Osteoarthritis (OA) costs have risen to 13.2 billion dollars per year and are the leading cause of disability in adults\(^1\).

Knee OA is the most common area and leads to mild to moderate disability in >10% of adults over age 55\(^2\).

Up to 70% of older adults have OA changes on imaging but remain asymptomatic\(^3\).

The clinical examination has also been shown to help in the ruling out (sensitivity .91) and ruling in (specificity of .86) using the following findings\(^4\).

**INTERVENTIONS:**

A multimodal approach is utilized in the management of OA including activity modification, weight reduction, education, manual therapy including joint mobilization/manipulation and soft tissue treatments, and exercise\(^7,8\).

Grade A Oxford Level of Evidence is found with a manual therapy and exercise approach to knee OA\(^9\).

Exercise is recommended by all clinical guidelines for management of knee OA\(^5,6\).
Deyle et al. demonstrated improvements in pain, disability, and function following PT including manual therapy and exercise interventions. Some patients reported a 20–40% improvement in 2–3 visits. This program also delayed or prevented a total knee replacement in some participants. See figures at the right.

Authors have reported manual therapy to be more clinically and cost effective compared to usual medical care for the treatment of knee OA with improvements noted up to 1 year. In addition, manual therapy and exercise was twice as successful as a home program for the short term improvement of pain and function.

Cochrane Reviews support the utilization of exercise to alleviate symptoms of OA, as well as, improve strength and physical fitness.

Most patients (>80%) will benefit from a low risk, cost effective program of manual therapy and exercise. Patients with primary complaints of knee pain/stiffness, difficulty and/or pain with gait, stairs, and ADLs are appropriate for referral to a manual physical therapist.