

Knee Pain

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Osteoarthritis of the Knee Part 2: Physical Management

The following information is from: Bennell, K et al (2015). Knee osteoarthritis. In Jull, G et al (eds). Grieve's Modern Musculoskeletal Physiotherapy (4th ed). Elsevier

Exercise

Exercise has been consistently shown to provide short-term benefit* for knee OA, even in those with severe disease. The response has been found to be comparable to the benefits of simple analgesics and oral NSAIDs. Ideally, this should incorporate cardiovascular, flexibility, balance and resistance land-based exercise. For those with obesity &/or severe disease, aquatic exercise may be more appropriate. Strengthening exercises should include training that encourages quality and efficiency of movement, & alignment of the lower limb joints. Many patients with knee OA have developed long-term aberrant movement patterns, and some of these will be reversible.

One review found that 12 or more supervised exercise sessions with a health professional was significantly more beneficial than programmes incorporating less than 12 sessions. *The benefit of exercise has been shown to taper-off over time, but this is almost certainly due to lack of patient adherence with their exercise programme.

Gait retraining

This is an emerging area of research. Until recently, the effect of gait retraining on knee joint loads had

not been studied. There is some new evidence that altering gait can affect the moments through the medial joint.

For those with moderate to severe symptoms, and antalgic gait, there is no question that correct use of a walking stick can significantly reduce pain and improve function.

Manual Therapy

This may include mobilisation to the tibio-femoral, patellofemoral &/or tibio-fibular joints, as well as massage techniques. This has been shown to be effective in the short term. One study showed benefits for up to one year.

Bracing

There is some evidence for the short-term benefit of bracing. While the knee support provided is questionable, the warmth and compression afforded can improve quality of life. For patients with medial joint OA, valgus bracing has shown promise in reducing symptoms and even slowing disease progression. For patellofemoral OA, bracing that unloads the lateral compartment has been shown to effectively reduce symptoms.

Footwear & Orthotics

This is a controversial area. The benefits of orthoses for knee OA are equivocal. Interestingly, there is evidence that more stable or rigid footwear may increase knee joint loading. Some practitioners therefore recommend lightweight, flat & flexible

footwear for those with knee OA.

Acupuncture

There is moderate evidence that acupuncture reduces the symptoms of knee OA in the short-term.

Reference

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