

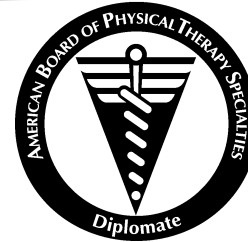
Physical Therapy: A Safe & Effective Way to Manage Arthritis of the Hip & Knee

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February 25, 2009

Many Americans suffer from pain in their hips or knees caused by a common condition known as osteoarthritis. Osteoarthritis (OA) is characterized by a progressive loss of smooth cartilage located on the ends of bones and the formation of bone spurs. The changes that occur to the joint surfaces can lead to pain, loss of mobility, loss of muscle function, restriction in activities of daily living, and decreased quality of life. People with hip or knee OA are often left wondering what they can do to avoid taking medication or having surgery. Fortunately, there is promising research supporting nonsurgical care which can greatly reduce a person's pain and improve their quality of life. Visiting a physical therapist that is trained in hands-on manual therapy and exercise prescription is the solution.

A recent publication through the American College of Rheumatology concluded that specialized hands-on exercise therapy, especially strengthening exercise, is an effective form of treatment to decrease pain for those with osteoarthritis of the hip.¹ An earlier publication through the British Society for Rheumatology reported that both strengthening and aerobic exercise can reduce pain and improve function and health status in those with knee and hip OA.² Both of these recommendations are based on current best evidence.

Specific techniques used by physical therapists that gently manipulate the hip have been shown to be superior to other forms of conservative care.³ Patients receiving this form of physical therapy demonstrate significantly better outcomes in reducing pain, decreasing stiffness, increasing range of motion, and improving hip function with results lasting more than seven months. The millions of people suffering with this condition often look to alternative medicine for relief. However, non-traditional forms of treatment such as acupuncture have not demonstrated an improvement in hip pain or function.⁴ In these difficult economic times, having good evidence for making decisions about health care is essential. For those with an "aching hip", proven relief is available by asking your physician if you can see a physical therapist.



If you are having difficulty rising from a chair, standing, walking, are experiencing knee morning stiffness or are having difficulty climbing stairs because of severe knee pain, you can benefit from the expertise of a physical therapist. Recent studies support treatment by physical therapists formally trained in manual therapy along with supervised exercise as part of a comprehensive rehabilitation program for improving function, decreasing pain and stiffness, and increasing walking distance.⁵ The combination of manual physical therapy and exercise has been shown to be more effective than a home exercise program alone for increasing function and decreasing pain/stiffness for patients with knee OA.⁶ Long term improvements from manual physical therapy and supervised exercise have been demonstrated in some studies for up to one year.⁵

There are many different treatment options for the management of osteoarthritis. These include medication, surgery, injections and physical therapy. Some of these treatments pose potential risks that may outweigh any potential benefit. One of the safest and most conservative approaches to managing OA is through physical therapy. Research shows that a combination of supervised exercise and hands on manual physical therapy is effective for improving walking distance and overall function in everyday life. Manual physical therapy and a supervised exercise program may also delay or prevent the need for surgery. In fact, a recent study published in the New England Journal of Medicine showed that physical therapy was just as effective as arthroscopic surgery for the treatment of knee OA.⁷

In summary, recent research has clearly shown that manual physical therapy and supervised exercise is a safe, cost-effective and beneficial form of treatment for individuals with OA of the hip or knee. Physical therapists are experts in human motion making them the optimal first choice for the management of musculoskeletal disorders, including osteoarthritis of the hip and knee. No other professional is equipped with the knowledge and skills to design a safe and effective exercise program for this population.

Remember, when your physician refers you to a physical therapist, you have a **CHOICE** regarding who you see. We invite you to choose TexPTS for your physical therapy needs. To learn more about us and our evidence-based approach to care, visit our website at www.TexPTS.com or give us a call at (888) 658-8483. Remember...we make doing business with us easy and treat everybody as family! You can also contact the American Physical Therapy Association (www.apta.org), a national organization representing physical therapists whose goal is to foster advancements in physical therapist practice, education, and research. To learn more about what a physical therapist can do for you, go to <http://www.moveforwardpt.com>.

About Dr. Wainner

Dr. Wainner is Vice-President of Clinical Excellence of Texas Physical Therapy Specialists. He is board certified in Orthopedics (OCS) and Clinical Electrophysiology (ECS) and is a Fellow in the American Academy of Orthopaedic and Manual Physical Therapists. Dr. Wainner holds a PhD in Rehabilitation Science from the University of Pittsburgh and has published numerous research and clinical oriented articles. For a complete list of references used in this article or a more information on evidence-based practice in medicine, please contact him at rob@texpts.com or www.TexPTS.com.

About Texas Physical Therapy Specialists:

Texas Physical Therapy Specialists (TexPTS) is a privately owned, multi-site physical and occupational therapy practice. Founded in 2004, we deliver the highest quality, evidence-based physical therapy management to patients with unquestionable ethics, unparalleled quality, superior

service, and at the best value. Our physical therapists utilize manual physical therapy and therapeutic exercise based on the newest research to achieve the best results in fewer visits. TexPTS serves the South Central Texas region with multiple locations in San Antonio (Selma, Blossom, Bulverde), New Braunfels, San Marcos, and Austin (Westgate, Bee Caves, Balcones Woods, Pflugerville, & Central Park). To learn more about TexPTS and our evidence-based approach to care, visit our website at www.TexPTS.com or give us a call at (888) 658-8483. We make doing business with us easy and treat everybody as family!

References:

1. Hernandez-Molina G, et al. Effect of therapeutic exercise for hip osteoarthritis pain: results of a meta-analysis. *Arthritis & Rheumatism*. 2008;59(9):1221-1228.
2. Roddy E, et al. Evidence-based recommendations for the role of exercise in the management of osteoarthritis of the hip or knee—the MOVE consensus. doi:10.1093/rheumatology/keh399.
3. Hoeksma H, Dekker J, Runday H et al. Comparison of manual therapy and exercise therapy in osteoarthritis of the hip: A randomized clinical trial. *Arthritis and Rheumatism* (51)5:2004; 722-729.
4. Moe R, Haavardsholm E, Christie A et al. Effectiveness of nonpharmacological and nonsurgical interventions for hip osteoarthritis: An umbrella review of high-quality systemic reviews. *Physical Therapy* (87)12:2007;1-12.\
5. Deyle G, et al. Effectiveness of manual physical therapy and exercise in osteoarthritis of the knee. *Annals Int Med*. 2000;132(3):173-181.
6. Deyle G, 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. *Physical Therapy*. 2005;85(12):1301-1317.
7. Kirkley A, et al. A randomized trial of arthroscopic surgery for osteoarthritis of the knee. *NEJM*. 2008;359(11):1097-1107.