AAOS Guideline of The Diagnosis and Treatment of Osteochondritis Dissecans

Summary of Recommendations

The following is a summary of the recommendations in the AAOS’ clinical practice guideline, The Diagnosis and Treatment of Osteochondritis Dissecans (OCD) of the Knee. The scope of this guideline is specifically limited to Osteochondritis Dissecans of the Knee. This summary does not contain rationales that explain how and why these recommendations were developed nor does it contain the evidence supporting these recommendations. All readers of this summary are strongly urged to consult the full guideline and evidence report for this information. We are confident that those who read the full guideline and evidence report will also see that the recommendations were developed using systematic evidence-based processes designed to combat bias, enhance transparency, and promote reproducibility. This summary of recommendations is not intended to stand alone. Treatment decisions should be made in light of all circumstances presented by the patient. Treatments and procedures applicable to the individual patient rely on mutual communication between patient, physician and other healthcare practitioners.

1. In a patient with knee symptoms (pain, swelling, locking, catching, popping, giving way) and/or signs (tenderness, effusion, loss of motion, crepitus), x-rays (including AP, lateral, sunrise/Merchant, and tunnel views) are an option.

   Strength of Recommendation: Limited*

   Description: Evidence from two or more “Low” strength studies with consistent findings, or evidence from a single “Moderate” quality study recommending for or against the intervention or diagnostic. A Limited recommendation means the quality of the supporting evidence that exists is unconvincing, or that well-conducted studies show little clear advantage to one approach versus another.

   Implications: Practitioners should exercise clinical judgment when following a recommendation classified as Limited, and should be alert to emerging evidence that might negate the current findings. Patient preference should have a substantial influencing role.

   *To see the description of the evidence linked to the strength of the recommendations, please refer to Table 1; “Strength of Recommendation descriptions” in the guideline.

2. We are unable to recommend for or against x-rays on the contralateral asymptomatic knee in patients with confirmed OCD of one knee.

   Strength of Recommendation: Inconclusive

   Description: Evidence from a single low quality study or conflicting findings that do not allow a recommendation for or against the intervention. An Inconclusive recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

   Implications: Practitioners should feel little constraint in following a recommendation labeled as Inconclusive, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harm. Patient preference should have a substantial influencing role.
3. In a patient with a known OCD lesion on x-ray, an MRI of the knee is an option to characterize the OCD lesion or when concomitant knee pathology is suspected such as meniscal pathology, ACL injury, or articular cartilage injury.

Strength of Recommendation: Limited

Description: Evidence from two or more “Low” strength studies with consistent findings, or evidence from a single “Moderate” quality study recommending for or against the intervention or diagnostic. A Limited recommendation means the quality of the supporting evidence that exists is unconvincing, or that well-conducted studies show little clear advantage to one approach versus another.

Implications: Practitioners should exercise clinical judgment when following a recommendation classified as Limited, and should be alert to emerging evidence that might negate the current findings. Patient preference should have a substantial influencing role.

4. We are unable to recommend for or against non-operative treatment (casting, bracing, splinting, unloader brace, electrical or ultrasound bone stimulators, or activity restriction alone) for asymptomatic skeletally immature patients with OCD.

Strength of Recommendation: Inconclusive

Description: Evidence from a single low quality study or conflicting findings that do not allow a recommendation for or against the intervention. An Inconclusive recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

Implications: Practitioners should feel little constraint in following a recommendation labeled as Inconclusive, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harm. Patient preference should have a substantial influencing role.

5. We are unable to recommend for or against a specific non-operative treatment (casting, bracing, splinting, unloader brace, electrical or ultrasound bone stimulators, or activity restriction alone) for symptomatic skeletally immature patients with OCD.

Strength of Recommendation: Inconclusive

Description: Evidence from a single low quality study or conflicting findings that do not allow a recommendation for or against the intervention. An Inconclusive recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

Implications: Practitioners should feel little constraint in following a recommendation labeled as Inconclusive, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harm. Patient preference should have a substantial influencing role.
6. We are unable to recommend for or against arthroscopic drilling in symptomatic skeletally immature patients with a stable lesion(s) who have failed to heal with non operative treatment for at least three months.

Strength of Recommendation: Inconclusive

Description: Evidence from a single low quality study or conflicting findings that do not allow a recommendation for or against the intervention. An Inconclusive recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

Implications: Practitioners should feel little constraint in following a recommendation labeled as Inconclusive, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harm. Patient preference should have a substantial influencing role.

7. In the absence of reliable evidence, it is the opinion of the work group that symptomatic skeletally immature patients with salvageable unstable or displaced OCD lesions be offered the option of surgery.

Strength of Recommendation: Consensus

Description: The supporting evidence is lacking and requires the work group to make a recommendation based on expert opinion by considering the known potential harm and benefits associated with the treatment. A Consensus recommendation means that expert opinion supports the guideline recommendation even though there is no available empirical evidence that meets the inclusion criteria of the guideline’s systematic review.

Implications: Practitioners should be flexible in deciding whether to follow a recommendation classified as Consensus, although they may give it preference over alternatives. Patient preference should have a substantial influencing role.

8. We are unable to recommend for or against a specific cartilage repair technique in symptomatic skeletally immature patients with unsalvageable fragment.

Strength of Recommendation: Inconclusive

Description: Evidence from a single low quality study or conflicting findings that do not allow a recommendation for or against the intervention. An Inconclusive recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

Implications: Practitioners should feel little constraint in following a recommendation labeled as Inconclusive, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harm. Patient preference should have a substantial influencing role.
9. We are unable to recommend for or against repeat MRI for asymptomatic skeletally mature patients.

   Strength of Recommendation: Inconclusive

   Description: Evidence from a single low quality study or conflicting findings that do not allow a recommendation for or against the intervention. An Inconclusive recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

   Implications: Practitioners should feel little constraint in following a recommendation labeled as Inconclusive, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harm. Patient preference should have a substantial influencing role.

10. We are unable to recommend for or against treating asymptomatic skeletally mature patients with OCD progression (as identified by X-ray or MRI) like symptomatic patients.

    Strength of Recommendation: Inconclusive

    Description: Evidence from a single low quality study or conflicting findings that do not allow a recommendation for or against the intervention. An Inconclusive recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

    Implications: Practitioners should feel little constraint in following a recommendation labeled as Inconclusive, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harm. Patient preference should have a substantial influencing role.

11. In the absence of reliable evidence, it is the opinion of the work group that symptomatic skeletally mature patients with salvageable unstable or displaced OCD lesions be offered the option of surgery.

    Strength of Recommendation: Consensus

    Description: The supporting evidence is lacking and requires the work group to make a recommendation based on expert opinion by considering the known potential harm and benefits associated with the treatment. A Consensus recommendation means that expert opinion supports the guideline recommendation even though there is no available empirical evidence that meets the inclusion criteria of the guideline’s systematic review.

    Implications: Practitioners should be flexible in deciding whether to follow a recommendation classified as Consensus, although they may give it preference over alternatives. Patient preference should have a substantial influencing role.

12. We are unable to recommend for or against a specific cartilage repair technique in symptomatic skeletally mature patients with an unsalvageable OCD lesions.

    Strength of Recommendation: Inconclusive

    Description: Evidence from a single low quality study or conflicting findings that do not allow a recommendation for or against the intervention. An Inconclusive recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

    Implications: Practitioners should feel little constraint in following a recommendation labeled as Inconclusive, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harm. Patient preference should have a substantial influencing role.
13. In the absence of reliable evidence, it is the opinion of the work group that patients who remain symptomatic after treatment for OCD have a history and physical examination, x-rays and/or MRI to assess healing.

Strength of Recommendation: Consensus

Description: The supporting evidence is lacking and requires the work group to make a recommendation based on expert opinion by considering the known potential harm and benefits associated with the treatment. A Consensus recommendation means that expert opinion supports the guideline recommendation even though there is no available empirical evidence that meets the inclusion criteria of the guideline’s systematic review.

Implications: Practitioners should be flexible in deciding whether to follow a recommendation classified as Consensus, although they may give it preference over alternatives. Patient preference should have a substantial influencing role.

14. We are unable to recommend for or against physical therapy for patients with OCD treated non-operatively.

Strength of Recommendation: Inconclusive

Description: Evidence from a single low quality study or conflicting findings that do not allow a recommendation for or against the intervention. An Inconclusive recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

Implications: Practitioners should feel little constraint in following a recommendation labeled as Inconclusive, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harm. Patient preference should have a substantial influencing role.

15. In the absence of reliable evidence, it is the opinion of the work group that patients who have received surgical treatment of OCD be offered post-operative physical therapy.

Strength of Recommendation: Consensus

Description: The supporting evidence is lacking and requires the work group to make a recommendation based on expert opinion by considering the known potential harm and benefits associated with the treatment. A Consensus recommendation means that expert opinion supports the guideline recommendation even though there is no available empirical evidence that meets the inclusion criteria of the guideline’s systematic review.

Implications: Practitioners should be flexible in deciding whether to follow a recommendation classified as Consensus, although they may give it preference over alternatives. Patient preference should have a substantial influencing role.
16. We are unable to recommend for or against counseling patients about whether activity modification and weight control prevents onset and progression of OCD to osteoarthritis (osteoarthrosis).

**Strength of Recommendation: Inconclusive**

Description: Evidence from a single low quality study or conflicting findings that do not allow a recommendation for or against the intervention. An *Inconclusive* recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

Implications: Practitioners should feel little constraint in following a recommendation labeled as *Inconclusive*, exercise clinical judgment, and be alert for emerging evidence that clarifies or helps to determine the balance between benefits and potential harm. Patient preference should have a substantial influencing role.