

# CLINICAL GUIDELINES

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<b>Topic</b> <i>(Examples: Diabetes, Asthma, COPD, Women's Health, etc.)</i>	Osteoarthritis (OA) of the knee: Non-operative approaches		
<b>Guideline Source</b> <i>(Examples: ADA, USPSTF, HTW, NHLBI, etc.)</i>	<b>Source:</b> American College of Rheumatology <b>Title:</b> "Recommendations for the Use of Non-pharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip, and Knee"		
<b>Guideline Link</b>	<a href="http://www.rheumatology.org/Practice/Clinical/Guidelines/Osteoarthritis_(Members_Only)/">http://www.rheumatology.org/Practice/Clinical/Guidelines/Osteoarthritis_(Members_Only)/</a>		
<b>Guideline Original Date</b>	April 2012		
<b>Guideline Most Recent Revision Date</b>	No revision since April 2012		
<b>Quality Measures</b> <i>(for the year of QCEC review)</i>	N/A		
<b>HCC Documenting and Coding Tips</b> <i>(for the year of QCEC review)</i>	N/A		
<b>Guideline Summary</b> <i>(Summarize guideline and updated information)</i>	<p><u>Non-pharmacologic recommendations for the management of knee OA</u></p> <p>ACR strongly recommends that patients with knee OA should do the following:</p> <ol style="list-style-type: none"> <li>1. Participate in cardiovascular (aerobic) and/or resistance land-based exercise</li> <li>2. Participate in aquatic exercise</li> <li>3. Lose weight (for patients who are overweight)</li> </ol> <p>ACR conditionally recommends that patients with knee OA should do the following:</p> <ol style="list-style-type: none"> <li>1. Participate in self-management programs</li> <li>2. Receive Manual Therapy in combination with supervised exercise</li> <li>3. Receive psychosocial interventions</li> <li>4. Use medially directed patellar taping</li> <li>5. Wear medially wedged insoles if they have lateral compartment OA</li> <li>6. Wear laterally wedged subtalar strapped insoles if they have medial compartment OA</li> <li>7. Be instructed in the use of thermal agents</li> <li>8. Receive walking aids as needed</li> <li>9. Participate in tai chi programs</li> <li>10. Be treated with traditional Chinese acupuncture</li> <li>11. Be instructed in the use of transcutaneous electrical stimulation</li> </ol> <p>ACR has no recommendations regarding the following:</p> <ol style="list-style-type: none"> <li>1. Participating in balance exercises</li> <li>2. Wearing laterally wedged insoles</li> <li>3. Receiving manual therapy alone</li> <li>4. Wearing knee braces</li> <li>5. Using laterally directed patellar taping</li> </ol> <p><u>Pharmacologic recommendations for the initial management of the knee OA*</u></p> <p>ACR conditionally recommends that patients with knee OA should use one of the following:</p> <ol style="list-style-type: none"> <li>1. Acetaminophen</li> <li>2. Oral NSAIDs, Topical NSAIDs, tramadol</li> <li>3. Intra-articular corticosteroid injections</li> </ol> <p>ACR conditionally recommends that patients with knee OA should NOT use the following:</p> <ol style="list-style-type: none"> <li>1. Chondroitin sulfate/ Glucosamine</li> <li>2. Topical capsaicin</li> </ol>		

ACR has no recommendations regarding the use of intra-articular hyaluronates, duloxetine and opioid analgesics

\*No strong recommendations were made for the initial pharmacologic management of the knee osteoarthritis (OA). For patients who have an inadequate response to the initial pharmacologic management, please see the results for alternative strategies.