



Archives of Physical Medicine and Rehabilitation

Editors' Selections From This Issue: Volume 103 / Number 8 / August 2022

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Effects of Intra-articular Coinjections of Hyaluronic Acid and Hypertonic Dextrose on Knee Osteoarthritis: A Prospective, Randomized, Double-Blind Trial

Hsieh and colleagues investigated whether intra-articular coinjection with hypertonic dextrose improves the outcome of hyaluronic acid (HA) prolotherapy for knee osteoarthritis. Participants (N=104) received either the treatment (HA/hypertonic dextrose) or control (HA/normal saline). Significant intergroup differences favoring the treatment group were observed in stair-climbing time and physical function at 6 months. The group by time interaction effects also favored the treatment group for regular and fastest walking speed, chair-rising time, stiffness, pain, and quality of life. The coinjections had no severe adverse effects and patient adherence to the treatment was good. The authors conclude that HA plus dextrose coinjections could be a suitable adjuvant therapy for patients with knee osteoarthritis. ■ SEE THE FULL ARTICLE AT PAGE 1505

Comparison of Ischial Containment and Subischial Sockets Effect on Gait Biomechanics in People With Transfemoral Amputation: A Randomized Crossover Trial

Fatone and colleagues compared gait biomechanics of the Northwestern University Flexible Sub-Ischial Vacuum (NU-FlexSIV) Socket to the Ischial Containment (IC) Socket. Twenty-five participants completed the study with full (n=18) or partial data (n=7). Two custom-fabricated sockets (IC and NU-FlexSIV) were worn full-time for 7 weeks, with testing at 1, 4, and 7 weeks after socket delivery. Differences between sockets in selected gait variables related to hip motion and coronal plane socket stability were assessed. When all participants and all study time points were assessed (n=25), there was a significant main effect of socket with prosthetic side sagittal plane hip range of motion being significantly greater for the NU-FlexSIV Socket at self-selected normal walking speed. The authors conclude that compared to the IC Socket, the NU-FlexSIV Socket did not alter gait biomechanics related to hip motion and coronal plane socket stability in people with unilateral transfemoral amputation. ■ SEE THE FULL ARTICLE AT PAGE 1515

Effectiveness of Transcranial Direct Current Stimulation Combined With Exercising in People With Fibromyalgia: A Randomized Sham-Controlled Clinical Trial

Arroyo Fernandez and colleagues evaluated the effectiveness of transcranial direct current stimulation (tDCS) combined with exercising in people with fibromyalgia. Participants (N=120) were randomized into three groups: active tDCS+exercising, sham tDCS+exercising, and no-intervention control. Interventions were delivered in five sessions over 2 weeks. Pain intensity decreased in the active tDCS group versus control at post-intervention, unlike the sham tDCS group. The tDCS groups did not achieve greater reductions in referred pain as compared to control. In the active tDCS group, health status and pain catastrophizing improved at post-intervention, and so did health status, pain catastrophizing, and depression after 1 month. In the sham tDCS group, improvements were recorded in health status and depression at post-intervention and in health status and pain catastrophizing after 1 month. The authors conclude that active and sham tDCS improved health status, pain catastrophizing, and depression versus control, but pain intensity decreased only in the active tDCS group. ■ SEE THE FULL ARTICLE AT PAGE 1524

Thoracic Manual Therapy Improves Pain and Disability in Individuals With Shoulder Impingement Syndrome Compared With Placebo: A Randomized Controlled Trial With 1-Year Follow-up

Hunter and colleagues investigated whether muscle energy technique (MET) to the thoracic spine decreases the pain and disability associated with shoulder impingement syndrome (SIS). Participants (n=75) were randomly allocated to: MET to the thoracic spine (MET-only), MET plus soft tissue massage (MET&STM) or placebo. Participants received interventions once a week for 15 minutes for 4 consecutive weeks. The MET-only group demonstrated significantly greater improvement in pain and disability compared to placebo at discharge, at 6 months and at 12 months. The MET&STM group also demonstrated greater improvement in disability, but not pain compared to placebo at discharge and 6 months. The authors conclude that MET of the thoracic spine with or without STM improved the pain and disability in individuals over 40 with SIS and may be recommended as a treatment approach for SIS. ■ SEE THE FULL ARTICLE AT PAGE 1533