OwieClear OA & Osteochondritis Dissecans Pages — Accuracy Review

Reviewed: November 17, 2026 · Three pages

1. Osteoarthritis in several joints (wear-and-tear arthritis)

URL: https://owieclear.com/conditions/osteoarthritis-in-several-joints-wear-and-tear-arthritis/

Overall: Directionally correct but **very thin**. Cartilage wear, multi-joint pattern (knees/hips/hands/spine), exercise > rest, weight loss, and NSAID caution are right. Needs more depth on joints affected, non-drug care, and when to image/refer.

Symptoms listed: Pain/stiffness; multi-joint pain; stiffness after rest/morning. Less common: swelling; bony finger bumps.

Ranking note: Bony bumps (Heberden/Bouchard nodes) are classic for hand OA and common enough not to bury under "less common" on a multi-joint page. Mild swelling can occur with use.

Strengths: Exercise and weight loss prioritized; hot swollen joint + fever flagged (rule out septic/crystal arthritis); PT pathway.

Gaps: No distinction from inflammatory arthritis (morning stiffness duration, systemic features); sparse on topical NSAIDs, bracing, injections, joint replacement thresholds; risk factors beyond age (obesity, prior injury, occupation) underdeveloped.

Priority fixes: Expand self-care (strength + aerobic, weight, pacing); name common sites; clarify short vs long morning stiffness as OA vs RA clue.

2. Osteoarthritis of the hand

URL: https://owieclear.com/conditions/osteoarthritis-of-the-hand/

Overall: Strongest of the three. Accurate on DIP/PIP/thumb base pattern, short morning stiffness (<30 min), Heberden/Bouchard nodes, grip weakness, comparison vs RA/gout/trigger finger, and stepwise care (exercise, heat/cold, aids, topical/oral analgesics, steroid shots, surgery for severe thumb base).

Symptoms: Pain with use; stiffness <30 min; bony bumps; thumb-base pain. Less common: post-use swelling; weak grip; lateral deviation; crepitus — appropriately ranked.

Strengths:

- Sites: fingertip joints, middle joints, thumb CMC — correct
- Morning stiffness usually <30 minutes — key OA vs RA differentiator
- Hard bony bumps vs soft inflammatory swelling — clear
- Comparison table vs RA, gout, trigger finger — excellent
- Self-care: hand exercises, heat/cold, grip aids, activity modification, thumb splint
- Blood tests to rule out inflammatory arthritis when indicated
- Female sex, family history, prior injury as risks — accurate

Minor polish: Optional note that erosive hand OA variant exists; surgery mainly for refractory thumb CMC. No major factual errors.

3. Osteochondritis dissecans (loose piece of bone in a joint)

URL: https://owieclear.com/conditions/osteochondritis-dissecans-loose-piece-of-bone-in-a-joint/

Overall: Very thin / placeholder-level. Core idea is right (focal bone/cartilage fragment, often knee, active kids/teens; rest; sometimes surgery; risk of early OA). Almost every section needs expansion.

Symptoms listed: Joint pain with activity. Less common: locking.

Gaps:

- Sites: knee (most common), elbow (capitellum), ankle — understated
- Age: skeletally immature athletes; adult OCD behaves differently
- Symptoms: activity-related pain, swelling, catching/locking, giving way — expand beyond one line
- Cause: repetitive microtrauma / stress; not fully understood; not "just aging"
- Diagnosis: X-ray may miss early lesions; MRI is key for stability and staging
- Treatment: activity modification, protected weight-bearing; stable juvenile lesions often heal; unstable or adult lesions may need fixation/drilling/grafting
- Return to sport criteria missing

Priority fixes: Full symptom set; MRI role; juvenile vs adult prognosis; clear rest vs surgical pathway.

Summary comparison

Page	Depth	Accuracy	Priority action
Multi-joint OA	Thin	Directionally OK	Expand sites, self-care, OA vs RA clues
Hand OA	Strong	High	Minor polish only
Osteochondritis dissecans	Very thin	Core OK; incomplete	Major rewrite of symptoms/Dx/Rx

Bottom line: Hand OA page is in good shape. Multi-joint OA needs moderate expansion. Osteochondritis dissecans needs a substantial rebuild (symptoms, imaging, age-specific treatment and prognosis).

Review based on page content as of November 17, 2026, cross-checked against standard OA and osteochondritis dissecans clinical references.