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	In accords with early OA do survival accordings that			Uncertainty identified by 1 patient/carer, 5 clinicians
54	In people with early OA do surgical procedures that			Uncertainty identified by 1 patient/carer, 5 clinicians
	involve cutting and re shaping bone (inc. realignment and osteotomy) work?			
		how effective is surgical realignment/osteotomy		
\vdash		now enecure a surgium realignment disconting. Does realignment ungery reality work at all? Does realignment ungery reality work at all?		
		Do osteotomies relieve pain for long enough for it to be a good operation prior to a replacement?		
		What is the context realized to perform in knee osteotomy?		
		Does high tibial osteotomy provided more relief than non-opertive treatment?		
		Does joint alignment surgery or joint distraction surgery work to slow disease and help pain?		
		Which individuals are most likely to benefit from joint alignment or distraction surgery, and which other treatments should they have tried?		
		Is (re-alignment operations) only useful if patellofemoral mis allignment and pain under the patellar causing pain by wear and tear.		
S5	What is the best way (content and structure) of			Uncertainty identified by 2 patient/carers, 1 clinician
	delivering rehabilitation (physiotherapy) after surgery			
	for early OA?			
		What is the contribution of rehabilitation after surgery to its success?		
		Lifestyle adaptations following surgery?		
		have noticed that knee operations have better outcomes than hips, is this because there is the 'core' elemnt of hip rehabilitation which is automatically missed in rehabilitating the hip alone? (Continues)		
		What's the recovery time post surgery?		
S6	What pre operative factors can predict the outcome			Uncertainty identified by 5 patient/carers, 4 clinicians
	of surgery in people with early OA?	How effective ar non conservative strategies?		and 2 carer&clinicians
		now entertive ar not nonservative strategies? Are there any oc-morbid conditions that would mean that surgical treatment of my joints would have a worse outcome than the general population?		
		Are timere any co-mortois conditions that would mean that surgical treatment or my joints would have a worse outcome than the general population? Will surgical intervention help?		
		win surgical intervention neight. What is my chance of being pain free post op?		
_		writes to any cleanact or usering pair inter past up: What treatment is better for partial thickness knee OA - a UKA or HTO? What treatment is better for patients with partial thickness knee OA - a UKA or HTO?		
_		what treatments detect in patients with part an interies after 0.4 a CA of 110? Will it cure completely or will I have to have another operation?		
		is there a complete recovery far was runger of more undustry operation.		
		is une e a Lumphete recurrent surgery Can surgery (by cure your knee? Can surgery (by cure your knee?		
		Lam surgery rung cure you sirees: Which surgicely rung cure you sirees: Which surgicely rung cure you sirees:		
		writest suigean treatment would ratinize quartest recovery to early wit desiring and activity? effect of psycholoid status on outcomes		
		Had keyhole kinee surgery 35 years ago to remove a "bucket-handle" meniscus tear after a skiing accident, and now have knee pain. Is further surgery likely to improve my situation?		
		Will my join be back to normal after the operation? If not, what can I expect?		
S7	In people with early OA are surgical treatments			Uncertainty identified by 5 patient/carers, 5 clinicians
	designed to repair, not replace the joint (such as stem cells, micro fracture and cartilage transplant)			and 1 carer&clinician
	effective?			
		What about the cure reported in the newspaper a few months ago-about injections of cartilage?		
		How effective are stem cell or cartilage transplants ?		
		Are there procedures that will re-grow articular cartilage?		
		Does cartilage regeneration have a future?		
		Are new treatments like stem cells effective?		
		Can knee cartilage be regrown?		
		Could stem cell treatment be included with key hole surgery?		
		Does micro fracture provide a good treatment for people with knee/hip OA?		
-		Are we any further forward with chondral transplantation? Where is cartilage replacement therapy in the treatment of OA? is it routinely available? Who qualifies? Will the NHS make this therapy available?	 	
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S8	In people with early OA does timing affect the outcome for non joint replacement surgery e.g.			Uncertainty identified by 21 patient/carers, 10 clinicians, 3 carer&clinicians
S8	outcome for non joint replacement surgery e.g. osteotomy, arthroplasty?	If Jelay surgery will this mean I will have a poorer outcome?		Uncertainty identified by 21 patient/carers, 10 clinicians, 3 carer&clinicians
S8	outcome for non joint replacement surgery e.g. osteotomy, arthroplasty?	If I delay surgery will this mean I will have a poorer outcome? I will need knee replacements, how will know when this shuld happen?		Uncertainty identified by 21 patient/carers, 10 clinicians, 3 carer&clinicians
S8	outcome for non joint replacement surgery e.g. osteotomy, arthroplasty?	I will need knee replacements, how will I know when this shuld happen?		Uncertainty identified by 21 patient/carers, 10 clinicians, 3 carer&clinicians
S8	outcome for non joint replacement surgery e.g. osteotomy, arthroplasty?			Uncertainty identified by 21 patient/carers, 10 clinicians, 3 carer&clinicians
58	outcome for non joint replacement surgery e.g. osteotomy, arthroplasty?	I sell meet since registements, how will know when this shuld happen? It seems quite destined new free how the know and the shuld happen What tests demonstrate I need surgery or not? What tests demonstrate I need surgery or not? The shuld happen is sessing when a replacement joint is necessary?		Uncertainty identified by 21 patient/carers, 10 clinicians, 3 carer&clinicians
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		Is it better to operate sooner rather than later to avoid muscle wastage and deterioration?	
		is it better to operate sooner rather than later to avoid muscle wastage and detensoration?	December 14 of the Part of the
59	What are the most effective surgical treatments e.g. erthroscopic, biological, realignment, osteotomy in		Uncertainty identified by 3 patient/carers
	ecople with early OA?		
	beople with early OA:		
		What strategies should be adopted to ensure the best outcome based on the persons age and lifestyle.	
		What are the wider health implications of delaying knee replacement in younger people with OA - in terms of immobility, long term painkiller use, depression etc	
		what are the options if I am too young for a joint replacement?	
10	What is the best way of measuring outcomes (pain,		Uncertainty identified by 10 patient/carers, 5 clinicians
	unction, quality of life, joint preservation) of non		and 1 carer&clinician
	orthroplasty surgery with people with early OA?		
		What is the NNT/NNH of this surgery for people who most resemble me? What is a good outcome for such a treatment?	
		what is the NN I/NNN of this surgery for people who most resemble mer. What is a good outcome for such a teamment. What minor surgery options are evaliable, and how effective are they, for how long? Or are they temporary panaces.	
		writer trainers stagery options are available, and now energive are triesy, for now hong; or are triesy temporary paraceas How successful is an operation? By the summary of the property of the summary of the summar	
		Tww advantages to length of the control of the cont	
		Likely long term benefits of any surgical option	
		Long term prognosis following surgery?	
		What is the success rate of knee surgery?	
		How successful is surgery.	
		How long lasting is any improvement likely to be?	
		percentage of positive outcomes What indicators show a good outcome	
		what micrator's snow a good outcome What is the success rate,	
		What is the satisfaction rate post op? What is the satisfaction rate post op?	
		Can surgery be avoided, more info on complications with nerve pain after hip arthroscopy, better info on post surgery as its a blanket document regardless of how much surgery you've had	
		How long will the cure last?	
		Why is usable data about knee arthroscopy not readily available. Indeed why is most outcomes data so hard to understands?	
1	What is the best way of delivering care short and long		Uncertainty identified by 4 patient/carers, 1 clinician
	erm post surgery for early OA?		and 1 carer&clinician
		Will the surgery need to be repeated?	
		What is the period of success of surgery, before problems re-occur?	
		How likely is it that they will need another operation within how many years? Whilst the outcomes from surgery can be very good for some patients, it's not clear if the improvement is due to the surgery or a placebo effect. Knowing this information would significantly affect decision-making for put of the improvement is due to the surgery or a placebo effect. Knowing this information would significantly affect decision-making for put of the improvement is due to the surgery or a placebo effect. Knowing this information would significantly affect decision-making for put of the improvement is due to the surgery or a placebo effect. Knowing this information would significantly affect decision-making for put of the improvement is due to the surgery or a placebo effect. Knowing this information would significantly affect decision-making for put of the improvement is due to the surgery or a placebo effect.	stiente and clinicians
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		Inswe using to tirely use, Will the operation have curred it or will I have to have another? If so, how long before it is likely to reoccur?	
		If I needed a further operation on the same joint, would that be ok?	
12	n people with early OA is joint replacement		Uncertainty identified by 5 patient/carers, 2 clinicians
	ppropriate and affective?		
		can we move away from replacement? Which patients with knee KL grade 3 OA do well with a UKA?	
		writch patients with stee & Ligrace a UA do were with a UA-William of West William (William of West William of West William of West West William of West West West West West West West West	
		what are the pariers for surgery what are the pariers for surgery	
		What surgical alternatives are there to full knee replacement? What are the risks of these? How effective are they compared with full replacement?	
13	aking cost into account what is the most effective		Uncertainty identified by 2 patient/carers, 2 clinician
	reatment for early OA between surgical and non		and 1 carer&clinician
	urgical treatments?		
		I realise that the cost of the replacement joints, their life span and a surgeons time all equate to the tendency to delay needed operations that could prolong an individuals normally healthy life style. Is there any research life the life span and a surgeons time all equate to the tendency to delay needed operations that could prolong an individuals normally healthy life style. Is there any research life the life span and a surgeons time all equate to the tendency to delay needed operations that could prolong an individuals normally healthy life style. Is there any research life the life span and a surgeons time all equate to the tendency to delay needed operations that could prolong an individuals normally healthy life style. Is there any research life that the life span and a surgeon time all equate to the tendency to delay needed operations that could prolong an individuals normally healthy life style. Is there any research life span and a surgeon time all equate to the tendency to delay needed operations that could prolong an individuals normally healthy life style. Is there any research life span and a surgeon time all equate to the tendency to delay needed operations that could prolong an individuals normally healthy life style. Is there any research life span and a surgeon time all equate to the tendency to delay needed operations that the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate to the life span and a surgeon time all equate time all equate time all	
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	can hydrotherapy decrease pain		
	Are there non surgical interventions to assist in the repair of the joint?		
	Benefits of physio both post surgery and as an alternative		
	Specific physio, increasing in rate (and for more than 6wks)?		
	If I am not medically well enough for an operation is there any other treatment that I can have		
	What non-surgical approaches are available?		
	What non surgical option work, and why?		
	Which of these treatments have a good shelf life in terms of keeping the symptoms away?		
	Is Hydrotherpy offered to patients with arthritis as a standard treatment to alleviate symptoms and for wt management . ?		
	is rejurunicity or refer to page this with a trints as a standard deathert to allevate symptoms and for with minigenierit. ?		
	how good is non surgical option If exercise is too painful and I do not like taking painkillers what is the next alternative non surgical treatment		
	There is very little evidence to support many suggestions for non surgical management of OA - are patients making truly informed choices?		
	If the joint is worn, how will physio help?		
	What options are there for treatment? Which ones work best?		
	what are mu no-surgical options?		
	Physiotherapy - what interventions are best?		
	What is the best treatment to take as I would like to avoid taking oral medications ?		
	How can I avoid surgery ?		
	What is the best intervention for patients with knee/hip osteoarthritis to address the biomechanical, physiological, and psychological disease factors condtributing to disease progression?		
	Does intraarticular pulsed radio-frequency (RF) affect knee pain in patients with knee osteoarthritis?		
	Does pulsed radio-frequencey (RF) of the saphenous nerve affect knee pain in patients with knee osteoarthritis?		
	Can early multi-disciplinary treatment improve mobility and function for patients with knee/hip OA?		
	What is the most effective conservative treatment to improve outcomes in patients with knee/hip 0A?		
	And how realistic the chance of useful improvement is after any form of intervention, whether non-urgical or not, and up to a total replacement.		
	and now reason, the chance of userul improvements a later any form of mice version, when the control of the chance of userul improvements are also as the chance of the ch		
		Harris de la constant	
For people with early OA, what are the most effective and cost effective exercise programmes for clinical improvement?			identified by 12 patient/carers, 10 d 2 carer&clinicians
in pro sementi	How can I exercise when I suffer from pain?		· · · · · · · · · · · · · · · · · · ·
	now can reserve services rating paint Are there are severeits at an do? Are there are severeits at an do?	+	
- 	Should I stick to gentle excercise and what is recommended?		
- 	amount cann up gerine ances see min mine as recollimination.		
	How do I judge the amount of exercise which will help, against that which will make the symptoms worse? Mind have de pression		
	What type of exercise?		
	How much exercise and how often		
	what physio or other exercises will help me maintain my joint mobility / and reduce pain?		
	Current or previous exercises?		
	is it best to exercise through pain?		
	What is the best way to control pain? Specifically, what exercises are beneficial?		
	Should I do the exercises even if they are painful?		
	Can I keep jogging?		
	Can I strengthen the muscles to take the strain off the joint?		
	Should you continue to exercise even if it causes you joint pain?		
	His much exercise can I and should I still do?		
	Exercise, how much, how often.		
	What exercise and do without exacerbating the pain?		
	What exercise would not be suitable for a knee problem		
	What exercises should 1 avoid?		
	write references structure arount. What is the optimism dose (intensity of exercise, duration of individual exercise sessions, number of sessions per week, overall length of programme to see effect) of exercise?		
	what is the optimum dose juneary or exercise, duration or individual exercise sessions, number or sessions per week, overall length or programme to see effect; of exercise? How much exercise should led?		
	Is exercise a fashion or is it proven to help in non sporty individuals?		
	If I undertake exercise will this help		
	Should I continue to exercise, e.g. walk if my knee is painful? Will I be making it worse?		
	does being less sedentary improve knee or hip OA		
	Does any exercise help?		
	Does any exercise help? What kind of exercise? How often?		
	Does any exercise help? What kind of exercise? Now often? When my pain is anuisance lincrease my exercise, is this appropriate?		
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is it possible to influence the progression of OA by modifying identifiable risk factors?	Does any exercise help? What kind of exercise? Now often? When my pain is anuisance lincrease my exercise, is this appropriate?		identified by 13 patient/carers, 9 clinician)
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		How can I helped myself?	
		Dr just gives painkillers but how do I self manage flare ups.	
		How can I manage my OA more effectively with non-surgical treatments?	
		what are the most important active ingredients that help prevent/delay/manage osteoarthritis e.g. stretching, strengthening, mobility, specific nutrients etc.	
		How much improvement am i likely to see from self-help methods (eg exercise, diet)?	
		The material improvements with many to see a more and major mentioning exercises, unity is a helpful provement to many to the company of the major and the major mentioning exercises, unity is a helpful provement to many to the company of the major and th	
		Do patients mid being asked to monitor symptoms using email?	
		DO patients mind using asked of montal symptoms using email:	
		What are the most effective treatments for ostoearthritis- how can I help myself?	
		How can I help myself	
		Can I alleviate the symptoms by self-help?	
		What is the best way for me to manage MY osteoarthritis?	
		What should I definitely avoid or consider?	
		how are symptoms best managed?	
		What can I do to help it improve?	
		What self-management strategies (e.g. exercise) are most effective in delaying or precluding the need for joint replacement?	
N6	What is the most effective and cost effective		Uncertainty identified by 7 patient/carers, 2 clinicians
	physiotherapy for treating people with early OA?		
		I've heard hot &/or cold treatments help - is this true as	
-		Should Lonsider physiotherapy?	
·		Would physiotherapy help?	
		Previous physiotherapy?	
		Use of hot/cold?	
		See or individual. Can physio-therapy be a substitute for surgery?	
		How effective can physiotherapy be in relieving symptoms?	
		better to apply heat or cold?	
		How can physiotherapy help?	
		How can physiotherapy help?	
		How can physiotherapy help, also exercise and reducing weight How do these compare in effectiveness with surgery?	
N7	For people with early OA going to primary care what		Uncertainty identified by 22 patient/carers, 10
	is the best and most cost effective and appropriate		clinicians, 1 carer&clinician, 4 H&K PSP (2 clinicians and
	pain relief strategy?		2 professional focus groups)
	pun rener strategy:	I have been looking into more pain relief. My doctor just says I am maxed out on what I can take but I atill get pain.	E professional locus groups]
		I nave been tooking mor more pain retier, my doctor just says i am maxee out on what i can take out i still get pain. If long term use of paracetamo is not recommended what safe pain relief can luse? If long term use of paracetamo is not recommended what safe pain relief can luse?	
		What is the best approach to pain management?	
		What is the best way to control pain?	
		My pain is intermittent - do I need treatment all the time?	
		What can I do when I'm having a 'bad' day with pain?	
		What alternatives are there to painkillers?	
		I walk and swim regularly but have found recently that swimming is causing my pains to get worse. I hate taking pain killers since I understand there can be organ damage as a consequence as well as the sickne	
-		What pain medicines should I use?	
		Are there any proven new medicines (tablets or injections) which will help OA pain?	
		Use of painkillers (helpful or damaging)	
		What effect does physiotherapy intervention have on pain management - specifics - frequency, intensity, type, education, weight management.	
		What should I do if my arthritis flares up to minimise discomfort?	
		Pain medication - effect of?	
		What are the long term side effects of regular use of pain relief medication? particularly for those diagnosed below the age of 45 years.	
-		What is the most effective source of pain relief for OA? and how does this differ across patient characteristics and length of time with the condition?	
		How can I manage the pain and is the pain relief short/long term.	
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	Can an injection help		
	How long can steroids manage the pain of arthritis?		
	use of injections/ supplement		
	hyaluronic acid injections?		
	will tablets help		
	Do injections help?		
	Conticosteroid versus hyalgan? 'alternative therapies' any evidence?		
	Arte there any drugs available to relieve the stiffness associated with OA?		
	any medicine to improve collagen formation		
	What is the benefit of zacin in pateints with hip/knee osteoarthritis?		
	What is the benefit of hyaluronidase in pateints with hip/knee osteoarthritis?		
	What are the risks and benefits of steroid injections into hip to relieve pain		
	Does hyaluronic acid (eg: durolane) reduce chronic pain in patients with knee/hip osteoarthritis?		
	Are disease-modifying drugs possible for patients with knee/hip osteoarthritis?		
	Does the use of infiltration of local anaesthetic/NSAID mixtures into knee joint affect outcome in patients with knee OA?		
	DOES the use on minimation or local ansessment/results into whee joint affect outcome in patients with whee OA?		
N9 What are the best treatments for people with early			Uncertainty identified by 8 patient/carers, 1 clinician
OA, who also have other musculoskeletal conditions			
(such as Rheumatoid Arthritis and back pain)?			
	I have painful hips & lower back pain, would appreciate more info		
	Could these (the symptoms) be symptomatic of another problem?		
	How does OA relate to osteoperosis?		
	now uoes un reason uosecuperusos: Now can you differentiate between sacrolliac joint pain and hip pain?		
	Can services be developed that will support people with osteoarthritis to exercise and that will be happy to manage these people even in the presence of other cardiac and respiratory illnesses?		
	How can you avoid back problems developing.		
	Do medicines used for RA help OA at all. I have both.		
	What pain relief is available for those with other medical conditions?		
	Can OA in the hips lead to lower back pain? (in the past 18 months I have had lower back pain and despite lots of tests no cause found - the physio said he believed it was because my muscles in that area are h		
	If because of a comorbid condition I have early onset osteoarthritis, does this mean that the progression of the disease will be more aggressive than those in the general population who develop osteoarthritis		
	Are there any related conditions I should be aware of?	1	
	VI	1	
N10 When does Body Mass Index (BMI) impact on the			Uncertainty identified by 7 patient/carers, 6 clinicians,
progression of early OA?			1 carer&clinician, 1 H&K PSP (clinician)
	How much weight does a person need to loose to have an effect on the structure of the joint?		
	How much weight does a person need to loose to an effect on the symptoms?		
	How much weight would a patient need to loose to improve the arthritis?		
	now much wegin would a patern rece to more or improve the artimost. Now can my diet help with releve symptoms of osteoarthritis? How can my diet help with releve symptoms of osteoarthritis?		
	now can my user neip with relieve symptoms of oxecoal units:		
	how can diet, exercise and alternative therapies help? - I am interested in these interventions		
	What way could exercise, diet and alternative medicine help?		
	i would like to know what i can do to help myself eg weigh loss without medication or surgery		
	Never been advised about help with diet, medicines or exercise		
	Bariatric patients are on the rise- more info on the contribution of BMI and management of weight loss.		
	Diet changes to reduce weight?		
	Can you tell me about diet, exercises, pain relief without medication?		
	Lan you cen me about une, exercises, pain rener windout medication:		
	Patient to lose weight if overweight and what are they doing about it. May need dietician referral.		
	Diet advice.		
	Patient to lose weight it over weight and what are they doing adout it, may need diexcan reterral. Doet advice. What diet has been found to help?		
	Diet advice.		
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		Obesity and OA - will losing weight 'get rid of' OA symptoms?	
		What foods help joints?	
		Also keeping my weight in check - is this important?	
		Does weight loss and exercise reduce pain in hip OA?	
		Are there dietary factors which influence outcome in patients with knee/hip osteoarthritis?	
		When is the most beneficial time in the osteoarthritis disease process to make dietary modifactions to improve outcomes in patients with knee/hip osteoarthritis?	
		Dietary factors?	
N14	Are commonly available over the counter (otc) supplements (such as glucosamine or fish oil) effective for relieving symptoms of early OA?		Uncertainty identified by 9 patient/carers, 4 clinicians, 1 H&K PSP (clinician)
		Chontadrine Goglusomate /Codliver oii capsules daily, do they really help?	
		Are there any herbal joint supplements which work?	
		can over the counter remidles help in the early stages? and in the latter stages?	
		Do dietary supplements such as glucosamine and chondroitin sulphate have any effect? What about long acting hyaluronic acid derivatives?	
		do supplements help	
		I would like to know if supplements like Glucosamine, Chondroitin, of creams such as Flexique actually are effective.?	
		There are lots of 'over the counter' medications, eg glucosamine, chondroitin, various supplements. Where can you get reliable data on their effectiveness?	
		Is there a supplement I can take?	
		Are there any alternatives that will help arnica glucosamine etc	
		cod liver oil? fish high oils?	
		Are supplements any real use?	
		What supplements should I take and what should I be sure to include in a diet	
		Can I take any supplements to help the pain?	
		What supplements can I take?	
		do other supplements help,	
		Does supplemetaion with glucosamine/chondrotin affect symptoms in patients with knee/hip osteoarthritis?	
N15	Can alternative therapies improve clinical outcomes		Uncertainty identified by 2 patient/carers, 1 clinician
	for OA when used together with conventional approaches, and who would benefit most?		, pareny cores, 2 dillical
		Does the most useful role for alternative medicine lie with treating those patients who have other health problems in addition to OA - i.e. multimorbidities?	
		Is there any role for "alternative" therapies?	
		How does alternative approaches impact outcomes on more traditional approaches	
N16	What orthoses/supports will help early OA?		 Uncertainty identified by 3 patient/carers, 4 clinicians
			7 7 7 7 7 7
		Not really. Nothings ever been discussed with me, apart from GP telling me to lose weight. I manage to get by with certain footwear (trainers) and shock absorbing insoles. I never kneel, run, or dance now. If I	
		Can I be fitted with a brace to help support the joint?	
		what types of orthosis work best?	
		Which patients are more/less likely to benefit from orthotic treatment?	
		If orthotic treatment works then why isn't is more widely accessible?	
		Do off-loader braces work in knee OA?	
		Orthotics in footwear?	
		Type of footwear - shock absorbing shoes?	
		Bracing/support - is it wise or makes it worse in long run?	
		ShOuld I wear a knee support	
		Podiatry/knee supports following surgery?	
N17	Which alternative therapies provide most benefit for		Uncertainty identified by 12 patient/carers, 3 clinicians
N17	Which alternative therapies provide most benefit for people with OA?	Podiatry/Anne supports following surgery?	Uncertainty identified by 12 patient/carers, 3 clinicians and 1 carer&clinician
N17	Which alternative therapies provide most benefit for people with OA?	Podiatry/hnee supports following surgery? Does alternative medicine work?	Uncertainty identified by 12 patient/carers, 3 clinicians and 1 carer&clinician
N17	Which alternative therapies provide most benefit for people with OA?	Podutry/Innee supports following surgery? Does alternative medicine work? Is exercise good for the joint? Does alternative medicine work?	Uncertainty identified by 12 patient/carers, 3 clinicians and 1 carer&clinician
N17	Which alternative therapies provide most benefit for people with OA?	Podiatry/hnee supports following surgery? Does alternative medicine work? Is exercise good for the joint? Does alternative medicine work? On alternative medicine help	Uncertainty identified by 12 patient/carers, 3 clinicians and 1 carer&clinician
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	people with OA? It is acupuncture effective in relation to conventional	Does alternative medicine work? Do alternative medicine work? Do alternative medicine work? Do alternative medicines help What seldence is there that any of these alternative medicine work? Do alternative deservative threapies compared with physical therapy Alternative engine and effective pain not compared with physical therapy Alternative engine and effective pain received in the pain and received pain make a wallable to help with me pain Can mediation or mindfulness help enduce pain in osterative? Can mediation or mindfulness help reduce pain in osterative? Can mediation or mindfulness help reduce pain in osterative? Can mediation or mindfulness help reduce pain in osterative? Shere any alternative emplores help in consequently, without a take? Massage? (1) like to know more about alternative medicine Do you think herbal remides are just as good? Where is evidence to suggest to patients? Are alternative therapies available. Where can leg timformation about alternative medicine and how it might affect my tablets? What alternative therapies mybit be been fericia? Any and all solvice as to how to alleviate the pain and other problems before recording to surgery would be of interest. Including "natural" and other types of alternative treatments should I keep trying different remedies? Can expuncture helpha? What she denote the replain mybit be been fericia? Any and all solvice as to how to alleviate the pain and other problems before resorting to surgery would be of interest. Including "natural" and other types of alternative treatments should I keep trying different remedies? Can expuncture helpha? What is the doos of automation and private for some areas than others? Is acquincture helpha? What is the doos of automation is private for an effect. What type of automature is mode of an effect. What is the doos of automation remedied for an effect. What is the doos of automation remedied for an effect. What type of automature helpha? What is the doos of automation remedied for an eff	and 1 carer&clinician I carer&clinician Uncertainty identified by 4 patient/carers, 8 clinicians,
	people with OA? It is acupuncture effective in relation to conventional	Does alternative medicine work? Its sercise good for the joint? Does alternative medicine work? On alternative medicine work? On alternative medicine work? On alternative medicines help What alternative there that any of these alternative remedies help to reduce pain, maintain mobility and delay the need for surgery? (Continues - Notes) Sometiff alternative there ages compared with physical therapy Alternative medicines help What alternative agrowable are an available to help with merpain Con medication or minufulness help reduce pain in solventries? On medication or minufulness help reduce pain in solventries? Con medication or minufulness help reduce pain in solventries? Con medication or minufulness help reduce pain in solventries? Con medication or minufulness help reduce pain in solventries? Makes pain or more about alternative medicine On you tolks herbolf remedies are just as good? Where is evidence to suggest to patients? Are alternative therapies swallable, What alternative therapies swallable, Are alternative therapies swallable, What alternative therapies swallable, What alternative therapies might be beneficial? Are alternative therapies might be beneficial? Are alternative therapies swallable, What alternative therapies might be beneficial? Are alternative therapies might be beneficial? Are alternative therapies swallable, What alternative therapies might be beneficial? Are alternative therapies swallable, What a the does not associate the pain and other problems before resorting to surgery would be of interest. including "natural" and other types of alternative treatments drouble likely beneficial? Are alternative the pain might for the pain and other problems before resorting to surgery would be of interest. including "natural" and other types of alternative treatments of surgery through a pain redief for osteoarchivities? On	and 1 carer&clinician I carer&clinician Uncertainty identified by 4 patient/carers, 8 clinicians,
	people with OA? It is acupuncture effective in relation to conventional	Does alternative medicine work? Its sercices good for the joint? Does alternative medicine work? Do alternative medicines help What selevines is there that any of these alternative remedies help to reduce pain, maintain mobility and delay the need for surgery? (Continues - Notes) benefit if alternative the rapies compared with physical therapy Alternative medicines help What alternative there that any of these alternative remedies help to reduce pain, maintain mobility and delay the need for surgery? (Continues - Notes) benefit if alternative approaches are available to help with me pain Can alternative there has a validate to help with me pain Can alternative thereis help is extosepably, who practor? Can mediation or mindfulness help reduce pain in osteoarthritis? Is there any alternative medicine that I can take? Massage? If alls to to know more about alternative medicine Do you think herbal remelies are just as good? Where is evidence to suggest to patients? Are alternative therejaes vasibility. Where can jest information about alternative medicine and how it might affect my tablets? What alternative therejaes might be beenfectial? Any and all solvice as to how to alleviate the pain and other problems before resorting to surgery would be of interest. including "natural" and other types of alternative treatments thould I keep trying different remedies? Can accipancture helphol? What alternative theregaes might be beenfectial? Any and all solvice as to how to alleviate the pain and other problems before resorting to surgery would be of interest. including "natural" and other types of alternative treatments thould I keep trying different remedies? Can accipancture helphol? What alternative treatment and any other problems before resorting to surgery would be of interest. including "natural" and other types of alternative treatments thould I keep trying different remedies? Can accipancture helphol? What a time to do a subject to the pain and other problems before resorting to surgery wou	and 1 carer&clinician I carer&clinician Uncertainty identified by 4 patient/carers, 8 clinicians,
	people with OA? It is acupuncture effective in relation to conventional	Does alternative medicine work? Its sercise good for the joint? Does alternative medicine work? On alternative medicine work? On alternative medicine work? On alternative medicines help What alternative there that any of these alternative remedies help to reduce pain, maintain mobility and delay the need for surgery? (Continues - Notes) Sometiff alternative there ages compared with physical therapy Alternative medicines help What alternative agrowable are an available to help with merpain Con medication or minufulness help reduce pain in solventries? On medication or minufulness help reduce pain in solventries? Con medication or minufulness help reduce pain in solventries? Con medication or minufulness help reduce pain in solventries? Con medication or minufulness help reduce pain in solventries? Makes pain or more about alternative medicine On you tolks herbolf remedies are just as good? Where is evidence to suggest to patients? Are alternative therapies swallable, What alternative therapies swallable, Are alternative therapies swallable, What alternative therapies swallable, What alternative therapies might be beneficial? Are alternative therapies might be beneficial? Are alternative therapies swallable, What alternative therapies might be beneficial? Are alternative therapies might be beneficial? Are alternative therapies swallable, What alternative therapies might be beneficial? Are alternative therapies swallable, What a the does not associate the pain and other problems before resorting to surgery would be of interest. including "natural" and other types of alternative treatments drouble likely beneficial? Are alternative the pain might for the pain and other problems before resorting to surgery would be of interest. including "natural" and other types of alternative treatments of surgery through a pain redief for osteoarchivities? On	and 1 carer&clinician Uncertainty identified by 4 patient/carers, 8 clinicians,

		what is the value of incorporating acupuncture within surgical approaches, pre-, peri- and post-operative, to reduce medication requirements, improve outcomes and strengthen/speed-up post-op recovery?	
	OTHER IMPORTANT QUESTIONS		
	Can early OA be slowed down, reversed or cured?		Uncertainty identified by 3 patient/carers, 1 clinician
		Are we in sight of a cure? Can the disease & damage be reversed at all?	
		Can use usesses a unange us reverseu at any Will there be a cure found for osteoarthritis?	
		is it curable?	
		is it a cure? is it worth it?	
O2	What standardised non-surgical integrated pathways for early OA improve patient outcomes and		Uncertainty identified by 18 patient/carers, 3 clinicians and 1 carer&clinician
	experience?		and I care actinician
		Why is accessing medical help for Osteo and Rheumatoid Arthritis so difficult?	
		When will gp's refer patients rather than just writing prescriptions for pain killers? I am a pensioner with very little money otherwise I would look at going private. I was fobbed off with my knees saying that I was too young for the surgery. Will I now have to wait until I am too old and infirm to	
		I am a personer with very little money otherwise i would book at going private. I was toobed on with my knees saying that I was too young for the surgery. Will I now have to wait until I am too old and infirm to how do I set a specialist referral from GP?	
-		what is the point of asking for a diagnosis? - doctors seem to offer little advice on management	
		Is there any point in getting a diagnosis because doctors don't seem to do anything about it.	
		Never had a consultation regarding my problem	
		What makes a patient decide to visit there GP with joint pain?	
		yes. How can I get an NHS referal to a specialist.	
		Why does help with physio stop after a couple of weeks for but nothing gets better Why does osteoarthritis have to be Medicaid and managed by healthcare professionals. So many people in the community live with this every day, having more easily accessible interventions would help enore	
		ymy uoes usceod minis mave to be relected and in a managed by readministrative properties of the control of the	
		Mittad approaches will the NNS fund ?	
		How can kget treatment for Osteoarthritis?	
		Do regular reviews (e.g. an annual appointment with a GP or other health professional) improve management of the condition?	
		How much physio can I expect to have on the nhs	
	-	What are the actual rates of access? Are they fairly accessed?	
		How many of these treatments can be accessed by people in the community?	
		How accessible (to me) are these non-surgical treatments? Is there an extensive waiting list for a Pain Management service?	
		Is there an extensive waiting list for a Pain Management service? What support is there for non-surgical treatments? E.g., #I live somewhere where I am limited to no more than 6 physiotherapy sessions in a year and there is no GP exercise referral scheme to assist me with I	
		with a support a time from non-support retainments it get in the sont inner or less ging to be abandoned to care for more with with or following support and the support of	
		It you well-resourced is the Pain Management service given that the staff numbers or lack going of scaling service and scaling service given that the staff numbers of scaling	
		How do I access alternative approaches to surgery?	
	-	Who do I talk to about these approaches if my GP is biased ?	
		Why is treatment difficult to access?	
		why is not enough non surgical option offered by NHS If a moffered on-surgical treatments, will be followed up automatically to see if they have worked and if not will I have to be referred again by my doctor and go to the end of the queue for surgical treatments.	
		If am offered non-surgeal freatments, will be followed up automatically to see if they have worked and if not wall have to be referred again by my doctor and go to the end of the queue for surgical freatment. Who can patients access advice, once diagnosed? The only treatment offered is mild (inadequate) pain relief and advice to exercise - not easy when in pain.	
		Too can patients access advice, unce unginoseur me unity treatment oriented is multiplear paint reservant advice to exercise a not easy when in paint. Stephen anything can pay for that will be better than NHS (treatment?	
-		If long term condition why is done we detect fails we detected.	
		Who can help me access surgical treatments?	
		Why is treatment so difficult to access?	
1 1			
		keyhole surgery randomly offered in NHS	
02	Milhet are the best interceptions to keep people with	keyhole surgery randomly offered in NHS	Incortainty identified by 2 estimat/career 1 USV DSD
03	What are the best interventions to keep people with early OA working?	keyhole surgery randomly offered in NHS	Uncertainty identified by 2 patient/carers, 1 H&K PSP (clinician)
03	What are the best interventions to keep people with early OA working?	keyhole surgery randomly offered in NHS	Uncertainty identified by 2 patient/carers, 1 H&K PSP (clinician)
03	What are the best interventions to keep people with early OA working?	Leghole surgery randomly offered in NBS Twas not given any options How long will have to have off work? How long will be off work for?	Uncertainty identified by 2 patient/carers, 1 H&K PSP (clinician)
03	What are the best interventions to keep people with early OA working?	keyholes uppery anadomy offered in NHS Tass not given any options How long will have to have off work?	Uncertainty identified by 2 patient/carers, 1 H&K PSP (Clinician)
03	early OA working?	Leghole surgery randomly offered in NBS Twas not given any options How long will have to have off work? How long will be off work for?	(clinician)
03	What are the best interventions to keep people with early OA working? How can we predict disease progression in people with early OA of the knee/hip?	Leghole surgery randomly offered in NBS Twas not given any options How long will have to have off work? How long will be off work for?	Uncertainty identified by 2 patient/carers, 1 H&K PSP (idinician) Uncertainty identified by 12 patient/carers, 12 clinicians, 3 H&K PSP (1 clinician and 2 patient/carers)
03	early OA working? How can we predict disease progression in people	keyholes urgery andomy offered in NtS Tass not given any options How long will I have to have off work? How long will be off work for? What is the best intervention to keep patients with osteoarthrits at work?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	keyhole surgery randomly offered in NBS Tawas not given any options Now long will have to have off work? Now long will be off work for? What is the best intervention to keep patients with osteoarthritis at work? If I have a chondral defect or Gd 2-3 changes how rapidly should I expect before my daily activities and sport are affected?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	Leas not given any options Now long will have to have off work? Now long will thave to have off work? Now long will thave to have off work? What is the best intervention to keep patients with osteoarthritis at work? If I have a chondral defect or 6d 2-3 changes how rapidly should I expect before my daily activities and sport are affected? How sailly does it progress.	(clinician) Uncertainty identified by 12 patient/carers, 12
O3	early OA working? How can we predict disease progression in people	In have a chandral defect or G6 2-3 changes how rapidly should I expect before my daily activities and sport are affected?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	Leas not given any options Those long will have to have off work? Now long will have to have off work? Now long will be off work for? What is the best intervention to keep patients with osteoarthrifs at work? If I have a chondral defect or 6d 2-3 changes how rapidly should I expect before my daily activities and sport are affected? Now rapidly does it progress. Will a just slowly get worse or how variable is 17? Will it get worse.	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	keyhote surgery andomy differed in NtS Taxa not given any options How long will have to have off work? How long will have to have off work? What is the best intervention to keep patients with osteoarthrits at work? If I have a chondral defect or Gd 2-3 changes how rapidly should I expect before my daily activities and sport are affected? For a policy does it progress. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term.	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	Leas not given any options Now long will have to have off work? Now long will have to have off work? Now long will be off work for? What is the best intervention to keep patients with osteoarthritis at work? If I have a chondral defect or Gd 2-3 changes how rapidly should I expect before my daily activities and sport are affected? How rapidly does it progress. Will it just sowly get wonce or how variable is It? Will it get wonce If over a cratinal age would three be degenerative change in joints, anyway. Gradual or sudden monet?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	It have a chandral defect or GE 2-3 changes how rapidly should I expect before my daily activities and sport are affected? What is the best intervention to keep patients with osteoarthritis at work? If I have a chandral defect or GE 2-3 changes how rapidly should I expect before my daily activities and sport are affected? What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. Gradual or a contain any own of the wavelede is 17? Will it get worse I likely to happen and the long term. Gradual or sudden onset?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	keyhole surgery andomy offered in NHS I was not given any options Now long will have to have off work? Now long will have to have off work? What is the best intervention to keep patients with osteoarthritis at work? What is the best intervention to keep patients with osteoarthritis at work? If I have a chondral defect or Gd 2-3 changes how rapidly should I expect before my daily activities and sport are affected? How rapidly does a progress. Will it just solvey get worse or how variable is It? Will get worse If over a cartain age would there be degenerative change in joints anyway. Gradual or sudden conset? How will have the hyad R? What doe's it men a militory but wor?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	It have a chandral defect or GE 2-3 changes how rapidly should I expect before my daily activities and sport are affected? What is the best intervention to keep patients with osteoarthritis at work? If I have a chandral defect or GE 2-3 changes how rapidly should I expect before my daily activities and sport are affected? What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. Gradual or a contain any own of the wavelede is 17? Will it get worse I likely to happen and the long term. Gradual or sudden onset?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	is as not given any options I have one given any options How long will I have to have off work? How long will I have to have off work? What is the best intervention to keep patients with osteoarthritis at work? What is the best intervention to keep patients with osteoarthritis at work? If I have a chondral defect or Gd 2-3 changes how rapidly should I expect before my daily activities and sport are affected? How anging does are progress. What is likely to happen in the leng term. What gives to suppen in the leng term. What gives to work work or how variable is 17? Will a get worse I for over a critical range would there be degenerative change in joints anyway. Gradual or sudden onset? What is like from a critical range would there be degenerative change in joints anyway. Gradual or sudden onset? What is the progroup and growing the worse? What does the length and growing only get worse? What is the progroup? What is the progroup?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	In less not given any options It was not given any options If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or Gd 2-3 changes how rapidly should i expe	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	is as not given any options I have not given any options How long will I have to have off work? How long will I have to have off work? What is the best intervention to keep patients with osteoarthritis at work? What is the best intervention to keep patients with osteoarthritis at work? If I have a chondrial defect or 62.2.3 changes how rapidly should I expect before my daily activities and sport are affected? Now applity does it progress. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. What is the progress. What is the mean—am I going to only get worse? What is the progrous? How what is the progrous? How what is the progrous? How what is the the first indications of osteoarthritis will develop into significant OA? Over what time frameframe?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	In less not given any options New long will have to have off work? New long will have to have off work? New long will be off work for? What is the best intervention to keep patients with osteourbritis at work? What is the best intervention to keep patients with osteourbritis at work? If have a chondral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? New rapidly does a progress. Will right store be the progress. Will right store or bow writed in it? If you are activating as would three be degenerative change in joints anyway. Gradual or sudden oroset? How keep have they had R? What does it mean a mill going to only get wone? How work have they had R? What does it mean a mill going to only get wone? How work have they had R? What does it mean a mill going to only get wone? How has the hee last? (Pan, suffires, swelling, heat) how much will before last? (Pan, suffires, swelling, heat) how works the is the first indications of osteoarthritis will develop into significant OA? Over what time frameframe? It have a widenced sit is it that the first indications of osteoarthritis will develop into significant OA? Over what time frameframe? It have a widenced sit is it that the first indications of osteoarthritis will develop into significant OA? Over what time frameframe? It have a widenced sit is the sit that the first indications of osteoarthritis will develop into significant OA? Over what time frameframe? It have a widenced sit on the progression, depending on when here osteoarthritis is first diagnosed?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	is as not given any options It was not given any options If I have a chandral defect or 62 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or 62 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or 62 2-3 changes how rapidly should i expect before my daily activities and sport are affected? What is likely to happen in the long term. What is likely to happen in the long term. What is likely to happen in the long term. Gradual and assess where or how variable is It? Will it get worse if over a certain age would there be degenerative change in joints anyway. Gradual or sudden onset? What is the prograd plan stiffness, swelling, heat) How any the was the mean - am I giving to only get worse? What is the prograd? What is the prograd? Now also well is that the first indications of osteoarthrifis will develop into significant OA? Over what time frameframe? Is there a well understood path for progression, depending on when there osteoarthrifis is first diagnosed? In you can we practicle does progression to people with osteoarthrifis to the textifier?	(clinician) Uncertainty identified by 12 patient/carers, 12
O4	early OA working? How can we predict disease progression in people	In less not given any options It was not given any options New long will have to have off work? New long will have to have off work? New long will be off work for? What is the best intervention to keep patients with osteoarthritis at work? If I have a chondral defect or Gd 2-3 changes how rapidly should i expect before my daily activities and sport are affected? New rapidly does a progress. Will right work a progress. Will right stowly get worke or how variable is It? Will right work a contain age would three be degenerative change in joints anyway. Gradul or sudden oncest? How work part on any going to only get work? How have they had R? What does it mean any giong to only get work? How work price is any giong to only get work? How work price is any giong to only get work? How work price is Referenced to the progression of the progression of extending any work in the first indications of categorithms will develop into significant OA? Over what time framefrane? Is here a well undersood path for progression, depending on when line os oscenators is a flagground? New was predict disease progression is people with oscenatoritis will develop into significant OA? Over what time framefrane? Is here a well undersood path for progression, depending on when line oscenatoritis is first diagnosed? New one predict disease progression is people with oscenatoritis of the teneflie? New construction is diagnosed while the york object with the teneflie?	(clinician) Uncertainty identified by 12 patient/carers, 12
03	early OA working? How can we predict disease progression in people	Lean tool given any options It was not given any options If I have a chandral defect or 62 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral defect or 62 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral adefect or 62 2-3 changes how rapidly should i expect before my daily activities and sport are affected? If I have a chandral adefect or 62 2-3 changes how rapidly should i expect before my daily activities and sport are affected? What is light stowley was once on how variable is IT? Will it get worse if over a certain age would there be degenerative change in joints anyway. Gradual or sudden onset? You was not sudden onset? What of a timen - ann i giving to only get worse? What is the proposit? Now was not will it deteriorate? What is the proposit? You was always that the first indications of osteoarthritis will develop into significant OA? Over what time frameframe? Is there a well understood path for progression, depending on when knee osteoarthritis in first diagnosed? Once osteoarthritis is diagnosed while in your 40s, is futher degeneration inevitable, or can it be stemmed? The was date to the first adecations of detecathritis will develop into significant OA? Over what time frameframe? Is there a well understood path for progression, depending on when knee osteoarthritis in first diagnosed? Once osteoarthritis is diagnosed while in your 40s, is futher degeneration inevitable, or can it be stemmed?	(clinician) Uncertainty identified by 12 patient/carers, 12
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55	early OA working? How can we predict disease progression in people with early OA of the knee/hip? What is the best multidisciplinary care model for effective management of OA in primary care?	If I have a chondred defect or 62 2-3 changes how rapidly should i expect before my daily activities and sport are affected? What is the best intervention to keep patients with osteoarthritis at work? If I have a chondred defect or 62 2-3 changes how rapidly should i expect before my daily activities and sport are affected? Now applity does it progress. What is likely to happen in the long term. Will it just solvey give wore or how variable is 1? Will it just solvey give wore or how variable is 1? Will it just solvey give wore or how variable is 1? Will it just solvey give wore or how variable is 1? Will it just solvey give wore or how variable is 1? Will it just solvey give wore or how variable is 1? Will a give wore it is not sudden onset? Now long have they had it? What do ong he be they had it? What do ong he be they had it? What wore it is mean - and juging to only get worre? Now work will it deteriorate? Now which will it deteriorate? Now which will it deteriorate? Now which is that the first indications of osteoarthritis will develop into significant OA? Over what time frameframe? Is there a well understood path for progression, depending on when there osteoarthritis is first diagnosed? Now can we predict doses progression in people with osteoarthritis of the kneeling? Once osteoarthritis is diagnosed while in your 40s, is their degeneration inevitable, or can it be stemmed? Why does high parthritis develop much faster than knee and writing? Will get wore? On good path pluring implication of the workering? Will get wore? One what time explose and progression of OA? Will get wore and the profit of the confidency will be stemmed? Now work by the first indications of osteoarthritis will develop into significant one what way? Will develop the distinct stages in the progression of OA? Will get wore and you give high printing implication of the verifier? Now work by the distinct stages in the progression of OA? Will get wore and you give high printing implication of the verifier?	Uncertainty identified by 12 patient/carers, 12 clinicians, 3 H&K PSP (1 clinician and 2 patient/care

	Whose answers do I trust? There are usually a lot of conflicting answers.		
	What role should physiotherapist play in supporting GPs and practice nurses in managing OA in primary care and identifying who needs referral to orthopaedics or rheumatology		
	Where can I get more support for my OA?		
	Should I book an appt with a doctor or nurse?		
	Will I be put under the care of a dedicated consultant at my local hospital?		
	Who is the best health professional to provide on-going support to patients with OA?		
	Following blood tests and diagnosis, who will I be referred to and why. i.e. Rheumatology / Orthopedics		
	Service offered by Pharmacy/ GP ?		
	Who can help you me?		
	wind can new you ner. This is usually managed by GPs in primary care. But they don't have sufficient time, skills or knowledge to help the very many people with osteoarthritis. (Continues)		
	Went doesn't someone else (nurse, physiotherspist, healthcare assistant) take the lead role in helping people with knee, hip, back our upper limb pain? It doesn't require medical supervision and they're not re		
	Who is the best person to advise me?		
	Do people do better when they see a physiotherapist with OA expertise for diagnosis and individual exercise prescription and how cost-effective would this be?		
	Who can support me with non surgical treatments?		
i	Who are the best people to help me?		
	Osteoartritis and lower limb conditions professionals only look at one area and not treated holistically. How can you get holistic treatment?		
	How can it be managed?		
	Is there a difference in outcome between treatment provided by GPs, physiotherapists, or occupational therapists in patients with early knee/hip OA?		
	Practical tools to stratify patients by their likely prognosis when they present in primary care		
	I would like to know who to go to for more in depth explanations of a pain just below the knee other than just a diagnosis of osteoarthritis from my dr.		
	I would like to know who to go to for more in deput expansations or a pain just below the knee other than just a diagnosis or oxed a units from my or.		
O6 What factors and patterns of disease are responsible			Uncertainty identified by 7 patient/carers, 6 clinicians,
for progression of OA?			1 carer&clinician
	Has a cause been identified yet?		
	Which phenotypes are most likely to lead to joint failure?		
	What aggs and what eases symptoms.	<u> </u>	<u> </u>
	If the person has put on weight as this adds pressure on the joints		1
	I have a stiff and painful knee, why? what caused it?		
	what causes it.	1	
	winst causes it. Why is it worse on some days than other?	1	1
		1	+
	What might make the OA worse?	 	
	effect of psych/social factors on progression and adherence to conservative management	1	1
	What things will make it worse?	1	
	How does it develop and what can i do to slow it down?		
	Do isolated cartillage defects progress to OA?		<u> </u>
	Does occupation contribute?		
	Like to know how it might deteriorate and the possibly effects		
	Need strong guidance over impact of genetics, environment and food/ drink on development and raite of growth of the disease?		
	Did the cyst in my hip joint cause my arthritis ?		
	I have assumed it will be contained by exercise but I would like to know if it is going to become completely debilitating		
O7 Is timing of OA diagnosis important for disease progression and applying interventions/treatments?			Uncertainty identified by 12 patient/carers, 8 clinicians and 1 carer&clinician
	When should cook to find a dispersit, and who should contain the state of the state		
	When should I seek to find a diagnosis, and who should I go to to get diagnosed?		
	When I was finally diagnosed, I was told I should have been treated 10 years earlier. What early diagnoses tests are there?		
	why does it take so long to get a diagnosis especially for younger people?		
	how worthwhile is being diagnosed with early OA		
	how worthwhile is being diagnosed with early OA How will I know early enough to be able to do something about it?		
	how worthwhile is being diagnosed with early OA		
	how worthwhile is being diagnosed with early OA How will I know early enough to be able to do something about it?		
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	how worthwhile is being diagnosed with early OA. How well know every enough to be also to do smething about it? What and when should tests be carried out to diagnose CAP? All what age of symptoms expert a doctor to consider diagnostic tests Cauding warthink between sound presents of being or symptoms expert a doctor to consider diagnostic tests Cauding warthink between sounder down be varyf diagnoses		
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		Lanca company of the		
		What is the most definitive test to find out what is causing the pain in my joint?		
		What tests can be done?		
		What investigations do you need to confirm?		
		Are symptoms enough.		
		How is severity of OA measured both in terms of impact on quality of life and from radiographical evidence and how can this best be shared with patients. (Continues)		
ı		Are scans beneficial in diagnosis		
		Early indicators - false positives?		
	1	What is the definition for moving from one to the next?		
		where is Arthritis best diagnosed?		
	+	serve to clarify		
		xay to Clarity Will it show on X ray		
		Do I need an MRI		
		What tests are best for doctors AHPs to do to be able to discern joint problem as oppose to referred spinal pain.		
		Is xray a reliable way to diagnose arthritis?		
i		What is the current gold standard test to confirm onset of arthritis?		
		have any xrays, MRI's been done?		
		Swelling?		
		No specific tests known to detect OA, ar there any?		
	+	Are they different each joint? (specific tests)		
		X-rays prove I have osteoarthritis but not realkycsyecwhat to do next.		
		The need for a better diagnostic algorithm		
		How helpful is keyhole surgery compared to having an mri scan		
		tests for osteoarthritis		
		I have had an MRI and x ray on both knees, which answered the question		
		do i need an xray		
		What forms of diagnosis are available, specifically for knees?		
		What tests are used to diagnose osteoarthritis		
	+	what test are use to diagnose discountinus. How advanced is it?	1	
	+	now advanture is in Market state and the defendence of the defende	1	1
	+	What have sure to do not be confirm to Ob	1	
	+	What test must be done to confirm its OA.	+	
	+	How will ≷ be diagnosed?	1	1
		what tests are there		
		What is the most effective way of diagnosing early osteoarthritis?		
	1	At what point does a painful joint become an arthritic joint?		
		How many people are undiagnosed if no arthritis shows on x-rays? Mine diagnosed via arthrogram and MRI - never showed up on X-ray before that or after as it happens!		
	1	Early satisfactory diagnosis, with reliable tests		
	+	Do images (whether MRI/Kray) have any useful contribution to assessing the degree of osteoarthritis or any value in indicating how much functional loss/pain might be associated with it?	1	<u> </u>
	+	Can you look to be joint to see how bad the arthritis is?		
	+			
		How will my OA be diagnosed?		
		What tests are there?		
		That sometimes the joint that is worse on X-ray is not the more painful one		
		X ray changes?		
09	What tests are useful to monitor the progress of OA?			Uncertainty identified by 3 patient/carers, 3 clinicians
		How do you monitor the progression of the disease?		
		Can we do a base line test and then test it again in the future to see if there have been any changes , either better or worse?		
		What is the grading system and where am I on it?		
		Other than increase in pain what other tests are available to monitor the progress of OA?		
	+	Are there any tests (blood or synovial fluid tests or imaging) which would predict how likely osteoarthritis is to progress?		
\vdash				
		Can I be further tested for osteoarthitis. My hips are painful but now so is my knee and back. following surgery will these improve?		
010	Does the amount or type of joint abnormality seen in the early stages of OA have impact on outcome?			Uncertainty identified by 5 clinicians
		Joint deformity?		
	+	Joint deformity? Does the shape of the affected joint equate with severity of the structural disease?		
		Does the shape of the affected joint equate with severity of the structural disease?		
		Does the shape of the affected joint equate with severity of the structural disease? Does the shape of the affected joint equate with the symptoms?		
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011	people with early OA (e.g. using the Patient Pathway, Shared Decision Making tool), especially when the	Does the shape of the affected joint equate with severity of the structural disease? Does the shape of the affected joint equate with the symptoms? does the shape of the affected joint correlate with the severity of the arthritis? is there a deformity?		
011	people with early OA (e.g. using the Patient Pathway, Shared Decision Making tool), especially when the decision involves surgery?	Does the shape of the affected joint equate with seventry of the structural disease? Does the shape of the affected pint equate with the symptom? does the shape of the affected pint correlate with the seventry of the arthritis? Is there a deformity? There is a perception amongst clinicians that varus or valgus deformities or moment forces may accelerate cartilage loss. This perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception dosent appear to be evidence based, however there is little evidence to a perception appear to be evidence based, however there is little evidence to a perception appear to be evidence to a perception appear to be evidence to a perception appear to a perception appear to be evidence to a perception appear to be evidence to a perception appear to a percepti		
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		What support is there to help me prevent this getting worse?		
		Disease definition;		
		Is there any help available post diagnosis?		
		How effective is advice about non-surgical treatments? How easy do people like me find it to implement that advice?		
		Are there any help groups online?		
		I'd like to know more about all non surgical treatments but my GP has not discussed any options with me other than take OTC pain relief.		
		What are my options?		
		Other than google, what should I be reading up on.		
		Why don't people get more information about these treatments?		
		with purpose get into amortiment about successful about 15 miles and 1		
		Why was not told of the likely prognosis? Because it is common and not overtify life threatening, other controls dismiss it.		
		with was into total or the interpringuists: Because it is committed and not overtry life directening, doctors distins it.		
		I need to know all about it - it's never been discussed with me		
		What kind of information is available about causes and development of knee or hip osteoarthritis for the third age population through the health care providers?		
		What is the recovery like post operatively?		
		What is done via a keyhole operation?		
		would like to know more about the latest thinking. For example - Is it true that somewhere in the world they are developing cartiledge substitutes which will do away with the need for replacements?		
		What kind of information is available about surgical procedures for people already diagnosed of knee osteoarthritis??		
3				
3 1	How do factors such as general wear and tear and			Uncertainty identified by 3 patient/carers, 5 clinician
	injuries affect the development of OA?			and 1 H&K PSP (patient/carer discussion group)
		Is it just due to wear and tear or is there something else going on?		
		I have a labral tear in my hip, does this cause arthritis?		
		When does joint damage become osteoarthritis?		
		Any past trauma?	<u> </u>	<u> </u>
_		why has my knee worn out		1
		Will wear and tear always develop into severe arthritic joints		
		Can ongoing pain from a knee injury lead to osteoarthritis?		
		What is the contribution of factors such as general wear and tear, and injuries on the development of OA?	1	1
		what is the continuous or ractors storing agency and man teat, and injuries on the everepairment or out. Should I seek a suprical opinion regarding a torn meniscus when the evidence now suggests that in the presence of OA it is part of the degenerative process.	1	1
	+	persons a valge an opmost regarding a controllistic when the experite how suggests that in the presence of OA it is part of the degenerative process.		+
1	In people with early symptoms of OA, what is the			Uncertainty identified by 11 patient/carers, 9 clinicia
	sensitivity and/or specificity of the tests used to			and 1 carer&clinician
	detect OA (i.e. how certain can we be)?			
		How can this diagnosis (of OA) be scientifically proved?		
		Do I have early osteoarthritis?		
		Can the severity be judged fully without surgical intervention?		
		Are my symptoms mostly due to synovitis?		
		How severe is it?		
		Is there anything specific I should look out for so I won't delay diagnosis?		
		Why is my knee hurting? why is my knee swollen? Could it be asteoarthritis?		
		How do you diagnose osteoarthritis?		
		how is it actually diagnosed and treated		
		Diagnosing levels of arthritis - how this correlates to prognosis, levels of pain.		
		increase in temperature?		
		Functional limitations?		
		Simple self diagnosis?		
		Definitive diagnosis excluding other possibilities.		
		How can you tell I've got OA?		
		How does one differentiate between mild OA knee and a treatable differential diagnosis eg meniscsl pathology?		
		Pain, stiffness, swelling, heat, when & what causes it?		
		how do you know it is OA and not something else?		
	1			
		how can you diagnose OA, if that is what it is?		
		how certain can you be its OA.		
		how certain can you be its OA. How to know if I really have OA or something else?		
		how certain can you be its OA. New to larnow if I really have OA or something else? What was to know if I really have OA or something else? What are the first indications of calcularithis? Are these different at the hip and knee?		
		how certain can you be its OA. How to know If really have CA or something else? What are the first indications of osteoarthinis? Are these different at the hip and knee? How do I know for sure it is OA?		
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		how certain can you be its OA. How to know If really have CA or something else? What are the first indications of osteoarthinis? Are these different at the hip and knee? How do I know for sure it is OA?		Uncertainty identified by 6 patient/carers, 10 cliniciants
	In people with signs of early OA, how can we predict	how certain can you be its OA. How to know If really have CA or something else? What are the first indications of osteoarthinis? Are these different at the hip and knee? How do I know for sure it is OA?		Uncertainty identified by 6 patient/carers, 10 clinicis 1 carer&clinician, 2 H&K PSP (2 clinicians)
	In people with signs of early OA, how can we predict (Including tests) severity of pain, disability and	how certain can you be its OA. How to know If really have CA or something else? What are the first indications of osteoarthinis? Are these different at the hip and knee? How do I know for sure it is OA?		Uncertainty identified by 6 patient/carers, 10 cliniciants (and 1 carer&clinician, 2 H&K PSP (2 clinicians)
3	In people with signs of early OA, how can we predict	Now certain can you be its OA. When to rows If I now have OA or something else? What are the first indications of osteourthrifis? Are these different at the hip and knee? Now do I know for sure it is OA? Now do I know for sure it is OA? Now early is it possible to identify osteourthrifis?		Uncertainty identified by 6 patient/carers, 10 clinicia 1 carer&clinician, 2 H&K PSP (2 clinicians)
3	In people with signs of early OA, how can we predict (Including tests) severity of pain, disability and	how central can you be its OA. The town to most if it shall have OA or something else? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree?		Uncertainty identified by 6 patient/carers, 10 clinicians 1 carer&clinician, 2 H&K PSP (2 clinicians)
	In people with signs of early OA, how can we predict (Including tests) severity of pain, disability and	Now certain can you be its OA. What was town if I need have OA or something else? What are the first indications of osteeurthrifis? Are these different at the hip and knee? What are the first indications of osteeurthrifis? Are these different at the hip and knee? What do I have fir sum it is OA? What was linknow for sum it is OA? What was any is it possible to identify osteourthrifis? If it's painful do I ignore the pain and carry on or heed it and stop? If I carry on an II causing further damage? What is happening to my body, why wann't anyone help me, whole body hurt so much??		Uncertainty identified by 6 patient/carers, 10 clinicia 1 carer&clinician, 2 H&K PSP (2 clinicians)
	In people with signs of early OA, how can we predict (Including tests) severity of pain, disability and	how central can you be its OA. The town to most if it shall have OA or something else? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree? What are the first indications of calcountribin2 Are these different at the hip and tree?		Uncertainty identified by 6 patient/carers, 10 clinicia 1 carer&clinician, 2 H&K PSP (2 clinicians)
3	In people with signs of early OA, how can we predict (Including tests) severity of pain, disability and structural progression?	Now certain can you be its OA. What are the first indications of actourthrists? Are these different at the hip and tone? What are the first indications of actourthrists? Are these different at the hip and tone? What are the first indications of actourthrists? What are the first indications of actourthrists? What are the first indications of actourthrists? If it's painful do i lignore the pain and curry on or heed it and stop? If it carry on an Lousing further damage? what is happening to my body, why word anyone help one, why does my whole body hurt to much?? spain a signal that should not be ignored and a portent of future deterioration, or something which should be suppressed as much as possible so that the joint can continue to be used as normal? To come anyone demyly curringer that is like? One dependent before any actual degeneration to evident?		Uncertainty identified by 6 patient/carers, 10 clinicis 1 carer&clinician, 2 H&K PSP (2 clinicians)
3	In people with signs of early OA, how can we predict (Including tests) severity of pain, disability and structural progression?	Now certain can you be its OA. What was town if I need have OA or something else? What are the first indications of osteeurthrifis? Are these different at the hip and knee? What are the first indications of osteeurthrifis? Are these different at the hip and knee? What do I have fir sum it is OA? What was linknow for sum it is OA? What was any is it possible to identify osteourthrifis? If it's painful do I ignore the pain and carry on or heed it and stop? If I carry on an II causing further damage? What is happening to my body, why wann't anyone help me, whole body hurt so much??		Uncertainty identified by 6 patient/carers, 10 clinicia 1 carer&clinician, 2 H&K PSP (2 clinicians)
5	In people with signs of early OA, how can we predict (Including tests) severity of pain, disability and structural progression?	Now certain can you be its OA. What are the first indications of ostee arthritis? Are these different at the hip and knee? What are the first indications of ostee arthritis? Are these different at the hip and knee? What are the first indications of ostee arthritis? Are these different at the hip and knee? What are the first indications of ostee arthritis? Are well as the second of the se		Uncertainty identified by 6 patient/carers, 10 clinicia 1 carer&clinician, 2 H&K PSP (2 clinicians)
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		Education is the key, if more people understand why they have pain they can manage it before coming to physio, lets keep our waiting lists down and invest money into right classess / education groups. This		
		is the future of physio. Kind resards. More work needs to done on living with osteoarthritis - very little is on offer to help and the impact on quality of life is huge		
		What is the most effective way to improve patient awareness about knee/hip osteoarthritis?		
		What is the best way to deliver information about knee/hip osteoarthritis to patients with this disease?		
		What next after diagnosis?		
		How do I get information helping me to decide if I have osteoarthritis?		
		is there a national booklet about DA? Do we give this out at each new patient appointment? I believe this would help education for future and slow down re-referrals in early stages.		
		I would like to know what help I could get.		
		Where could I find out more information on osteoarthritis?		
		is there any literature that I could read to help me deal with it?		
		What treatment is available medical and surgery		
		What are the options if any for me to get it treated/corrected Is there anything under research that i can avail to get treated for OA		
		is it possible for 'helpful leaflets to include information for those of who us who do not need to lose weight, nor to be encouraged to, "Try and walk for 20mins a day and get some sunshine".		
		Where do I find quality information about managing OA?		
		Who can advise me about non surgical treatments?		
		Information needs to be releveant to the individual		
		Information on how to self manage progress of the disease. Lots of supposed cures/ treatments but is there actually any definitive guidance?		
		What advice is best re taking medication		
		What options are available please? This has never been discussed with me. All I was told was they'll get worse, until you have to have them replaced.		
		Where can I find unbiased (i.e., without commercial interest) information and advice about non-surgical treatments?		
		Where can I get more help or information?		
		Group exercise in mixed abilities is better than individual - it provides a social need as well as a challenge; these could be accompanied by talks on diet monthly - perhaps organised via GP surgery? Is this		
		possible? Participating in exercise can espacerate the discomfort - even light programmes. I would like to know different choices and do I need to go private to get a good a analysis and second opinion		
		Expert opinion and advice (non-biased, of course) - preferably available on line - on prognoses both surgical and non-surgical treatments would be most helpful.		
 	1	Expert opinion and advice (non-based, or course) - preferancy available on line - on prognoses both surgical and non-surgical treatments would be most neighbut. Its there anyone - Lant talk to that has had the surgery or procedure already so I can ask them how offertive it was offered to the surgery or procedure already so I can ask them how effective it was	 	
 	1	Is there anyone i can task to that has had the surgery or procedure aready so i can ask them now effective it was? Where do you get objective advice on the relative risks and merits of different types of surgery?	1	
\vdash	1	where do you get objective advice on the relative risks and ments or dimerent types of surgery? Is there anything activity that should review? do Is there anything activity that should review? do		
\vdash	1			
017	Is it possible to quantify the individual risk of			Uncertainty identified by 1 patient/carer, 4 clinicians
017				Oncertainty identified by 1 patient/carer, 4 clinicians
	developing OA at any particular joint site?	Is there some reliable way of testing to see if I am at risk?		
—	1	is there some reliation way or testing to see it is an at risk? Can you quantify my personal risk of developing osteoarthritis at any particular joint site?	 	
—	1	Can you quantity my personal risk or developing osteodirrims at any particular joint site? If diagnosed with arthritis in the lower limbs, should I seek early intervention for his or knee. Treating which joint would be most successful to allow early return to activity and also in terms of pain patterns.	 	
		and the second state of th		
		Which joints are the most likely ones to get OA?		
		will I always be susceptible to it?		
		is it possible to predict which patients will experience the greatest amount of time spent in severe pain, years lived with disability, and lost time from economically productive or valued roles?		
018	Are NICE (National Institute for Health and Care Excellence) guidelines for management of OA accessed and followed sufficiently in primary care and			Uncertainty identified by 4 clinicians and 1 carer&clinician
	in secondary care?	How well are NICE guidelines for management of OA accessed and followed in primary care, and in secondary care?		
		now we late in the government of the government		
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		Does applying NICE guidance to managing OA make a difference?		
		Does applying NICE guidance to managing OA make a difference? Best practice management for OA hips and knees?		
		Does applying NICE guidance to managing OA make a difference?		
019	What is the likelihood of the disease encoding to	Does applying NICE guidance to managing OA make a difference? Best practice management for OA hips and knees?		Hearthigh identified by 5 extent france 2 disistence
019	What is the likelihood of the disease spreading to	Does applying NICE guidance to managing OA make a difference? Best practice management for OA hips and knees?		Uncertainty identified by 6 patient/carers, 3 clinicians,
019	What is the likelihood of the disease spreading to other joints?	Does applying NCE puldance to managing OA make a difference? Best practice management for OA hips and knees? Why is there so much variation in clinical practice in onthopaedics regarding arthroscopy vs arthroplasty for mild-moderate knee oa despite clarity in NCE guidelines?		Uncertainty identified by 6 patient/carers, 3 clinicians, 1 H&K PSP (patient/carer)
019		Obes applying NCE guidance to managing OA make a difference? Best princing management for OA hips and knees 7 Why is there so much variation in clinical practice in orthopaedics regarding arthroscopy vs arthroplasty for mild-moderate knee oa despite clarity in NICE guidelines? Why is there so much variation in clinical practice in orthopaedics regarding arthroscopy vs arthroplasty for mild-moderate knee oa despite clarity in NICE guidelines? If we been treated for oxion arthritis in my knees by knee replacement surgery, is it likely to show up in other joints?		
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021	What is the relationship between women experiencing their menopause (and treatment for it e.g. HRT) and early OA?		Uncertainty identified by 1 patient/carers, 1 H&KPSP (patient/carer)
		Is osteoarthritis affected by the menopause?	
		Dose long term HRT (in patients who have had hysterectomy) influence joint deterioration?	

	e Osteoarthritis James Lind Alliance						
Priority Setting Pa							
Total number of verified uncertainties identified by the PSP	Uncertainty	Explanatory note	Date of the priority setting workshop	Rank of the uncertainty at the final workshop.	Existing evidence	Additional contextual information generated at the final workshop	Health Research Classification System
52	S13: Taking cost into account what is the most effective treatment for early OA between surgical and non surgical treatments?	The original submissions are listed in All Questions data	February 26th 2016	:	2 x NICE Clinical Knowledge Summaries for hip and for knee (2015) neither of which address this question specifically http://cks.nice.org.uk/osteoarthritis	Outcomes; Measures for surgical priorities should reflect changes in tissue, and patient outcomes Merits or otherwise of doing research comparing different sorts of surgery rather than comparing surgery with no surgery?	8. Health and Social Care
52	2 S5: What is the best way (content and structure) of delivering rehabilitation (physiotherapy) after surgery for early OA?	The original submissions are listed in All Questions data	February 26th 2016	:		Outcomes; Measures for surgical priorities should reflect changes in tissue, patient and cost effectiveness	6. Evaluation of treatments
52	S6: What pre operative factors can predict the outcome of surgery in people with early OA?	The original submissions are listed in All Questions data	February 26th 2016	:	3	Outcomes; Measures for surgical priorities should reflect changes in tissue, patient and cost effectiveness	6. Evaluation of treatments
52	57: In people with early OA are surgical treatments designed to repair, not replace the joint (such as stem cells, micro fracture and cartilage transplant) effective?	The original submissions are listed in All Questions data	February 26th 2016	,	4	Outcomes; Measures for surgical priorities should reflect changes in tissue, patient and cost effectiveness The results of this study would have great application to patient and clinical decision making.	6. Evaluation of treatments
52	S8: In people with early OA does timing affect the outcome for non joint replacement surgery e.g. osteotomy, arthroplasty?	The original submissions are listed in All Questions data	February 26th 2016		5	Original question: "Assuming surgery for osteoarthritis is necessary, does its timing affect the outcome?" 'necessary' was considered inappropriate so removed in the reworded question Outcomes; Measures for surgical priorities should reflect changes in tissue, patient and cost effectiveness	7. Management of disease
52	2 S9: What are the most effective surgical treatments e.g. arthroscopic, biological, realignment, osteotomy in people with early OA?	The original submissions are listed in All Questions data	February 26th 2016	(5	Population; any age not just under 55 years Outcomes; Measures for surgical priorities should reflect changes in tissue, patient and cost effectiveness	6. Evaluation of treatments
52	S10: What is the best way of measuring outcomes (pain, function, quality of life, joint preservation) of non arthroplasty surgery with people with early OA?	The original submissions are listed in All Questions data	February 26th 2016			Outcomes; Measures for surgical priorities should reflect changes in tissue, patient and cost effectiveness	6. Evaluation of treatments
52	2 S11: What is the best way of delivering care short and long term post surgery for early OA?	The original submissions are listed in All Questions data	February 26th 2016	1	3	Lots of discussion about what is meant by follow up post surgery. Intervention; Technological assistance (using smart phones?) hospital visits and self care? Outcome; Long term progression? Measures for surgical priorities should reflect changes	6. Evaluation of treatments
52	2 S12: In people with early OA is joint replacement appropriate and affective?	The original submissions are listed in All Questions data	February 26th 2016		9	Outcomes; Measures for surgical priorities should reflect changes in tissue, patient and cost effectiveness	6. Evaluation of treatments
52	2 S4: In people with early OA do surgical procedures that involve cutting and re shaping bone (inc. realignment and osteotomy) work?	The original submissions are listed in All Questions data	February 26th 2016	10		Outcomes; Measures for surgical priorities should reflect changes in tissue, patient and cost effectiveness	6. Evaluation of treatments

otal number of verified ncertainties identified y the PSP	Uncertainty	Explanatory note	Date of the priority setting workshop	Rank of the uncertainty at the final workshop.	Existing evidence	Additional contextual information generated at the final workshop	Health Research Classifica System
	N1: Is regular exercise and physical activity effective at reducing disease progression?	The original submissions are listed in All Questions data	February 26th 2016	1		Very real dilemma for many with early OA with differing advice received from health professionals. Intervention; cardiovascular exercise and specific joint exercise Type of research; start off with systematic review (Cochrane review is for hip only at present) study needs to be longer term to capture disease progression, cohort and there is a registry of people with OA (non replacement) that could be used? Population; all people with early OA Outcomes; difficult to measure disease progression? Important to measure harms	2. Aetiology
	N2: What are the most effective and cost effective non surgical management options, including combinations of treatments to improve outcomes in people with early OA?		February 26th 2016	2		Important that this question addresses combinations of non surgical options as this replicates real life. Type of research; Clinical trials Intervention; to include complementary and alternative options especially acupuncture, debate about whether to include physiotherapy and hydro therapy. Population; older people with OA and with co-morbidities, we discussed whether this was also relevant for younger people Outcomes; Pain and function (life limiting and impact on daily activities Health related quality of life measures	6. Evaluation of treatments
52	N3: For people with early OA, what are the most effective and cost effective exercise programmes for clinical improvement?	The original submissions are listed in All Questions data	February 26th 2016	3		Intervention; cardiovascular exercise and specific joint exercise e.g., muscle strengthening Population; all people with OA especially obese and overweight Outcomes; clinical outcomes and OA specific measures Patient focused if able	6. Evaluation of treatments
52	N4: Is it possible to influence the progression of OA by modifying identifiable risk factors?	The original submissions are listed in All Questions data	February 26th 2016	4		Links to No 6 in Other Important Priorities, what are risk factors and are they modifiable? Progression needs clearer definition? Progression to be measured by X Ray deterioration, symptoms getting worse and function and activity level Risk Factors; genetic, BMI, psychosocial, sport, manual work (farmers and carpet fitters), weather, immobility, diet, muscle strength and injuries	3. Prevention of Disease an Conditions
	NS: What options are available for OA self management and how effective are they?	The original submissions are listed in All Questions data	February 26th 2016	5	Self-management education programmes for osteoarthritis DOI: 10.1002/14651858.CD008963.pub2 http://www.ncbi.nlm.nih.gov/pubmed/24425500 Low to moderate quality evidence indicates that self-management education programmes result in no or small benefits in people with osteoarthritis but are unlikely to cause harm. Compared with attention control, these programmes probably do not improve self-management skills, pain, osteoarthritis symptoms, function or quality of life and have unknown effects on positive and active engagement in life. Compared with usual care, they may slightly improve self-management skills, pain, function and symptoms, although these benefits are of unlikely clinical importance. Further studies investigating the effects of self-management education programmes, as delivered in the trials in this review, are unlikely to change our conclusions substantially, as confounding from biases across studies would have likely favoured self-management. However, trials assessing other models of self-management education programme delivery may be warranted. These should adequately describe the intervention they deliver and consider the expanded PROGRESS-Plus framework and health literacy, to explore issues of health equity for recipients.		7. Management of Disease
52	N6: What is the most effective and cost effective physiotherapy for treating people with early OA?	The original submissions are listed in All Questions data	February 26th 2016	6		Important question as majority of people will be signposted to physio (or a subset) in the NHS Interested in these questions; variation, intensity, frequency and specificity Intervention; distinct from exercise and activity - prescribed exercise and manual therapy Outcomes; patient focussed and quality of life	

52	N7: For people with early OA going to primary care what is the best and most cost effective and appropriate pain relief strategy?	February 26th 2016	7	2012 OUT OF DATE Topical NSAIDs for chronic musculoskeletal pain in adults DOI: 10.1002/14651858.CD007400,pub2 http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007400.pub2/abstract Topical NSAIDs can provide good levels of pain relief; topical diclofenac solution is equivalent to that of oral NSAIDs in knee and hand osteoarthritis, but there is no evidence for other chronic painful conditions. Formulation can influence efficacy. The incidence of local adverse events is increased with topical NSAIDs, but gastrointestinal adverse events are reduced compared with oral NSAIDs.	Many people want to avoid taking lots of pain killers and explore alternatives and need a combination of approaches that are personal to their stage of OA, lifestyle etc. This question could be considered as a sub set of Q 2 intervention; packages of care (so not just analgesia), include frequency of treatment. Population; people with identifiable pain symptoms presenting in primary care (not necessarily just GP) Outcomes; relief of or improvement in pain, adherence to strategy	6. Evaluation of treatments
52	N8: What new drug treatments are effective in treating people with early OA? The original submissions are listed in All Questions data	February 26th 2016	8		Changed the focus of this question on new drug treatments as existing ones not very effective and not suitable for everyone (e.g., NSAIDs). Also remove joint injections as specific question about these (no 11). Intervention; Topical and oral drugs new (or repurposed), use in flares, activity related pain and chronic and enduring pain Type of research; this would be good for a systematic review to begin with Population; Outcomes; benefits (pain reduction) and side and adverse effects (especially cardiovascular and peptic ulcer related)	6. Evaluation of treatments
52	N9: What are the best treatments for people with early OA, who also have other musculoskeletal conditions (such as Rheumatoid Arthritis and back pain)?	February 26th 2016	9		Not discussed due to lack of time	6. Evaluation of treatments
52	N10: When does Body Mass Index (BMI) impact on the progression of early OA? The original submissions are listed in All Questions data	February 26th 2016	10		This was discussed in context with No 4 but felt that it was important to keep separate as it is modifiable and worth attention on its own. Group wanted to acknowledge the complex nature of why people have high BMI and especially the mental health, and public health aspects. Removed 'point' and prefer concept of a scale and/or range within which BMI impacts on progression. Type of research; Epidemiology research and probably a cohort approach. Existing data sets in OA and high BMI?	3. Prevention of Disease and Conditions

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al number of verified tertainties identified the PSP	Uncertainty	Explanatory note	Date of the priority setting workshop	Rank of the uncertainty at the final workshop.	Existing evidence	Additional contextual information generated at the final workshop	Health Research Classifica System
52	O1: Can early OA be slowed down, reversed or cured?	The original submissions are listed in All Questions data	February 26th 2016	,		Uncertainties about effect of existing or new treatments somewhat open to interpretation regarding potential medical, surgical contexts for use. Type of research, longer term and/or clinical trial (self management adding on to existing treatment) e.g. 1. drug trial 2. surgical e.g. alignment surgery 3. non-pharmacological e.g. weight loss intervention; Surgical – corrective alignment surgery, Drugs / injection, Brace/orthotics/non-pharma e.g. acupuncture, Weight loss Population, early disease: all patients, but may be younger, people who are at risk, early trauma/ sport, overweight, family risk, congenital Outcomes; Validated knee measure or hip e.g. KOOS (knee injury and Osteoarthritis) Outcome Score), OSK-APQ (Oxford Knee Score - Activity & Participation Questionnaire), Occupational / activity EQ-SD index and VAS PROMS measures (Index = health-related quality of life - mobility, self-care, usual activities, pain/discomfort and anxiety/depression VAS = a self-rating of health-related quality of life, Pain, Imaging (MRI)/ X-Ray – but neither are definitive	5. Development of Treatments
52	O2: What standardised non-surgical integrated pathways for early OA improve patient outcomes and experience?		February 26th 2016	2		Currently no clear pathways or agreed treatment interventions. Diagnosis and treatments vary by Clinical Commissioning Groups from one service (e.g., physiotherapy) through to many services which may or may not be based in a single site/multidisciplinary team. Type of research, Health care services research/delivery, Quality of care, Integrated services, Qualitative research Outcomes; PROMS / PIOMS, Qualitative patient experiences and outcomes	8. Health and Social Care
52	O3: What are the best interventions to keep people with early OA working?	The original submissions are listed in All Questions data	February 26th 2016	3		Timing is important for clinical diagnosis regarding treatment i.e. stage of disease. Balancing benefit of intervention v failure needs to be on an individual basis. Need to put not one treatment but multiple treatments in context. Type of research; Cohort, Qualitative, Clinical Trial Intervention; Cohortifying multiple interventions, Education, Complex interventions v no intervention. Population; Young people, Working people, People in physical jobs Outcomes; EQ – 5D (Quality of Life survey), Binary work outcomes (in work/ out of work), Sick days, Change of employment/ behaviour / activities	8. Health and Social Care
52	O4: How can we predict disease progression in people with early OA of the knee/hip?	The original submissions are listed in All Questions data	February 26th 2016	4		Type of research; Longitudinal, Cohort, Retrospective/Prospective studies Population, High risk groups e.g. knee injury, occupational groups, Young volder people Outcomes; PROMS/ PIOMS e.g. pain, Imaging depending on study	2. Aetiology
52	O5: What is the best multidisciplinary care model for effective management of OA in primary care?	The original submissions are listed in All Questions data	February 26th 2016	5		This question overlaps with Q 2 and Q 7 in non surgical and they could be considered together Types of research; RCT of complex interventions, Systematic review of models, economic analysis of this question could be very useful Population; People presently with OA symptoms in primary care Outcomes; PROMS	8. Health and Social Care
52	O6: What factors and patterns of disease are responsible for progression of OA?	The original submissions are listed in All Questions data	February 26th 2016	6		Some knowledge but needs to be better, need to personalise approaches. Need development of predictive tool Type of research; Longitudinal, Retrospective, Cohort, Epidemiological EP databases, Big data, Developing a predictive tool – risk factors (e.g. of family history) Population; largel Outcomes; PROMS/PIOMS, X-Ray/MRI	2. Aetiology

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