

MEDICATION

KNEE

- ✓ Evidence-based medicine supported NSAIDs, tramadol (AAOS)
- ✓ Little evidence for acetaminophen, opioids, topicals (AAOS)
- ✓ Some recommendation to start with topicals to minimize GI toxicity (Cochrane)
- ✓ No recommendation regarding opioid analgesics (ACRheum)
- ✓ No recommendation regarding duloxetine (ACRheum)

BACK

- ✓ If non-pharmacological inadequate, move to pharmacological- NSAIDs first (ACP)
- ✓ Tramadol or duloxetine after NSAID (ACP)
- ✓ Do NOT use opiates first (CW)
- ✓ No evidence of benefit for acetaminophen, antiepileptics, TCA (ACP)

MOVEMENT

KNEE

- ✓ All patients in a walking exercise program (ACOEM)
- ✓ Strong recommendation for cardiovascular and/or resistance land-based exercise, aquatic exercise, and weight loss (ACRheum)
- ✓ Evidence supports exercise, including PT (AAOS)
- ✓ Exercise has beneficial medium/long-term outcomes (AHRQ)

BACK

- ✓ Nonpharmacologic should be first line therapy and include exercise (ACP)
- ✓ Prescribe activity including progressive walking program (ACOEM)

KNEE INJECTION

- ✓ Some evidence for steroid injections (AAOS)
- ✓ No evidence-based value for viscosupplement (hyaluronic acid) injections in improvement of function for moderate to severe knee OA (ACOEM)
- ✓ No recommendation for intra-articular hyaluronate injections (ACRheum)