

Patients' Satisfaction Evaluation: Different Physiotherapy Approaches for Osteoarthritis of the Knee

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Objectives: Although many studies were focused on the assessment of patients' satisfaction, few studies have specifically addressed this issue for knee osteoarthritis. Global rating of change (GRC) scales are very commonly used in clinical research, particularly in the musculoskeletal area. The purpose of this study was to evaluate the patients' satisfaction of the Mulligan's Mobilization with Movement (MWM) techniques, Passive Mobilization (PM) techniques and physical therapy modalities (PTM) (superficial heat or cold, Transcutaneous Electrical Nerve Stimulation (TENS) and therapeutic ultrasound) in subjects with osteoarthritis of the knee.

Methods: Thirty subjects with bilateral osteoarthritis of the knee were randomly assigned to the MWM group (n=21) or the PM group (n=21) or PTM group (n=22). The duration of treatment was a maximum of 5 weeks (12 sessions) in all groups. The subjects' satisfaction were assessed before and after treatment by the GRC scales. One-way analysis of variance was used to compare the groups. When significance was observed, pairwise post hoc tests were performed using Tukey's test.

Results: Mean age and body mass index (BMI) of our study group were 54±7 years and 31±5 kg/m², respectively in the MWM group, 56±6 years and 31±4 kg/m², respectively in the PM group and 57±6 years and 32±5 kg/m², respectively in the PTM group. There were no significant differences between the groups with respect to age, BMI and GRC before treatment (p>0.05). Patients' satisfaction of the three groups after treatment were significantly different (F=6.732 p=0.002). Pairwise comparisons of the treatment groups revealed a significant difference in the patients' satisfaction between MWM and PTM (p=0.007), and between PM and PTM (p=0.007); there was no significant difference between MWM and PM (p>0.05).

Conclusion: Manual therapy seemed to be superior to physical therapy modalities for the patients' satisfaction. Therefore, we suggest that physiotherapist either can apply MWM or PM techniques based on their clinical experience in the management of osteoarthritis of the knee.

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