

# BRACES AND ORTHOSES FOR TREATING OSTEOARTHRITIS OF THE KNEE

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## ABSTRACT

### Background

Patients with osteoarthritis of the knee can be treated with a brace or orthosis (insole). The main purpose of these aids is to reduce pain, improve physical function and, possibly, to slow disease progression. This review was originally published in Issue 1, 2005.

### Objective

To assess the effectiveness of a brace or orthosis in the treatment of osteoarthritis of the knee.

### Criteria for considering studies for this review

Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE (Current contents, Health STAR) up to October 2002 in the original review and in this update until May 2007. Reference lists of identified trials were screened.

### Selection criteria

Randomised and controlled clinical trials investigating all types of braces and orthoses for osteoarthritis of the knee.

### Data collection and analysis

Three reviewers independently selected trials, extracted data and assessed trial quality. Due to the heterogeneity of the studies, pooling of outcomes was not possible.

### Main results

Five studies (n=589) were included: two knee brace and three orthoses studies. In the longer follow-up studies (1 to 2 years) many patients stopped their brace or insole treatment.

### Authors' conclusions

Based on two brace and three insole studies, we conclude that there is 'silver' level evidence ([www.cochranemsk.org](http://www.cochranemsk.org)) that a brace and a lateral wedge insole have small beneficial effect. There is 'silver' level evidence that strapped insoles correct leg alignment. However, long-term adherence to brace and insole treatment is low. There is no evidence whether a brace is more effective than an insole.

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