



Healthy Joint Group: Week 1 introduction

The Healthy Joint Programme is for patients with joint problems caused by osteoarthritis (OA). The group sessions offer expert advice to help you manage your symptoms and live well. This leaflet outlines what is covered in week 1 of your group sessions – what the programme will look like and the aims and focus of each session.

If you have any questions, please speak to your physiotherapist, who will be happy to help.

What to expect during the programme

- 6 sessions
- Once a week
- 1 hour each session
- Discussion 15-20 minutes
- Exercises for 40 minutes.

Aims of the programme

- To be able to carry out normal activities with greater ease
- To become more active
- To be able to manage your symptoms
- To have the knowledge and ability continue to exercise once you have finished the course
- To identify what lifestyle, physical and social factors can be modified to improve the health of the joint.

Focus of each session:

- Week 1. Osteoarthritis and goal setting
- Week 2. Exercise and relaxation techniques
- Week 3. Pain, mood, anxiety and pain relief
- Week 4. Pacing and managing flare ups
- Week 5. Healthy eating
- Week 6. Physical activity in the long term.

Exercises

There will be a number of exercises that you will be able to choose from during the sessions. The exercises will be split into

- General exercises
- Specific exercises for the hip or knee, although you may benefit from doing exercises for both areas as the hip and knee are closely linked.

The exercises are designed to increase:

- strength
- flexibility
- endurance
- balance, and
- coordination.

The aim is to build up gradually until you are able to perform each exercise for a maximum of two minutes. There is no rush to achieve the two minutes.

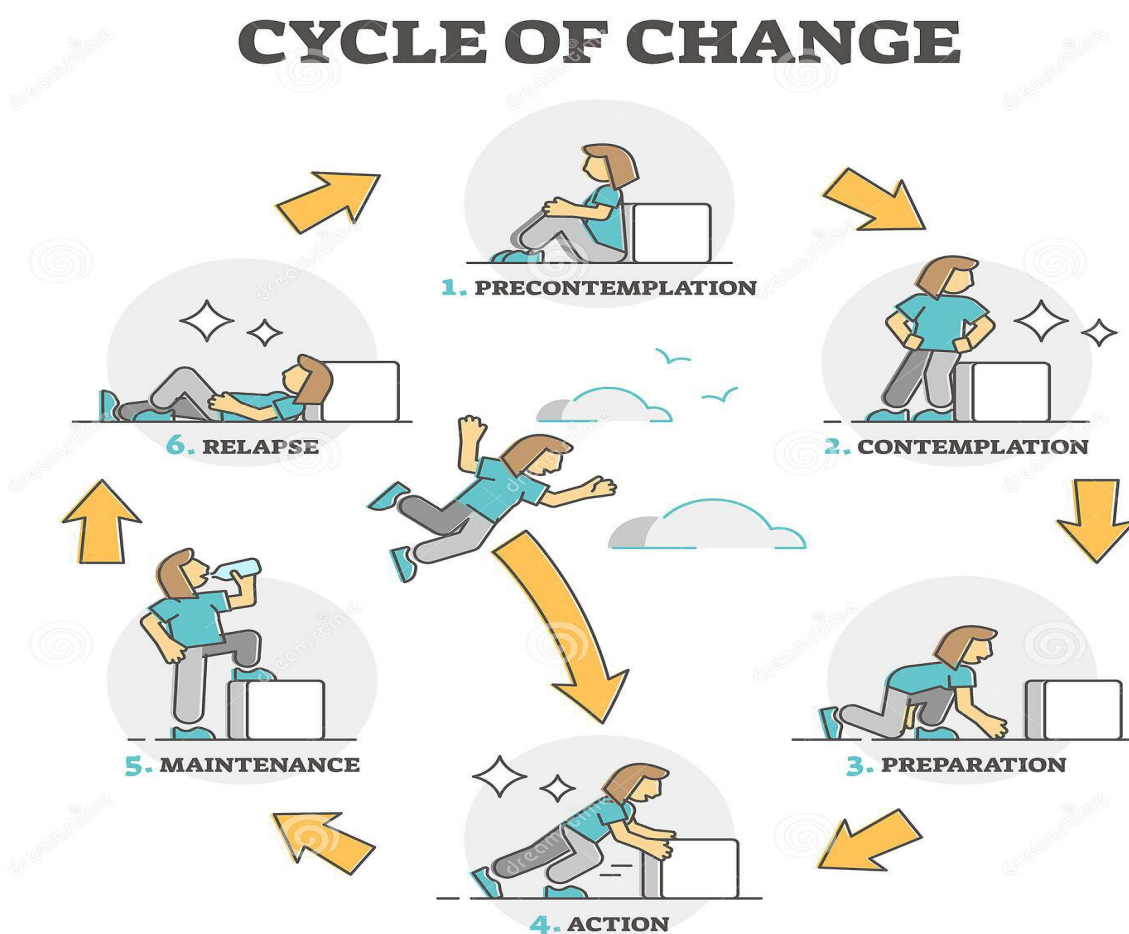
You should start with low repetitions and resistance until you are used to the exercises and feel you are able to do more.

You may feel some discomfort when doing a new activity / exercise especially if you have not exercised for a long time. This does not mean that you have damaged yourself. You may experience some delayed onset muscle soreness a day or two after exercising which may last a few days. This is normal.

If this pain is different from your normal pain, please discuss this with your physiotherapist.

Cycle of change

There are six key stages that people progress through in order to achieve a long-term exercise plan. These stages can all pose challenges. As you have sought advice to help you better manage your symptoms, you have already achieved the first phase.



Phases in the cycle of change:

- **Pre-contemplation** – the phase that comes before thinking about change.
- **Contemplation / thinking** – the phase where you have recognised a need to change your behaviour / lifestyle but are still working out how to do this.
- **Preparation** – the phase where we will help you to work out how you could change things to help yourself.
- **Taking action** – the phase where you become more able to manage your activities independently.
- **Maintenance** – the phase where you incorporate long-term lifestyle changes to help manage your condition and plan how you will implement this, e.g. what activities you will continue with how you will remain motivated.
- **Relapse** – you may experience relapses at times due to injury, holidays, stress, pain etc. We will help you with strategies to get back to the action phase.

Facts about osteoarthritis (OA)

- OA is the most common form of arthritis and affects millions of people in the UK. This is set to increase as the population ages and as obesity rises.
- The knee joint causes the most problems with function. Other joints commonly affected are the hips, hands and backs.
- A diagnosis of arthritis does not necessarily mean that your joint is going to continue to deteriorate.
- Changes seen on X-rays do not always 'match' the pain that the person is experiencing. Treatment and management is geared towards managing your symptoms, not 'fixing' what the X-rays show.
- With OA, the cartilage becomes thinner and new bone growth occurs to help stabilise the joint, a process of "wear and repair".
- While there is no cure for OA, research has shown that remaining active can make a significant positive difference to daily living.

Things that may contribute to developing OA

Everyone's joints go through a normal cycle of damage and repair during their lifetime, but sometimes the body's process to repair our joints can cause changes in the shape and structure of the joint.

The cause of OA is not clear, but may be associated with:

- **Age** – OA usually starts from the late 40s onwards but is more common in woman over 50. It is more common in older people; this may be due to factors like weakening of the muscles, the body being less able to heal itself or gradual wearing out of the joint with time.
- **Gender** – More women than men are affected by OA, especially with arthritis of the hands and knees.
- **Family history** – Genetic factors play a major part in osteoarthritis of the hand and appear

to play a small part in osteoarthritis of the hip and knee, although studies have not identified a single gene responsible.

- **Weight** – Being overweight. This puts extra stress on the joints and can increase the amount of pain you feel.
- **After trauma (injury)** – An old injury or fracture may lead to joint changes later on.
- **Faulty development / joint abnormality** – This can put excessive stress on small areas of the joint, e.g. Perthes of the hip.
- **Overuse of the joint** – Certain occupations are more at risk of some forms of OA.
- **Inflammation or infection** of the joint in the past.
- **Metabolic conditions** – Gout can affect the joint.
- **Neuropathic conditions** – Such as diabetes.
- **Hormonal or endocrine disorders.**

How OA affects the joints

- The cartilage becomes thin and worn away, especially where more weight is borne.
- New bone forms at the edge of the joint, which can be quite rough (osteophytes).
- The joint space becomes narrower, allowing less space between the bones for movement.
- Cartilage may fragment to give loose pieces, causing symptoms of locking or giving way of the joint.
- Increased stress / load on the ligaments and muscles and the capsule may lead to inflammation (swelling). The capsule may become thickened.
- The inflammation and swelling may cause pain.
- Decreased mobility or walking awkwardly due to pain / aching and fear of making the joint worse may lead to muscles wasting and weakening. This can cause more stress and decreased protection to the joint or to other parts of the body. To help with joint repair and to help maintain muscle strength, joint stability and flexibility, the body needs to keep moving.

Goal setting and action plans

What is a goal?

A goal is ‘the intention of an activity or a plan... it is the mission of a person or group’ (Vocabulary.com).

It is important that goals are SMART

- **Specific**
- **Measurable**
- **Attainable**
- **Realistic / Relevant**
- **Timed**

You can break down longer term goals into a few short term goals, which will keep motivation and focus without being too intimidating.

Triggers for relapses in motivation and focus

- Holidays
- Injury
- Stress / emotional situations
- Pain
- Lapses into old habits
- Low motivation
- Bad weather

Planning to avoid relapses

- A planned activity schedule
- Planning your weekly menu (healthy eating will be covered in week 5)
- Shopping lists
- Food diaries
- Making a list of reasons why you have decided to change how you self-manage your osteoarthritis
- Relaxation and stress management
- Family/friends support

Celebrate progress

Once you have achieved your goals, it is important to celebrate them and then set new goals to continue the success.

Contacting Physiotherapy

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To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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