# **HA Case Study Report**

# MILD KNEE OSTEOARTHRITIS

**Physician:** Naresh C. Rao, DO FAOASM, Olympic Team USA Water Polo Physician for 2016 Summer Games, Partner, Sports Medicine at Chelsea, Clinical Faculty, Sports Medicine Fellowship, Dept of Family Medicine, Northwell Health Plainview Hospital, Clinical Assistant Professor of Family Medicine, NY College of Osteopathic Medicine, Attending Faculty, Dept of Medicine, NYU Langone Medical Center, Attending Faculty, Dept of Family Medicine, Mount Sinai Beth Israel Medical Center.

#### **Patient Information:**



ge: 47 years old

Sex: Female

Weight: 168 lbs

## **Diagnosis:**





#### Outcome:



Pain level at end of series: 2/10

Change in level of activity: Her commute became pain free and she is also now able to dance.

Change in pain level: The changes were significant and she no longer needs any additional pain medication.

Adverse events: None

## **Comorbidities:**

Hypothyroidism, insomnia, right foot sesamoiditis

# Level of pain prior to HA series:

7/10

## **Prior treatments:**

- Physical therapy
- Osteopathic manipulative treatment
- Trigger point injections
- Neural fascial injections

# Level of activity prior to HA series:

This patient lives in Manhattan. Walking and stair climbing in and out of the subway are part of her daily commute. Her knee osteoarthritis (OA) limited her ability to make her daily commute.

### **Treatment:**

Product used: GELSYN-3

# of injections: Three, 1 week apart for 3 weeks

Ease of use: Easy

Academy.

MRI Findings: The MRI showed fissuring of medial and lateral chondral facet of patella (chondromalacia patella).



ent of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and to patients with known hypersensitivity (allergy) to sodium hyaluronate preparations. Do not inject GELSYN-3 into the knees of patients having



