

What you knee-d to know about osteoarthritis



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SASKATOON — Living with osteoarthritis often starts with something small — a stiff knee, aching hands or joints that protest everyday movement. For millions of Canadians, managing the condition means learning that staying active may be the most powerful treatment available.

One in seven adults in Canada, roughly four million people, have been diagnosed with osteoarthritis, making it the most common form of arthritis in the country. The Arthritis Society of Canada website states that more than half of those living with osteoarthritis are under the age of 65, and women experience it more often than men.

One thing to keep in mind is that arthritis responds far better to action than to inaction.

In Saskatoon, there are multiple options for treatment and pain management. In the Bridge City, people living with arthritis can explore a range of programs aimed at maintaining movement and quality of life. Physiotherapy clinics offer various arthritis exercise or targeted programs. The city's field house runs the First Step Program, a [City of Saskatoon recreation option](#), while local leisure centres host aquasize classes that provide low-impact activity in water as another option.

A number of participants in an osteoarthritis-specific class hosted by physiotherapists at Craven Sports Services say they have used or tried a number of options including various support braces or devices, pain cream, over-the-counter medications, acupuncture, massage, cortisone injections, chiropractic treatments, aquasizes or water therapy, and physiotherapy. Among these respondents, each individual experienced different levels of success with one or more of these methods to reduce their day-to-day discomfort.



Participant in physiotherapist led class at Craven Sports Services / Physiotherapy. . Sherri Solomko

Seeking some expert guidance, SaskToday spoke to physiotherapist Nikole Watson, who is helping patients navigate that journey. Watson studied microbiology and immunology before completing a master's in physical therapy at the University of Saskatchewan. Today, she works with patients facing a variety of conditions but has developed a particular focus on osteoarthritis and pain management.

Recently, Watson contributed to research on the topic. Her paper, published in the journal *Musculoskeletal Science and Practice*, examines how physiotherapists measure progress in people with hip or knee osteoarthritis who participate in supervised exercise programs.

“My article is titled *Identifying Reliable, Valid and Feasible Outcome Measures for Adults Aged 50 years or Older with Hip or Knee Osteoarthritis Participating in Supervised Exercise Programs: A Scoping Review*,” Watson said.

The goal, she said, was to ensure physiotherapists use measurements that truly capture a patient's progress.



. Sherri Solomko

“It is important that the subjective and objective measures physios use are robust and are measuring what we intend to measure,” Watson said. “Physiotherapy can be a long journey. If we don’t get valid and reliable information, it can negatively influence treatment planning and patient outcomes.”

Those findings didn’t stay on the page. They helped Watson and her colleagues re-evaluate their own osteoarthritis program at Craven. Patients are assessed at the start of the program and again after 12 weeks, allowing therapists to track measurable changes in mobility, strength and function.

Watson has also submitted additional research exploring the patient experience — specifically how people with osteoarthritis perceive the benefits of structured exercise programs and what barriers might keep them from participating.

For many people living with OA, understanding the condition is the first step.

Osteoarthritis is a progressive disease affecting the entire joint. Over time, the cartilage that cushions

the ends of bones begins to break down, along with changes to the bone beneath it. There is currently no cure. Surgery — often joint replacement — can be considered, but it is not the only path.

Most cases affect the knees first, followed by the hands, back and hips. The condition often reveals itself through stiffness, pain, reduced range of motion and sometimes the unmistakable sounds of joints popping or cracking. Though it cannot be reversed, health-care professionals emphasize that it can be managed.

Physiotherapists often explain osteoarthritis treatment like a pyramid.

At the base are the most important elements: education, exercise and weight management. These strategies form the first line of treatment. Above them are medications and passive therapies such as injections or manual treatments. Surgery sits at the top of the pyramid — an option for some, but one that can be considered later.

Exercise, however, remains the cornerstone.

“Muscle strength acts as a shock absorber to prevent excessive stress through an arthritic joint,” physiotherapists at Craven explained to those in an OA class education session. “Optimal movement mechanics can distribute stress to other stronger body parts. Appropriate exercise decreases inflammation and helps people feel more confident moving.”

For someone newly diagnosed with osteoarthritis, the choices can seem overwhelming. One lesson stands out clearly. Arthritis may be persistent, but it doesn't have to mean standing still. Sometimes the most powerful treatment is simply taking the first step — and continuing to move forward.



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