



Clinical Information for Referrers

A 6-Month Digital Program for Weight-Related Knee Osteoarthritis

Inspired by the success of the *University of Melbourne's Better Knee, Better Me Program*

The Problem

- ◆ Over 300,000 adults in Ireland live with weight-related knee OA, yet fewer than 20% receive both physiotherapy and weight management.

Why Current Care Falls Short

- ◆ Weight — the main driver — is rarely addressed because traditional approaches offer no short-term symptom relief (a 5–10% loss typically takes 6–12 months).
- ◆ Because benefits are slow, patients see little value in weight management for knee OA, and clinicians view it as impractical to recommend, leading to a temporary relief cycle (physio/medication) and sustained surgery risk.
- ◆ Physiotherapy and weight management are rarely integrated, and when clinicians try to manage both rehab and weight management together, outcomes for each are greatly reduced.

The Opportunity

An integrated, fully remote program led by CORU-registered physiotherapists and dietitians, combining physiotherapy with a rapid medical weight-loss intervention ($\approx 10\%$ in 3 months), followed by a Mediterranean diet for long-term stability — providing enhanced symptom relief, sustained results, and lower surgery risk.

Integrated Solution

KNEED is Europe's first remote weight-related knee OA program combining:

- 1. Structured Physiotherapy** – Knee OA -specific protocol.
- 2. Medically Supervised Very Low-Calorie Diet (VLCD)** – Medical meal replacements + one self-prepared meal.
- 3. Guided Transition** – Mediterranean diet for long-term sustainability.
- 4. Digital Support** – Virtual 1:1 clinician sessions and digital tools for tracking, messaging, reminders and exercise plans with video demos

Evidence-Based



Proven model: Based on Better Knee, Better Me (Australia) – insurer-funded program, achieving 11% avg. weight loss (≈22% lower surgery risk) and 80% pain/function improvement.



Rapid VLCD impact:
-9-15 kg loss in 6 wks = 36-60 kg less knee load (1 kg ↓ = 4 kg ↓ load/step).
-2× faster at 12 wks vs Wegovy, Ozempic, and Mounjaro.



Earlier benefits: Faster pain relief, better physio outcomes, earlier return to daily life – **seen as worthwhile by both patients and clinicians.**



Endorsed & proven safe: VLCDs are NICE-backed for obese patients at high risk of knee replacements. Already used nationally in England by the NHS for another high-risk comorbidity— Type 2 diabetes.



Durable results: 2-yr maintenance similar to traditional diets, but with earlier OA relief.



Program Cost & Inclusions

Founding Rate: €299/month for 6 months

Physiotherapy & dietitian sessions may be eligible for reimbursement

Standard programme price: €2,200 total.



Includes

- 6 Dietitian & 6 Physiotherapy sessions (1-to-1)
- Clinically led by CORU-registered dietitians & physiotherapists
- 14 weeks of medical meal replacements
- Exercise equipment kit for home physiotherapy
- Digital tools
- KPI tracking and clinical progress reports shared with the referring doctor

Why Cost-Effective

Can delay or prevent €11–17K knee replacement surgery and months of recovery

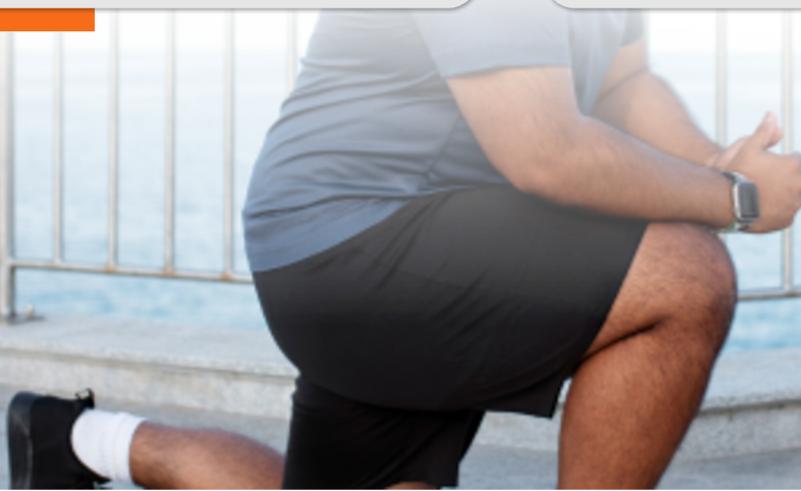


May deliver faster, greater symptom relief than physiotherapy alone

Lowers ongoing costs from knee OA and obesity (GP visits, imaging, medications)



Saves time, travel, and coordination effort through one seamless, fully digital pathway



Eligibility

Inclusion	Exclusion	Ideal Referrals
Aged 45-80	Unstable cardiac/hepatic/renal disease, recent (≤ 6 months) cardiac event or stroke	Tried physiotherapy with limited success
BMI 28–41 kg/m ²	Recurrent falls (>1 in past 12 months) or housebound due to mobility issues – GP discretion advised.	Patients needing first-line multidisciplinary care to ease pain, restore function, enhance quality of life, and lower surgical risk.
Clinical diagnosis of knee OA (per NICE: Age ≥ 45 + activity-related pain + stiffness ≤ 30 min; imaging only if atypical)	Active eating disorder, severe cognitive/psychiatric impairment	Have tried physiotherapy or diet with limited success
Suitable for all severities of knee OA	Pregnancy or breastfeeding	Motivated for structured, clinician-led digital care
Medically stable for VLCD and physiotherapy	Any unexplained or clinically concerning symptoms suggesting underlying disease	
Able & willing to take part in a fully remote program	Clinically significant sarcopenia/frailty where further loss of lean mass would be unsafe	
	Any medical condition where rapid weight loss is not advisable (e.g. uncontrolled depression, postural hypotension, untreated osteoporosis, recent gallstone or gout flare, recurrent hypoglycaemia)	

Referrer's Role	What Happens Next
Confirm OA diagnosis and BMI ≥ 28	Patient contacted within 1 week by the KNEED team
Review comorbidities and relevant medications (e.g. diabetes, antihypertensives)	Eligibility review and onboarding
Check suitability – no additional investigations required	Initial dietitian + physio sessions scheduled
Complete short referral form	Referrer notified at onboarding, midpoint, and completion

1 Referral submitted → 2 KNEED onboarding & screening → 3 Referrer notified at onboarding, midway & completion



Now accepting referrals to the KNEED Programme

- Patients can only join KNEED through a doctor referral.
- To refer a patient, simply complete the secure online referral form on our website.
- Submitting a referral does not commit the patient to payment – KNEED will contact the patient directly to provide full programme information and confirm interest.
- The KNEED programme is currently underway, and KNEED manages all communication, onboarding, and next steps following referral.

Refer a Patient in 60 Seconds

Scan the QR code below

to submit a referral instantly through our secure online form.



More information: www.kneed.ie

Share Patient Information

Ask the patient to scan for full details.



Digital leaflet available on request.

Introductory Offer

Eligible patients qualify for the founding rate of **€299 per month for 6 months** (regular programme price €2,200 total).

Limited to the first 50 participants.

Contact Details

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