





BALNEO RESEARCH JOURNAL English Edition

SN 2069-7619 pISSN 2069-7597 ROMANIAN ASSOCIATION OF BALNEOLOGY



INCREASING THE EFFECTIVENESS OF TREATMENT OF KNEE OSTEOARTHRITIS BY COMBINING PHYSIOTHERAPY WITH GLUCOSAMINE AND CHONDROITIN SULFATE

(cc) BY-NC-ND

Balneo Research Journal

DOI: http://dx.doi.org/10.12680/balneo.2018.182

040 Vol.9, No.2, May 201

m.151

Ilie Onu

Kinetoterapeut, Clinica Micromedica, Departament Fiziokinetoterapie *Adresa: Piatra Neamţ, Str. Petru Rareş nr.20, elipetromed@yahoo.com*

Abstract

Introduction: Knee osteoarthritis is the most common chronic disorder of the population over 50-year-old with invalid outcome. Conservative therapy aims at delaying cartilage degeneration using condensing agents, being a valid approach. A commercially available food supplement, Yogaflex, containing glucosamine sulphate and chondroitin sulphate was used In this study. The purpose of this study was to evaluate the efficacy and safety of Yogaflex, combined with physiotherapy in the treatment of subjects with knee osteoarthritis.

Materials and methods:

The study was conducted at the Micromedica Clinic, in Piatra Neamt, on two groups of 25 patients diagnosed by the orthopedist and sent to physiotherapy. Patients are between 50 and 65 years old. The experimental group was composed of 17 patients treated with Yogaflex and physiotherapy for 4 weeks and the control group composed of 8 patients treated just with physiotherapy . Both groups had a set of 10 physiotherapy sessions, including: electrotherapy, LASER therapy, ultrasound and kinesio-therapy. Viable patients were those with VAS 4-5, who passed an initial evaluation and after 4 weeks, through a check-up evaluation.

Results: The results obtained were analyzed in terms of two specific indicators: visual analogue scale (VAS)-for pain intensity measurement and motion amplitude measurement (ROM). The main result was the decrease in pain intensity, measured both in motion and at rest, and the secondary outcome was the increase in the amplitude of motion in the patients who benefited from the combined recovery treatment plan. After 4 weeks, both groups had clinical improvements, VAS decreased from 4 to 0 at rest, the differences being only in motion: group 1 recording VAS 0 and group 2- VAS 1.

Conclusions: Following the analysis of the two groups of patients, we can say that the physiotherapeutic treatment plan has greatly reduced the symptomatology, but patients who have followed physiotherapy combined with the chondroprotective therapy have enjoyed better results. Yogaflex combined with physiotherapy can relieve pain and can help improve algofunctional score in patients with knee OA, especially in motion.

Key words: knee osteoarthritis, condroprotectors, physiotherapy, glucosamine, chondroitin