



Arthroscopy Association of Canada (AAC) Position Statement on Intra-Articular Injections for Knee Osteoarthritis

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The management of knee osteoarthritis and degenerative meniscal tears is multimodal. A key component to the non-operative management of these conditions involves intra-articular injection therapy. The injections available in Canada include: corticosteroids, hyaluronic acid (HA), platelet rich plasma (PRP), and stem cell injections including bone marrow aspirate concentrate (BMAC). The Arthroscopy Association of Canada, and Canadian Orthopaedic Association recently reviewed the most up to date evidence on the use of these injections. The following is a summary of their findings and recommendations. The full review, with associated grades of recommendations and references, can be found by [clicking here](#).

- Injection of corticosteroid into the knee can provide short term pain relief and improvement in function.
- Injection of hyaluronic acid into the knee can improve pain, function and stiffness for up to 6 months.
- A combined injection of hyaluronic acid and corticosteroid into the knee can relieve pain and acts faster than hyaluronic acid alone.
- Certain types of hyaluronic acid are more effective. Specifically, injection of high molecular weight and highly crosslinked hyaluronic acid is more effective than injection with low molecular weight and non-crosslinked hyaluronic acid.
- In recent studies, Platelet Rich Plasma (PRP) injection has shown the potential to improve pain and function in patients with knee arthritis. Further research, however, is needed to determine its ideal preparation and true efficacy in treating patients with knee OA
- Injection of corticosteroid, hyaluronic acid, and platelet rich plasma is safe.
- The use of stem cell/BMAC injections cannot be recommended at this time. More research is needed to determine if these injections are safe and effective.