



# Everything You Need to Know About Tricompartmental Osteoarthritis

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## What is Tricompartmental Osteoarthritis?

Osteoarthritis is a degenerative condition that causes joint stiffness, pain, and issues moving the joint. Our joints naturally go through wear and repair on a continual process. But, when our joints lean more towards wear, this results in changes seen in the joints.

From this wear and tear, you may develop osteoarthritis, which is a common joint condition. In fact, 1 in 12 people aged 60 plus have it. Some people who suffer from this condition may have tricompartmental osteoarthritis. What is it and what are the symptoms? Let's find out.

## How Does Tricompartmental Osteoarthritis Differ from 'Normal' Osteoarthritis?

Osteoarthritis can affect the entire knee (all three bones): the femur, tibia, and patella. If all three of these areas are affected, it is called tricompartmental osteoarthritis, and can be more severe.

## What are the Symptoms?

The symptoms can be similar to osteoarthritis and include:

- Pain and swelling that gets progressively worse, especially after movement. Some people notice more pain with inactivity.
- Stiffness, especially in a morning.
- Increased susceptibility to falls, difficulty straightening your leg, and your knee may buckle.
- Crunching and scraping sensations and sounds, called crepitus.
- Shape changes of the knee may develop, such as gait, knock-kneed or bow-legged. You may notice lumps on the knee.
- Locked knees due to chondrosis. This is where the soft or smooth cartilage breaks down, and bone spurs may appear.

## Possible Causes and Risk Factors

- **Obesity:** Extra weight puts more stress on any weight-bearing joints.
- **Old age:** Joints gradually wear away with age. This does not mean everyone will get OA, but the risk increases.
- **Sex:** More women get this condition compared to men.
- **Injuries:** Knee injuries increase the risk of developing OA.
- **Activities:** Certain physical activities can increase your risk. Jobs that include regular lifting and carrying can be hard on your joints, and certain sports can put you at risk too.
- **Genetics:** Research has shown that if a close family member has OA, then there is a greater chance of a

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person developing it.

- **Bone/tissue deformities:** If you are born with an issue with your knee bone or cartilage, then you may be more prone to OA.

## Diagnosis

If you are suffering from three or more of the symptoms above, you should visit your doctor. They will check for swelling and pain, inspect your knee, and review muscle wastage. They will also check your walking and bending abilities, as well as your posture and placement of the knees/legs. You will almost certainly have further investigations, and lab tests will be used to rule out other conditions. X-rays and MRI imaging may be used to check the quality of soft tissue, bone, and cartilage inside your knee/knees.

These images show the space between the bones of the knee joint. If there is any narrowing of the joint space or erosion of the cartilage, this points to tricompartmental osteoarthritis. These images also help to check for the formation of bony growths, called osteophytes, resulting from bones rubbing against each other.

## Treatment Options

There is no cure for OA, including tricompartmental OA, but medical techniques are improving all the time. According to [verywellhealth.com](http://verywellhealth.com), cartilage cells can be cloned and reproduced in a lab, but trying to get these cells to function when placed inside a joint is difficult.

There are other ways to reduce symptoms and the rate of cartilage degeneration.

## Surgery

Surgery will only be offered if all other treatment options have failed, your symptoms are having a severely detrimental effect on your life, and you are suitable for surgery.

Typically, surgery is used to remove the damaged joint/part of the joint to replace it with an artificial joint made of metal or plastic.

Up to 90% of people who have a total knee replacement find that they get back proper mobility. Replacement of cartilage and replacement of part of the knee joint are both offered.

## Corticosteroid Injections

These can be very effective for knee pain and inflammation. Initially it can flare up pain, but eventually this will settle, and people may find relief from pain and swelling. This can last for weeks, months, and sometimes years.

## Medication

Narcotics, such as tramadol and morphine, for pain relief are useful, giving you enough pain relief to live a more normal life, but everyone has a different tolerance. Physical withdrawals are also a factor if you decide you want to wean off them.

Nonsteroidal anti-inflammatories (NSAIDs) are useful for pain and swelling, but long-term use of these can lead to gastrointestinal issues. I have found that creams containing anti-inflammatories work well, and I have had no side effects.

Over the counter medications are also useful, such as Tylenol or Advil.

## Devices

If medication does not interest you or work effectively, you may want to pair it with a device, or solely use a

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device. These include:

- Sleeve or knee braces
- Lateral wedge soles or shock absorbing shoes
- Cane
- Walker or rollator
- Wheelchair

## **Home Remedies for Tricompartmental Osteoarthritis**

There are activities you can try to reduce symptoms. You need give these activities some time to work, especially the lifestyle changes.

### **Ice or Heat**

You can alternate the two on the painful area. Some people find that heat works better, while others prefer cold therapy. Make sure to find the one that works for you. When using ice, you must not place ice directly on the skin, as it can burn.

### **Exercise**

Swimming is great, as you have the water to take the weight off your knees. I find yoga useful, although be careful you do not put your knee under too much of a strain. An exercise bike is also useful, as you will be on a flat surface.

### **Lifestyle Management**

There are a multitude of things you can do to modify how you live. If you smoke, you should try quitting. Research shows that smoking can affect cartilage. It can also alter pain levels.

You should be doing this already, but if not, try to eat healthily. Fill your plates with fruits, veggies, and whole grains. Try avoiding processed foods and foods that are high in sugar.

Doing proper activity that is easy on your joints is important, but rest is essential too. Also, consider changing your current job role if it attributes to your OA. On top of this, establish an effective sleeping pattern. I find the less sleep I have, the worse my pain is the following day. I have a strict routine before bed.

### **Can It Be Prevented?**

As detailed in the last section, there are lifestyle choices that you can make to assist in the reduction of the development of this condition. The earlier you start to change your lifestyle, the better the chances are of never developing tricompartmental osteoarthritis.