



Effective Health Care

Physical Therapy for Knee Pain Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Physical therapy for knee pain secondary to osteoarthritis of the knee will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

Topic Description

Nominators: Two public payer groups

Nomination Summary: The nominators are interested in the effectiveness and comparative effectiveness of physical and rehabilitative therapy for adults with knee pain secondary to osteoarthritis (OA).

Population(s): Adults with knee pain secondary to OA

Intervention(s): Physical and rehabilitative therapy (excluding pharmacotherapy and operative procedures) including exercise, hydrotherapy, manual therapy, ultrasound, electrotherapy, thermal (heat or cold) therapy, taping, bracing (orthoses), and assistive devices

Comparator(s): See above interventions and no treatment

Outcome(s): Intermediate outcomes including pain, swelling, inflammation, strength, flexibility, range of motion; and patient-centered outcomes including activities of daily living, walking on different surfaces/terrains, quality of life, decreased disability, and reduced time to return to work/activities

Setting(s): Outpatient and home-based care settings

Key Questions from Nominator:

1. What is the effectiveness and comparative effectiveness of physical and rehabilitative treatments available for patients with knee pain due to osteoarthritis on improved intermediate and patient-centered outcomes?
2. Which intermediate (e.g., range of motion, strength) and patient-centered (e.g., activities of daily living, walking on various surfaces/terrains) outcomes have been studied to demonstrate response to treatment?
3. What tests and measures have been used to determine outcomes (e.g., for strength – manual muscle test, hand held dynamometer, isokinetic dynamometer)?

4. What are the psychometric properties of these tests and measures (reliability, validity, minimal clinically important difference)?
5. Do changes in intermediate outcomes relate to meaningful changes in patient-centered functional outcomes (e.g., knee muscle strength versus ability to climb stairs)?
6. What are the associated risks, adverse effects, and potential harms of physical and rehabilitative therapies?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- OA is an unpredictable progressive disorder of the joint. A large proportion of patients with radiographic evidence of knee OA report having pain. The main goals of treatment are to reduce or control pain, improve physical function, prevent disability, and enhance quality of life. There is some indication that non-pharmacologic therapies are underutilized in patients with OA and guidance on the subject is limited. A scan of the literature shows this is an active area for current and ongoing research. A review that evaluates the effectiveness of treatments and gaps that remain in the evidence for patient-centered outcomes may reduce variation in practice by clinicians and increase adherence by patients.