UNDERSTANDING YOUR DIAGNOSIS · NO. 1

What your X-ray says — and what it can’t.

How arthritis is graded, why “bone-on-bone” isn’t a command, and what actually drives the decision.

THE ONE-MINUTE VERSION

If you only read one page, read this.

- X-rays show the space cartilage used to fill — standing views matter most.
- “Bone-on-bone” is a description of cartilage, not an instruction to operate.
- Symptoms and imaging correlate loosely; your life carries more weight than your grade.
- An MRI is rarely needed once arthritis is established on X-ray.
- Old films are gold — progression over time tells the real story.

DR. SEEM’S PERSPECTIVE

The X-ray tells me where the arthritis is. Only you can tell me whether it has earned an operation. When those two line up, surgery works wonderfully; when they don't, we keep looking.

What an X-ray shows

Cartilage is invisible on X-ray. What we actually read is the *space* between bones — where cartilage used to hold them apart — plus the bone's response to losing it: spurs (osteophytes), hardened surfaces (sclerosis), and cysts. Weight-bearing views matter, which is why we X-ray your knee standing: a knee that looks respectable lying down can close to bone-on-bone under load.

The words on your report, translated

REPORT LANGUAGE	PLAIN MEANING
Joint space narrowing	Cartilage thinning in that compartment
Osteophytes	Bone spurs — the bone remodeling around arthritis
Subchondral sclerosis	Bone hardening where cartilage no longer cushions
Subchondral cysts	Small fluid pockets in stressed bone
“Bone-on-bone”	Full-thickness cartilage loss in at least one area
Kellgren-Lawrence grade 1–4	A standard severity scale; 4 is most severe

The most important sentence in this guide

> *X-rays correlate with symptoms far more loosely than most people expect — some people with severe-looking films live comfortably, and some with mild films hurt badly.*

This is why “bone-on-bone” is a description, not an instruction. It tells us the cartilage is gone in a spot. It does not tell us how you sleep, whether you can work, or what you've had to give up — and those are the things surgery is actually for.

Why you usually don't need an MRI

For established arthritis, weight-bearing X-rays typically answer the question. An MRI shows the same arthritis in expensive detail, and almost every arthritic knee MRI also shows a degenerative meniscus tear — a common finding that usually doesn't change the plan. Advanced imaging earns its keep when the story and the films don't match, or when something beyond arthritis is suspected.

What actually drives the recommendation

01 Your symptoms and what they're taking from you

02 Your examination

03 What you've already tried

04 Your health, goals, and timeline

05 *Then* the X-ray — confirming that arthritis explains the story

BRING YOUR IMAGES

Prior X-rays — even from years ago — are gold. Arthritis progression over time often says more than any single film. Bring discs or tell us where they were taken; we can usually retrieve them.

RELATED GUIDES IN THIS LIBRARY

• Do I actually need a replacement yet? • Why joint replacements fail

What happens next

If you decide to be seen, the consultation starts with listening — your story, your goals, and what the joint is taking from you. Then an examination, and a review of your imaging together on the screen, so you can see what we see. You'll leave with an honest recommendation and every reasonable option explained — including the option of waiting. Nothing is decided without you.

To schedule: call (540) 667-8975 — Winchester Orthopaedic Associates, 128 Medical Circle, Winchester, VA 22601.

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