

Dear Physician,

Is arthritis pain preventing optimal patient management?

There is a growing amount of evidence that regular physical activity plays an extremely important role in both primary and secondary prevention of many chronic diseases; including cardiovascular disease, diabetes, hypertension, cancer, obesity, depression and osteoporosis.¹ Moreover, exercise is associated with improved mental health² and with reduced risk of premature death.¹

Osteoarthritis (OA) is the most common joint disease related to functional disability, affecting more than 7 million people in the United States³. Unfortunately, pain has been identified as the number one barrier to participating in regular exercise among people with arthritis⁹. The disability and pain associated with knee OA correlate with a loss of quadriceps muscle strength⁴⁻⁷, coronary artery disease⁷ and depression⁸

Physical Therapists role in treating OA:

Two studies by Deyle et al demonstrated that the use of manual techniques by a Physical Therapist, with a supervised exercise program significantly reduced pain and improve walking distance in patients suffering from knee OA¹⁰⁻¹¹.

Treatment benefits were attained in as little as 8 visits and were maintained up to 1 year¹⁰. Other benefits from this treatment approach can include reduced use of NSAIDs, delay or prevention of major knee surgery and improved function.

Which of your Patient's are most likely to benefit:

One example of recent research is that patients who met the American College of Rheumatology (ACR)) criteria for OA, and were treated with manual physical therapy, in combination with meeting *any two* of the following findings, had a **97%** probability of experiencing a $\geq 30\%$ reduction in pain and/or functional limitations within 48hrs.¹²

Variables predicting benefit with PT	Altman's criteria for diagnosis of osteoarthritis:
<p data-bbox="337 1241 500 1272">Management:</p> <ul data-bbox="142 1287 643 1524" style="list-style-type: none"><li data-bbox="142 1287 557 1318"><input type="checkbox"/> Pain/paresthesia ipsilateral hip/groin<li data-bbox="142 1339 480 1371"><input type="checkbox"/> Pain ipsilateral anterior thigh<li data-bbox="142 1392 540 1423"><input type="checkbox"/> Pain with ipsilateral hip distraction<li data-bbox="142 1444 643 1476"><input type="checkbox"/> Ipsilateral passive hip internal rotation >17 °<li data-bbox="142 1497 578 1528"><input type="checkbox"/> Ipsilateral passive knee flexion >122 °	<ul data-bbox="727 1241 1498 1476" style="list-style-type: none"><li data-bbox="727 1241 1498 1339"><input type="checkbox"/> <u>Knee OA</u>: Knee pain with radiographic osteophytosis and at least one of the following * Age > 50 or morning stiffness < 30 min or joint crepitus<li data-bbox="727 1360 1498 1476"><input type="checkbox"/> <u>Hip OA</u>: Hip pain and hip internal rotation < 15° and hip flexion < 115° (OR) Hip internal rotation painful > 15°, age >50, and morning stiffness ≥ 60 min

Our team values a multidisciplinary approach and look forward to collaborating with you in providing the best quality care for your patients.

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