

ALTERNATIVE PHYSIOTHERAPY METHODS USED IN KNEE OSTEOARTHRITIS

Chapter 5

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Introduction

Osteoarthritis (Valdes and Spector, 2011) is the most common form of arthritis in the world. According to the World Health Organization's scientific group on rheumatic diseases, 10% of the world population, people aged 60 years and older have serious clinical problems related to OA. As the incidence and prevalence increase with age, a longer life expectancy will result in an increase in OA (Hurley *et al.*, 1997) (Woolf and Pfleger, 2003). It is one of the primary causes of morbidity and disability in elderly individuals and is an important public health problem (Plotnikoff *et al.*, 2015). It is a degenerative joint disease that causes insufficiency in strength and it is the most important source of physical insufficiency which decreases the quality of life by increasing health expenditures. OA has a profound and serious economic impact in today's societies (Lee *et al.*, 2013). The most important characteristic finding in OA is pain (Thompson *et al.*, 2010). Although many factors accompany the development of OA, its pathogenesis is still unknown. OA is not only the result of aging and degeneration (Lee *et al.*, 2011). Pathological changes in OA are the result of active processes. OA pathology includes osteophyte formation, synovial hyperplasia and capsular thickening. Progressive cartilage loss in OA is also accompanied by repair efforts in the cartilage, sclerosis of the subchondral bone, and subchondral cysts and osteophytes in many patients (Anon, Hunter *et al.*, 2009) (Valdes and Spector, 2011). OA usually begins for an unknown reason and may develop secondary to any joint trauma, infection, hereditary, developmental, metabolic or neurological disease. The age at onset of secondary OA varies depending on the cause of the disease. In primary OA, aging and disease progression is proportional. Although OA generally

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