

KNEE PAIN... SURGERY OR PHYSIO?

A landmark Canadian study has found:

“After 2 years, arthroscopic surgery for moderate-severe knee OA provided no additional benefit to Physical Therapy with respect to pain or function.”

Arthroscopic surgery is often performed on people who have osteoarthritis or meniscal tears in their knees. Osteoarthritis is the most common type of arthritis and is typically the result of wear and tear on the joints over time. Despite the popularity and widespread use of arthroscopy, the new study should cause medical professionals to reconsider performing the surgery. While most patients report pain relief and other improvements in the weeks immediately following surgery, those assessments may be the result of a placebo effect, Dr. Litchfield of the Fowler Kennedy Clinic said. "That short-term benefit, I don't think, is enough of a benefit to warrant the procedure in a majority of the patients," he said.

A Randomized Trial of Arthroscopic Surgery for Osteoarthritis of the Knee. N Engl J Med. 2008 Sep 11;359(11): 1097-1107.

ARE MENISCAL TEARS PAINFUL?...

MRI of the knee often reveals meniscal tears in patients with non-specific knee symptoms. The question is, “Are these meniscal tears incidental findings or are they actually relevant to the patient’s pain?”

Conclusion: 61% of those who had meniscal tears in their knees had not had any knee pain during the previous month.

Clinical Relevance: Meniscal finding on MRI are common and may be incidental. Irrespective of symptoms, the prevalence of meniscal tears increases with age. Perhaps rushing to repair things by arthroscopic surgery may not always be a wise choice. *It is likely that the meniscus tear has little to do with the person’s knee pain!*

Incidental Meniscal Findings on Knee MRI in Middle-Aged and Elderly Persons. N Engl J Med. 2008 Sep 11; 359(11): 1108-

1115

RESISTANCE TRAINING BOOSTS MOBILITY IN KNEE ARTHRITIS PATIENTS



A research team, lead by the University of Sydney, analyzed previously conducted trials on knee osteoarthritis and resistance training -- which included resistance machines, free weights, isometric exercise and other devices such as elastic bands. The majority of these studies, they found, reported that symptoms, physical function and strength were improved with resistance training.

More than half of the studies reported a decrease in self-reported pain, and 79 percent found

self- reported mobility improved following resistance training. Progressive resistance training was also tied to an overall increase in physical activity levels.

Don't want OA or a Knee Replacement, See a PT!



83 men and women with knee pain & OA were randomly allocated into two groups.

Group 1: Manual therapy / mobilizations and specific exercises were provided by an experienced PT

Group 2: Placebo ultrasound given to the knee

All patients attended 2X/week for 4 weeks.

Study Conclusion: After 1 month, 2 months and 1 year, the treatment group **had significant improvements in their pain and walking tolerance** as compared to the placebo group

Study Conclusion #2: 20% of the patients in the placebo group underwent knee arthroplasty (**8 of them**) as compared to 5% of the patients in the Physical Therapy group had the surgery (**only 2 of them**)

Clinical Relevance: Only 4 weeks of manual physical therapy and a supervised exercise program may delay or prevent the need for a knee replacement! How wonderful!

Personal Comment: **This study strongly supports the benefits of exercise and manual therapy as prescribed by a physiotherapist in improving one's knee condition and helping avoid a total knee replacement!**

Reference:Deyle GD et al 2000 Effectiveness of manual physivcal therapy and exercise in osteoarthritis of the knee. A randomized, controlled trial. Annals of Internal Medicine. Feb 1;132(3):173-81

“Return to an Active & Painfree Lifestyle!”

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