



## Physiotherapy Treatment for Lower-Limb Osteoarthritis

Osteoarthritis (OA) is the most common form of arthritis. Lower-limb OA affects millions of people worldwide, and typically results in pain, reduced function and a decrease in quality of life.

**This resource contains information pertaining to that of OA affecting the lower limb, (hip and knee) and best practice treatment for patients diagnosed with OA.**

A recent review of physical therapy interventions to manage OA showed strong evidence to support the use of exercise to improve pain, function and quality of life.

This review also revealed that all guidelines recommended exercise and manual therapy in conjunction with an education and self-management component, as key interventions in management of OA.

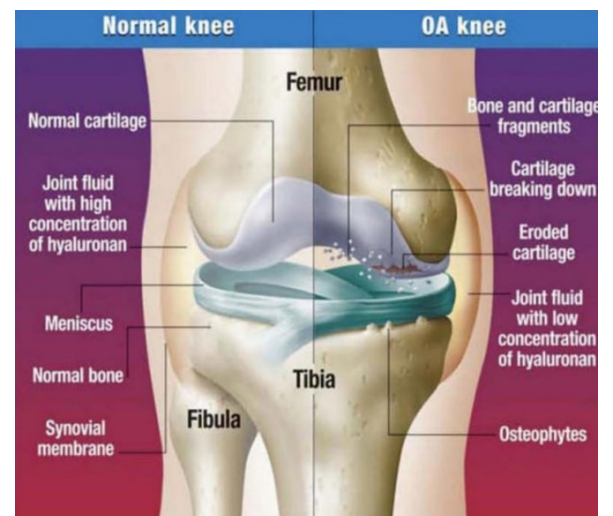
### Clinical indicators of lower limb OA

Diagnosis of OA typically begins with patients presenting with:

- Pain
- Swelling
- Reduced function and/or range of movement

### Psychosocial symptoms may include

- Depression
- Anxiety
- Reduced quality of life



While OA of the lower limbs is most commonly diagnosed in patients aged over 45 years, there is a definite trend toward an occurrence in younger patients between the ages of 35 and 44 years.

Clinical approaches to the treatment of OA focus on managing pain and associated symptoms, while restoring range of movement, functionality and quality of life.

## Treatment of OA

Physiotherapists use a range of individualised techniques to relieve pain and restore function and movement such as manual therapy and joint mobilisation and manipulation in conjunction with exercise programs.

## Exercise based treatment

Regardless of age or pain, exercise is recommended for all OA patients. Exercise plans customised to the patients specific condition and symptoms should include a combination of muscle strengthening and general fitness-improving techniques. Exercises should be performed on both legs for hip or knee OA and should involve quadriceps and proximal hip girdle muscles.

## Education and self-management

In addition to manual therapy and exercise, the inclusion of an individualised, ongoing educational component may be appropriate. Education in both written and verbal communication styles should be provided throughout care to augment a patient's understanding of their diagnosis and to dispel any misconceptions. The education component can also extend to a partner or carer of the patient where deemed appropriate and beneficial.

## Patient outcomes

For clinically meaningful outcomes for pain and function, guidelines for OA management recommend exercise and manual therapy as the most effective intervention.

## Benchmark physiotherapists are trained and experienced in best practice management of patients presenting with lower-limb OA.

If you have any questions regarding OA management or would like more information, please don't hesitate to contact us.

## Our Services

### Physiotherapy

- Musculoskeletal (Spinal, Peripheral Joints, OA etc)
- Orthopaedic Rehabilitation (TKR, THR, post spinal surgery)
- Biomechanical and Postural Assessments
- Remedial Massage

### Exercise Prescription

- Strength and Conditioning
- Clinical Pilates
- Balance and Falls Classes

## References

- Fransen M, McConnell S, Hernandez-Molina G et al. Exercise for osteoarthritis of the hip. Cochrane Database Syst Rev 2014; CD007912. doi:10.1002/14651858.CD007912.pub2.
- Kroon FP, van der Burg LR, Buchbinder R, et al. Self-management education programmes for osteoarthritis. Cochrane Database Syst Rev 2014;CD008963. doi:10.1002/14651858.CD008963.pub2.
- Brand E, Nyland J, Henzman C, et al. Arthritis self-efficacy scale scores in knee osteoarthritis: a systematic review and meta-analysis comparing arthritis self-management education with or without exercise
- Uthman OA, van der Windt D, Jordan J, et al. Exercise for lower limb osteoarthritis: systematic review incorporating trial sequential analysis and network meta-analysis. BMJ 2013;347:f5555.