



Enfield Health & Wellness Center

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*One-to-One Treatment Always
with a Licensed Professional*

Your Therapy Team

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Post Surgical Rehab
Work Injuries
Auto Injuries
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Neck Pain
Vertigo / Vestibular Rehab
Lymphedema
Headaches
Functional Capacity Evaluations

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Knee Osteoarthritis: The Most Common Treatment Shown to be the Least Effective

Last January, the *Annals of Internal Medicine* published an expansive meta-analysis comparing pharmacologic interventions in osteoarthritis (OA) of the knee.¹ They included 137 randomized trials comparing at least two treatments. This group of trials covered 33,243 patients with osteoarthritis of the knee.

The most widely used treatment for knee OA is acetaminophen. Interestingly, acetaminophen proved to be the least effective analgesic. Its small effect size did not meet the boundary of clinical significance.

The meta-analysis compared the oral treatments acetaminophen, celecoxib, diclofenac, ibuprofen, naproxen, and placebo. It also compared injections of corticosteroids, hyaluronic acid, and placebo. All treatments relieved some knee OA pain after three months, and acetaminophen was the only treatment scoring below clinical significance.



Injections were more effective than oral treatments. Even placebo injections were more effective than oral nonsteroidal anti-inflammatory drugs. However, the authors astutely observe that inserting a needle into a very specific location in the knee is not fully a placebo.

According to this new meta-analysis, the most effective pharmacological analgesic is hyaluronic acid injections. After acetaminophen, the least effective pain reliever is celecoxib.

While hyaluronic acid injections prove the most effective pharmacological analgesic in the short term, four individual studies have found those effects to return to near baseline within six months.² Physical therapy also has proven effectiveness in knee osteoarthritis, and it is often a good idea to use physical therapy in combination with medical treatment. Physical therapy adds long-term pain improvement with an emphasis on flexibility and function. For instance, a study recently published in *Osteoarthritis and Cartilage* shows that, compared to usual care, physical therapy improves OA of the knee at one year follow-up.³ The difference between manual therapy plus usual care and usual care alone are both clinically and statistically significant.

Prescribers appear to have multiple effective options in the treatment of OA of the knee. Adding physical therapy to the treatment plan can create long-term benefit with an emphasis on flexibility and function.



One-to-One Care by a Licensed Professional

At Enfield Health & Wellness Center, all scheduled time with your patient is one-to-one time with a licensed therapy professional. We do not use aides or trainers with your patients. We do not attempt to assess your patient while simultaneously monitoring other patients. We feel this difference results in physical therapy programs that progress more efficiently and in better-satisfied patients.

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REFERENCES

1. Bannuru R, Schmid C, Kent D, et al. Comparative effectiveness of pharmacologic interventions for knee osteoarthritis: a systematic review and meta-analysis. *Ann Intern Med.* 2015; 162 (1): 46-54.
2. Deyle G, Allison S, Matekel R, et al. Physical therapy treatment effectiveness for osteoarthritis of the knee: a randomized comparison of supervised clinical exercise and manual therapy procedures versus a home exercise program. *Physical Therapy.* 2005; 85 (12): 1301-17.
3. Abbott J, Robertson M, Chapple C, et al. Manual therapy, exercise therapy, or both, in addition to usual care, for osteoarthritis of the hip or knee: a randomized controlled trial. 1: clinical effectiveness. *Osteoarthritis and Cartilage.* 2013; 21: 525-534.