Effectiveness of Fascial Manipulation in improving pain and dysfunction in persons with early Knee Osteoarthritis

Selvin James - Christian Medical College and Hospital, Vellore.

Introduction/Background

Physiotherapy treatment for OA Knee shows differences between types and numbers of treatment sessions. To increase functional recovery in patients with early OA Knee, manual therapy can be added to traditional physiotherapy programs. Fascial manipulation (FM) has been demonstrated to be effective in decreasing pain and increasing muscular capacity and could cause tensional changes.

Study design: Single blinded Randomized controlled trial

Methods

Patients were randomized into 2 groups; both groups followed a standard protocol based on 5 treatment sessions over 2 weeks, each of it for 45 minutes. In the study group, 5 sessions of Fascial Manipulation was added. The standard care exercises for OA Knee are (i) Static Quadriceps strengthening (ii) SLR (iii) Dynamic Quadriceps strengthening (iv) Hamstring Stretch (v) Calf muscle stretch. These exercises were given as standard care exercises for OA Knee pain participants.

This study is a, single-blinded randomized controlled trial. Participants were recruited from patients who have Early OA Knee (Grade I and II of Kellgren-Lawrence Grading scale) from the Orthopedic Dept and the Physiotherapy OPD. Inclusion criteria were patients with, Unilateral Early Osteoarthritis of the Knee and Grade I and II of Kellgren-Lawrence Grading scale, Age between 40 – 70 and onset of pain with a minimum of 3 months.

Exclusion criteria were patients with any musculoskeletal problem in and around knee joint other than arthritis and patients with Bilateral OK knee.

Patients were evaluated by a physiotherapist and, when all the inclusion and exclusion criteria are met, patients were invited to participate in the study. Patients received verbal and written information about the trial (background, procedure, randomization, and potential risks) and, upon acceptance, informed consent was obtained.

Results

Statistically significant differences were observed between the study and control group with improvement in the dysfunction and pain in those of Early Osteoarthritis Knee. The study group who received 5 sessions of FM showed significant improvement.

Conclusion

This study demonstrates that 5 FM sessions are able to significantly improve pain and several functional outcomes (KOOS Scale) in patients compared to usual treatment, for those having early Osteoarthritis.
References


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