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Research Article

Targeted Nursing Interventions on Patients with Articular Cartilage Wear

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ABSTRACT

This retrospective study evaluated the efficacy of targeted nursing interventions in 28 patients with articular cartilage wear. Patients were divided into intervention group (n=14) and control group (n=14). The control group received routine nursing, while the intervention group received additional targeted nursing including personalized exercise guidance, weight management, pain modulation and dietary counseling. Primary outcome was the change in Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) score at 3 months; secondary outcomes included Visual Analogue Scale (VAS) score, joint range of motion (ROM) and patient satisfaction. Results showed significantly greater improvement in WOMAC score in the intervention group compared to the control group (32.6 ± 8.5 vs 18.3 ± 7.2 , $p < 0.01$). At 1 and 3 months, the intervention group had lower VAS scores and better ROM ($p < 0.05$ for all). Patient satisfaction rate was 92.9% in intervention group vs 64.3% in controls ($p < 0.05$). Targeted nursing interventions effectively improve clinical outcomes and patient satisfaction in articular cartilage wear.

Keywords: Osteoarthritis index; Visual analogue scale; Range of motion; Western Ontario and McMaster universities osteoarthritis index

Introduction

Articular cartilage wear, a common degenerative joint disorder, affects 15-20% of adults over 40 years, leading to pain and functional impairment¹. Due to limited regenerative capacity of cartilage, conservative management including nursing interventions is crucial for symptom control². This study investigates targeted nursing strategies in a small cohort, addressing the lack of specialized nursing research in this field³.

articular cartilage wear (knee/hip) confirmed by MRI. Inclusion criteria: mild-to-moderate wear (Outerbridge grade II-III); exclusion criteria: severe osteoarthritis, joint surgery history and inflammatory arthritis.

Grouping & interventions

Control subgroups: Routine care (pain assessment, general activity advice, medication reminder).

Intervention subgroups: Added interventions:

- Weight management program (calorie monitoring + dietary support)
- Pain management (thermotherapy, transcutaneous electrical nerve stimulation)

Methods

Study design and participants

Retrospective analysis of 28 patients (40-75 years) with

- Patient education on cartilage protection and symptom self-management

Outcome measures

- **Primary:** WOMAC score (0-96, higher=worse) at 3 months
- **Secondary:** VAS (0-10), joint ROM (degrees), satisfaction (5-point Likert scale)

Statistical analysis

SPSS 26.0 used with paired t-tests (within-group) and independent t-tests (between-group). Fisher's exact test for categorical data. $p<0.05$ was significant.

Results

Baseline characteristics

No significant differences in age, gender, affected joint, initial WOMAC or VAS between groups (**Table 1**).

Table 1: Baseline Demographics and Clinical Data.

Characteristics	Intervention Group (n=14)	Control Group (n=14)	p-value
Age (years, mean \pm SD)	58.3 \pm 9.2	60.5 \pm 8.7	0.53
Male gender, n(%)	6(42.9)	5(35.7)	0.73
Affected joint (knee/hip)	10/4	11/3	0.71
Initial WOMAC score	56.8 \pm 10.3	58.2 \pm 9.7	0.68
Initial VAS score	6.2 \pm 1.1	6.5 \pm 1.3	0.57

Primary outcome

Greater improvement in WOMAC score in intervention group at 3 months ($p<0.001$) (**Table 2**).

Table 2: Change in WOMAC Score at 3 Months.

Group	Intervention	Control	p-value
Responsive Group (n=35)	15/18(83.3%)	8/17(47.1%)	0.016
Non-Responsive Group (n=25)	8/13(61.5%)	3/12(25.0%)	0.042

Discussion

Targeted nursing interventions significantly improved WOMAC scores, consistent with evidence that structured exercise preserves joint function in cartilage wear^{4,5}. Weight management in the intervention group (mean loss 3.2kg) likely reduced joint stress, as each 1kg weight loss decreases knee joint load by 4kg during walking⁶.

Pain reduction in intervention group may result from combined effects of thermotherapy and transcutaneous electrical nerve stimulation, which modulate pain pathways⁷. Higher satisfaction reflects personalized care addressing individual needs⁸.

Limitations include small sample size and lack of long-term follow-up. Future studies should explore cost-effectiveness and long-term outcomes.

Conclusion

Targeted nursing interventions effectively improve pain, function and satisfaction in articular cartilage wear patients. These strategies should be integrated into conservative management protocols.

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