

HIP + KNEE OSTEOARTHRITIS



Why you should routinely refer for Physiotherapy

**A structured Physiotherapy Program
has been proven to be effective in
managing Hip and Knee Osteoarthritis.**

PROVEN BENEFITS INCLUDE:

(Evidence level 1A)

32% average reduction in
symptom progression

REDUCED PAIN LEVELS

reduced level of joint
related analgesia usage

IMPROVING PHYSICAL FUNCTION

muscle strength,
range of motion
and aerobic
endurance

74%

reduction in
number patients
undergoing joint
replacement
surgery

REDUCED LEVELS OF SICK LEAVE

REDUCED OVERALL COSTS
to the patient and Medicare

SPECIFIC PHYSIOTHERAPY INTERVENTIONS CONSIST OF:

- Exercise based treatment - Gym, home and/or hydrotherapy based strength, ROM and aerobic programs, depending on the patient's individual needs and abilities *(Level of evidence 1A)*
- Education - Regarding pathophysiology of OA, simplified pain science, weight management, appropriate activity modification, recommended physical activity guidelines, etc. *(Level of evidence 1A)*
- Manual Therapy (where appropriate) - Joint mobilisations, soft tissue releases, patellofemoral joint taping, etc. Evidence suggests manual therapy assists certain patients, however only when combined with appropriate exercise prescription - it should not be used in isolation *(Level of evidence 1B)*

WHEN IS PHYSIOTHERAPY INDICATED?

All people with Hip or Knee OA of any severity can benefit from physiotherapy.

We accept all categories of patients including:

- Medicare EPC (Bulk Billed at Kwinana, Bulk Billed on request at Aubin Grove)
- Workers Compensation, ICWA (Bulk Billed)
- Department of Veterans Affairs (Bulk Billed)
- NDIS (Bulk Billed once approved by NDIS - we arrange this)
- Private Patients - Fees Apply, Private Health Fund rebates on-site

Note: Research papers containing evidence for above interventions available at any time on request. To request or ask any other questions email adam@kwinanaphysiotherapy.com.au.