#### Reference

Schmalz T, Knopf E, Drewitz H, Blumentritt S.

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# Analysis of biomechanical effectiveness of valgus-inducing knee brace for osteoarthritis of knee

J Rehabil Res Dev 2010, 47 (5): 419-29

#### **Products**

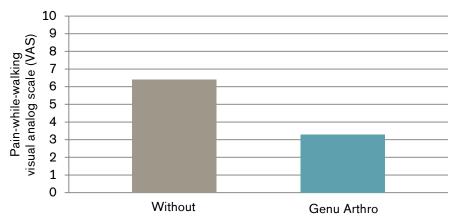
# **Genu Arthro**

# **Major Findings**

With Genu Arthro:

- → Faster walking speed by 7.1%
- → Cadence (steps/min) increased by 2.8%
- → Genu Arthro raises the first vertical force maximum while walking by 4.8%. (Increase can be influenced by changes in walking speed)
- → Pain is significantly reduced by 51.6%

# Significant decrease of pain by use of Genu Arthro



# **Population**

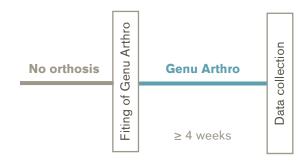
Subjects: 16 (8 male, 8 female)

Mean age:  $56 \pm 9$  years Mean body mass:  $83 \pm 12$  kg

Inclusion criteria: Osteoarthritis grade I to IV

# **Study Design**

# Interventional, comparative:



At the beginning of the treatment phase, the brace adjustment was optimized for each patient according to his or her individual needs. After the patients were recruited into this study, the individual adjustment of the valgus force was evaluated and modified as needed before the measurement session began. Besides the biomechanical investigations (with and without brace), the patients were surveyed before about their medical history and perceptions of the quality of brace fitting.

# **Results**

**Functions and Activities** 

Biomechanics – Static measures	Biomechanics – X-Ray Gait analysis	EMG Functional tests Clinical effects Satisfa	ction
Category	Outcomes	Results for Genu Arthro	Sig.*
Biomechanics – Gait analysis	Walking speed	The walking speed significantly increases with Genu Arthro by 7.1%	++
	Cadence (steps/min)	Users raise their number of steps per minute by 2.8% wearing Genu Arthro.	++
	Step length	No significant difference between walking with or without orthosis.	0
	Ground reaction force	The first vertical force maximum is also significantly increased by 4.8% with the orthosis compared to condition without orthosis. (Increase can be influenced by changes in walking speed)	++

Contralateral limb vs. no orthosis	Contralateral limb vs. Genu Arthro
25.2% higher	9.1% higher
++	+
No systematic differences could mediolateral forces.	be identified in the 0
The knee flexion moment increas to wearing no orthosis:	ed with Genu Arthro compared

First horizontal force maximum of the contralateral limb and the

orthosis condition are comparable:

Contralateral limb	Contralateral limb
vs. no orthosis	vs. Genu Arthro
95.7% higher	36.4% higher
++	+

Participation

**Knee Joint** 

Category	Outcomes	Results for Genu Arthro	Sig.*
		During stance phase flexion as well as extension the maximum values of the external varus moment show no significant difference between the conditions.	0
		For the mean maximum value of the external varus moment there is no significant difference between the conditions with or without orthosis.	0
	Effect on knee joint of mo- ments created by the ortho- sis	Moderate increase of the external knee moment by the brace. 9% (mean maximum value) and 10% (mean value) are provided by the brace.	n.a.
Clinical effects	Pain-while-walking visual analog scale (VAS) (0 "no pain" – 10 "worst pain imag- inable"	The pain is significantly reduced by 51.6% due to Genu Arthro.	++
Satisfaction	Questionnaire (0 "very poor – 6 "very good")	Mean scores between 4.3 ("good") and 4.9 ("very good") for fit of the brace, appearance and ease of use.	n.a.

<sup>\*</sup> no difference (0), positive trend (+), negative trend (-), significant (++/--), not applicable (n.a.)

# **Author's Conclusion**

"The results from this study show that the studied valgus-inducing knee brace can compensate for approximately 10 percent of the external genu varus moment. This compensation appears to be the main biomechanical mechanism that results in a reduction of joint force within the medial joint compartment. This biomechanical effect is an essential requirement for the reduced pain and improved overall function (such as a more symmetrical gait pattern) that result from the use of such braces. Orthotic treatment can effectively manage patients at early and middle stages of osteoarthritis or when other treatment methods are not applicable" (Schmalz et al. 2010)

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