

Osteoarthritis improved by extra physiotherapy programmes

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Annual physiotherapy or regular exercise programmes make a significant difference for people with painful osteoarthritis in the knee and hip joints, and are cost-effective, new research from the University of Otago shows.

The randomised clinical trial involved 207 Dunedin patients over one year and used three protocols of treatment provided by physiotherapists in addition to usual care by their GP.

One group was given seven manual physiotherapy sessions, in addition to usual care, for 40-50 minutes over nine weeks, followed by two boosters after a further seven weeks. The second group involved a programme of exercise both in the clinic and at home, while the third group was treated with a combination of manual and [exercise therapy](#). A control group received only usual care from their GP or other health providers.

Lead researcher Associate Professor Haxby Abbott of the Centre for Musculoskeletal Outcomes Research says that the results show that individually supervised exercise therapy or manual therapy provided by a physiotherapist, in addition to usual care, improve pain and physical function for at least one year.

"However, given a time constraint of a 40-50 minute clinic visit, there is no additional benefit gained from providing both manual and exercise therapy on top of usual care for [osteoarthritis](#)," Associate Professor Abbott says.

A further study, published this week in the international journal *Osteoarthritis and Cartilage*, looked at the economics of the additional treatment in this trial. It found that both additional exercise therapy and manual therapy are more cost effective for the health system and for individuals than just applying usual care management to osteoarthritis.

"Exercise therapy provided the best cost-effectiveness from a health system perspective, while manual therapy was best, and was actually cost-saving, from a societal perspective," he says.

"On our main measure, we found that additional manual therapy provided the best [symptom relief](#) of the three treatments we studied. On the other hand, the exercise programme also produced very good results on physical tests and on quality of life gains. So each has its strengths, there is no clear best choice for everyone. What's clear is that either is better than usual care only."

The researchers conclude at present there is quite low use of non-surgical and non-drug therapies for osteoarthritis in primary care, and these studies point to a way of preventing or delaying pain and disability at significant cost effectiveness for society and the health system.

"These results suggest that GPs should refer patients with hip or knee arthritis for individually supervised exercise or manual therapy provided by a physiotherapist, in addition to continuing to provide usual care."

The researchers say the Management of Osteoarthritis trial demonstrates for the first time the value of individually prescribed and supervised programmes involving manual care or exercise in relieving symptoms of hip or knee osteoarthritis.

The exercise programme involved stationary cycling, muscle strengthening, stretching and balance and agility exercises both in the

clinic and at home.

Both the Management of Osteoarthritis trial and the economic evaluation have been published in the international journal *Osteoarthritis and Cartilage*.

Provided by University of Otago

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