



Knee Pain

Excerpt from Central Valley Physical Therapy PIER Document

PROBLEM: **Knee & Hip Osteoarthritis (OA)**

INTERVENTION: • **Manual Physical Therapy & Exercise**
• **Glucosamine has also been shown to be effective in the management of knee OA**

EVIDENCE: **Oxford Evidence Grade= A (Level 1a studies)**

Using an innovative treatment approach consisting of manual therapy and exercise based on evidence published by our colleagues in the Annals of Internal Medicine¹⁸ and our own work,¹⁹ patients frequently report a 20-40% relief in their symptoms after only 2 – 3 sessions and some improvement is usually maintained for up to 1 year.¹⁸ Similar results were observed in a recently published follow-up trial . At 1 year, some improvement was maintained and patients in the manual therapy + exercise group were less likely to be taking medications for their arthritis.²⁰

REFER:

Patient's with knee OA, especially those who meet Altman's criteria (radiographic osteophytosis and at least one of following three findings has a sensitivity of 91% and specificity of 86%.¹⁰ age > 50; morning stiffness < 30 minutes; crepitus) This approach is helpful even for patients with severe pain and/or deformities.

While deformities won't improve, pain arising from the periarticular tissues and resultant disability may be significantly reduced, resulting in your patients having less pain and disability and a higher quality of life.^{18,20}

Patients with knee OA and the following findings are likely to experience a 30% reduction in and improved function within 48hrs treated with hip mobilization: 1) hip or groin pain or paresthesia; 2) anterior thigh pain; 3) pain with hip distraction; 4) hip internal rotation <17°; 5) knee flexion <122°.²²

*References noted can be found on the original PIER document.