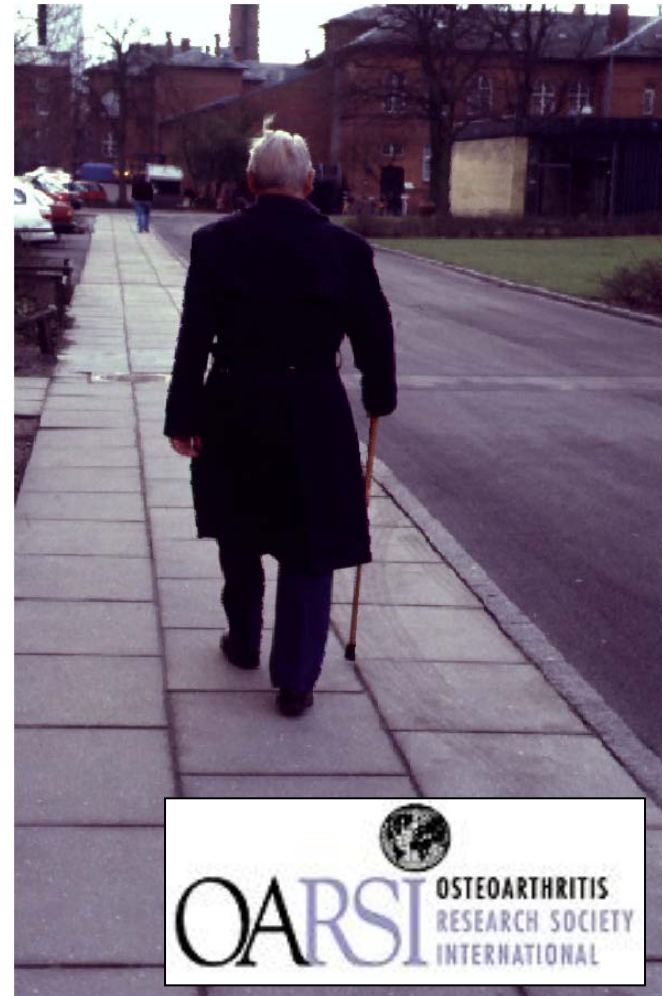
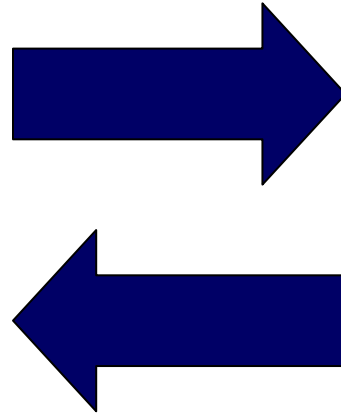
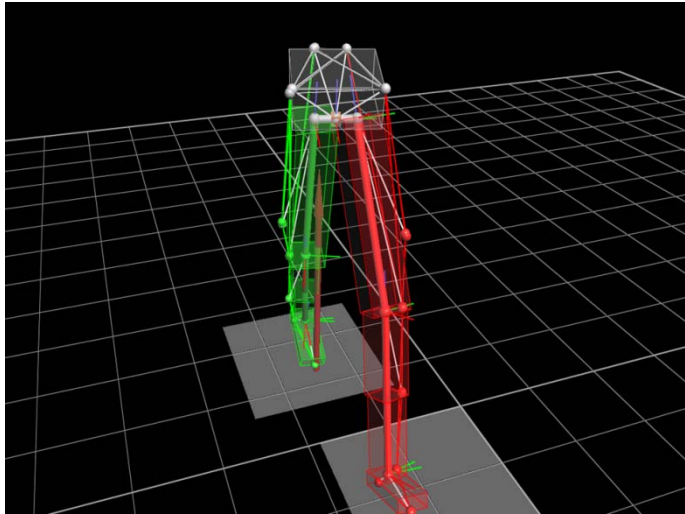


# Rehabilitation.

From basic science and biomechanics to clinical practice.



Henning Bliddal

Marius Henriksen

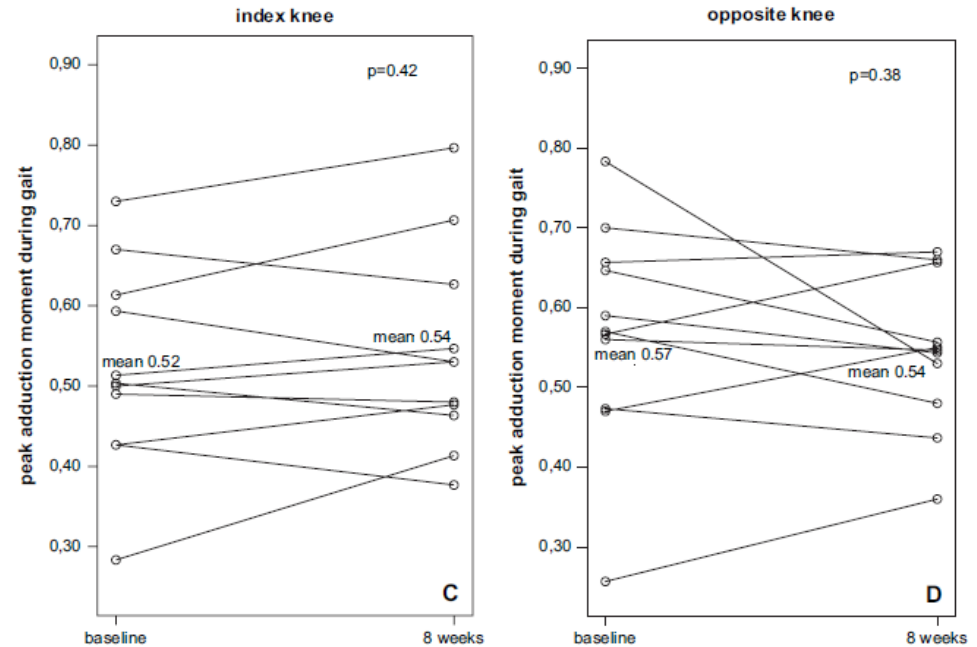
The Parker Institute, Cph, Denmark

Disclosure: none.

# Strength training in kneeOA: no effect on KAM

8W  
Quadriceps  
training: no  
effect

Thorstensson 2007 OAC 1163



12 W Quadriceps  
strength training :  
no effect

Lim 2008 Arthritis Care Res 943

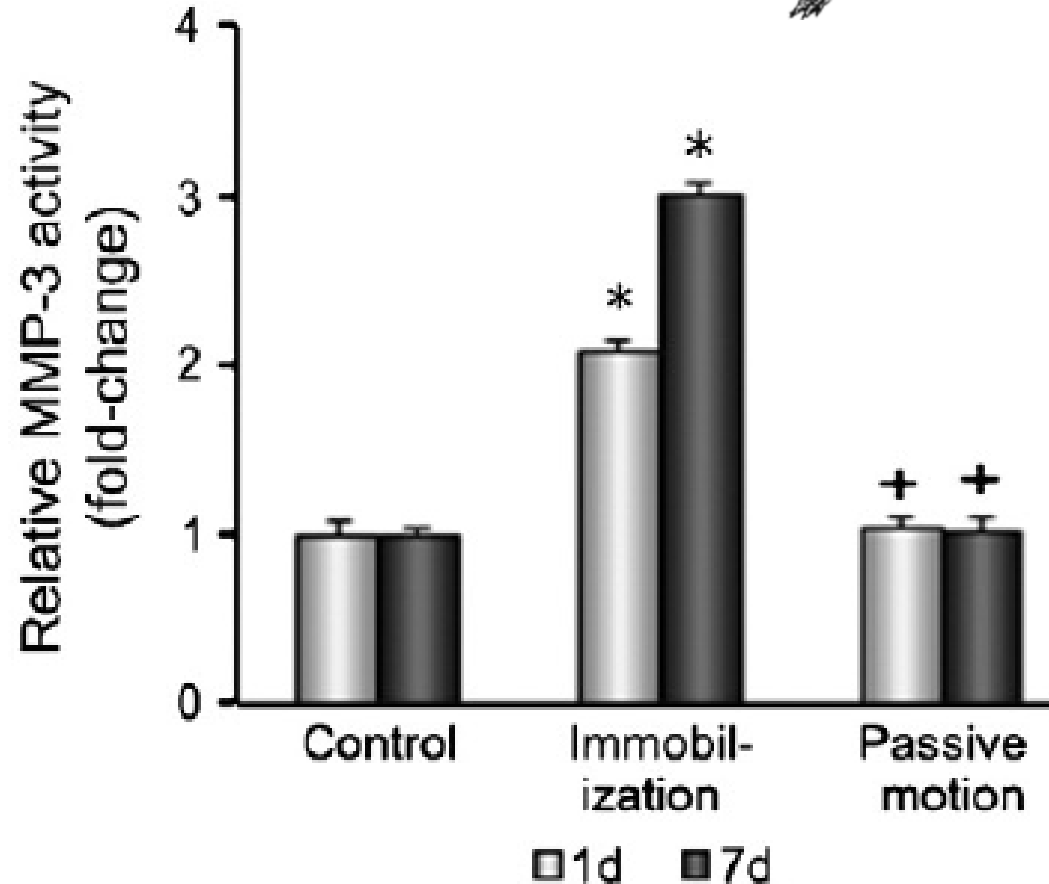
12 W Strength training of  
hips only relieves  
symptoms, not load

Bennell 2010 OAC 18:621-8

# Movement or strength training?

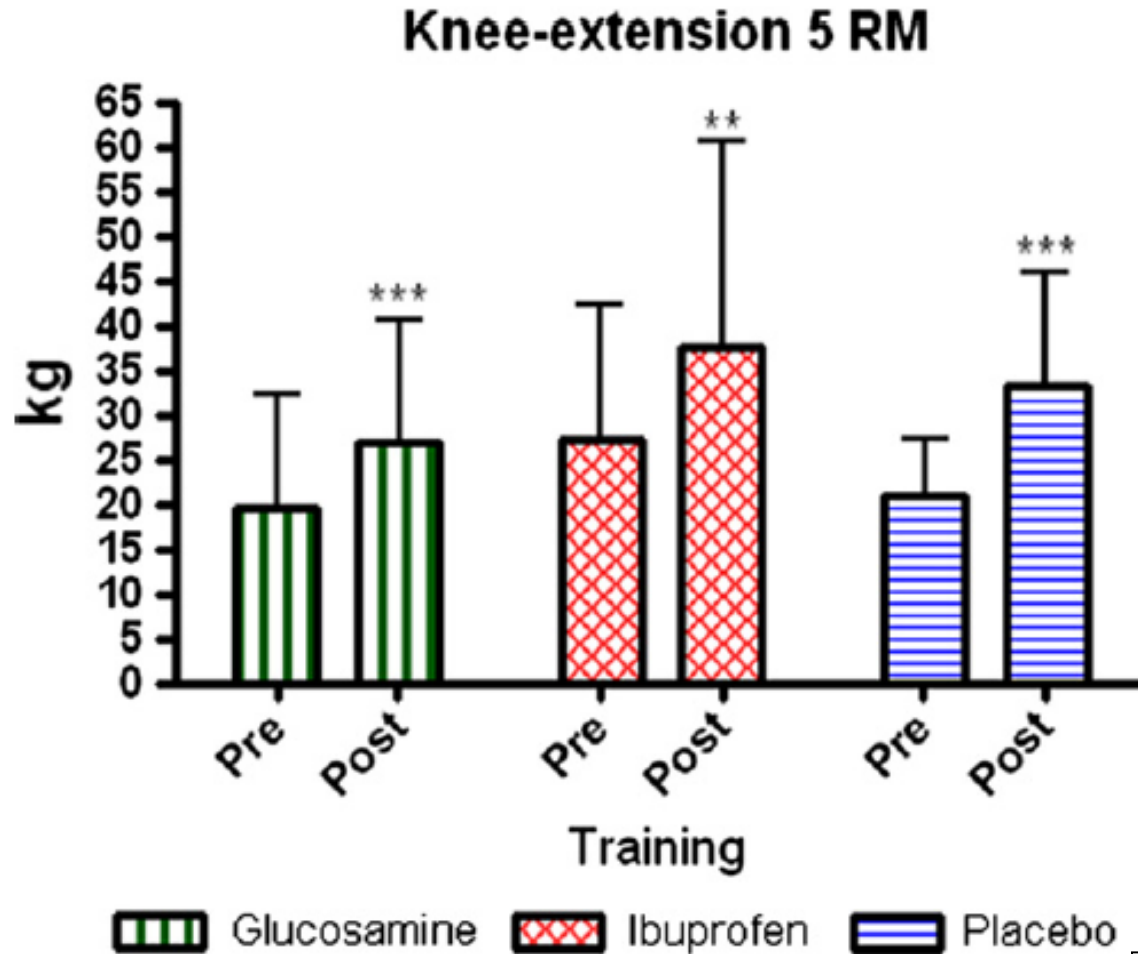


Movement may be the key to better knees\_



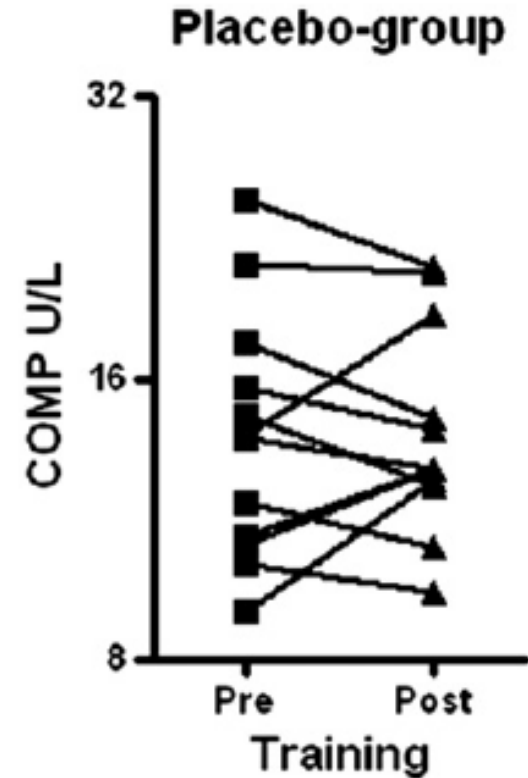
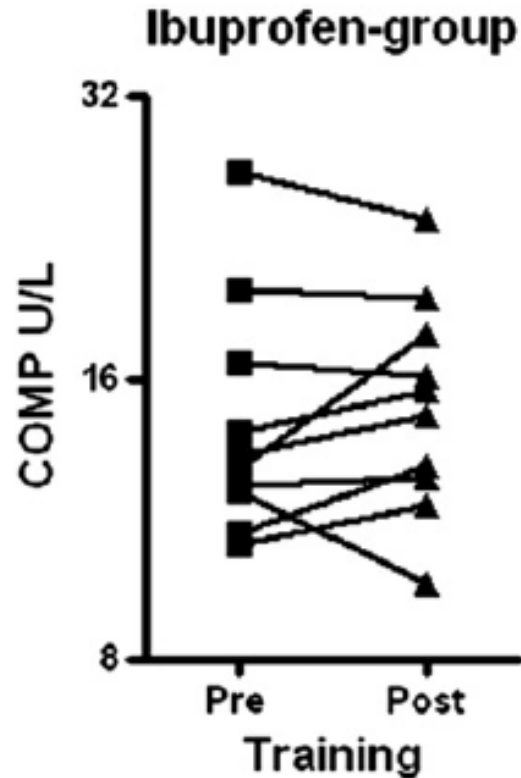
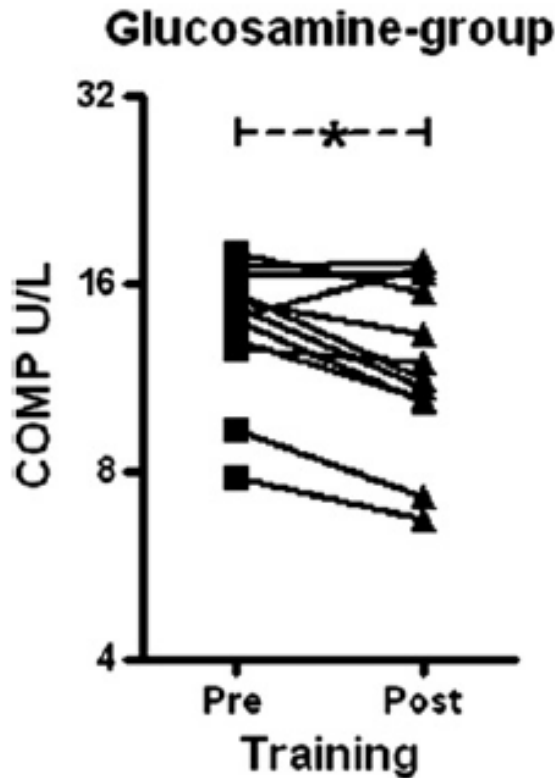
# May you take NSAIDs while exercising?

50-70 y, KOA, 12 w  
exercise, each group  
n=12



# But glucosamine may be smarter

50-70 y, KOA, 12 w  
exercise, each group  
n=12



Pain in knee OA is related to inflammation

80% with moderate pain have inflammation on MR

MRI-Inflammation: 9.2 odds for pain

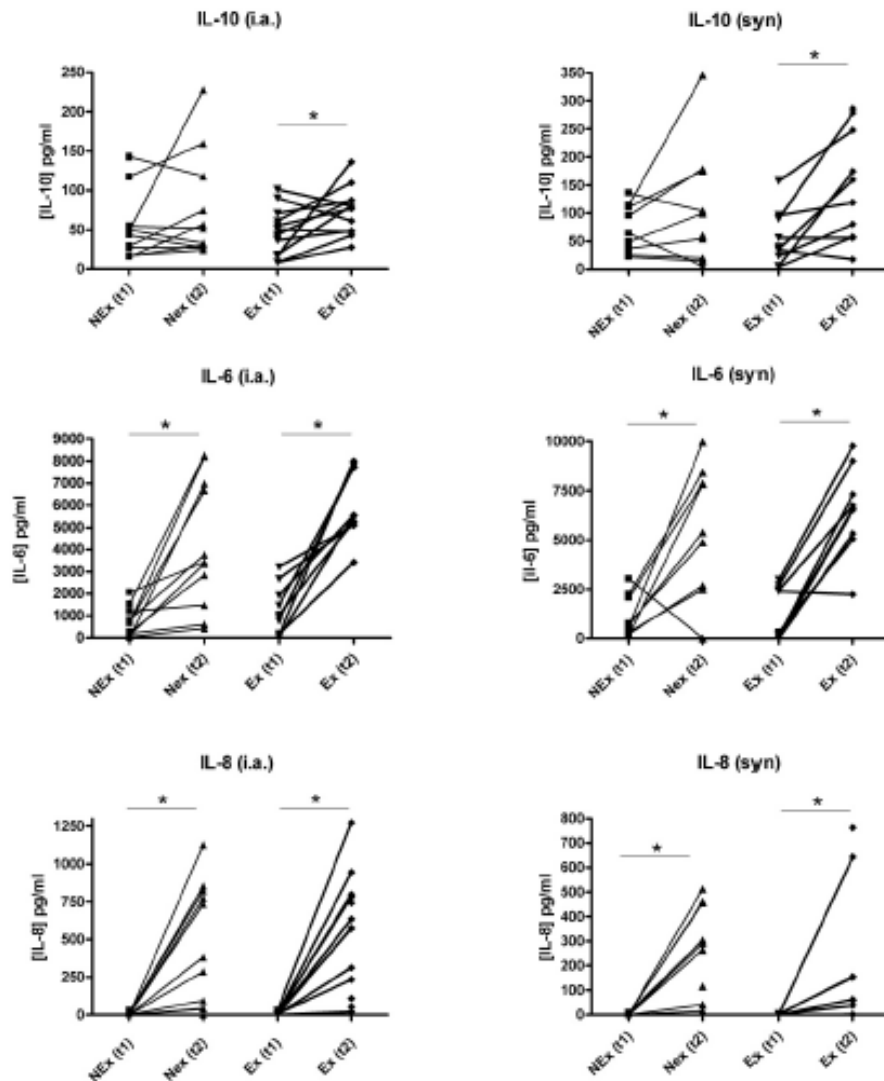


# Is exercise good or bad for cartilage?

Microdialysis study,  
KOA, +/- ex

Anti-inflammatory IL-10 only in the exercise group

Proinflammatory cytokines, IL-6 and IL-8 increase during the procedure



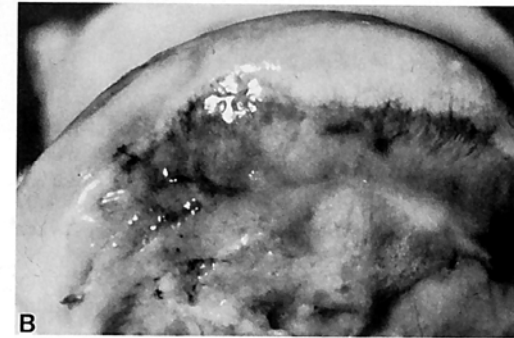


# Treatment of inflammation prevents OA in experimental dog-model

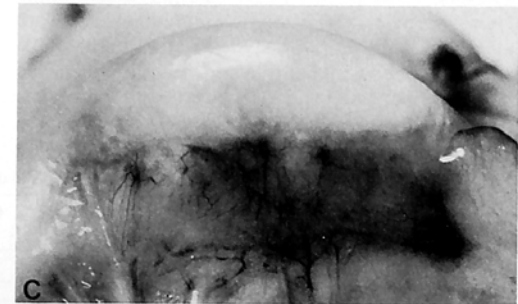
Control 25% OA



Oral steroid, 8%



I.a. of steroid, 0%



8 weeks after section of ant. cruciate lig.

