3 Ways to Treat Knee Pain Without Medication

5 MIN READ

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BY JULIE STEWART

Meds are just one tool in your knee pain arsenal (and not the first line of defense)

First, with knee pain, the first thing you need to do it see a physical therapist to find out why. Is it a joint line misalignment? A muscle imbalance? Or something more serious?

In the meantime, popping a pain reliever can be a quick, effective path to relief — but it comes with risks worth considering.

The longer you use non-steroidal anti-inflammatories (NSAIDs) like over-the-counter ibuprofen or prescription-only diclofenac, the higher your risk of **side effects** such as gastrointestinal problems and adverse cardiovascular events. That risk-benefit calculation is tricky when you're hurting. You want to feel better, but don't want to waste time trying new devices and alternative treatments that won't work.

So which alternative therapies are worth it? Brace yourself — literally — for the results of a recent **review** of 139 randomized controlled trials, which found that knee braces work best, followed by hydrotherapy (water-based movement) and **other forms of exercise**.

"Patients and clinicians should prioritize these evidence-based options," the study authors said in a **press release**, calling these interventions "the most effective non-drug therapies" for knee osteoarthritis.

"They reduce pain and improve mobility without the gastrointestinal or cardiovascular risks linked to common pain medications," they add — big news for anyone looking to **prevent chronic knee pain** with fewer side effects.

How Non-Medicinal Interventions Stack Up Against Knee Pain

Researchers evaluated the effectiveness of 12 non-drug therapies in 9,644 people with knee osteoarthritis. They compared users' scores on the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC), a standardized questionnaire that assesses pain, stiffness, and function by measuring their ability to do tasks like walking stairs, getting out of bed, and removing socks with ease.

Compared to the other treatments, knee braces had the highest probability of improving all three measures: pain, stiffness, and function. Here's how the therapies ranked:

- **Knee braces:** #1 for improving knee pain, stiffness, and function
- **Hydrotherapy:** #5 for pain, #3 for stiffness, #2 for function
- **Exercise:** #2 for pain and stiffness, #4 for function
- **High-intensity laser therapy:** #3 for pain, #4 for stiffness, #5 for function
- **Extracorporeal shock wave therapy:** #4 for pain, #10 for stiffness, #3 for function
- **Low-level laser therapy:** #6 for pain, #8 for stiffness, #9 for function
- **Kinesio taping:** #7 for pain, #11 for stiffness, #10 for function
- **Transcutaneous electrical nerve stimulation:** #8 for pain and function, #5 for stiffness
- **Short-wave diathermy:** #9 for pain and stiffness, #7 for function
- **Interferential current:** #10 for pain, #6 for stiffness and function
- **Lateral wedged insoles:** #11 for pain and function, #12 for stiffness
- **Ultrasound:** worse than placebo for pain and function, #7 for stiffness

"Our analysis of nearly 10,000 patients reveals that simple, accessible therapies like

knee bracing and water-based exercise outperform high-tech options like ultrasound," the **study authors** say, referring to a non-invasive but short-term treatment that uses high-frequency sound waves to soothe joint tissue. "This could reshape clinical guidelines to focus on safer, lower-cost interventions," they add.

The researchers acknowledge that the study has some limitations. For one, treatment durations varied across the trials included in the analysis. Most studies had small sample sizes and varied gender distributions. Some used varying metrics and less rigorous methods. Only English-language studies were included in the meta-analysis, so language bias could influence the results. However, the researchers flagged all of these potential shortcomings, noting whether there was evidence of a small sample effect or publication bias within the intervention network.

How Knee Braces Work

Knee braces improve joint biomechanics by straightening out your knee joint's force line, the axis from your hip to your foot, so you distribute the load of each step more evenly and reduce stress on your cartilage and soft tissues. They can also expand the joint space in your inner knee during walking to avoid that bone-on-bone feeling. Wearing one can help enhance stability and limit excessive knee movement in unstable conditions. A knee brace also supports surrounding muscles to reduce their workload, improve your awareness of your knee position so you can control your movements, and limit inflammation, the study authors add.

How Hydrotherapy Helps

The research also suggests that warm-water hydrotherapy is beneficial. Also known as aquatic therapy, this involves exercising in water between 84-92 degrees Fahrenheit, according to **Mayo Clinic**. When you work out in a pool – think water aerobics or

yoga classes — the water provides buoyancy that unloads your joints and eases knee pain. It's a low-impact, safe, and comfortable way to rebuild the muscles surrounding the knee.

Exercise Is Still a Top Recommendation

Other forms of exercise can also improve your knee joint function to reduce pain and make movement easier. A recent **study review** of 217 randomized controlled trials with 15,684 participants found that aerobic exercise is the most effective workout for improving knee osteoarthritis — and it might work faster than you'd think. Aerobic exercise can help improve pain and quality of life in just four weeks, while mind-body exercises such as tai chi, yoga, and pilates can improve function in that same time period.

"We recommend aerobic exercise as a first line intervention for knee osteoarthritis management, particularly when the aim is to improve functional capacity and reduce pain," the authors wrote.

Why Physical Therapy Is the Real Starting Point

Knee braces can relieve pressure. Hydrotherapy can reduce load. But if the underlying problem is how your knee tracks, how your muscles fire, and whether your joint is aligned the way it should be, none of those interventions fix the root cause. Physical therapy does.

Most non-traumatic knee pain comes down to mechanics: weak glutes that fail to stabilize the hip, tight quads that pull the kneecap off-center, or hamstrings and hip abductors that aren't doing their share of the work. When these muscles aren't firing correctly, the knee absorbs forces it was never designed to handle alone, and the joint line shifts. Over time, that imbalance accelerates cartilage wear and drives the pain cycle that sends people reaching for braces and medications in the first place.

A physical therapist can identify exactly where the breakdown is happening and build a targeted program to correct it. That might mean strengthening the VMO (the inner quad muscle that keeps your kneecap tracking properly), activating the glutes to stabilize the hip, or releasing tight tissue that's pulling the joint out of alignment. Movement specialist **Kelly Starrett, author of *Becoming a Supple Leopard*,** has written extensively about how these kinds of imbalances create compensatory movement patterns that compound over time if left unaddressed.

The study's own top-ranked interventions point back to this. Knee braces work by mechanically correcting the force line from hip to foot. Exercise works by strengthening the muscles that control that force line naturally. Physical therapy is the intervention that connects the two: it diagnoses the specific imbalance and builds the strength and mobility to correct it without a device.

If you're dealing with chronic knee pain, PT isn't one option among many. It's the foundation that makes everything else work better.

What to Do Next

Before you decide which intervention is right for you, it's important to first talk to your doctor about your symptoms and receive an accurate diagnosis for your pain. In addition to osteoarthritis, the **Cleveland Clinic** notes that knee sprains, knee cap instability, tendon problems, hypermobility, and neuropathy are other possible explanations.

Once you know what you're contending with, you'll next want to discuss your treatment options with a physical medicine and rehabilitation physician, orthopedic

physician, or physical therapist. If you opt for a knee brace, understand that they come in a variety of fits, styles, and materials (like the neoprene sleeve, aluminum or polymer hinges, and Velcro fasteners), all of which a medical professional can help you navigate.

Don’t stop taking your medications as prescribed. That’s yet another conversation to have with your doctor first. But consider asking about knee braces, hydrotherapy, and exercise, all of which appear to make meaningful strides in osteoarthritic pain reduction. The right combination of treatments may take some trial and error, but with the right guidance, knee pain — or the side effects from pain medications — don’t have to slow you down.

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WRITTEN BY:



Julie Stewart