

# Is low intensity resistance training combined with blood flow restriction beneficial to the rehabilitation of patients with knee osteoarthritis?

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<b>Registration date</b> 16/05/2022	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 09/07/2024	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Osteoarthritis causes the cartilage in your knee joint to thin and the surfaces of the joint to become rougher, which means that the knee doesn't move as smoothly as it should, and it might feel painful and stiff.

Older people with knee OA usually experience challenges in performing vital independence tasks compared to those without OA. Hence, improving muscle strength and promoting physical function recovery is an important goal of knee OA rehabilitation.

Resistance exercise is a traditional method to improve muscle mass and muscle strength, Nevertheless, the capacity to tolerate the high mechanical stresses directed onto the joints during heavy resistance training varies among individuals. A combination low load resistance training and blood flow restriction (BFR) could elicit parallel impacts as high load resistance training, which has recently led to its frequent use in the rehabilitation of knee OA. Additionally, a study revealed that single-leg BFR training effectively improved the muscle strength of the contralateral limb in healthy adults, known as the crossover effect. This event might result from the systemic circulation of myogenic-related hormones. This provides a new idea for sports rehabilitation of patients with unilateral knee OA. Nonetheless, the effect of unilateral limb exercise on serum myogenesis-related hormones in patients with knee OA remains unclear. Our previous study demonstrated that BFR training promotes the production of muscle growth-related hormones in healthy adults. Therefore, this study aims to elucidate the effects of BFR with single-leg low load resistance exercise and high load resistance exercise on insulin-like growth factor-1, serum growth hormone, and testosterone in patients with unilateral knee OA. The findings will provide the theoretical basis to assist researchers and physical therapists in developing a more scientific exercise strategy.

### Who can participate?

Female patients aged 40 - 70 years with knee OA in one knee.

What does the study involve?

The study included a survey of participants' maximum muscle strength and hormonal responses to three different exercises.

What are the possible benefits and risks of participating?

The benefits of participation can obtain more effective exercise rehabilitation prescriptions. The risk of participation is the possibility of muscle soreness after exercise.

Where is the study run from?

Qingdao Haici Hospital (China)

When is the study starting and how long is it expected to run for?

May 2022 to July 2022

Who is funding the study?

Investigator initiated and funded

Who is the main contact?

Dr Junguo Wang, wangjunguo7765@163.com

## Contact information

**Type(s)**

Scientific

**Contact name**

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## Additional identifiers

**EudraCT/CTIS number**

Nil known

**IRAS number**

**ClinicalTrials.gov number**

Nil known

## Secondary identifying numbers

Nil known

# Study information

## Scientific Title

Effects of low load resistance training with blood flow restriction on serum growth hormone, insulin-like growth factor-1, and testosterone in patients with mild to moderate unilateral knee osteoarthritis (OA)

## Acronym

BFRKOA

## Study objectives

Myogenesis-related hormones in women with unilateral knee OA could be increased by high load resistance exercise and low load resistance exercise with BFR on unaffected limb.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Approved 02/05/2022, The Medical Ethics Committee of The Affiliated Qingdao Hiser Hospital (Qingdao Hospital of Traditional Chinese Medicine, No. 4, Renmin Road, Qingdao, Shandong, China; +8615901569205; qdhaiciwenhua@126.com), ref: 2022-HYJ-247

## Study design

Single-blind observational cross-sectional study

## Primary study design

Observational

## Secondary study design

Cross sectional study

## Study setting(s)

School

## Study type(s)

Diagnostic

## Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet.

## Health condition(s) or problem(s) studied

Female patients with unilateral knee osteoarthritis

## Interventions

This study will recruit 18 female patients with mild to moderate unilateral knee OA, which was then followed by randomly conducting three resistance exercise tests by drawing lots:

1. A 30% 1-repetition maximum (1-RM) resistance exercise with BFR of 70% arterial occlusive pressure (AOP) (BFR group)
2. A 70% 1-RM resistance exercise without BFR (RES group)
3. A 30% 1-RM resistance exercise without BFR (CON group)

**Intervention Type**

Behavioural

**Primary outcome measure**

Blood lactate (BLA), IGF-1, GH and testosterone levels will be tested at 4-time points using blood test: before exercise, immediately after exercise, 15 minutes after exercise, and 30 minutes after exercise.

**Secondary outcome measures**

Heart rate measured using heart rate band during exercise

**Overall study start date**

12/05/2022

**Completion date**

25/07/2022

**Eligibility****Key inclusion criteria**

1. Currently experiencing objective functional limitations
2. Female aged between 40 and 70 years old
3. Symptomatic unilateral knee OA
4. Not participating in any regular resistance training.

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Female

**Target number of participants**

18

**Total final enrolment**

18

**Key exclusion criteria**

1. Health status contradicted the use of a tourniquet
2. Currently suffering from peripheral vascular disorders or any condition contradicting

subjecting them to exercise training

3. High blood pressure defined by a diastolic blood pressure >100 mm Hg or resting systolic blood pressure >160 or <100 mm Hg

**Date of first enrolment**

25/05/2022

**Date of final enrolment**

24/06/2022

## **Locations**

**Countries of recruitment**

China

**Study participating centre**

**Qingdao Haici Hospital**

No. 4, Renmin Road, Qingdao

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## **Sponsor information**

**Organisation**

Qingdao Haici Hospital

**Sponsor details**

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**Sponsor type**

Hospital/treatment centre

## **Funder(s)**

**Funder type**

Other

**Funder Name**  
Investigator initiated and funded

## Results and Publications

**Publication and dissemination plan**  
Planned publication in a peer-reviewed journal.

**Intention to publish date**  
25/07/2023

**Individual participant data (IPD) sharing plan**  
The current data sharing plans for this study are unknown and will be available at a later date.

**IPD sharing plan summary**  
Data sharing statement to be made available at a later date

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol file</a>			13/05/2022	No	No
<a href="#">Results article</a>		14/10/2022	09/07/2024	Yes	No