

Original Research Article

Effectiveness of video-only strategies on knowledge regarding self-management of osteoarthritis among osteoarthritis patients visiting tertiary care hospital, Faridkot, Punjab

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ABSTRACT

Background: Osteoarthritis (OA) is a chronic degenerative joint disorder characterized by pain, stiffness, functional limitation and reduced quality of life. It is the second most prevalent rheumatologic condition worldwide and a leading cause of disability, particularly affecting the knee and hip joints. OA may be classified as primary, commonly associated with aging or secondary, resulting from underlying conditions. The burden of OA is substantial in India, where prevalence ranges from 22–39%, with higher incidence among women and older adults. Globally, OA prevalence has risen markedly over recent decades, emphasizing the need for effective self-management strategies. Aim of the study was to evaluate the effectiveness of video-only educational strategies on knowledge regarding self-management of osteoarthritis among patients.

Methods: A pre-experimental one-group pretest–posttest design was employed. The study included 130 osteoarthritis patients attending GGS Medical College and Hospital, Faridkot, Punjab. Knowledge regarding self-management of OA was assessed before and after the intervention. J.W. Kenny’s Open System Model served as the conceptual framework. Data were analysed using descriptive and inferential statistics.

Results: Findings demonstrated a significant improvement in participants’ knowledge following the video-based intervention. The mean knowledge score increased from 12.60±4.29 in the pretest to 22.23±3.29 in the posttest, with a mean difference of 9.63. The paired t-test value ($t=38.41$, $p<0.001$) indicated high statistical significance.

Conclusions: Video-only educational strategies are effective in enhancing knowledge related to self-management among patients with osteoarthritis.

Keywords: Video-only strategies, Self-management, Osteoarthritis, Osteoarthritis patients

INTRODUCTION

Osteoarthritis is the most common joint disease with a prevalence of 22-39% in India and affects more women than men with increasing age.¹⁻³ The global prevalence of osteoarthritis was 247.51 million in 1990 and in 2019, there was an increase of 113.25%, with 527.81 million, the majority in China, India and the United States.² Osteoarthritis affects about 4-6% of adult population and

is mentioned as one of the 5 chronic diseases in India. Statistics show that more than 10 million cases of osteoarthritis are registered in India each year.⁴ With over 60 million patients, the country is expected to become the third largest osteoarthritis capital of the world by 2025.⁵ OA the most common form of arthritis, is a progressive disease that causes pain, disability and quality of life. Osteoarthritis affects a large part of the society, causes high costs in the society, and has a significant impact on

health and quality of life. First-line treatments for osteoarthritis include Information, exercise and weight reduction in international, as well as national, treatment guidelines. In the course of all patients with hip or knee osteoarthritis, these important treatments should be given as soon as possible.⁶

For the treatment of patients with osteoarthritis, non-pharmacological therapies should include patient education, weight control, exercise, assistive devices, physical therapy and occupational therapy. American Rheumatism Association's (ACR) provided guidelines that for the management of patients with osteoarthritis, non-pharmacological treatment should include patient education, weight management, exercise, assistive devices, physical therapy, and occupational therapy.⁷ Patients should be encouraged to participate in self-management programs. Self-management programs are designed to enable people with chronic illness to manage their illness by bringing changes in their lifestyles.

Self-management support is the community's and health care system's responsibility to provide educational and other supportive interventions to assist the person in acquiring the knowledge, skills, and confidence to manage the condition and live well.⁸

The increasing prevalence of osteoarthritis in the Indian population warrants substantial studies of osteoarthritis self-management. Appropriate self-management of osteoarthritis requires a video-only strategy based on physical activity, weight management, and osteoarthritis education. The video-only concept to know the self-management of osteoarthritis in osteoarthritis patients may be useful because of its easy access, convenience, and free cost. Such intervention will help to reduce pain and improve the function of osteoarthritis patients.⁹

As a researcher, I observed that osteoarthritis patients visiting orthopaedics OPD at GGS, Medical college & Hospital, Faridkot, Punjab lack knowledge regarding self-management of osteoarthritis and number of hospital visits increase due to insufficient self-management of their symptoms. Also, most hip or knee osteoarthritis patients opt for surgical treatment without trying nonsurgical treatments due to inadequate knowledge. Therefore, researcher decided to assess the effectiveness of video only strategies on knowledge regarding self-management of osteoarthritis among osteoarthritis patients at GGS Medical College & Hospital, Faridkot, Punjab.

Objectives of the study

To assess pre-test knowledge regarding self-management of osteoarthritis among osteoarthritis patients. To assess post-test knowledge regarding self-management of osteoarthritis among osteoarthritis patients. To assess the effectiveness of video-only strategies on knowledge regarding self-management of osteoarthritis among osteoarthritis patients. To assess the effectiveness of

video-only strategies on knowledge regarding self-management of osteoarthritis among osteoarthritis patients.

METHODS

A quantitative research approach and pre-experimental design with one group pre-test and post-test research design were used to assess the effectiveness of video-only strategies on knowledge regarding self-management of osteoarthritis among osteoarthritis patients visiting GGS Medical College and Hospital, Faridkot, Punjab.

Study setting

Outpatient department of orthopaedics at GGS Medical College and Hospital, Faridkot, Punjab.

Sample and sample size

The sample size for the study was 130 osteoarthritis (Knee and hip) patients.

Target population

Osteoarthritis (Knee and hip) patients visiting outpatient department of orthopaedics at GGS Medical College and Hospital, Faridkot, Punjab.

Sampling technique

Sample was selected with convenient sampling on the basis of inclusion/exclusion criteria and sample size was 130.

Analysis interpretation

Descriptive and Inferential statistics were used for analysis.

Inclusion criteria

Patient in age group ranging from upper 18 years and lower than 85 years old of either gender. Patient who are willing to participate and present at time of the study.

Exclusion criteria

Having any psychiatric and cognitive disorder, visually and hearing-impaired person.

Development and description of tool

Section A: demographic profile

It consisted of 9 items to obtain socio-demographic information i.e., age, gender, religion, marital status, educational status, occupational status, monthly income of the family, type of family, area/location.

Section B: clinical profile of the patient

It included 8 items i.e., duration of illness, duration of treatment, hip or knee joint replacement, habit of smoking, drinking alcohol, previous information about osteoarthritis received, menopausal history, BMI of patient.

Section C

A structured interview schedule containing 30 questions with maximum possible scores of 30 and minimum possible score of 0 was prepared to assess the pre and post-test knowledge regarding self-management of osteoarthritis among osteoarthritis patients by each correct response marked as one score and incorrect response as zero score.

Reliability of tool

Reliability is the consistency or constancy of measuring instruments. Reliability of structured questionnaire was checked by Guttman-split half coefficient method. The r value for structured questionnaire is found to be 0.813 and thus tool is said to be reliable.

Criterion measures

“The criterion measures used for the study were knowledge score obtained by osteoarthritis patients regarding self-management of osteoarthritis.

Content validity of the tool

The content validity of all three tools was determined from ten experts in the field of Medical Surgical Nursing to ascertain the appropriateness and relevance of the content. The experts were chosen on the basis of clinical expertise, experience and interest in the problem area. A letter requesting for validation of the tool and video content outline was sent including problem statement, objectives of the study, tools and video content outline. As per their guidance, suggestions and discussions, amendments were made in the final tools.

Reliability of tool

Reliability is the consistency or constancy of measuring instruments. Reliability of structured questionnaire was checked by Guttman-split half coefficient method. The r value for structured questionnaire is found to be 0.813 and thus tool is said to be reliable.

Interventions

Video-only strategies

In this, the knowledge was provided to osteoarthritis patients through video based on self-management of osteoarthritis. The video consisted of the introduction about disease osteoarthritis, lifestyle changes including

physical activity, nutrition, proper alignment of body, use of cold and heat therapy, use of assistive devices, appropriate use of medications, massage and stress coping. The video was prepared in Punjabi language and duration of video was about 12 minutes. It was planned to be shown to patients visiting outpatient department.

Plan for data analysis

Analysis of the data was done in accordance with the objectives. It was done by using the descriptive and inferential statistics i.e., by calculating frequency, percentage distribution, mean, standard deviation assesses the sample characteristics of the study subjects. Paired t test was used to assess the effectiveness of video only strategies on knowledge regarding self- management of osteoarthritis among osteoarthritis patients.

Ethical consideration

Ethical approval was taken from the ethical committee of University College of Nursing and Baba Farid University of Health Sciences, Faridkot, Punjab, Efforts had been taken to protect the rights of the participants who were willing to participate and were included in the study. The study procedure was explained and written information was given to participants in the form of participant information sheet. Written informed consent was taken from each participant after informing them about study and its objectives. The confidentiality and anonymity were maintained throughout the study. The study is conducted only for research purpose.

Organization of data for analysis

In descriptive statistics mean, percentages, frequency and standard deviation were used for analyzing the distribution of study subjects according to their socio- demographic characteristics. In inferential statistics, t test, chi square and p value were computed through SPSS. The study's level of significance was set at 0.05. Tables and Figures were used to display the research study's findings. The raw data collected were entered in master sheets. It was analyzed and interpreted by applying descriptive statistics frequency, percentage, mean and standard deviation have been applied whereas for inferential statistics paired 't' test, has been applied. The data is organized and presented under the major following headings.

RESULTS

Section-I

Findings related to socio-demographic profile of osteoarthritis patients.

Section-II

Findings related to clinical profile of osteoarthritis patients.

Section-III

Findings related to pre-test knowledge score regarding self-management of osteoarthritis among osteoarthritis patients.

Section-IV

Findings related to post-test knowledge score regarding self- management of osteoarthritis among osteoarthritis patients.

Section-V

Findings related to the effectiveness of video-only strategies on knowledge regarding self-management of osteoarthritis among osteoarthritis patients.

Section-VI

Findings related to association between pre-test knowledge score regarding self-management of osteoarthritis with socio-demographic variables among osteoarthritis patients.

Section I

Findings related to socio-demographic profile of osteoarthritis patients

Table 1 depicts the demographic variables of the 130 osteoarthritis patients. The results show that majority of patients i.e., 59 (45.4%) belonged to the age group of 50-64 years, followed by 37 (28.5) belonged to the age group of 20- 49 years and 34 (26.2%) of the patients belonged to

the age group of more than 65 years. The majority of osteoarthritis patients, 80 (61.5%) were female, followed by 50 (38.5%) males.

In terms of religious demographic representation, 87 (66.9%) patients were from a Sikh family and 43 (33.1%) patients were from a Hindu family. As per their marital status; the highest proportion of patients 116 (89.2%) were married, the smallest proportion of patients were unmarried, widower and divorced, i.e., 5 (3.8%), 5 (3.8) and 4 (3.1%) respectively.

In terms of educational status; patients with primary education, secondary education and no formal education accounted for 37 (28.5%), 33 (25.4%) and 26 (20%) respectively whereas higher education made 24 (18%). A small number of patients, 10 (7.7%) were Graduates and above. Maximum number of patients 67 (51.5%) were unemployed followed by daily wage laborers 29 (22.3%) whereas same number of patients 11 (8.5%). were in private service and private business/self-employed. Furthermore, occupations including other, government service and students had the least number, i.e., 8 (6.2), 3 (2.3%) and 1 (0.8%) respectively. Most of the patients 50 (38.5%) had monthly income of less than 10,000 followed by patients 32 (24.6%) had income between 15,001-20,000 and same number of patients 24 (18.5%) had income in categories, between 10,001-15,000 and more than 20,000. Largest number of the patients, 74 (56.9%) belonged to a nuclear family followed by patients, 56 (43.1%) belonged to a joint family. According to location of the patients, 64 (49.2%) were from rural areas, followed by 57 (43.8%) patients were from urban areas, whereas the smaller number of patients, 9 (6.9%) were from semi-urban areas.

Table 1: Distribution of osteoarthritis patients according to socio-demographic profile (n=130).

S. no.	Variables	F	%
1	Age (in years)		
	20-49	37	28.5
	50-64	59	45.4
	65 or older	34	26.2
2	Gender		
	Male	50	38.5
	Female	80	61.5
3	Religion		
	Sikh	87	66.9
	Hindu	43	33.1
	Muslim	-	-
	Christian	-	-
	Other	-	-
4	Marital status		
	Married	116	89.2
	Unmarried	5	3.8
	Widow	5	3.8
	Divorced	4	3.1

Continued.

S. no.	Variables	F	%
5	Educational status		
	No formal education	26	20
	Primary	37	28.5
	Secondary	33	25.4
	Higher education	24	18.5
6	Graduation or above	10	7.7
	Occupational status		
	Student	1	0.8
	Unemployed	67	51.5
	Government service	3	2.3
	Private Service	11	8.5
	Business/self-employed	11	8.5
7	Daily wage labourer	29	22.3
	Other	8	6.2
	Monthly income (in Rs.)		
	Less than 10,000	50	38.5
8	10,001-15,000	24	18.5
	15,001-20,000	32	24.6
	More than 20,000	24	18.5
9	Type of family		
	Nuclear	74	56.9
9	Joint	56	43.1
	Location		
	Rural	64	49.2
9	Semi-urban	9	6.9
	Urban	57	43.8

Table 2: Findings related to clinical profile of osteoarthritis patients (n=130).

S. no.	Variables	F	%
1.	Duration of Illness (in years)		
	0-5	73	56.2
	6-10	40	30.8
	>11	17	13.1
2.	Duration of treatment (in years)		
	0-5	103	79.2
	6-10	26	20
	>11	1	0.8
3.	Hip or knee joint replacement		
	No	126	96.9
4.	Yes	04	3.1
	Habit of smoking		
5.	Yes	6	4.6
	No	124	95.4
6.	Drinking alcohol		
	Yes	11	8.5
6.	No	119	91.4
	Previous information received about osteoarthritis		
	None	95	73.1
	Health professional	12	9.2
	Arthritis programme	4	3.1
	Media/publication	4	3.1
	Prefer no to say	8	6.2
Other	7	5.4	

Continued.

S. no.	Variables	F	%
7.	Menopausal history		
	Males-none	48	36.9
	Females-Yes	66	50.8
	No	16	12.3
8.	BMI (Body mass index) of patient (in kg/m ²)		
	Below 18.5	8	6.2
	18.5-24.9	48	36.9
	25-29.9	53	40.8
	30-39.9	21	13.1

Section II

In terms of duration of illness, about 73 (56.2%) of patients had osteoarthritis from 0-5 years followed by 40 (30.8%) had illness from 6-10 years and 17 (13.1%) of patients had illness from > 11 years. Majority of patients 103 (79.2%) received treatment between 0-5 years, followed by patients 26 (20%) received treatment between 6-10 years whereas only 01 (0.8%) patients received treatment above 11 years respectively.

The majority of patients, 126(96.9%) did not undergo hip/knee joint replacement and a minor proportion of patients, 4 (3.1%) underwent hip / knee joint replacement. A maximum number of patients 124 (95.4%) had no habit of smoking and a minimum number of patients 6 (4.6%) had habit of smoking. A significant proportion of patients 119 (91.5%) were non-alcoholic and a very small proportion of patients 11 (8.5%) were alcoholic.

A large number of patients, 95 (73.1%) had not received any previous information about osteoarthritis, followed by 12 (9.2%) patients received information from health professionals, 8 (6.2%) patients prefer not to say, 7 (5.4%) were from other sources and the media /Publication and Arthritis programme were the source of disease information accounted for same small number of patients, i.e., 4 (3.1%). About 66 (50.8%) of female patients had a menopausal history and 16 (12.3%) of female patients had no menopausal history. Apart from this, the males were not candidates for menopausal history so they were given name none and they accounted for 48 (36.9%).

In terms of BMI, 53 (40.8%) of patients were obese, 48 (36.9%) of patients had a normal weight, followed by 21 (13.1%) and 8 (6.2%) patients who were obese and underweight respectively.

Section-III

Findings related to pre-test knowledge score regarding self-management of osteoarthritis among osteoarthritis patients. Table 3 depicts the mean knowledge score and standard deviation pre-test knowledge score regarding self-management of osteoarthritis among osteoarthritis patients, the mean and standard deviation was calculated.

The mean score was found to be 12.60 and standard deviation was 4.29. Maximum possible score being 30. The majority of patients did not reach the maximum possible scores. Maximum obtained score was 24 and minimum obtained score was 4. The mean knowledge score falls in average category and very few patients had good knowledge regarding self-management of osteoarthritis.

Table 4 depicts that 70.8% of osteoarthritis patients had average knowledge followed by 25.4% had poor knowledge and only 3.8% patients had good knowledge regarding self-management of osteoarthritis. Hence, it was concluded that majority of the patients had average knowledge.

Section IV

Findings related to post-test knowledge score regarding self-management of osteoarthritis among osteoarthritis patients

Table 5 depicts that the distribution of knowledge score range from 15-29. Maximum possible score being 30. No one reached the maximum possible scores. Maximum obtained score was 29 and minimum obtained score was 15, Mean 22.23 with standard deviation 3.29. Majority of the patients had good knowledge and none of the patient had the poor knowledge regarding self-management of osteoarthritis.

Table 6 illustrates that majority 68.5% had good knowledge followed by 31.5% had an average knowledge and none of the patient had poor knowledge regarding self-management of osteoarthritis among osteoarthritis patients. Hence, it can be concluded that majority of the patients had good knowledge.

Section-V

Findings related to the effectiveness of video-only strategies on knowledge regarding self-management of osteoarthritis among osteoarthritis patients

Table 7 depicts that mean pretest knowledge score of osteoarthritis patients regarding self-management of

osteoarthritis was 12.60±4.298 and after providing knowledge through video on self-management of osteoarthritis the mean post test score was 22.23±3.298. The mean difference was 9.63. Paired t test was computed between the pre-test and post-test knowledge scores to assess the effectiveness of video only strategies and the

value came out to be t=38.41 which was found to be highly significant at p<0.000*. It indicates that there is an increase in level of knowledge score of osteoarthritis patients after providing knowledge through video-only strategies. As a result, the null hypothesis is rejected in favor of the alternative.

Table 3: Mean and standard deviation of pre-test knowledge score regarding self-management of osteoarthritis among osteoarthritis patients (n=130).

S. no.	Aspect of Knowledge items	Maximum possible score	Maximum obtained score	Minimum obtained score	Mean Knowledge Score	SD
1.	30 questions regarding Self-management of osteoarthritis	30	24	4	12.60	4.29

Table 4: Frequency and percentage distribution of pre-test knowledge regarding self-management of osteoarthritis among osteoarthritis patients (n=130).

S. no.	Level of knowledge	Score	f	%
1.	Good	21-30	5	3.8
2.	Average	10-20	92	70.8
3.	Poor	<10	33	25.4

Maximum possible score=30, Minimum possible score=0.

Table 5: Mean score and standard deviation post -test knowledge score regarding self-management of osteoarthritis among osteoarthritis patients (n=130).

S. no.	Aspect of knowledge items	Maximum possible score	Maximum obtained score	Minimum obtained score	Mean score Post-test	SD post-test
1.	30	30	29	15	22.23	3.29

Table 6: Frequency and percentage distribution of post-test knowledge regarding self-management of osteoarthritis among osteoarthritis patients (n=130).

S. no.	Level of knowledge	Score	F	%
1.	Good	21-30	89	68.5
2.	Average	10-20	41	31.5
3.	Poor	<10	00	00

Maximum possible score=30, Minimum possible score=0.

Table 7: Mean, standard deviation and paired ‘t’ test of knowledge score of the effectiveness of video only strategies regarding self-management of osteoarthritis among osteoarthritis patients.

S. no.	Knowledge score	Mean	SD	MD	Paired 't' testvalue	df	P value
1.	PretestScore	12.60	4.298	9.63	38.41	129	0.000*
2.	PosttestScore	22.23	3.298				

SD=Standard deviation, MD=Mean difference, df=degree of freedom, *p<0.05.

Section VI

Findings related to association between pre-test knowledge score regarding self-management of osteoarthritis with socio-demographic variables among osteoarthritis patients.

There is association between pre-test knowledge score regarding self-management of osteoarthritis with socio-demographic variables of clinical profile among osteoarthritis patients. Here, chi-square test is applied to find statistically significant. Therefore, all demographic variables in the clinical profile are non-significant at the 0.05 level.

DISCUSSION

This section of the study presents a detailed analysis of the research findings derived from numerical data. The results have been interpreted in relation to the study's objectives, relevance and the review of related literature. Key findings have been discussed with reference to similar results reported in previous studies. In the present study, the largest proportion of participants (45.4%) were aged 50–64 years, with females constituting the majority (61.5%). Regarding educational background, most participants had completed primary education (28.5%). Comparable results were reported by Saad et al where the mean age of participants was 59.4 years, the majority were female (73%) and 51% had primary education or less.¹⁰ Most participants in the current study were married (89.2%), consistent with findings by Wysocka-Skurska et al where 74.2% of participants were married.¹¹ In terms of religion, the majority of participants in this study identified as Sikh (66.9%) or Hindu (33.1%), which aligns with the study by Kaur et al reporting 50.5% Sikh and 45.3% Hindu participants.¹² The study also assessed the effectiveness of video-based education on self-management of osteoarthritis. The mean pretest knowledge score was 12.60 ± 4.298 , which increased to 22.23 ± 3.298 in the post-test. The paired t-test value of 38.41 indicated a highly significant improvement ($p < 0.001$), leading to rejection of the null hypothesis. These findings are consistent with previous research, such as Ealias et al where video-assisted teaching significantly increased knowledge scores in patients managing diabetes mellitus (pre-test: 5.13, post-test: 15.94, paired $t = 11.521$, $p < 0.05$).¹³

Similarly, Gundugi T reported a significant improvement in HIV clients' knowledge regarding self-care management after video-assisted teaching.¹⁴ In that study, the mean pre-test score of 9.48 ± 2.69 increased to a post-test score of 16.06 ± 3.64 , confirming the effectiveness of the intervention. In the current study, no statistically significant associations were found between knowledge scores and participants' gender, educational level, occupation, marital status, area of residence, religion, family income, dietary habits, duration of osteoarthritis or BMI.

Limitation

The study is limited to Faridkot only.

CONCLUSION

The results of the present study revealed that in pretest, the mean was average and very few patients had good knowledge regarding self-management of osteoarthritis whereas after video strategies on knowledge of self-management of osteoarthritis, there was an improved posttest knowledge score regarding self-management of osteoarthritis. Maximum obtained score was 29 and minimum obtained score was 15, including Median 22.0, Mean 22.23 with standard deviation 3.29.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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