Specific Question:

In adults with ankle osteoarthritis (OA) is conservative management (excluding injections) / rehabilitation / exercise better than no treatment for pain / swelling / quality of life / function / delaying or preventing surgery?

Clinical Bottom Line

*There is no published literature to answer the specific question*

Due to the lack of clear evidence for benefits and harms of conservative management for adults with ankle OA, it would be sensible to recommend audits of current clinical practice within local/regional services/pathways to help inform practice guidelines.

Why is this important?

*This question was selected due to the lack of standardized treatment for ankle OA. Having established in a previous CAT question that there is no evidence to compare conservative treatment versus surgery, it is then sensible to compare conservative management against no treatment.*

Search timeframe (e.g. 2006-2017)

Inclusion Criteria

<table>
<thead>
<tr>
<th>Population and Setting</th>
<th>Description</th>
<th>Search terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with ankle OA within any care setting</td>
<td>Adults, OA, osteoarthritis, lower limb, talocrural joint, joint pain</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention or Exposure</th>
<th>Description</th>
<th>Search terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>physiotherapy, exercise and conservative management, including advice leaflets etc</td>
<td>Physiotherapy, exercise, conservative management, advice, leaflets, education, heat, ice, cryotherapy, hands-on, manual therapy, stretches, strengthening, weight loss, NSAIDS, pain killers,</td>
<td></td>
</tr>
</tbody>
</table>
### Routine Databases Searched

**Date of search** - November 2017

### Results of the search

| Unique studies downloaded | 5 | Potentially relevant | 2 | Included studies | 0 | Excluded studies | 2 | 2 didn't answer the CAT question |

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Date CAT completed: October 2018  
Date CAT to be reviewed: October 2020
Summary

Ankle OA has significant different pathogenesis compared to hip and knee OA. Previous bone trauma to the ankle contributes to nearly 80% of all ankle OA cases, compared to 9.8% and 1.6% of knee and hip OA patients respectively (Chang et al. 2013).

Patients with ankle OA are on average younger than typically seen in OA populations, occurring in the middle-aged years for most patients. Patients with ankle OA suffer an accelerated functional decline with progression to end stage ankle OA is 10-20 years (Chang et al. 2013).

Several studies have published positive results for knee and hip OA conservative management and include weight reduction, physiotherapy and occupational therapy. Conservative management for ankle OA is clinically based on general OA guidelines (NICE Osteoarthritis Management, 2018), however no studies have been identified to support the use on non-surgical treatment with adults with ankle OA (Witteveen et al. 2015).

Implications for practice/research

At present there is no evidence for the benefit or harm of conservative management (excluding hyaluronic acid injections, see previous CAT:


Despite the different pathogenesis and aetiology of adult ankle OA it is sensible to continue applying general OA guidelines to a patients’ management. Previous trauma accounts for 80% of ankle OA cases. Therefore, clinicians should be highly suspicious of ankle OA in the absence of a diagnosis confirmed with radiograph techniques should the patient have a history of previous trauma to the ankle.

Surgical complication rates vary up to 44%. Due to the high risk of short and long term surgical complications, clinicians should avoid onward referral to orthopedic specialists for patients with low grade ankle OA.

Further high quality, large RCT’s are required to improve and develop best practice conservative management guidelines.
What would you tweet about your CAT?

'No studies are available to answer whether conservative management is beneficial over no treatment for patients with ankle OA.'

References


