
Treatment of osteoarthritis of the knee: an update review

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Record Status

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Authors' objectives

To assess the evidence for the efficacy of the following interventions for improving clinical outcomes in adults with osteoarthritis (OA) of the knee: cell-based therapies; glucosamine, chondroitin, or glucosamine plus chondroitin; strength training, agility, or aerobic exercise (land or water based); balneotherapy, mud bath therapy; electrical stimulation techniques (including transcutaneous electrical stimulation [TENS], neuromuscular electrical stimulation, and pulsed electromagnetic field therapy [PEMF]); whole body vibration; heat, infrared, or ultrasound; orthoses (knee braces, shoe inserts, or specially designed shoes); weight loss diets; and home-based therapy or self-management.

Authors' conclusions

A variety of interventions assessed for their efficacy in treating OA of the knee in this review demonstrate shorter term beneficial effects on pain and function. With the exception of weight loss, agility training, and general exercise programs, few have been tested for or show long-term benefits. Larger randomized controlled trials are needed, with more attention to appropriate comparison groups and longer duration, to assess newer therapies and to determine which types of interventions are most effective for which patients.

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