The purpose of this case report was to describe the management of a patient with mild/moderate OA utilizing a comprehensive plan of care including MET.

**Background**
- Osteoarthritis (OA) is a chronic musculoskeletal condition which affects over 27 million Americans.\(^1\)
- The hip and knee joints are most affected by OA.\(^2,3,5,6\)
- Many risk factors are modifiable in the development of OA.\(^3\)
- While muscle energy techniques (MET) are commonly used to treat lumbopelvic dysfunction, limited evidence exists for its use as part of a comprehensive plan of care in patients with OA.\(^6\)

**Purpose**
- The purpose of this case report was to describe the management of a patient with mild/moderate OA utilizing a comprehensive plan of care including MET.

**Description**
- Patient was a 62-year-old female who worked as an adult day-care coordinator
- Patient was referred to PT with right hip and left knee OA
- Patient reported an impaired ability to complete work-related demands as well as functional activities
- Impairments included: Lower Extremity (LE) pain, decreased LE range of motion (ROM)/strength, and loss of functional activity tolerance
- Interventions: MET, neuromuscular re-education, ROM, therapeutic exercise, therapeutic activities, soft tissue massage, and joint mobilization

**Interventions**
- Neuro Re-ed 15%
- Joint Mobs 10%
- MET 10%
- Therapeutic Exercises 25%
- Therapeutic Activities 40%

**Results**
- LEFS: 0-100% function
- NPRS at Worst 0-10/10
- Gross LE Strength 0-5/5

**Outcomes**
- ROM Outcomes
  - Right Hip Flexion AROM in degrees
  - Right Hip Extension AROM in degrees
  - Left Knee Flexion AROM in degrees

**Conclusion**
- Previous literature has investigated MET in relation to pain relief in LBP rather than functional outcome improvement in patients with OA.\(^4\)
- A comprehensive plan of care that utilized MET demonstrated improved activity tolerance, ROM, gait, and strength for patients with OA.\(^2,4\)
- Limited literature is available on the most effective use of MET for treating OA in the hip and knee which suggests further research is needed for this specific treatment in a comprehensive plan of care.

**Acknowledgments**
The author acknowledges Kirsten Buchanan, PhD, PT, ATC for guidance with case report conceptualization as well as Deidra Ouellette, PT, DPT, for supervision with patient management.

**References**
- [Arthritis.org](http://www.arthritis.org/aboutosteoarthritis.php)
- [Cochrane Database of Systematic Reviews](https://www.clinicalkey.es/playcontent/)
- [National Institutes of Health](https://www.ncbi.nlm.nih.gov/pubmed/)