

Osteoarthritis (OA) is a slowly progressive, non-inflammatory, chronic, degenerative arthropathy characterized with cartilage destruction, osteophyte formation and subchondral sclerosis especially in load bearing joints [1]. In optimal OA treatment pharmacological therapy is combined with physical therapy [5–8]. Even though there is no proven, effective treatment method that re-

Address for correspondence: Sadiye Murat, MD., Istanbul Medeniyet University, Goztepe Training and Research Hospital, Department of Physical Medicine and Rehabilitation, Istanbul, Turkey Copyright (C) 2019 by The Association of Health Research & Strategy Available at <http://dergipark.org.tr/eurj> e-ISSN: 2149-3189 E-mail: samurftr@gmail.com The European Research Journal Volume 5 Issue 5 September 2019 781 Eur Res J 2019;5(5):781–786

Frequency of physical therapy in knee osteoarthritis received the therapy twice a day, second group once a day, and third group alternate day. Visual Analog Scale (VAS) was used to determine pain level, Western Ontario McMaster Index (WOMAC) [12] was used to determine OA severity, 10-meter walking test (WD) [13] was used to determine walking speed and Short Form 36 questionnaire (SF-36) [14] was used to determine quality of life. Physical therapy program was administered as 20 minutes of hot pack for superficial heating, 10 minutes of 1 MHz, 1.5 watt US for deep tissue heating, 20 minutes of 100 Hz, 50 mAmp TENS for analgesic current. Aims of OA treatment are reducing pain, increasing physical function, preventing disability and increasing quality of life [4]. In our country, generally 10–20 sessions are administered in total, combining deep tissue heating, superficial heat and analgesic current once a day. Knee OA is the joint disease with the highest incidence and the most important cause of pain and disability in middle-aged and elderly individuals [2, 3].

Structural changes; there are evident-based and non-evident-based treatment guidelines derived from various studies [9]. Considering the current literature regarding our topic, there is no standardization of number, duration and frequencies of sessions in physical therapy studies. Clinical treatment guidelines suggest conservative treatment methods as first-line treatment in knee OA [5–8]. Conservative treatment includes pain killers, anti-inflammatory drugs, weight loss, exercise and physical therapy [10]. Patients were told to use paracetamol up to 3000 mg/day in case of pain and record the tablet consumed. Physical therapy agents, which are one of non-pharmacological treatment modalities, are important due to side effects of pharmacological and surgical treatments. In literature, different practices can be seen about number and duration of sessions in physical therapy [11]. In this study, we evaluated treatment effectiveness of modalities with different frequencies. Treatments were administered by the same physiotherapist. Evaluations were done before treatment, end of treatment and three months after the cessation of treatment by a physiatrist who was blind to the treatment group. Sociodemographic data of patients were recorded.