

2010



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PHONE: 888-658-8453

# Knee Osteoarthritis (OA)

## Meet Pat

Pat is a 60-year-old woman with complaints of right knee pain that had been present for several years and had recently worsened. She sprained her knee years ago but had no recent trauma that might have caused her pain. Before physical therapy, Pat had:

- Constant knee pain and associated thigh discomfort
- Initial knee pain rating = 5/10
- Limited right knee flexion (115 degrees; normal 130)
- Knee Activity of Daily Living Score (ADLS) = 45%

### Intervention:

After examination, Pat's provider prescribed impairment-based **manual physical therapy** and exercise for **8 visits over 4 weeks**.

### Result:

- Pat's knee and thigh pain occurs only occasionally and is minimal (1/10)
- She now has full range-of-motion.
- Her ADLS Index score = 94%
- She now walks  $\geq$  30 minutes without pain or limping



Pat's name has been changed to protect patient privacy.

At Texas Physical Therapy Specialists, we use an evidence-based approach to help people with knee OA get back where they belong!

Locations near you: New Braunfels, Selma, San Marcos (2 locations), Bulverde, Blossom Center, Balcones Woods, Bee Caves, Central Park, Pflugerville, Westgate.

Visit our website or call for more information. We welcome any questions you may have.

### What Works

- **Therapeutic exercise** is recommended as first-line intervention for knee OA<sup>1</sup>
- **Therapeutic exercise + manual physical therapy** reduces pain, disability and can delay the need for joint replacement for up to a year<sup>2</sup>
- **Treatment adjuncts** of TENS<sup>3</sup>, ice massage, and shoe inserts<sup>4</sup> can reduce pain and patient's perception of stiffness

### What Doesn't Work

- **Tylenol and NSAIDs** have a small effect only<sup>5</sup> and long-term use isn't recommended<sup>6</sup>
- **Passive interventions** such as ultrasound or massage<sup>7</sup>
- **Waiting** to see if it gets better on its own<sup>2</sup>

## Learn How A Physical Therapist Can Help You

Your physical therapist is an expert in the non-surgical treatment of musculoskeletal conditions and can help you recover the use of joints and muscles through manual physical therapy, active supervised exercise, and education. The physical therapist will help reduce your pain, promote healing, and restore strength, function and movement so you can return to normal activity as quickly as possible!

**Don't settle for imitations!** Only a licensed physical therapist can provide effective physical therapy care. A physical therapist is a licensed healthcare professional who has successfully completed years of rigorous medical training and has been licensed by the state. Board-certified physical therapists are designated as Orthopedic Clinical Specialists (OCS).

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## We Can Help Pat

**Osteoarthritis (OA) is the most common cause of disability in the United States.<sup>8</sup>** It is particularly disabling as it limits the ability to rise from a chair, stand, walk or use stairs in 1/3 of all people over 60.<sup>9</sup>

**Altman's clinical diagnostic criteria for knee OA are both sensitive (.89) & specific (.88)** and may consist of the following in individuals  $\geq 30$  years of age: knee pain, morning joint stiffness  $>$  than 30 minutes and crepitus with active motion.<sup>10</sup>

**The effect of Tylenol & NSAIDs (typically used) is only slightly better than placebo** for reducing pain (1cm reduction in VAS), has associated risks even with short-term use, and has not been demonstrated to be more effective than exercise.<sup>6</sup>

**At 1 year, less arthritis medication was used,<sup>11</sup> and fewer joint injections and knee replacements (NNT=7)** were received by patients who received 4 weeks of manual physical therapy plus exercise used compared to a minimal intervention approach.<sup>2</sup>

**Knee OA is costly and disabling and doesn't just affect the elderly!** Younger individuals ( $<40$ ) are often affected and 30 – 40% of people with knee OA also have **hip OA**<sup>12, 13</sup>

**Patients treated with our approach often report a 20 – 40% relief of symptoms within 3 – 4 visits & are more satisfied** than those who only receive home exercise!<sup>11</sup>

**We ensure your patients receive the highest level of care possible and unsurpassed AmaZing! Customer Service.**



Pat's name has been changed to protect patient privacy.

### National Leaders

Member of the EIM Clinical Education Network and Host site of EIM Orthopaedic Residency and Orthopaedic Manual Physical Therapy Fellowship programs



### Proven success

Impressively low average of patient visits keep costs low and patients happy.

## Rely On The Newest Research and Evidence

1. Bennell K, Hinman R. Exercise as a treatment for osteoarthritis. *Curr Opin Rheumatol* 2005;17(5):634-40.
2. Deyle GD, Henderson NE, Matekel RL, Ryder MG, Garber MB, Allison SC. Effectiveness of manual physical therapy and exercise in osteoarthritis of the knee. A randomized, controlled trial. *Ann Intern Med* 2000;132(3):173-81.
3. Osiri M, Welch V, Brosseau L, et al. Transcutaneous electrical nerve stimulation for knee osteoarthritis. *Cochrane Database Syst Rev* 2000(4):CD002823.
4. Brouwer RW, Jakma TS, Verhaagen AP, Verhaar JA, Bierma-Zeinstra SM. Braces and orthoses for treating osteoarthritis of the knee. *Cochrane Database Syst Rev* 2005(1):CD004020.
5. Towheed TE, Judd MJ, Hochberg MC, Wells G. Acetaminophen for osteoarthritis. *Cochrane Database Syst Rev* 2003(2):CD004257.
6. Bjordal JM, Ljunggrenn AE, Klovning A, Sjordal L. Non-steroidal anti-inflammatory drugs, including cyclo-oxygenase-2 inhibitors, in osteoarthritic knee pain: meta-analysis of randomized placebo controlled trials. *BMJ Online First* 2004(23 November 2004):doi: 10.1136/bmj.38273.626655.63.
7. Philadelphia Panel evidence-based clinical practice guidelines on selected rehabilitation interventions or knee pain. *Phys Ther* 2001;81(10):1675-700.
8. Schlesinger N. Osteoarthritis: pathology, epidemiology, and risk factors. *Physical Medicine and Rehabilitation; State of the Art Reviews* 2001;15(1):1-9.
9. Felson DT. The epidemiology of knee osteoarthritis: results from the Framingham osteoarthritis study. *Arthritis and Rheumatism* 1990;20:42-50.
10. Altman R, Asch E, Bloch D, et al. Development of criteria for the classification and reporting of osteoarthritis. Classification of osteoarthritis of the knee. Diagnostic and Therapeutic Criteria Committee of the American Rheumatism Association. *Arthritis and Rheumatism* 1986;29(8):1039-49.
11. Deyle GD, Allison SC, Matekel RL, et al. Physical therapy treatment effectiveness for osteoarthritis of the knee: a randomized comparison of supervised clinical exercise and manual therapy procedures versus a home exercise program. *Phys Ther* 2005;85(12):1301-17.
12. Aigner T, Dudhia J. Genomics of osteoarthritis. *Curr Opin Rheumatol* 2003;15(5):634-40.
13. Maillefert JF, Gueguen A, Monreal M, et al. Sex differences in hip osteoarthritis: results of a longitudinal study in 508 patients. *Annals of the Rheumatic Diseases* 2003;62(10):931-4.