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We are happy to announce that Apple Therapy was the 2017 Readers' Choice for 2017, our third year in a row! Cheers! - Karin Biskovich, MPT and Laura Jackson, DPT



SEND THOSE OLD KNEES TO PT!

Non-traumatic knee pain (NTKP) is a common disability for those aged 65 years and older, and its rates continue to rise for both men and women. As the prevalence rises, so does the use of pain management strategies such as the use of narcotic analgesics, nonsurgical invasive procedures (i.e. corticosteroid injections), and total knee surgeries. However, the use of outpatient rehabilitation services is vastly underutilized, and patients are paying the price. One retrospective cohort study was performed by Stevens et al. (2017) to identify and examine the influence of rehabilitation in patients with NTKP.

The authors examined 4 levels of rehabilitation exposure in which a patient would attend rehabilitation. They included no rehabilitation, early rehabilitation (<15 days from initial event), intermediate rehabilitation (16-120 days), and late rehabilitation (>120 days). Through careful examination and a through inclusion and exclusion criteria, out of the 52,504 beneficiaries examined in this sample, only 11.1 % (5,852 beneficiaries) received OP rehabilitation. **The odds of those who received early rehabilitation were 0.67 times lower in the use of narcotic analgesics, 0.5 times lower in the use of nonsurgical invasive procedures, and 0.58 times lower in terms of TKR surgery.** These odds are greatly different from those who received intermediate or late rehabilitation, which had a range of 0.67-2.12 times higher to use narcotics, receive nonsurgical injections, and to get a TKR.

Recommending and utilizing OP rehabilitation as the initial treatment for NTKP can have a positive impact on an ever-growing population. In addition, the benefits of rehabilitation versus other pain management strategies out way the adverse effects other management types might have. For instance, due to increased negative side effects with the elderly, NSAIDs are recommended to be taken cautiously, and therefore, narcotic analgesics are often prescribed. Yet the increased use of narcotics can lead to dependency, falls and fractures, which can subsequently lead to mortality. With early rehabilitation, the likelihood of using a narcotic prescription is significantly lower than those who receive intermediate or late rehabilitation. In terms of corticosteroid injections, those who received early rehabilitation were 50% less likely to get injections, whereas those who received intermediate and late rehabilitation had a much higher likelihood. Lastly, the need for second surgery post-op 12 months from initial TKR were less likely for those who utilized early rehabilitation than those who did not. Early rehabilitation can not only save a patient from developing a dependency on narcotics, but also save costs on invasive and non-invasive surgeries, as well as having successful pain management outcomes.

Stevens, J.M., Fitzgerald, G.K., Piva, S.R., and Schneider, M. (2017). Association of Early Outpatient Rehabilitation With Health Service Utilization in Managing Medicare Benefits.

