

Results Testimonial



“Before starting therapy with Liberty, I had constant pain in my back and other areas of my body. When the therapy started, it wasn’t easy at all. But, with the practical techniques and movements, I slowly became more flexible and was able to get around a lot better. The staff is friendly, polite, and helpful, but most of all, *professional*. I can’t thank them enough for giving me the chance I needed in my life. Thank you, Liberty!”

—Robert G.

Call us today to learn more about how we can help your patients with knee osteoarthritis.



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knee osteoarthritis. It reads, “In recent years, there has been a shift from primarily pharmacologic therapy to nonpharmacologic therapy, owing to the limited benefits of the former and evidence that nonpharmacologic approaches are more likely to relieve symptoms in the long term and to delay or prevent functional decline.”⁵

The review also recommends exercise therapy “initiated and personalized by a physical therapist.”⁵ If your patients are displaying symptoms of knee osteoarthritis (including pain, stiffness, reduced joint motion, and muscle weakness),² they’ll likely benefit from a referral to a PT.

Physician

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Update

September 2021

Great News for Knee Osteoarthritis Patients!

A New Study Reconfirms the Effectiveness of PT

There were 68.7 million people in the U.S. aged 60 or older in 2016, and it’s likely at least 37% of them had osteoarthritis of the knee.⁵ Since that U.S. Department of Health and Human Services tally, the elderly population has only grown as more baby boomers reach retirement age. Osteoarthritis is a pressing concern for this growing demographic, many of whom may be your patients.

Over the years, physicians have experimented with many treatments for osteoarthritis of the knee, including exercise, physical therapy, weight management, glucocorticoid injections, topical nonsteroidal anti-inflammatory drugs (NSAIDs), and combinations of oral NSAIDs and proton-pump or cyclooxygenase-2 (COX-2) inhibitors.^{1,2,5} In 2020, the results of a new randomized trial published by the New England Journal of Medicine confirmed the crucial role of physical therapy on this list.²

The trial’s goal was to test the effectiveness of PT against glucocorticoid injections. Researchers recruited patients from the Military Health System, including a mix of active and retired service members and their families. They focused specifically on patients with osteoarthritis of the knee who hadn’t received PT or injections for knee pain in the last year.

A total of 156 patients enrolled and were randomly assigned to the PT or injection groups. Patients in the injection group received a mean of 2.6 injections, while the PT group attended a mean of 11.8 treatment sessions at Army medical centers in Washington and Texas.

Ultimately, the trial revealed both PT and glucocorticoid injections were effective treatments for osteoarthritis of the knee, but the

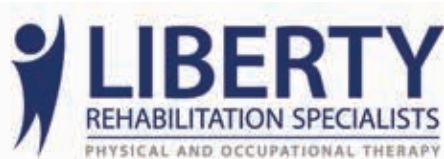
benefits of physical therapy were longer lasting. The researchers reported, “Patients with osteoarthritis of the knee who underwent physical therapy had less pain and functional disability at one year than patients who received an intraarticular glucocorticoid injection.”²

This is excellent news for knee osteoarthritis sufferers! As of the publication of this trial, glucocorticoid injections were the more popular treatment.² But Deyle et. al showed the benefits of injections may not be worth the risk of side effects like joint infection, accelerated degradation of articular cartilage, and subchondral insufficiency fractures when PT is a more viable, noninvasive option. Previous studies have also found PT superior to home exercise programs and as effective as surgery in treating knee osteoarthritis.^{3,4}

On the heels of the trial’s publication, The New England Journal of Medicine published a fresh review of formal guidelines for treatment of



Continued on Back ...



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