



ORTHO NEWSCAST



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Dear Doctor,
Greetings from Micro Labs. We are happy to bring you "Ortho Newscast" which contains latest and interesting news in the field of Orthopaedics.

This issue contains

- Glucocorticoid Injection versus Physical Therapy for Osteoarthritis of the Knee
- Adipose-derived regenerative cells in patients with partial-thickness rotator cuff tears

Should you require any specific article or medical information, please feel free to contact us at medicalservices@microlabs.in

Looking forward to your valuable feedback

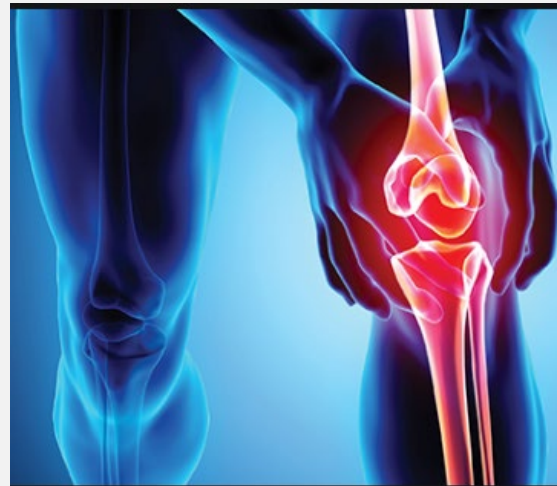
Best Regards,
Medical Team,
Micro Labs Limited



1. Glucocorticoid Injection versus Physical Therapy for Osteoarthritis of the Knee

Background

Both physical therapy and intraarticular injections of glucocorticoids have been shown to confer clinical benefit with respect to osteoarthritis of the knee. Short-term and long-term effectiveness for relieving pain and improving physical function differ between these two therapies is uncertain.



Methods

156 patients were enrolled with a mean age of 56 years; 78 patients were assigned to each group. The primary outcome was the total score on the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) at 1 year.

Results

The mean ($\pm$ SD) baseline WOMAC scores were 108.8 ± 47.1 in the glucocorticoid injection group and 107.1 ± 42.4 in the physical therapy group. At 1 year, the mean scores were 55.8 ± 53.8 and 37.0 ± 30.7 , respectively, a finding favouring physical therapy.

Conclusion: Patients with osteoarthritis of the knee who underwent physical therapy had less pain and functional disability at 1 year than patients who received an intraarticular glucocorticoid injection.

References

Deyle GD, Allen CS, Allison SC, et al. Physical Therapy versus Glucocorticoid Injection for Osteoarthritis of the Knee. *N Engl J Med*. 2020;382(15):1420–1429.



IN THE NEWS

Adipose-derived regenerative cells in patients with partial-thickness rotator cuff tears

Patients with symptomatic, partial-thickness rotator cuff tears who did not respond to physical therapy treatments for at least 6 weeks received either a single injection of fresh, uncultured, unmodified, autologous adipose-derived regenerative cells or a single injection of 80 mg of methylprednisolone.

Patients in the adipose-derived regenerative cell injection group had statistically significantly higher mean American Shoulder and Elbow Surgeons Standardized Shoulder Assessment Form, research and development SF-36 health survey total scores at 24 and 52 weeks postoperatively.

Use of uncultured, unmodified, autologous adipose-derived regenerative cells may be safe and may improve shoulder function without adverse effects in patients with symptomatic, partial-thickness rotator cuff tears.

References

Hurd JL, Facile TR, Weiss J, et al. Safety and efficacy of treating symptomatic, partial-thickness rotator cuff tears with fresh, uncultured, unmodified, autologous adipose-derived regenerative cells (UA-ADRCs) isolated



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