



# Physical therapy versus glucocorticoid injection for osteoarthritis of the knee: the gap between evidence and clinical practice

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Deyle *et al.* (1) should be commended on their randomized control trial demonstrating that knee osteoarthritis patients who underwent physical therapy (PT) had less pain and functional disability at 1-year than patients who received intraarticular glucocorticoid injection.

As value in healthcare has shifted to a measurement of quality and outcomes relative to the cost (2), there is more emphasis on developing measurements of efficacy for the treatments of knee osteoarthritis. Whenever high-quality evidence is available, such as the present study, challenges exist in its distribution and widespread adoption into clinical practice at an individualized patient level. With an increasing evidence-based care trend, bridging the gap between evidence and clinical practice is pivotal (3). The findings of this study contribute to the continuous development of clinical practice guidelines (CPG), which ultimately result in appropriate use criteria (AUC) in an attempt to improve the value of care through a personalized approach (4).

Finally, as there was no difference in mean cost between PT and injection groups, a formal cost-effective analysis is warranted as the high number of therapy visits may not be feasible in many healthcare systems. Challenges remain how to incorporate evidence-based data with patient-specific recommendation for knee osteoarthritis with emphasis in value.

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