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IMPROVE ARTHRITIC KNEE PAIN WITH EXERCISE

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Arthritis or arthropathy are generic terms used to describe conditions that affect the joints and surrounding tissues. Some common arthritic conditions you are probably familiar with include osteoarthritis, rheumatoid arthritis and haemophilic arthropathy. Although each are distinctly different clinical conditions, with variable medical and pharmacological management strategies, they all share common clinical features of synovial (or 'joint lining') inflammation and thinning or erosion of joint cartilage (a substance that cushions the ends of bones in a joint).

When considering management of osteoarthritis, there is a vast amount of research literature and consumer information available outlining recommended management approaches, particularly involving the knee (see the REFERENCES at the end of this article). Given the similarities between osteoarthritis and haemophilic arthropathy, there is an opportunity to 'tap in' to this existing and emerging body of evidence to improve the long-term outcomes of people with arthritis that has occurred as a result of joint bleeds.

BENEFITS OF EXERCISE AND EDUCATION

Recent studies of people with knee osteoarthritis have demonstrated that education and exercise can improve quality of life and pain by 33%.

A Victorian-based study at La Trobe University found that education combined with appropriately targeted exercise improves quality of life and pain in people suffering from knee osteoarthritis. This followed on from a Danish study that found similar results when education sessions were combined with an individualised rehabilitation program consisting of aerobic exercise, functional strengthening and cool down; and builds on existing evidence citing the benefits of exercise for osteoarthritis.

Other benefits noted during the La Trobe study included a reduction in sick leave and use of analgesia; and more than 30% of participants had increased their level of physical activity.

The secondary health benefits from physical activity shouldn't be underestimated. These include: improved psychological wellbeing, increased social interactions, and reduction in the risk of chronic diseases including heart disease, diabetes, stroke, falls and fractures.

HOW MANY PEOPLE EXERCISE?

The data is compelling and backed by national clinical guidelines recommending exercise as the frontline management option for osteoarthritis.

Yet despite this, research reveals that of the estimated 2 million Australians living with arthritis, just 1 in 20 perform any form of regular structured fitness activity - while only 1 in 5 will perform any form of strengthening exercise.

EXERCISE AND PAIN

The good news is that regardless of severity, exercise helps.

There seems to be a common misconception that exercise is dangerous for arthritis and pain equates to damage. To the contrary, it seems that moderate loading of joints improves joint health. Joint loading may not always be pain free. However, under appropriate supervision exercises can be safely prescribed at a level sufficient to achieve functional and strength gains.

JOINT SURGERY

Exercise in combination with education, weight reduction and simple analgesia can offer an effective and non-invasive approach to avoiding or delaying joint surgery. For those people who require joint replacement surgery participation in a pre-operative exercise program can hasten recovery.

FOR PEOPLE WITH BLEEDING DISORDERS

At the most recent annual meeting of Australian and New Zealand Physiotherapy Haemophilia Group Dr Christian Barton from La Trobe Sport and Exercise Medicine Research Centre provided an overview of current successful osteoarthritis exercise programs. The graded exercise programs are easily adaptable to suit individual patient characteristics. The Australian and New Zealand Physiotherapy Haemophilia Group anticipates that the benefits noted in recent studies would likely be similar for people suffering from haemophilic arthropathy.

If you would like to know how you can get started on an exercise program to improve your arthritis contact your local Haemophilia Treatment Centre and ask to speak with the Physiotherapist.

ACKNOWLEDGEMENT

Dr Christian Barton: Implementing appropriate education and exercise for osteoarthritis – GLA:D™ Australia. La Trobe University Sport and Exercise Medicine Research Centre, Melbourne. #

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