

Advance copy of the study with selected results

Evaluation of the biomechanical mode of action of the GenuTrain – knee support

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Background

Osteoarthritis of the knee is a degenerative disease of the knee that becomes increasingly prevalent with age. The disease has an adverse effect on patients' quality of life and ability to cope on an everyday basis, as well as creating high costs for the healthcare system.

Knee supports are a common part of therapy and are used, for example, to relieve pain in cases of osteoarthritis. However, only a limited amount of research has so far been carried out into the effect of supports on the complex biomechanics of walking.

The aim of this study was thus to investigate the biomechanical mode of action of knee supports in patients suffering from osteoarthritis of the knee when walking. The study focused particularly on the adduction of the knee and the associated joint torque, because these aspects are considered to be connected to the development of osteoarthritis of the knee.

The study is presented below in the form of extracts only.

Study design

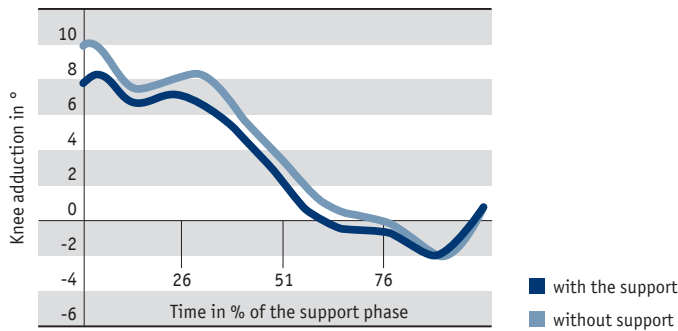
Comparative cross-sectional study

Methodology

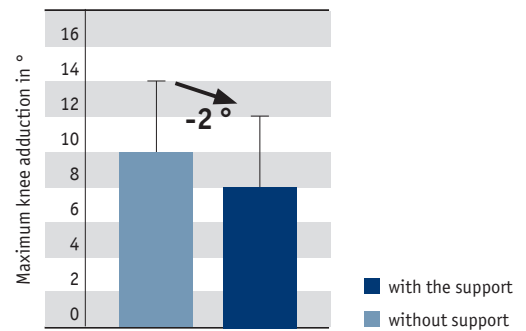
Sample:	n = 31 (16 females, 15 males), age: 51 ± 9 years for females, 54 ± 6 years for males
Test support:	Knee support (GenuTrain, Bauerfeind)
Test method:	3D kinematics and kinetics (Vicon®)
Data analysis:	Variance analysis with significance level of 5 percent
Inclusion criteria:	<ul style="list-style-type: none">· Age: 25-65 years· Unilateral or unilaterally pronounced bilateral osteoarthritis of the knee
Exclusion criteria:	<ul style="list-style-type: none">· Neurological impairments· Endoprostheses for the knee, hip and ankle· A definite intolerance for the physiological stresses occurring during the study

Results (selection)

Knee adduction

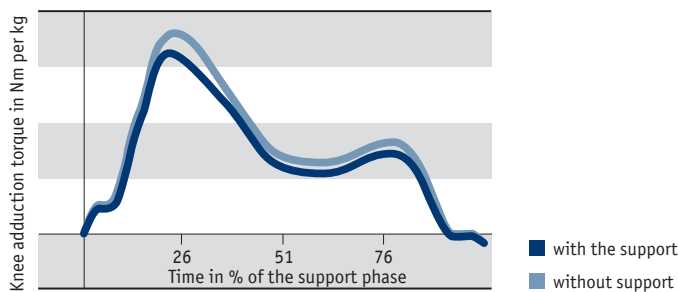


Maximum knee adduction

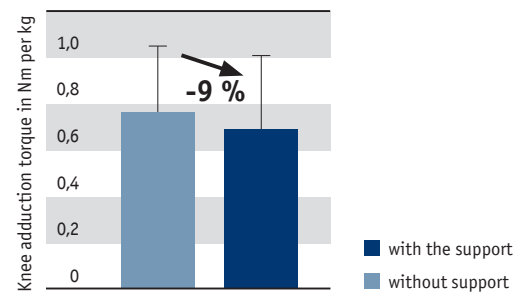


The knee adduction in the affected (= diseased or seriously diseased leg) was significantly reduced by the knee support at the beginning and at the peak of the floor contact phase (by an average of approx. 2°).

Knee adduction torque

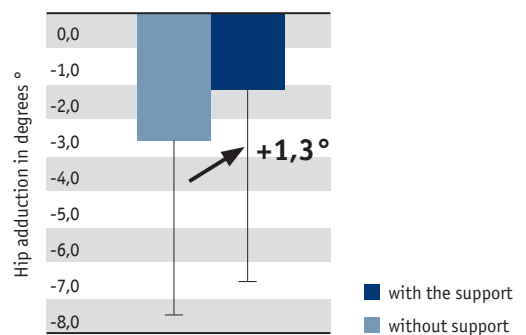
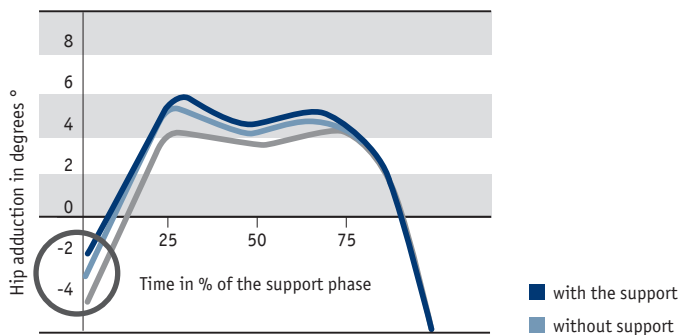


Maximum knee adduction torque

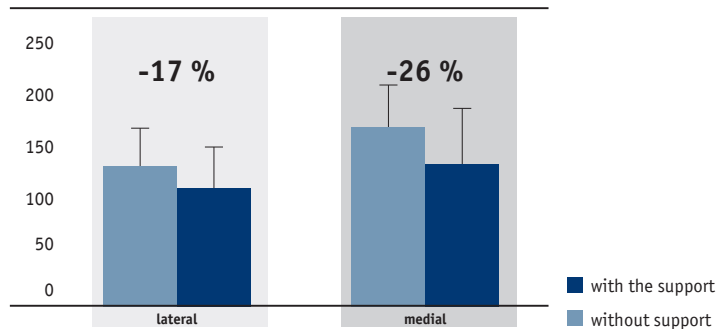
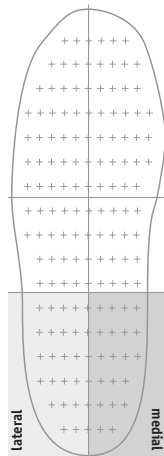


The maximum knee adduction torque in the affected leg was significantly reduced when wearing the knee support (by an average of approx. 9 percent).

Hip adduction



With GenuTrain, the hip adduction was increased when placing the foot on the floor. This is consistent with the reduced knee adduction. The results were confirmed for the gait cycle on the treadmill!



With GenuTrain®, a significant reduction of the maximum pressure value in the hindfoot area was measured

Discussion

The study compared the kinematics and kinetics of walking with and without a knee support. The maximum knee adduction angle and the knee adduction torque were significantly reduced when wearing the knee support. Since evidence has been produced to show that an increased knee adduction torque, for example, is a predictor of greater disease progression (Miyazaki et al., 2002), the change observed when wearing the knee support can be regarded as positive.

There is a functional interrelation between the increase of the hip adduction angle and the reduction of the knee adduction angle. There is a relatively high peak of force when the heel touches the ground. The resulting translational moments of force have a compressive effect on the knee joint. A lower impact on the heel results in reduced peak pressure on the hindfoot, thus lowering the pressure on the knee joint.

It is likely that the changes observed when wearing the knee support are the result of improved proprioception, alongside the mechanical-elastic effects.

63% of the test subjects reported after the conclusion of the measurements that pain had diminished while wearing the support ($p=0.001$; median: -1 point on the visual analog scale from -5 to +5 [VAS]). **89%** of the test subjects felt that wearing the support had increased joint stability ($p<0.001$; median +2.5 points on the VAS).

