# e-ISSN: 2395-0056

p-ISSN: 2395-0072

# Efficacy of Shreshta Knee Expert Treatment Strategy (SKETS) in a case of early-onset knee osteoarthritis with Grade 4 severity: A case report

### Anuradha Goyal<sup>1</sup>, Anjali Menon<sup>2</sup>, Dipak Patil<sup>3</sup>

<sup>1</sup>Dr.Anuradha Goyal, M.D. (Kayachikitsa), BAMS, Clinic Head, Shreshta Knee Expert Clinic, Kalyan, Mumbai, Maharashtra, India.

<sup>2</sup>Dr. Anjali Menon, M.D. (Rasashastra & Bhaishajyakalpana), B.A.M.S, Researcher, Tech Clinic Connect Pvt. Ltd, Navi Mumbai, Maharashtra, India.

<sup>3</sup>Dipak Patil, Founder & Managing Director TechClinic Connect Pvt. Ltd., Navi Mumbai, Maharashtra, India.

**Abstract -** We present a case of early onset knee osteoarthritis, in a female patient, with BMI of 29.4 (overweight), who came seeking treatment at Shreshta Knee Expert Clinic, Kalyan. X Ray revealed Grade 4 severity Osteoarthritis with complete obliteration of Joint space in bilateral knee joints for which she had been advised Total Knee Replacement. Presenting complaints were - excruciating bilateral knee pain, joint stiffness and swelling. Her treatment module involved dietary and lifestyle changes along with Shreshta Knee Expert Treatment Strategy (SKETS), comprising of Oral medication, local therapy and Shodhana treatment with Basti. She showed significant change in Knee range of motion, Vas Pain score, joint stiffness and KOOS scale. She rated the effect of treatment as +7 on Global Rating of Change. Post treatment X RAY of bilateral knee joint in weight bearing (standing) position also revealed increase in Joint space width depicting regeneration of meniscus and cartilage, reduction in

Key Words: Knee Osteoarthritis, Early Onset Osteoarthritis, Cartilage, Meniscus, Ayurveda, Regeneration

### 1.INTRODUCTION

osteophytes and overall reversal of Osteoarthritic changes.

Early onset of knee arthritis has been linked to many causes including Obesity, lack of physical activity in childhood ¹; with traumatic injury to the knee, varus alignment, hyaluronic acid and tumour necrosis factor playing a major role in the disease prognosis². Osteoarthritis, specifically knee and hip are seen to have higher prevalence in Asian countries³ and severity in the female gender⁴,⁵, it has also been associated with oestrogen deficiency⁶. In the present scenario there was no evidence of any auto-immune influence, hereditary factor, traumatic injury, or history of any other major medical or surgical illness that might have contributed to the fast progression of the disease.

Osteoarthritis has been synonymous to Sandhigat Vata in Ayurveda and in the modern pursuit of DMOADs (Disease Modifying osteoarthritis Drugs) the natural remedies for treatment of Sandhigat Vata show great potential<sup>7,8,9</sup>, without the involvement of unpleasant and invasive procedures. Natural regeneration of meniscus and cartilage is delayed due to the lack of vascularity but with the use of Vatahara, Bruhan and Agnideepan dravyas the process is hastened causing regeneration of cartilage in-situ possible.

SKETS is a holistic approach to deal with Osteoarthritis inculcating the use of local therapies with oral medication targeting the Knee joint as a complete organ<sup>10</sup>. Formulations have been crafted (proprietary medicines of TechClinic Connect) using the principles of Ayurveda dealing with Agnideepan, Pachan, Shodhan and Bruhan with focus on Asthi- Majja Dhatu Pachak and Bruhan and Rasayan Dravyas.

### 2. CASE PRESENTATION:

A 41 years old female patient, weighing 80 kilograms, height 165 centimetres, came seeking treatment for the following complaints - Bilateral knee pain, stiffness and swelling of the joint. She sought treatment after having seen testimonials of previous patients of Shreshta Knee Expert Clinic on Facebook.

She reported no history of any other major surgical or medical illness till date. She had not been diagnosed with any other comorbidities till date. In 2013 she gave birth to a female child, FTND (Full Term Normal Delivery) post which she started facing health issues related to weakness and joint aches. She joined her workplace 4 months later, for which she had to travel for 4 hours on a daily basis which included ascending three flight of stairs, riding on unpaved roads, and standing for more than 2 hours in crowded transport.

© 2024, IRJET | Impact Factor value: 8.226 | ISO 9001:2008 Certified Journal | Page 681

Volume: 11 Issue: 02 | Feb 2024

www.irjet.net

The patient had been suffering from the same for last 4 years, and was on regular medication for Pain. Her previous treatment included 1-time intra articular injection of Hyaluronic acid on left knee followed by Oral supplement of Glucosamine and NSAIDs. She was advised to take an X Ray (see Figure 1), the following changes were noted as 07/03/2019- Tibial spiking, Mild osteophytes, Joint space narrowing.

FIGURE 1: X Ray dated 07 March 2019- showing advanced Knee OA in Antero Posteior & Lateral views





e-ISSN: 2395-0056

p-ISSN: 2395-0072

From January 2019 till November 2019, this regimen was followed with mild variation in type of NSAIDs given. For two years the patient did not seek any medical help due to COVID-19 and the unfortunate passing of her consulting Doctor. In 2023 unable to gain relief with pain killers, she visited another Orthopaedician who diagnosed her with end stage Osteoarthritis, as per X Ray done on 10 January 2023 (see Figure 2).

FIGURE 2: X Ray dated 10 January 2023- showing end stage Knee OA in AP & Lat views





The degradation of cartilage causing Pain and restriction of activity even with continuation of NSAIDs and other supplements made her look for other treatment possibilities. She was advised Total knee arthroplasty as the surgical solution, for which she was reluctant.

She then came to Shreshta Knee Expert Clinic, Kalyan where she was diagnosed as per Ayurvedic criteria of assessment to be suffering from Sandhigat Vata, with Hetu of Vata Prakopa and Saamta.

Volume: 11 Issue: 02 | Feb 2024 www.irjet.net

e-ISSN: 2395-0056 p-ISSN: 2395-0072

Weekly therapies were given as per change in symptoms, within a span of 2 weeks her pain started reducing. Therapy sessions of Local Shreshta Pottali<sup>1</sup> application followed by Regen Oil Dhara<sup>2</sup> and Regen Lepa<sup>3</sup> along with dietary restrictions were prescribed. All medication prescribed has been listed in Table 1.

Treatment given has been categorized into - 1. Systemic and local therapies and 2. Oral Medication:

### Systemic and local therapies

#### 1. BASTI TREATMENT:

- Yogabasti- With Dashmool Kwath + Til OII alternating with Erand Oil followed by Yogabasti is a combination of 8 Basti (Enema) alternating with Kwath and Sneha Basti.
   Here Dashmool Kwath 400 ml has been used with 100 ml Til Oil along with Madhu Saindhav as Shodhan/Kwath Basti and Erand Oil 80 ml has been used as Sneha Bati.
- Tikta Ksheer Basti <sup>11</sup>for 15 days followed by
- Gudpooran with 20 ml Mahatikta Ghrut for 1 week.

### 2. LOCAL THERAPY administered:

- Local Snehan + Sweden + Shreshta Pottali for 40 minutes 7 days
- Followed by Regen Lepa for 1 week (Local application of Lepa) along with
- Regen Oil Dhara on both Knees for 15 minutes, which was continued for 70 sessions.

### 3. PHYSIOTHERAPY

Transcutaneous Electrical Nerve Stimulation (TENS)

4 sessions of 6 days each over the duration of two months.

All oral medications were administered as per SKETS starting with Deepan, Pachan medicines to alleviate the problems of Mandagni. Followed by Rasayan and Bruhan medicines.

All medicines given as per the changes in symptoms have been summarised in Table 1 as follows:

### Table 1: Oral medication administered

* -	All are	proprietary	medicines	of Te	echClinic	Connect

Prescribing Date	Presenting Complaints	Oral medication	Dosage	Duration treatment	of
26/01/2023	Bilateral Knee joint Pain since 4 years, Knee Swelling ++, Joint stiffness ++ Knee flexion, extension- restricted Jivha- Saam Nadi- Vaat Mala, Mutra, Kshdha, Nidra - Prakrut	Aampachak Vati	2 TDS	7 days	
		Medopachak Vati	2 BD		
		Gokshuradi Guggul	2 BD		
		Prawal Panchamrut	2 BD		
		Erand Oil	2 Tablespoons HS		

<sup>&</sup>lt;sup>1</sup> Pottali refers to the practise of Swedana (fomentation) using poultice made from Vatahara Dravyas (For eg- Erand, Rasna etc), here we have used Shreshta Pottali – Vatahar Dravyas formulation by Shreshta Knee Expert Clinic.

<sup>&</sup>lt;sup>2</sup> Dhara refers to pouring of warm medicated liquid usually in the form of oil from a specific height over the affected region, which helps in improving nutrition in the area, Regen Oil is formulation of medicated Oil by Shreshta Knee Expert Clinic.

<sup>&</sup>lt;sup>3</sup> Lepa is transdermal application of medication usually by mixing powdered medicine in warm water and applying a thick layer of it on the affected area. Regen Lepa Oil is formulation of Shothhara Dravyas by Shreshta Knee Expert Clinic.



IRJET Volume: 11 Issue: 02 | Feb 2024

www.irjet.net

p-ISSN: 2395-0072

04/02/23	Same as above	Aampachak Vati	2 BD	7 days	
		Kaishor Guggul	2 BD		
		Gokshuradi Guggul	2 BD		
		Prawal Panchamrut	2 BD		
		Erand Oil	2 Tablespoons HS		
13/02/23	Pain↓ No swelling	Aampachak Vari	2 BD	7 Days	
	Jihva- Niram	Sinhnaad Guggul	2 BD		
	Nadi- Vat Pradhan, Mala, Mutra, Kshdha,	Guduchi Ghan Vati	2 BD		
	Nidra - Prakrut	Prawal Panchamrut	2 BD		
		Erand Oil	2 Tablespoons HS		
21/02/23	Pain↓ No swelling Right Knee- Restricted movements- Painful Left- Restricted movements, not painful	Atulya Shuddhi*	2 TDS Before Meal	7 Days	
		Kaishor Guggul	2 BD		
		Lakshadi Guggul	2 BD		
		Asthijivanam*	2 BD		
		Prawal Panchamrut	2 BD		
		Erand Oil	2 Tablespoons HS		
12/03/23	Pain ↓↓ No swelling	Atulya Shuddhi*	2 TDS Before Meal	7 Days	
	Right- ROM improvement	Lakshadi Guggul	2 BD		
		Asthijivanam*	2 BD		
	Jihva- Niram, Nadi- Vat Pradhan, Mala, Mutra, Kshdha, Nidra - Prakrut	Aabha Choorna	1 tablespoon-TDS		
		Prawal Panchamrut	2 BD		
		Erand Oil	2 Tablespoons HS		
		Mahatikta Ghrut	2 tablespoons with Milk, Early morning Empty stomach		



Volume: 11 Issue: 02 | Feb 2024

www.irjet.net

e-ISSN: 2395-0056

p-ISSN: 2395-0072

26/03/23 Pain 111 Atulya Shuddhi\* 2 TDS Before Meal 7 Days No swelling, Improvement seen on Ashwagandha Vati 2 BD X Ray Aabha Choorna 1 tablespoon-TDS Jihva- Niram, Nadi-Vat Pradhan, Prawal Panchamrut 2 BD Mala, Mutra, Kshdha, Nidra - Prakrut Erand Oil 2 Tablespoons HS Mahatikta Ghrut 2 tablespoons with Milk, Early morning Empty stomach 02/04/23 Pain - Mild Atulya Shuddhi\* 2 TDS Before Meal 7 Days Weakness No swelling Lakshadi Guggul 2 BD 2 BD Sinhnaad Guggul Jihva-Niram, Nadi- Vat Pradhan, Asthi oorjitam\* 2 BD Mala, Mutra, Kshdha, Nidra - Prakrut Prawal Panchamrut 2 BD Erand Oil 2 Tablespoons HS Mahatikta Ghrut 2 tablespoons with Milk, Early morning Empty stomach 12/04/23 Pain ↓↓↓ Atulya Shuddhi\* 2 TDS Before MeaL 30 Days No swelling Lakshadi Guggul 2 BD 2 BD Asthi oorjitam\* Jihva- Niram, Nadi- Vat Pradhan, Prawal Panchamrut 2 BD Mala, Mutra, Kshdha, Nidra - Prakrut Erand Oil 2 Tablespoons HS Mahatikta Ghrut 2 and Half tablespoons with Milk, Early morning **Empty stomach** Pain ↓↓↓ 06/05/23 2 BD Before Meal Atulya Shuddhi\* 30 Days No swelling Asthi oorjitam\* 2 BD Shallaki Tablet 2 BD Jihva- Alpa Saam, Nadi- Vat Pradhan, Mala, Mutra, Kshdha, Prawal Panchamrut 2 BD Nidra - Prakrut



Erand Oil

IRJET Volume: 11 Issue: 02 | Feb 2024

www.irjet.net

e-ISSN: 2395-0056 p-ISSN: 2395-0072 2 Tablespoons HS

		Mahatikta Ghrut	2 and Half tablespoons with Milk, Early morning Empty stomach		
08/06/23	Same as above	Atulya Shuddhi*	2 TDS Before Meal	30 days	
		Asthi oorjitam*	2 TDS		
		Asthi jivanam*	2 BD		
		Guduchi Ghan	2 BD		
		Mahatikta Ghrut	3 tablespoons with Milk, Early morning Empty stomach		
13/07/23	Pain ↓↓↓ No swelling	Atulya Shuddhi*	2 TDS Before Meal	30 Days	
		Tarush Meh*	2 BD		
	Jihva- Niram, Nadi- Vat Pradhan, Mala, Mutra, Kshdha, Nidra - Prakrut	Prawal Panchamrut	2 BD		
		Asthi jivanam*	4 TDS		
		Asthi oorjitam*	4 TDS		
		Erand Oil	2 Tablespoons HS		
		Mahatikta Ghrut	3 tablespoons with Milk, Early morning Empty stomach		
27/08/23	Same as above	Atulya Shuddhi*	2 TDS Before Meal	30 Days	
		Asthi oorjitam*	3 TDS		
		Ashwagandha	4 TDS		
		Guduchi Ghan	4 TDS		
		Pranayu Tablet*	1 TDs		
		Erand Oil	½ Tablespoon HS		
		Mahatikta Ghrut	3 tablespoons with Milk, Early morning Empty stomach		
10/12/23	Pain- NO Swelling -NO	Atulya Shuddhi*	2 TDS Before Meal	30 days	

Volume: 11 Issue: 02 | Feb 2024

www.irjet.net

	Prawal Panchamrut	2 BD
Jihva- Niram Nadi- Vat Pradhan, Mala, Mutra, Kshdha,	Kaishor Guggul	2 BD
Nidra - Prakrut	Ashwagandha	4 OD
	Asthi oorjitam*	4 OD
	Laksha Ghana	2 BD
	Panchamrut Loh Guggul	2 BD
	Erand Oil	1 Tablespoon HS
	Mahatikta Ghrut	3 Tablespoons with Milk, Early morning Empty

stomach

e-ISSN: 2395-0056

p-ISSN: 2395-0072

Overall improvement was seen in her pain, stiffness, swelling, gait and range of movements. Visible radiographic improvement in Joint space width was achieved within 40 days of treatment - X Ray in weight bearing position (Standing) Antero-Posterior view dated 14 March 2023 Figure 3.



Figure 3: Xray Dated 14 March 2023, showing visible improvement in Joint space width

After 6 months of treatment further X Ray was taken determine the structural change. X Ray in weight bearing (standing) position with Antero-posterior view Dated 29 July 2023 showed reversal of the disease progression and abatement of arthritic changes in the joint displaying a comprehensive improvement in the bone and joint health. There was reduction in the size of osteophytes and gross visible improvement in Joint space width as seen in Figure 4.

© 2024, IRJET **Impact Factor value: 8.226** ISO 9001:2008 Certified Journal Page 687 Volume: 11 Issue: 02 | Feb 2024

www.irjet.net

Figure 4: X Ray Dated 29 July 2023 showing further improvement and reduction in osteophytes



### 3. OUTCOMES

Major findings in the case were the structural radiographic changes observed in relation to the Joint space. In the earlier X Rays the Joint space had been completely obliterated, which after treatment was restored. The relief in Pain and symptoms was evident along with the radiographic change. All outcomes are summarised as follows:

### **XRAY CHANGES:**

PRE TREATMENT: GRADE 4 on Kellgren Lawrence Scale<sup>12</sup> POST TREATMENT: GRADE 2 on Kellgren Lawrence Scale.

2. KNEE SYMPTOMATIC CHANGES: Changes in the Knee joint as per clinical examination are summarised in Table 2 below.

Table 2						
	Pre Treat	tment	Post Treatment			
Knee Flexion	Right	70°	Right	120°		
	Left	70°	Left	135°		
Pain / Tenderness	Right	+++	Right			
	Left	++	Left			
Swelling	Right	+++	Right			
	Left	++	Left			

e-ISSN: 2395-0056

p-ISSN: 2395-0072

e-ISSN: 2395-0056

### 3. Changes in **Patient reported Outcomes** (PROs) are summarised in Table 3.

Table 3						
Parameter	Pre-treatment		Post-treatment			
VAS Pain rating <sup>13</sup>	8		3			
K00S <sup>14</sup>	PAIN	42	PAIN	80		
(Knee Injury and Osteoarthritis Outcome Score)	SYMPTOMS	47	SYMPTOMS	86		
ŕ	ADL	62	ADL	97		
	SPORTS/ RECREATION	30	SPORTS/ RECREATION	80		
	QUALITY OF LIFE	25	QUALITY OF LIFE	50		
Global Rating Of Change 15 —			+7			

#### 4. DISCUSSION:

In the present case the major cause can be pinpointed to excessive strain and stress post childbirth. The intense physical activity during the stage of recuperation is hypothesised to have caused the degradation of articular cartilage in majority. No specific genetic predisposition for the disease was found in the present case and absence of all other factors generally seen in early onset of knee osteoarthritis makes it a novel case. This leaves us with only probable cause of early onset knee osteoarthritis to be low nutritional status combined with excessive physical activity.

### 5. CONCLUSION

The female patient in the present case was advised Total Knee Replacement as the only option for regaining proper function of the knee joint. The apprehension for such a procedure at the age of 40 led her to Shreshta Knee Expert Clinic. The case was unique in its presentation and considering the *Hetu* as *Vata Prakopa*, she was given Basti for a longer duration. The inclusion of proprietary medications of Shreshta Knee Expert for oral consumption and local application all together were successful in reversing the Joint Space - Regeneration of the cartilage & Meniscus, a rare feat.

#### 6. CONSENT AND APPROVAL:

Informed Consent Form containing all the information regarding the reporting of the case was given to the patient and she willingly agreed. The consent form was written and explained in the language Marathi, which was the language she best understood.

No Ethics Committee approval is required for the reporting of the case as per Center guidelines.

### 7. CONFLICT OF INTEREST:

AG, AM are employees of TechClinic Connect Pvt Ltd, the owner of Shreshta Knee Expert Clinic and DP is the Founder and MD of TechClinic Connect Pvt Ltd

### 8. BIOGRAPHIES



Dr. Anuradha Goyal, M.D. (Kayachikitsa), B.A.M.S, Clinic Head, Shreshta Knee Expert Clinic Kalyan, Mumbai

e-ISSN: 2395-0056



Dr. Anjali Menon, M.D. (Rasashastra & Bhaishajyakalpana), B.A.M.S, Researcher, Tech Clinic Connect Pvt. Ltd, Navi Mumbai, Maharashtra, India. Orcid ID: 0009-0008-0090-855X



Dipak Patil, Founder & Managing Director, B.Tech, Computer Sci., TechClinic Connect Pvt. Ltd., Navi Mumbai, Maharashtra, India

### 9. REFERENCES

<sup>1</sup> Antony, B., Jones, G., Jin, X. et al. Do early life factors affect the development of knee osteoarthritis in later life: a narrative review. Arthritis Res Ther **18**, 202 (2016). https://doi.org/10.1186/s13075-016-1104-0

- <sup>3</sup> Pal CP, Singh P, Chaturvedi S, Pruthi KK, Vij A. Epidemiology of knee osteoarthritis in India and related factors. Indian J Orthop. 2016 Sep;50(5):518-522. doi: 10.4103/0019-5413.189608. PMID: 27746495; PMCID: PMC5017174.
- <sup>4</sup> Srikanth VK, Fryer JL, Zhai G, Winzenberg TM, Hosmer D, Jones G. A meta-analysis of sex differences prevalence, incidence and severity of osteoarthritis. Osteoarthritis Cartilage. 2005 Sep;13(9):769-81. doi: 10.1016/j.joca.2005.04.014. PMID: 15978850.
- <sup>5</sup> Hanna FS, Teichtahl AJ, Wluka AE, Wang Y, Urquhart DM, English DR, Giles GG, Cicuttini FM. Women have increased rates of cartilage loss and progression of cartilage defects at the knee than men: a gender study of adults without clinical knee osteoarthritis. Menopause. 2009 Jul-Aug;16(4):666-70. doi: 10.1097/gme.0b013e318198e30e. PMID: 19598333.
- <sup>6</sup> Richette P, Corvol M, Bardin T. Estrogens, cartilage, and osteoarthritis. Joint Bone Spine. 2003 Aug 1;70(4):257-62.
- <sup>7</sup> Arvind Chopra, Manjit Saluja, Girish Tillu, Sanjeev Sarmukkaddam, Anuradha Venugopalan, Gumdal Narsimulu, Rohini Handa, Venil Sumantran, Ashwinikumar Raut, Lata Bichile, Kalpana Joshi, Bhushan Patwardhan, Ayurvedic medicine offers a good alternative to glucosamine and celecoxib in the treatment of symptomatic knee osteoarthritis: a randomized, double-blind, controlled equivalence drug trial, Rheumatology, Volume 52, Issue 8, August 2013, Pages 1408–1417
- <sup>8</sup> Ashtankar, Poonam & Sawarkar, Punam. (2019). Comprehensive Ayurvedic management of Sandhigatavata: a case report. Journal of Indian System of Medicine. 7. 249. 10.4103/JISM.JISM\_71\_19.
- <sup>9</sup> Sharma AV, Dudhamal TS, Gupta SK, Mahanta V. Clinical study of Agnikarma and Panchatikta Guggulu in the management of Sandhivata (osteoartheritis of knee joint). Ayu. 2016 Jan-Mar;37(1):38-44. doi: 10.4103/ayu.AYU\_103\_14. PMID: 28827954; PMCID: PMC5541466.
- $^{10}$  Loeser RF, Goldring SR, Scanzello CR, Goldring MB. Osteoarthritis: a disease of the joint as an organ. Arthritis Rheum. 2012 Jun;64(6):1697-707. doi: 10.1002/art.34453. Epub 2012 Mar 5. PMID: 22392533; PMCID: PMC3366018.

© 2024, IRJET | Impact Factor value: 8.226 | ISO 9001:2008 Certified Journal | Page 690

<sup>&</sup>lt;sup>2</sup> Bastick AN, Belo JN, Runhaar J, Bierma-Zeinstra SM. What Are the Prognostic Factors for Radiographic Progression of Knee Osteoarthritis? A Meta-analysis. Clin Orthop Relat Res. 2015 Sep;473(9):2969-89. doi: 10.1007/s11999-015-4349-z. Epub 2015 May 21. PMID: 25995176; PMCID: PMC4523522.

e-ISSN: 2395-0056 Volume: 11 Issue: 02 | Feb 2024 www.irjet.net p-ISSN: 2395-0072

- 11 Agnivesha, Charak Samhita: Charak chandrika, Hindi commentary, Edited by Dr.Bramhanad Tripathi, Chaukhamba Surabharati Prakashan, Varanasi, Edition: 2007, Vol. 2, Page no.1169, Siddhisthan, Chapter No.1, Kalpanasiddhi, Shlok no.40.
- 12 Kellgren J & Lawrence J. Radiological Assessment of Osteo-Arthrosis. Ann Rheum Dis. 1957;16(4):494-502. doi:10.1136/ard.16.4.494
- <sup>13</sup> M, Elfering A. Pain assessment. Eur Spine J. 2006 Jan; 15 Suppl 1(Suppl 1):S17-24. doi: 10.1007/s00586-005-1044-x. Epub 2005 Dec 1. PMID: 16320034; PMCID: PMC3454549.
- <sup>14</sup> Roos EM, Roos HP, Lohmander LS, Ekdahl C, Beynnon BD. Knee Injury and Osteoarthritis Outcome Score (KOOS)— Development of a Self-Administered Outcome Measure. Journal of Orthopaedic & Sports Physical Therapy [Internet]. 1998 Aug;28(2):88-96. Available from: https://pubmed.ncbi.nlm.nih.gov/9699158/
- 15 Pavlos Bobos, Christina Ziebart, Rochelle Furtado, Ze Lu, Joy C. MacDermid, Psychometric properties of the global rating of change scales in patients with low back pain, upper and lower extremity disorders. A systematic review with meta-analysis, Journal of Orthopaedics, Volume 21, 2020, Pages 40-48, ISSN 0972-978X.