

Dextrose Prolotherapy for Symptomatic Knee Osteoarthritis: Feasibility, Acceptability, and Patient-Oriented Outcomes in a Pilot-Level Quality Improvement Project

David Rabago, Ina Kansariwala, David Marshall, Bobby Nourani, Mikel Stiffler-Joachim, and Bryan Heiderscheid

Published Online: 9 Apr 2019 | <https://doi.org/10.1089/acm.2018.0361>

 [View Article](#)

Abstract

Objectives: Knee osteoarthritis (KOA) is a growing health problem with limited nonsurgical treatment options. Prolotherapy is an injection-based technique for chronic KOA pain; health plan coverage is limited, presenting an access barrier. A local health plan recently included coverage for prolotherapy for KOA, but uptake and treatment response in routine care are unknown. The authors conducted a pilot-level quality improvement (QI) project to explore the feasibility, acceptability, and effects of prolotherapy for painful KOA in a primary care setting.

Design: QI prospective case series.

Setting/Location: Outpatient: invitation letters were sent to symptomatic KOA patients with a primary care provider whose health plan covered prolotherapy.

Subjects: Primary care patients with KOA.

Intervention: Intra- and extra-articular prolotherapy injections: patients received up to six prolotherapy sessions.

Outcome measures: Primary: Feasibility: response rate to invitation to utilize prolotherapy. Acceptability: patient adherence to, and satisfaction with, three or more prolotherapy sessions. Secondary: Survey based (the Western Ontario McMaster University Osteoarthritis Index, WOMAC, 0–100; EuroQOL 5-D). Objectively assessed: function

We use cookies to give you a better experience on liebertpub.com. By continuing to use our site, you are agreeing to the use of cookies as set in our [Cookie Policy](#).

OK

8.4 months. Functional testing improved by 8.0 ± 3.6 sec ($p = 0.003$) in the 4×10 m walk. There were no group differences between baseline and follow-up in chair stand, stair-climb, accelerometry, or gait outcomes. Five patients increased their preferred walking speed ($p = 0.001$).

Conclusions: These data suggest that prolotherapy in this primary care clinic is feasible and acceptable. Self-reported improvement is similar to that of efficacy studies; office-based, objectively assessed functional assessment can be performed. Further evaluation is warranted.

Call us toll free (800) M-LIEBERT

© 2021 Mary Ann Liebert, Inc., publishers. All rights reserved, USA and worldwide.
Call us toll free at (800) M-LIEBERT (800-654-3237).



We use cookies to give you a better experience on liebertpub.com. By continuing to use our site, you are agreeing to the use of cookies as set in our [Cookie Policy](#).

OK