Effect of Handrail Use During Stair Climbing in OA Patients: A Pilot Study

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INTRODUCTION

For the patients with osteoarthritis of the knee, stairs are commonly a difficult task and may be the first thing affected by osteoarthritis. This population often employs altered strategies when they approach, ascend, and descend the stairs compared to a healthy population. Within 12 years, 80% of patients develop knee osteoarthritis in the contralateral limb. Handrails play an important role by assisting with balance, control, and confidence, but their use needs to be assessed even further to fully understand how handrails impact the contralateral limb in osteoarthritic patients and how they may be integrated optimally into gait rehabilitation.

METHOD

• Bertec instrumented stairs were used to measure ground reaction forces on the stairs and handrails as healthy subjects approached, ascended, descended, and continued walking off the stairs.
• Participants were verbally cued to simulate a patient with knee osteoarthritis.
• Ground reaction forces were analyzed leading up to the stairs, on the stairs, and walking away from the stairs using force plates at the base of the stairs and embedded in each stair. Instrumented handrails on the stairs were used to determine the forces produced when using one handrail at a self-selected amount.
• These were the targeted biomechanics used to emulate patients with knee osteoarthritis while ambulating stairs.
  • OA Patients Ascending: increase trunk flexion, decreased knee flexion and ankle dorsiflexion
  • OA Patients Descending: decreased knee and hip joint angles
• Each subject was randomly assigned an 'involved' knee before the data is collected.

RESULTS

• This is an example of the cue used when the subject was mimicking OA while ascending the stairs using the left handrail. "When we tell you to go, walk up the stairs using the handrail on your left, placing one foot on each step. You may use the handrail however you like, but do not bend your involved knee as much as normal, as if it was injured. Stop facing forward once you reach the top and let go of the handrail."

REFERENCES


Future Goal/Impact

We hypothesize that moments in the uninvolved knee will be maintained showing that the handrails are only reducing the forces at the involved knee. Understanding biomechanical implications of handrail use may allow for better clinical decision making and optimization of proper handrail technique for patients with knee osteoarthritis.