

Physical Activity and Exercise Need of Time for Osteoarthritis: Reminder on World Physical Therapy Day 2022

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Osteoarthritis (OA) is a debilitating weight-bearing joint disease and the leading cause of chronic pain and disability. Globally around 527 Million people have Osteoarthritis. The reported prevalence of 291 conditions, hip and Knee osteoarthritis were ranked as 11th highest contributor to disability.¹ 3.1–4.6% urban and 3.6% rural population have knee OA but the scanty data is available in Pakistan. The incidence of OA are expected to increase in Pakistan as well as worldwide due to growing population day by day.²

Despite of the latest advancement about the knowledge of OA disease pathogenesis, the management is still a challenge and contrasting. Therapeutic choice is difficult because approach would be different according to the joint involvement. Three options are available in the current practice of management of OA (i.e conservative, pharmacological and surgical). Pharmacological therapies for OA are only partially effective in pain and inflammation management but they do not provide a cure. Surgical treatment like hemi and total replacement of joints is indicated for the severe and advance OA.³

A good reminder about various benefits of the exercise for OA; on world physical therapy day 2022 which usually held on 8 September. The beneficial effects of physical Activity/exercise should be incorporated in management for OA impairments and symptoms are supported, strongly suggested by the latest Clinical Practice Guidelines (CPGs) and research evidence.⁴⁻⁵

There are different types of exercise are suggested by literatures includes aerobic exercises, flexibility, and strength training have better effects on pain and disability than generalized physical activity like walking. Other recommended options includes weight loss interventions programs, patient

education programs, promotion of physical activity, use of assistive devices (i.e walker, cane etc.) and self-management programs (including life style modifications).

The benefits of exercise includes decreasing pain, improving joint movement, decreases muscle stiffness, enhance walking capacity, improve functional mobility and overall Quality of life. The PT clinicians should follow the FITT (frequency, intensity, time, and type) guidelines for the exercise prescription for OA patients but keeping in mind the co-morbidities. For Example: Recommendations suggested for the hip and knee strengthening exercises are to be performed for 2 sessions per week, 8–12 repetitions with two to four sets, at 60%–80% intensity of 1 repetition maximum under Physical therapist supervision for more than 12 weeks have shown to be beneficial effects in hip and knee OA management.⁶

Awareness and educating about the physical therapy is the most important aspect to cover by the PT clinicians in the management of OA. Choosing the correct exercise dosage, duration and frequency is as much as important but also to educate about NOT to discontinue the exercise prematurely which diminishes the effects. It is Important because sometimes patient decided themselves to stop exercise when they think there are no effect or harmful effects by continuing it. For that reason, PT clinicians must educate and highlight the effects of exercise and alternative exercise options for the management of OA, and regarding this all decision making process must be shared with patient (recommended by Arthritis Foundation guidelines). Though, it must be in native language to improve the patient adherence to physical therapy services.⁷

It is dire need of time to provide awareness and education to community regarding the importance of exercise and physical activity to prevent the OA and decrease the complications of disease. It is importance for PT clinicians to

follow the recommended guidelines and latest evidence based practice for the management of OA.

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