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Comorbidity in knee osteoarthritis



*Development and evaluation
of tailored exercise therapy*

Mariëtte de Rooij

Mariëtte de Rooij (1976) works as a physical therapist and researcher at Reade, centre for Rehabilitation & Rheumatology. Her future aim is to apply her knowledge and competencies to the interface between research and clinical practice. Her fields of interest are clinical epidemiology, musculoskeletal disorders, comorbidity, exercise therapy, physical therapy and rehabilitation.



This dissertation describes the development and evaluation of a tailored exercise program for patients with knee osteoarthritis and comorbidity. Exercise therapy is a key intervention in the management of patients with knee osteoarthritis. It is an effective intervention to reduce joint pain and to improve physical functioning. However, 68 to 85% of patients with knee osteoarthritis have one or more comorbid diseases. The presence of comorbidity interferes with exercise therapy, contributes to non-adherence, and may affect the outcome of exercise therapy. There are no guidelines for tailoring exercise to the presence of comorbidity. Therefore, comorbidity-adapted exercise protocols for patients with knee OA were developed and evaluated in a randomized controlled trial. The results showed that tailored exercise therapy greatly improved physical functioning, reduced pain and was also safe for patients with knee OA and severe comorbidity. These results should encourage clinicians to consider exercise therapy as a treatment option for patients with knee OA, even in the presence of severe comorbidity.