

# Physio In Practice

## Osteoarthritis: how can physiotherapy help?

*Osteoarthritis (OA) or degenerative joint disease affects a large number of the population and can be well managed by maintenance physiotherapy and a prescribed exercise program.*



Research indicates that 90% of people will have some type of osteoarthritic changes occurring in their weight bearing joints by the time they are 40 years of age. While not all of these are symptomatic, osteoarthritic patients present regularly in large numbers to their doctors or health professionals with joint pain and inflammation. These damaged joints can

be irritated at work, during sport or in a home related trauma. Different joints are affected depending on posture, injury, past history and a range of hereditary factors. The most commonly-affected joints are spinal and weight-bearing joints such as the hip and knee.

Medication is often prescribed including pain relief and non-steroidal anti-inflammatories (NSAIDs). Whilst these can assist with initial management they may have long term side effects. Patients often seek more natural options to manage their condition or to use in conjunction with medication. Generalised exercise programs given to these clients with insufficient education, instruction and warnings in place have the ability to increase pain and aggravate inflammation. It is therefore important that these clients see a trained physiotherapist who has knowledge and understanding of OA.

Intermittent flare-ups in arthritic joints are most common because the normal range and function of the joint are disrupted due to damage. This is tolerated until function is significantly affected. It is often at this point that patients will make an appointment to see their doctor or health professional.



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Physiotherapy treatment provides conservative but effective results with even severely damaged arthritic joints. A thorough assessment is vital for treatment prescription.

A range of modalities include but are not limited to:

- joint mobilisation
- exercise prescription
- electrotherapy modalities
- acupuncture
- hydrotherapy
- supports/aids and education.

These modalities:

- aim to reduce pain
- improve range of movement and strengthen key muscle groups.

This will allow the patient to take control of his or her condition and to perform daily functions with less disruption. Specific exercise programs can assist with weight loss which may be vital to recovery by reducing the load that is placed on the joint. Once the pain is under control and function is regained it is essential that some type of maintenance program is initiated.

Intermittent treatment when the joint becomes acute and the patient is forced back to his or her health professional is not the answer to long-term management for OA.

A home exercise program if done regularly will assist in reducing additional osteoarthritic flare-ups. Unfortunately long term compliance with this management plan does not always occur. Many patients will discontinue exercising once pain has subsided and function semi-restored until the next flare-up of pain. This can create further joint damage and deterioration by the repetitive cycle of exercise and inactivity. A maintenance physiotherapy visit every 4-6 weeks is the most effective method of maintaining joint range and strength. It will also allow the physiotherapist to review, modify and reinforce the prescribed exercises. Research indicates that while maintenance is ongoing, the overall medical costs are reduced for the patient due to the control of acute flare-ups.

Maintenance physiotherapy treatment in the public health system is often not a feasible option due to long waiting lists. Private physiotherapy clinics can offer affordable options for maintenance. These chronic conditions are often classified within the chronic disease management Medicare programs. This becomes a viable and cost-effective option for the patient.

In summary, the research indicates that even severe OA can rehabilitate well with physiotherapy. It is generally advised that maintenance is the preferred long term option for optimum conservative rehabilitation and reduction of progressive long term damage.



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