**Article Full Title**

Is Manual Therapy a Useful Tool When Treating Knee Osteoarthritis? | Article of The Week #54

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**Paper Abstract**

There is overwhelming evidence to suggest that exercise is the most effective treatment tool at physiotherapists disposal when it comes to managing knee osteoarthritis. But can manual therapy play a role in treatment too? Osteoarthritis is the most common chronic condition of the joints and most commonly occurrs in the knees and hips. This is reflected in the fact that OA in these joints is expected to be the 9th leading cause of years lived with disability by 2030.

**NIH Risk of Bias Tool**

Quality Assessment of Systematic Reviews and Meta-Analyses

**Key Finding #1**

Joint diseases such as osteoarthritis, which most commonly occurs in the hips and knees, are the most common chronic conditions. It is estimated that by 2030, OA in these joints will be the 9th most common cause of lifelong disability.

**Key Finding #2**

The use of manual therapy by physiotherapists is common, but evidence suggests that exercise is the best treatment for osteoarthritis of the knee.

**Key Finding #3**

The exercise program was applied to all groups of participants in all included studies, which may influence or inflate the benefits of manual therapy. Inclusion of studies was evaluated by using the Cochrane Manual for Systematic Reviews of Interventions. In addition to ROM and pain, WOMAC and sensation were also measured as outcome measures

**Key Finding #4**

Exercise is the best primary treatment for knee osteoarthritis according to best practice guidelines.

**Please provide your summary of the paper**

In the study of manual therapy in treating the knee has been found to be far less used and proven to improve OA. However, it is reported that functional or physical exercise has a better outcome when it comes to OA. OA in the joints is expected to be the 9th leading cause of lived years in disability. So, if that's the case why are we wasting time on manual therapy when exercises do the trick? Well, manual therapy for patients with OA has been proven to help not only with pain management but ROM. With the participants picked, they were structured a plan for each patient while reporting outcome measures such as ROM, pain, WOMAC, sensation and overall function. Manual therapy was favored over electrotherapy but did not show greater results than the structured exercise plan.

**Please provide your clinical interpretation of this paper. Include how this study may impact clinical practice and how the results can be implemented.**

My interpretation of this paper was that structured exercise plan for patients with OA showed and reported greater outcomes. However, manual therapy isnt so bad, patients approved of manual therapy for pain management and increasing ROM over the course of treatment. Patients get a sense of bonding, trusting and comfort when therapy hands are applied to the patients discomfort areas. Verbal feedback will also help with minimizing pain or reassuring patients improvement so therefor a patient is able to perform functional exercise with confidence. In conclusion, manual therapy isnt bad however it will not improve a runner back to running a marathon or a professional weight lifter back to finals but it is a start to relieving pain and increasing a limited ROM before building the muscle.