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PHYSICAL THERAPY/ IMPLEMENTING ESCAPE FOR KNEE OA PATIENTS IN MIDDLE EAST

One of the cardinal symptoms of OA is chronic joint pain, which is a main cause of dependency, suffering, disability, healthcare expenditure, reduced quality of life, and psychosocial co-morbidities like depression and anxiety (Jacobson, 2012: p35). As people in the Middle East continue to live for longer, it is expected that these problems will only increase. Some core recommendations for OA management are self-management advice, patient education, and exercise, specifically because they bring short-term benefits related to psychosocial functioning, physical functioning, and pain management. However, current studies have not identified sustained long-term benefits of these interventions, which has made healthcare commissioners reluctant to give interventions that do not show sustained benefits and, thus, depriving people of potentially beneficial treatment (Boyers et al, 2013: p369). The research study being proposed will seek to demonstrate a program for OA patient rehabilitation that integrates exercise, strategies of self-management, and patient education known as ESCAPE-knee pain. This is an acronym for Enabling Self-management and Coping of Arthritic knee pain through exercise.

The objective of the proposed research study is to investigate the long-term cost-effectiveness clinical effectiveness of the Enabling Self-management and Coping of Arthritic Knee Pain through Exercise, ESCAPE-knee pain

rehabilitation program, which combines exercise and self-management. The rationale for the proposed study is that, although chronic joint pain due to OA causes debilitating disability and suffering, the long term benefits of the ESCAPE-knee pain program are as of yet unclear (Walsh et al, 2013: p355).

The study design for the proposed research will be a pragmatic randomized control trial. This research design will involve assignment of participants to a study group at random, which means that they will have an equal chance of being assigned to either the control group or the experimental group. In this case, participants in both groups will be treated the same, except that those in the experimental group will receive the ESCAPE-knee pain intervention, unlike those in the control group. The participants will be recruited from primary care surgeries and randomized to ESCAPE-knee pain group and usual care group. The primary outcome of measure will be physical function according to the WOMAC-function instrument, in which physical function improvement that is clinically meaningful is defined as that which has a > 15% shift from the baseline (Coleman et al, 2012: p126).

Cost effectiveness, physiological and psychosocial variables, and pain will make up the secondary outcomes. As such, the primary goal will be to test whether the ESCAPE-knee pain intervention works in the long term by comparing its outcomes to those in the control condition. In essence, such a study design will also allow the research to identify factors impacting on the intervention’s effects and also to understand how the intervention influences change (Susko & Kelley, 2013: p83). Overall, an RCT study fits the objective of this study because it will allow for the examination of ESCAPE-knee pain’s effectiveness in reducing symptoms and improving life quality. Moreover,

identification of consistent findings that ESCAPE-knee pain's outcomes surpass those of usual care will help in establishing it as evidence based. By comparing the outcomes of the patients in both groups using the WOMAC-function instrument, it will become clearer on whether the cost and clinical benefits of ESCAPE-knee pain can be sustained for more than thirty months following the completion of this program (Golightly et al, 2012: p57). It is hypothesized that the intervention is more clinically effective and efficacious, leading to less costs of healthcare and enhanced cost-effectiveness as compared to usual OA care.

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