ACR Guideline Summary

# 2026 Update of the American College of Rheumatology Recommendations for the Management of Osteoarthritis of the Knee, Hip, and Hand

These current recommendations are an update of the 2019 American College of Rheumatology/Arthritis Foundation (ACR/AF) guideline for the management of individuals with knee, hip, and hand osteoarthritis (OA). All recommendations were made based on the following assumptions: 1) management should begin with interventions with the least potential toxicity, 2) specialized OA treatments should be provided by individuals with the necessary expertise and experience with OA for the specific treatment, and 3) treatment decisions should be personalized and made through a shared decision-making process with the patient, taking into consideration their preferences and values, the severity of their symptoms, other health conditions, treatment contraindications and risk factors for adverse effects, and access to treatment. *Recommendations were made in the context of OA and may not apply to other conditions*.

The comprehensive management of patients with OA at any site will often require a multimodal approach with behavioral and physical approaches, as well as pharmacologic treatments. This approach may require collaboration with a multidisciplinary care team, including, but not limited to, primary care clinicians, rheumatologists, physical therapists, occupational therapists, and orthopedic surgeons.

The table below lists the recommendations in order of strength of the recommendation for both the behavioral/physical and pharmacologic approaches for management of individuals with OA. For most interventions, recommendations for specific interventions are listed before those that are not recommended.

| RECOMMENDATION STATEMENT | STRENGTH | CERTAINTY OF EVIDENCE |
|---|---|---|
| **Behavioral and Physical Approaches** | | |
| In people with OA, education about the disease and its management should be provided, and participation in self-management programs to enhance self-efficacy should be encouraged. | Good practice statement | Ungraded |
| In people with OA and limitations in function, exacerbation of pain, or an increase in fatigue limiting engagement in exercise or activities of daily living, clinicians should refer to physical therapy. Additionally, in people with limitations in activities of daily living particularly related to the upper extremities and OA-related difficulties fulfilling social and vocational roles, clinicians should refer to occupational therapy. | Good practice statement | Ungraded |
| In people with knee and hip OA and limitations in walking, clinicians should advise use of canes and other mobility aids as appropriate | Good practice statement | Ungraded |
| In people with knee and hip OA, we **strongly** recommend exercise. | Strong | Moderate |
| In people with knee and hip OA meeting criteria for overweight or obesity, we **strongly** recommend weight loss. | Strong | Moderate |
| In people with hand OA, we **conditionally** recommend hand exercise. | Conditional | Low |
| In people with knee OA, we **conditionally** recommend tibiofemoral and patellofemoral knee braces. | Conditional | Very low to moderate |

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| | | (dependent on type of brace) |
| In people with first CMC joint and finger joint OA, we **conditionally** recommend hand orthoses | Conditional | Low |
| In people with knee or first CMC joint OA, we **conditionally** recommend therapeutic taping. | Conditional | Low |
| In people with hand OA, we **conditionally** recommend arthritis gloves. | Conditional | Very low |
| In people with knee, hip, and hand OA, we **conditionally** recommend CBT. | Conditional | Low |
| In people with knee and hip OA, we **conditionally** recommend tai chi. | Conditional | Very low |
| In people with knee OA, we **conditionally** recommend yoga. | Conditional | Very low |
| In people with knee, hip, and hand OA, we **conditionally** recommend therapeutic heating and cooling interventions (locally applied heat or cold). | Conditional | Low |
| In people with hand OA, we **conditionally** recommend use of paraffin wax bath. | Conditional | Low |
| In people with knee and hip OA, we **conditionally** recommend massage therapy.* | Conditional | Low |
| In people with knee, hip, and hand OA, we **conditionally** recommend acupuncture. | Conditional | Moderate for knee/hip; very low for hand |
| In people with knee OA, we **conditionally** recommend radiofrequency ablation. | Conditional | Low |
| In people with knee and hip OA, we **conditionally** recommend ***against*** lateral and medial wedged insoles. | Conditional | Very low |
| In people with knee and hip OA, we **conditionally** recommend ***against*** TENS. | Conditional | Low |
| **Pharmacologic Approaches** | | |
| In people with knee and hand OA, we **strongly** recommend topical NSAIDs. | Strong | Moderate |
| In people with knee, hip, and hand OA, we **strongly** recommend oral NSAIDs. | Strong | Moderate |
| In people with knee and hip OA, we **strongly** recommend intraarticular glucocorticoid injections. | Strong | Low |
| In people with hip OA, we **strongly** recommend ultrasound guidance for intraarticular glucocorticoid injections. | Strong | Low |
| In people who have knee OA and obesity, we **conditionally** recommend use of GLP-1 RA to help achieve optimal weight in combination with diet and exercise.** | Conditional | Moderate |
| In people with hand OA, we **conditionally** recommend intraarticular glucocorticoid injections. | Conditional | Low |
| In people with knee and hand OA, we **conditionally** recommend topical NSAIDs over oral NSAIDs. | Conditional | Low |
| In people with knee OA, we **conditionally** recommend topical capsaicin. | Conditional | Moderate |
| In people with knee, hip, and hand OA, we **conditionally** recommend acetaminophen. | Conditional | Low |

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| In people with knee, hip, and hand OA, we **conditionally** recommend duloxetine, an SNRI. | Conditional | Moderate |
| In people with erosive hand OA, we **conditionally** recommend methotrexate.* | Conditional | Low |
| In people with knee and hip OA, we **strongly** recommend ***against*** PRP treatment. | Strong | Low |
| In people with knee and hip OA, we **strongly** recommend ***against*** stem cell injections. | Strong | Moderate |
| In people with knee, hip, and hand OA, we **strongly** recommend ***against*** hydroxychloroquine. | Strong | Moderate |
| In people with knee, hip, and hand OA, we **strongly** recommend ***against*** bisphosphonates. | Strong | Moderate |
| In people with knee, hip, and hand OA, we **strongly** recommend ***against*** glucosamine, chondroitin, and combination preparations of glucosamine and chondroitin.* | Strong | Low for glucosamine alone; moderate for combination |
| In people with knee, hip, and hand OA, we **strongly** recommend ***against*** TNFα inhibitors. | Strong | Very low for knee/hip; moderate for hand |
| In people with hand OA, we **strongly** recommend ***against*** IL-1 inhibition. | Strong | Low |
| In people with knee and hip OA, we **conditionally** recommend ***against*** IL-1 inhibition. | Conditional | Low |
| In people with hand OA, we **conditionally** recommend ***against*** topical capsaicin. | Conditional | Moderate |
| In people with knee, hip, and hand OA, we **conditionally** recommend ***against*** other SNRIs, TCAs, pregabalin, and gabapentin. | Conditional | Very low |
| In people with knee, hip, and hand OA, we **conditionally** recommend ***against*** opioids. | Conditional | Low |
| In people with knee, hip, and hand OA, we **conditionally** recommend ***against*** intraarticular hyaluronic acid injections. | Conditional | Moderate for knee/hip; very low for hand |
| In people with knee and hip OA, we **conditionally** recommend ***against*** intraarticular botulinum toxin injections. | Conditional | Moderate |
| In people with knee and hip OA, we **conditionally** recommend ***against*** dextrose prolotherapy. | Conditional | Low |
| In people with knee and hip OA, we **conditionally** recommend ***against*** methotrexate. | Conditional | Low |
| In people with knee, hip, and hand OA, we **conditionally** recommend ***against*** colchicine. | Conditional | Very low |
| In people with knee, hip, and hand OA, we **conditionally** recommend ***against*** vitamin D. | Conditional | Low |
| In people with knee, hip, and hand OA, we **conditionally** recommend ***against*** fish oil. | Conditional | Moderate |

* Change in recommendation direction since 2019 update

** New recommendation

**Abbreviations: CBT** = cognitive behavioral therapy; **GLP-1 RA** = glucagon-like peptide-1 receptor agonist; **IL-1** = interleukin-1; **NSAIDs** = nonsteroidal anti-inflammatory drugs; **OA** = osteoarthritis; **PRP** = platelet-rich plasma; **SNRI** = serotonin-norepinephrine reuptake inhibitor; **TCA** = tricyclic antidepressant; **TNF** = tumor necrosis factor; **TENS** = transcutaneous electrical stimulation


*This summary was approved by the ACR Board of Directors on September 8, 2026. These recommendations are included in a full manuscript, which will be submitted for publication in* Arthritis & Rheumatology *and* Arthritis Care & Research*.*