

Exercise and pain education no boost for chronic pain after knee replacement

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Neuromuscular exercise and pain neuroscience education do not provide superior pain and function outcomes versus pain neuroscience education alone in patients with chronic pain after total knee arthroplasty (TKA),

according to a [study](#) published online May 24 in *JAMA Network Open*.

Jesper B. Larsen, Ph.D., from Aalborg University in Denmark, and colleagues randomly assigned 69 participants with moderate-to-severe average daily pain intensity and no signs of prosthesis failure at least one year after primary TKA to either 24 sessions of supervised neuromuscular exercise and two total sessions of pain neuroscience education, or neuroscience education alone.

The researchers found that there was no between-group difference in change from baseline to 12 months for the Knee Injury and Osteoarthritis Outcome Score (KOOS4; mean difference, -1.33). At the 12-month assessment (46 participants), 34.8 percent overall experienced a clinically important improvement (a difference of ≥ 10 points on the KOOS4) with no between-group difference.

"Findings from this study suggest that neuromuscular exercise and pain neuroscience education do not provide superior pain and function outcomes compared with pain neuroscience education alone, but clinically important improvements in pain and function can be elicited in patients with [chronic pain](#) after [total knee arthroplasty](#)," the authors write.

More information: Jesper B. Larsen et al, Exercise and Pain Neuroscience Education for Patients With Chronic Pain After Total Knee Arthroplasty, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.12179](#)

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