Australian Commission on Safety and Quality in Health Care

Media Release

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Tread carefully before rushing to scan your dodgy knee

A national data report published today by the Australian Commission on Safety and Quality in Health Care warns that pointless scans to diagnose knee osteoarthritis may trigger inappropriate care such as further medical tests, specialist referrals and unnecessary surgery.

Around 1.9 million Australians live with osteoarthritis of the knee[1], which can cause inflammation in knee joints, leading to pain and disability.

For most people who live with this common condition, the diagnosis can be made with a history and examination, and knee replacement surgery is avoidable unless they have severe and persistent pain that is affecting their daily life.

The Commission's ***Atlas Focus Report: Osteoarthritis of the knee*** examines MBS-subsidised knee imaging, hospitalisations for knee arthroscopy and hospitalisations for knee replacement surgery, for people aged 45 years and over.

The new data reveal a substantial 83% increase in knee CT scans and a 26% increase in knee ultrasounds for people aged 45 years and over, in the five years to 2023–24.

The report also showed an encouraging 50% reduction in knee arthroscopy rates in the 10-year period to 2023–24, in line with guideline recommendations against its use for uncomplicated osteoarthritis of the knee. Meanwhile, knee replacement surgery, which should be reserved for people living with persistent severe pain and disability, rose 17% in the past decade.

Medical Advisor for the Commission and general practitioner, Dr Phoebe Holdenson Kimura, said imaging is not usually necessary to diagnose osteoarthritis of the knee.

"For people with knee osteoarthritis, effective care starts with a good clinical assessment. A thorough history and examination tell you more than CT scans, ultrasounds, X-rays, MRIs or blood tests.

"We don't recommend tests such as CT scans or ultrasounds for knee osteoarthritis as they offer little benefit and there is poor correlation between severity of symptoms and radiology findings. They can also lead to undue concern and inappropriate further tests, specialist referrals and surgery."

"Let's get things right from the outset – current evidence shows that non-surgical interventions should always be first line, and are safe and beneficial. Knee joints are designed to be loaded and are nourished with movement," said Holdenson Kimura.

According to **Radiologist Associate Professor John de Campo** from the University of Melbourne, the data sends a clear message that we have drifted away from best clinical practice for the condition.

“We know that osteoarthritis of the knee is best diagnosed clinically. CT and ultrasounds don’t change or improve patient care, as they show the same degenerative findings that show on an X-ray.

“CT and ultrasounds are big bucks and no bang – they don’t change or improve management of osteoarthritis of the knee,” he said.

Rheumatologist and clinical researcher Professor David Hunter, a leading Sydney-based expert in knee osteoarthritis, said people who experience pain due to knee osteoarthritis sometimes avoid physical activity and can become fearful or anxious, which may lead to worse outcomes.

“The advice we give patients, how we make a diagnosis of osteoarthritis of the knee, investigations we recommend and the language we use, are vital to help people self-manage this condition,” he said.

“Initial management of knee osteoarthritis involves strength-based exercise, getting physically active and maintaining a healthy weight. Surgery is not recommended as first-line treatment, so we wouldn’t recommend knee arthroscopies, and we would use knee replacements judiciously.”

“The good news is that most people with knee osteoarthritis can take control and effectively manage their symptoms without costly treatment or risky intervention.”

Unnecessary or low-value scans and treatments for knee osteoarthritis contribute to the total annual $4.3 billion cost of osteoarthritis in Australia.[2] More work is needed to change mindsets, as two-thirds of these people do not receive effective care such as education, exercise and weight management.[3]

The Commission’s *Osteoarthritis of the Knee Clinical Care Standard* was first released in 2017 to improve care for knee osteoarthritis and to reduce inappropriate interventions. The updated 2024 Standard encourages patients to take control of their health and clinicians to avoid referring for unnecessary scans, surgical intervention or over-reliance on pain relief medicines. Instead, it urges greater focus on supporting patients with weight management, nutrition, physical activity and exercise.

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More information: safetyandquality.gov.au/Atlas-KneeOA
Infographic: Knee osteoarthritis care in Australia
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References

1. Global Burden of Disease Study, 2022
2. AIHW: Chronic musculoskeletal conditions: Osteoarthritis, 2024
3. CareTrack: assessing the appropriateness of health care delivery in Australia, 2012

About the Commission

The Australian Commission on Safety and Quality in Health Care leads and coordinates national improvements in the safety and quality of health care based on the best available evidence. By working in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations, the Commission aims to ensure that the health system is better informed, supported and organised to deliver safe and high-quality care. safetyandquality.gov.au