

Knee bracing no benefit over nonoperative program in knee OA

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"A multidisciplinary nonoperative program improved pain and function in persons with patellofemoral and tibiofemoral OA," the authors write. "However, wearing a patellofemoral or a tibiofemoral brace did not appear to provide additional benefits."

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(HealthDay)—For patients with knee osteoarthritis (OA), knee bracing offers no benefit over a multidisciplinary nonoperative program, according to a study published online Nov. 12 in the *International Journal of Rheumatic Diseases*.

Shirley P. Yu, M.D., from the Royal North Shore Hospital in St. Leonards, Australia, and colleagues examined the effectiveness of bracing treatment for tibiofemoral and patellofemoral OA within a 52-week multidisciplinary nonoperative program for OA patients. Two hundred four patients with symptomatic, radiographic [knee](#) OA were examined at weeks 0, 12, 26, and 52. Of the participants, 50 were assigned to patellofemoral bracing, 86 to tibiofemoral bracing, and 68 to no bracing.

The researchers found that the mean baseline Knee injury and Osteoarthritis Outcome Score (KOOS) [pain](#) scores were 52.9, 41.7, and 43.3 for [patients](#) with patellofemoral bracing, tibiofemoral bracing, and no bracing, respectively; the corresponding KOOS activities of daily living (ADL) scores were 55.8, 43.7, and 43.1. In each group there were significant improvements at week 52 for KOOS pain score and KOOS ADL. After adjustment for baseline variables there was no significant between-group difference in KOOS pain (P = 0.12) and ADL score (P = 0.13).

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