32.9 million American adults have some form of osteoarthrosis[1] and at times it may feel like they are all in your waiting room. We realize that there are numerous options for managing patients with osteoarthritis of the hip and knee and that what works for one patient doesn't always work well for another. However, recent research published in the *Annals of Internal Medicine* and other leading periodicals has shown convincing evidence for the effectiveness of manual therapy and specific exercise prescription for the treatment of hip and knee OA.

We're not asking you to change your practice patterns and refer all of your patients to us. However, if you have patients with hip and/or knee OA that have failed pharmacological management or standard physical therapy in the past, we encourage you to refer these patients to our clinic for an evaluation - this recent evidence has allowed us to serve patients at a higher level and practice more efficiently. We want to share this information so you may understand how we can assist your patients with the best current evidence:

- Hoeskma[2] (*Arthritis Rheum*, 2004) found an 81% improvement in patients with hip OA after 5 weeks of manual physical therapy. These results last >6 months after discharge.
- Tak[3] (*J Rheumatol*, 2005) found positive benefits of exercise on hip OA related to patient function.
- Deyle[4,5] (*Ann Int Med*, 2000; *Phys Ther*, 2005) reported the Number Needed to Treat with manual therapy & exercise to prevent one patient from undergoing Total Knee Replacement surgery was 7. Authors also reported manual therapy and exercise prescription reduced pain and increased walking distance in patients suffering from knee OA in as few as 8 visits with results lasting > 1 year.
- Currier[6] (*Phys Ther*, 2006) reported patients with knee OA have a 97% chance of pain reduction of >30% within 48 hours when treated with manual therapy if they have any two of the following physical findings:
    - Pain/paresthesia ipsilateral hip/groin
    - Pain ipsilateral anterior thigh
    - Pain with ipsilateral hip distraction
    - Ipsilateral passive hip internal rotation <17º
    - Ipsilateral passive knee flexion <122º

We realize that there are numerous physical therapists you can refer your patients to. However, if you have patients that are suffering from the effects OA at the hip and/or knee that have shown to be refractory to typical care, we urge you to consider referring them to us for a series of manual therapy and specific exercise prescription based upon the research cited above. Please feel free to contact us if you have any questions about this care or about the needs of a specific patient. We will be happy to provide the full-text versions of any of our references at your request.

Attachment 1: References

1. Behavioral Risk Factor Surveillance System (2000). National Center for Health Statistics. Osteoarthritis (unspecified) Group defined as those individuals self-reporting that a physician said they have osteoarthritis.
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3. Tak E, Staats P, Van Hespen A, Hopman-Rock M. The effects of an exercise program for older adults with osteoarthritis of the hip. *J Rheumatol.* 2005; 32:1106-13.
4. Deyle GD, Henderson NE, Matekel RL, et al. Effectiveness of Manual Physical Therapy and Exercise in Osteoarthritis of the knee: A Randomized, Controlled Trial. *Ann Int Med* 2000; 132:173-181.
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6. Currier LL, Froehlich PJ, Carow SD, et al. Development of a Clinical Prediction Rule to Identify Patients With Knee Pain and Clinical Evidence of Knee Osteoarthritis Who Demonstrate a Favorable Short-Term Response to Hip Mobilization**.** *Phys Ther*. 2007; 87: 1106-1119**.**