

# ORTHOPAEDIC EVIDENCE

## NEWSLETTER

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### DO JOINT PAIN PATIENTS WANT TO USE CANNABIS TO TREAT THEIR PAIN?

Johal, H. (2018, April). *Medical Cannabis: Do Patients Really Want This*. <https://myorthovidence.com/Blog/Show/4>

- A team of investigators surveyed 190 patients with joint pain and arthritis pain to better understand patients' perceptions of medical cannabis in the management of joint pain
- 35% of joint pain patients have used cannabis recreationally  
28% of joint pain patients have used cannabis medically  
18% of joint pain patients have used cannabis to control their pain in the past year
- For joint pain patients who used cannabis, it made up over one-third of current pain medications
- Non-users believed nearly half of their pain medications, including opioids, could be replaced by cannabis
- 13% of joint pain patients supported using smoked medical cannabis  
Joint pain patients prefer medical cannabis in oral pill/tablet form, edibles, and topicals
- *Approximately 1 in 5 joint pain patients have used cannabis recently to help control pain*
- *Many joint pain patients are supportive of the use of it for pain control but there is little for support for it to be available in smoked form*

Produced by the Clinical Staff at

## **ADDITION OF HIP STRENGTHENING TO KNEE STRENGTHENING BENEFICIAL OVER KNEE STRENGTHENING ALONE FOR PFP**

J Orthop Sports Phys Ther. 2018;48(1):19-31

- Fourteen studies were included in a meta-analysis evaluating the efficacy of combined hip and knee strengthening exercises programs to either knee strengthening exercises alone or no training in management of patellofemoral pain (PFP)
- Change in pain and activity level were significantly better in the knee and hip strengthening group immediately after the training program was completed and upon later follow up compared to the knee strengthening only and no training groups
- ***Incorporating a hip strengthening program including abductors, extensors and lateral rotators for cases of PFP in addition to knee strengthening produces better results for pain level and activity***

## **FASTER PAIN RELIEF WITH STEROID INJECTION, LONGER PAIN RELIEF WITH DRY NEEDLING IN PLANTAR FASCIITIS**

INT ORTHOP. 2018 JAN;42(1):109-116

- 66 patients with plantar fasciitis were randomized to treatment with either dry needling or a 1mL methylprednisolone 40mg/mL injection
- Patients were followed up for pain on a visual analog scale (VAS) from 3 weeks to 1 year after treatment
- For the first 6 weeks after treatment, pain scores were significantly higher among patients treated with dry needling compared to corticosteroid injection
- Pain scores at 3 and 6 months demonstrated no significant difference between groups
- Pain scores at 1 year after treatment were significantly lower among patients treated with dry needling as compared to a corticosteroid injection
- ***At West Side and Eastview Physiotherapy we regularly use dry needling as a treatment option for plantar fasciitis***
- ***Dry needling is also know as Intramuscular Stimulation (IMS)***
- ***Our clinicians are trained using the Gunn IMS technique developed by Dr Chan Gunn MD at the University of British Columbia***
- ***This technique includes local treatment of the affected structures as well as consideration and treatment of the neurological supply to the affected area***