfaced with smooth metal and plastic components, relieving pain and restoring function for the vast majority of patients.

Total Knee Replacement

Damaged cartilage and bone at the end of the femur and top of the tibia are resurfaced with metal and plastic components. Surgery takes about 60 minutes under spinal anesthesia.

Recovery: Most patients walk the same day with a walker, transition to a cane by 2–3 weeks, and return to most normal activities by 6–12 weeks. Full recovery continues over about a year.

Total Hip Replacement

Dr. Chrastil uses a muscle-sparing anterior approach, resurfacing the worn hip socket and ball through a small incision at the front of the hip — no muscles are cut.

Recovery: Most patients walk the same day with no hip precautions, transition off a walker within 5–10 days, and return to most normal activities by 6–12 weeks.



Complete Knee Packet
Full TKR guide



Knee Surgery Video
Recovery walkthrough



Complete Hip Packet
Full THR guide



Hip Surgery Video
Recovery walkthrough

This handout is for general education — Dr. Chrastil will help determine which options are right for your specific situation.

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