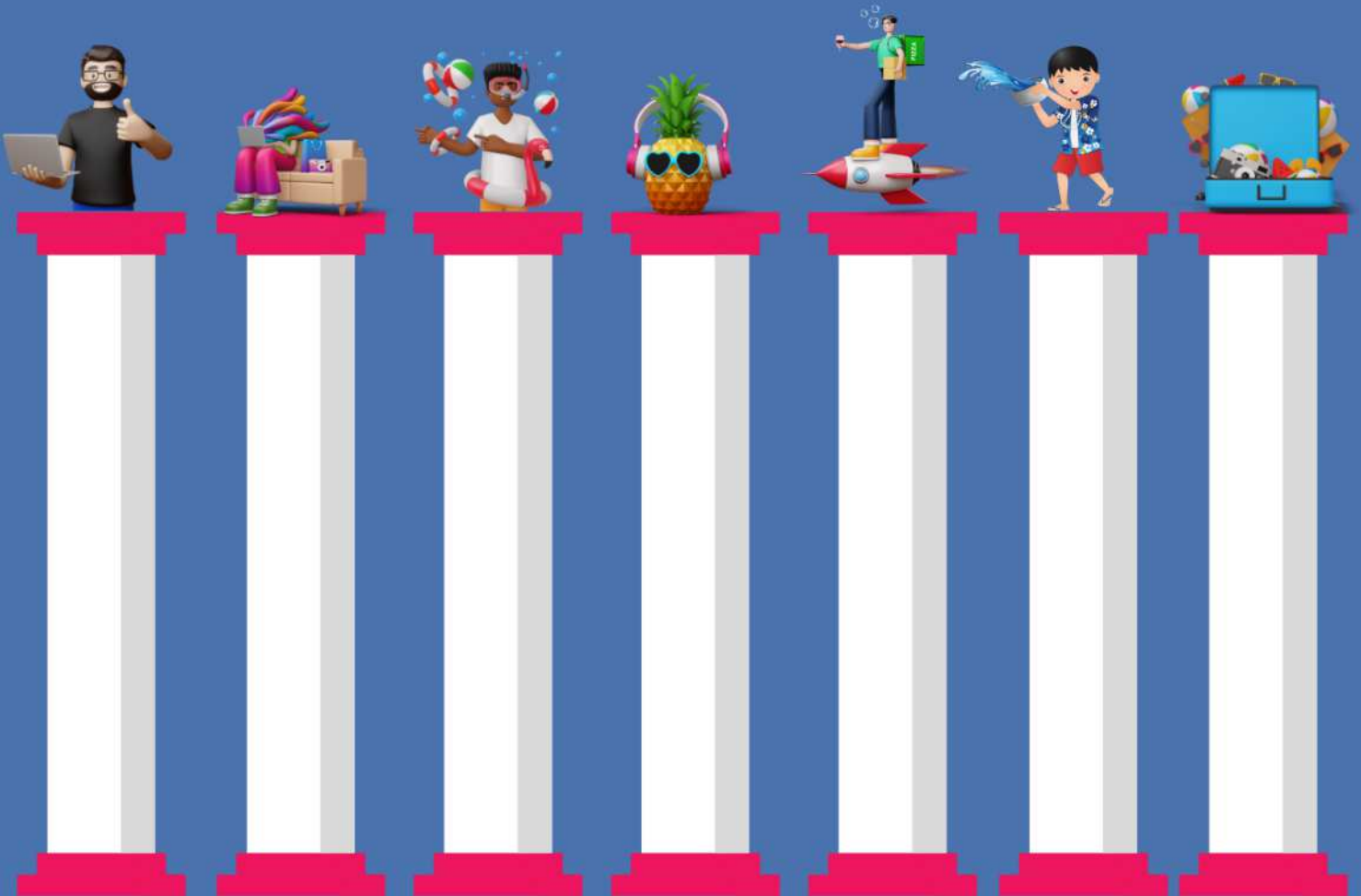




MUSCULOSKELETAL
AUSTRALIA

OSTEOARTHRITIS SELF-CARE PLAN



**A plan to help you understand,
manage and live well with
osteoarthritis**

A plan to help you understand, manage and live well
with osteoarthritis



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A U S T R A L I A

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What is a self-care plan and how can it help me?

Learning that you have osteoarthritis (OA) is the beginning of a long expedition into unfamiliar territory and you're sure to have dozens of questions swimming around in your head.

You've no doubt had lots of tests, seen many doctors, and have possibly already started treatment. But where do you fit into this plan? What are the steps that you can take every day to help yourself live an active, healthy and fulfilling life, while managing your pain and other symptoms?

That's exactly where this self-care plan comes in. With the collective wisdom and experience of other people living with OA, and guided by the latest research, our medical advisors and Musculoskeletal Australia staff, we've created a plan that puts you at the centre of managing OA.

We've designed this plan to put you back in the driver's seat, providing you with the information, tools and support systems you need to become actively involved in managing your arthritis. Years of research and experience have shown that the more involved you can be in managing your health, the less pain and greater quality of life you'll experience.

This plan will guide you through understanding your condition and its treatments, through to the vital role of exercise and healthy eating, and practical ways to manage your pain. You'll learn new skills to care for your mental health and wellbeing – helping you to build resilience no matter what OA and life in general throws at you - and you'll learn how to manage many everyday risks to your health.

While this plan is designed to be a practical resource that puts you at the centre of your care, remember that it doesn't mean all the responsibility for managing OA rests with you. Your healthcare team and Musculoskeletal Australia are always here for you, ready to provide you with information, guidance and support whenever you need it.

Using your self-care plan: The self-care plan isn't intended to be read from front to back – although you could certainly do that. We think the most helpful way to use it is to dip in, scan the contents and choose where you'd like to start. Each section is its own unique guide with information, hints, tips and links for more information.

Make notes and add your own thoughts, insights and experiences. This is your journey and self-care plan – make it your own. And if you have feedback on how we can improve this plan for others, please let us know.

1. Learning about OA

Things to remember

- OA is a condition of the joint and the muscles around it that can make your joints feel stiff and sore.
- Any joint can be affected by OA, but it's most common in the joints we use to bear weight and perform everyday tasks, such as the knees, hips, feet, and hands.
- Pain that becomes worse with activity is the most common symptom of OA. Other symptoms include stiffness, swelling, grinding sensation and muscle weakness.
- OA can happen for lots of reasons like weak muscles, not enough exercise or sleep; and many of these things can be under your control.
- Factors that can increase your chances of developing OA include getting older, being female, being overweight, genetics, occupation and past injury.
- Your General Practitioner (GP) can diagnose OA by reviewing your medical history and examining the affected joint/s.
- A scan (such as X-ray) is not needed to diagnose OA.
- Your treatment team could be made up of a variety of healthcare professionals in addition to your GP. This may include specialist doctors, like a rheumatologist, and allied health professionals, like a physiotherapist and occupational therapist.
- Although it's often described as joint wear and tear using your joints won't wear them away, joints need to move to be healthy.
- You can take control of your OA by learning to manage your pain, eating well, staying active and asking for support when you need it.
- You may not look unwell or in pain from the outside, so it can be hard for your loved ones to know how OA is affecting your everyday life.
- It's important to talk to your loved ones about OA, let them know how you're feeling and how they can help.
- There are many organisations, like Musculoskeletal Australia, that offer face-to-face and online support groups where you can talk about your experience with others living with OA.

Knowledge helps put you in control

Living well with OA begins with learning as much as you can about it – because the better you understand what's happening in your body, the better you can manage your condition. With the right knowledge, you'll be able to ask your healthcare professionals clearer questions, become more involved in decisions about your treatment, understand how your lifestyle affects your symptoms, and therefore play a more active role in managing your OA daily and over the longer-term.

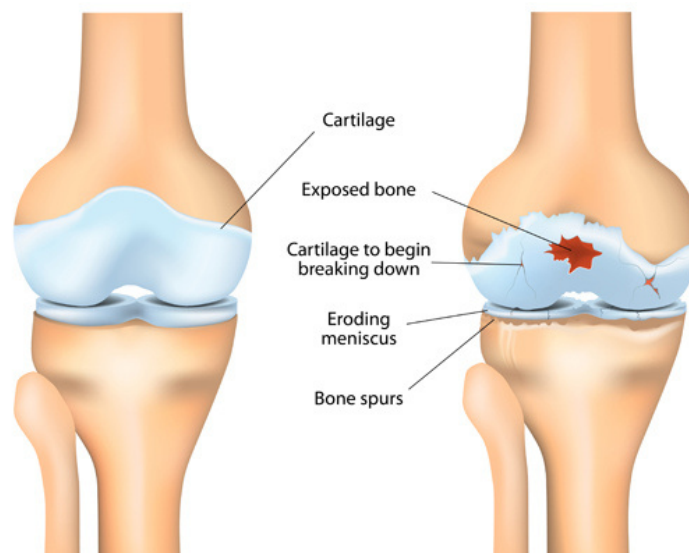
What is osteoarthritis (OA)?

Arthritis is a general term used to describe swelling and tenderness in the joints. OA is the most common form of arthritis. OA is most common in people over the age of 45, but it can also occur at a younger age.

OA is a condition of the joint and the muscles around it that can make your joints feel stiff and sore. It can happen for lots of reasons like weak muscles, not enough exercise or sleep. It's often described as joint wear and tear but using your joints won't wear them away, joints need to move to be healthy.

In the past, OA was thought to be an inevitable part of the 'wear and tear' of ageing. Now, we understand that OA is a complex condition resulting from many factors. The good news is that many of these factors can be prevented.

What's happening inside joints with OA?



A joint is the place where two bones meet. Joints, and the surrounding muscles, ligaments and tendons, enable you to bend, twist and stretch.

Inside a joint, the end of each bone is covered in a smooth, slippery layer of cartilage. Cartilage helps your joint to move smoothly through its range of motion. It can also act as a shock absorbing cushion.

The joint is wrapped inside a tough capsule filled with synovial fluid. This fluid lubricates and nourishes the cartilage and other structures in the joint.

Osteoarthritis can cause the cartilage in your joint to thin and the surfaces of the joint to become rougher. As a result your joints don't move as smoothly, often resulting in pain and stiffness.

Which joints are affected by OA?

Any joint can be affected by OA, but it's most common in the joints we use to bear weight and perform everyday tasks, such as the knees, hips, feet and hands.

- **Knee:** The knee plays a big part in weight bearing, twisting and turning in everyday life. As a result, osteoarthritis of the knee is very common. Often both knees are affected.
- **Hip:** The hip joint also bears a lot of your weight throughout the day. Osteoarthritis of the hip is common and can affect either one or both hips.
- **Hand and wrist:** OA in the hands most commonly affects the base of the thumb, where the thumb and wrist join, and the middle and top joints in a finger.
- **Foot and ankle:** OA in the foot most commonly affects the base of the big toe. It may also occur in the mid-foot area.

What are the symptoms of OA?

The symptoms of OA can vary considerably from person to person. Symptoms tend to develop slowly over a number of months or years.

The most common symptom of OA is pain that becomes worse with activity. As the condition progresses, this pain may become consistent throughout the day. Pain usually occurs over or near the affected joint. However, in some cases, you may feel the pain in a different area of the body. This is called referred pain. For example, if you have OA in your neck, you may feel referred pain in your upper arm or shoulder.

Other common symptoms of OA include:

- **Joint stiffness:** Stiffness is usually worse in the morning and eases within 30 minutes of rising. It may happen throughout the day if you're inactive. Some people find that external factors, like the weather, can affect how stiff they feel.
- **Joint swelling (inflammation):** A build-up of extra fluid in the joint capsule can cause swelling.
- **Grinding, rubbing or crunching sensation:** OA causes changes to the joint. This can result in a grinding or crunching sensation when the joint is moved. This is called crepitus.
- **Muscle weakness:** Sometimes the muscles around a joint may become thin or wasted, or the joint may give way.

It's important to remember that symptoms vary from person to person and can change daily. Depending on your level of physical activity you may find some symptoms ease more quickly. This is because exercise is a key tool in your treatment strategy to managing OA. Read more about exercise in [Section 2: Treatment for osteoarthritis](#) and [Section 3: Osteoarthritis and exercise](#).

What causes OA?

While the underlying cause of OA remains unclear, we do know that several factors can increase your chances of developing it. Most people with OA have one or more of these factors.

- Age: Getting older is one of the strongest risk factors for developing OA. About 80% of people over the age of 55 years will have some evidence of changes to the joint on an X-ray .
- Sex: Females are up to three times more likely to develop OA than males.
- Obesity: People who are overweight or obese are at higher risk of developing OA.
- Genetics: The genes you inherit can influence the shape and alignment of your joints increasing your risk of OA. If a parent or sibling has (or had) OA, you may have a higher risk of developing the condition.
- Occupation: Hard, repetitive activities can cause OA. Demanding jobs that require frequent squatting, kneeling, heavy lifting or standing for prolonged periods, such as construction work, have been linked to an increased risk of OA.
- Injury: A significant joint injury or trauma can lead to OA in that joint later in life.

More to explore

- Learn more about the basics of OA from MSK:
 - Visit our Understanding Osteoarthritis webpage
 - Download the Patient Information Sheet
 - Watch our webinar on managing knee OA with Sport and Exercise Physician, Dr Adam Castricum
 - Call our National Arthritis and Back Pain+ Help Line and speak to our nurses. Phone 1800 263 265 or email helpline@msk.org.au
- Versus Arthritis is a UK-based organisation providing information and support to people living with OA, their families and healthcare professionals. The website contains comprehensive information about OA, with easy-to-understand graphics and animations.
- Up To Date has a series of patient education webpages to help you better understand your condition. Start by exploring the Basics of OA.

How is OA diagnosed?

There is no single symptom or test that can diagnose OA. Instead, the diagnosis is based on several factors, including your age, history, and symptoms.

To diagnose your condition your doctor will:

- talk to you about your medical history – you may discuss your symptoms, how long you've had them, what makes them better or worse.
- take a look at the affected joint/s.
- Usually, you won't need any imaging (e.g., x-ray, ultrasound or MRI) or blood tests to diagnose OA. However, your doctor may request these if there are any questions about your diagnosis.
- If you are experiencing joint pain, it's a good idea to discuss this with your doctor. The sooner you get diagnosed with OA, the sooner you can start treatment. Early treatment gives you the best outcomes.

How will OA affect my life?

Receiving a diagnosis of OA can be overwhelming. You may have many questions and feel concerned about what the future holds.

It's important to know that everyone's experience with OA is different. The impact of OA on your life will depend on the joints that are affected, and the severity of your condition.

For some people, OA will not cause major problems. The condition may progress for a few years after symptoms first appear, and then stabilise. Pain and stiffness may feel worse at certain times and can impact your ability to be active, sleep, work and socialise with friends and family. These impacts can also affect your emotional well being. However, with self-care and appropriate treatment, your symptoms can be managed effectively, so you can keep doing the things that are important to you.

For others, OA can become severe. OA of the hip and knee can sometimes cause severe disability and require surgery to replace the affected joints. However most people will be able to manage their OA symptoms without the need for the surgery.

Is there a cure for OA?

There is no cure for OA. However, it can be effectively managed using exercise, weight loss, medicines and in some cases, surgery.

More to explore

- The [Arthritis Foundation](#) (USA) website has a whole section dedicated to those newly diagnosed with arthritis, empowering you to take control of your health and providing advice on how to talk to others about your condition.
- [CreakyJoints Australia](#) has some helpful information on the difference between rheumatoid arthritis and OA aimed at helping you work with your doctor to get the best care.
- Up To Date has a series of patient education webpages to help you better understand your condition. Move 'Beyond the Basics' with the [Symptoms and diagnosis](#) webpage.

Keeping track of your symptoms

When you go to your medical appointments, do you find it difficult to accurately answer questions about how you've been since your last visit? How you've been sleeping, how your symptoms have been, or how often you've been exercising?

When you try to remember, it's very easy to get things wrong. Our memories aren't always reliable, and can be influenced by many other factors, including our emotions.

To help provide your doctor with a clearer picture of what's been happening – and so your treatment plan is based on facts – it can be very helpful to keep track of your symptoms.

Tracking your symptoms is also a good way for you to see how your daily activities and feelings might be affecting them, and to pick up on any trends. For example, you might notice that you consistently sleep well on Wednesday nights and have less pain on Thursdays – and you can link this to the swimming you do every Wednesday. This can provide you with good motivation to keep up your swimming – and possibly to look at increasing the amount of water-based exercise you enjoy.

Or, you may notice you have increased pain on Saturday mornings when you try to have a sleep-in and take your time to get up and moving. Perhaps you can try having an extra-long warm shower on weekend mornings as a trade-off for sleeping in?

To get started with tracking symptoms, you can simply grab a notebook and start jotting things down, try one of the apps suggested below, or download a blank template. It doesn't matter what you use for your tracking: the most important thing is to keep it up, so the information is relevant and useful for you and your healthcare team.

Once you've done your tracking, put it aside. While this information can be helpful when trying to obtain a broad view of your condition over time, focusing too much on your symptoms can be unhelpful and may even make you feel worse. Research has shown that a positive mindset is vital when it comes to managing chronic pain.

Tips for health tracking tools

- You might like to try a smartphone app or online tool to keep track of test results, exercise, eating, medicines, symptoms and more.
- The free Australian health app tracker Wannji for iPhone or Android has lots of helpful features. Visit www.wannji.com to download.
- Versus Arthritis (UK) has a [free Arthritis Tracker app](#) for iPhone and Android. It was originally designed for teens and young adults, but it's popular with adults too.
- You can also track symptoms simply by adding them to the free 'Notes' app on your smartphone – where you can also upload and save copies of test results.
- If you'd prefer to keep track of your symptoms on your computer or with pen and paper, try an internet search for a "symptom tracker template". You'll find many free templates that you can either use on your computer or print off and fill in by hand.



Working with your healthcare team

Your healthcare team will be made up of different healthcare professionals, with you at the centre of the team.

You may see some of these healthcare professionals regularly, and you may see others only when you need help in managing a specific issue.

You'll be able to work best with your team and get the greatest benefit from their skills and your visits when you understand a bit more about the role they can play in your care.

Doctors and specialists

Your general practitioner (GP), also called a family doctor, is an important partner in managing your OA and is likely to be the healthcare professional you see most often. They can help you to:

- manage your condition day-to-day
- write repeat prescriptions
- manage any other health conditions you may have
- make sure you're up to date with health screens and vaccinations
- access other health professionals and services – including coordinating your care.

Rheumatologists are doctors who specialise in diagnosing and treating problems with joints, muscles, bones and the immune system.

It's unlikely that you'll need to see a rheumatologist to diagnose your OA. However, your GP may refer you if there is any doubt about the diagnosis or if you have additional, more complex joint problems.

Orthopaedic surgeons specialise in the surgical treatment of bone, joint, ligament, tendon and muscle conditions. If your OA becomes severe and is causing long-term problems, your GP may refer you to an orthopaedic surgeon to consider joint surgery or a pain management program.

Pain specialists are medical doctors who've undergone additional training to diagnose and treat pain. They come from a variety of different medical specialties such as psychiatry, anaesthetics and general practice. They often work with a team of other health professionals to treat all aspects of your pain, from the physical, to the mental and emotional aspects.

Allied healthcare professionals

Rheumatology nurses have specialised knowledge about different types of arthritis and can provide you with education and counselling, as well as helping to monitor disease progression and coordinating other parts of your care.

Physiotherapists provide education and advice about how to gain control over pain and manage flare-ups. They provide individualised exercise programs so you can become stronger and participate in the activities that are important to you.

A physio is an essential part of your healthcare team when you have OA. Read more about how they can help in [Section 2: Treatments for OA](#) and in [Section 3: OA and exercise](#).

Exercise physiologists also called EPs, can help to improve your health and fitness through exercise programs tailored to your specific needs. They can also support you in healthy lifestyle changes.

Occupational therapists or OTs can provide advice on pacing yourself and managing fatigue, as well as how to modify daily activities both at home and work to reduce strain and pain on affected joints.

They can help you learn better ways to do everyday activities such as bathing, dressing, cooking, working, eating or driving. OTs can also provide information on aids and equipment to make everyday tasks easier.

Podiatrists specialise in foot care and can assess, diagnose and treat foot and lower limb problems, including problems with your toes and ankles, and with walking.

They can also advise you about supportive footwear and shoe inserts, called orthotics.

Hand therapists are OTs or physios who've had extra training and can help to treat and manage arthritis symptoms in your hands, fingers, wrists and elbows.

Dietitians provide information and advice on food and nutrition. They can develop a healthy eating plan for you, helping you to get the different nutrients you need. If needed, a dietitian can also support you to manage your weight in a healthy way.

Psychologists can help you to work through your feelings, especially if you're feeling anxious or depressed. Many people with OA find it helpful to talk with a psychologist about how they're coping with pain and the emotions around living with an ongoing health condition.

A psychologist can provide different types of talking therapies, including cognitive behavioural therapy (CBT), and can help you to set goals.

Pharmacists can help you to understand more about your prescription and over-the-counter medicines – and how to use them correctly and safely.

How and where can I see these healthcare professionals?

There are a number of different ways you can access different healthcare professionals.

To see a specialist doctor such as a rheumatologist, orthopaedic surgeon or psychiatrist, you'll need a referral from your GP or another specialist doctor.

To see allied healthcare professionals, such as a physio, dietitian or psychologist, you can:

- **Ask your GP to book you in for consultation to prepare a chronic disease management plan** with the healthcare professionals you need. The plan will include five sessions in a year with these healthcare professionals and Medicare will pay for part of the cost.
- **See a healthcare professional through the public health system** – in public hospitals and in community health centres and rehabilitation services – and at low or no cost. You'll usually need a referral from your GP to access these services and there'll most likely be a waiting list.
- **Book an appointment directly with the healthcare professional of your choice** at their private clinic. You don't need a referral to do this. Private healthcare professionals' fees vary, so always ask what the cost will be when you book your appointment. If you have 'extras' as part of private health insurance, it may pay for part of the cost.

You can ask your GP or call the National Arthritis and Back Pain+ Help Line 1800 263 265 for more info.

More to explore

- We have a series of articles that cover the different groups of health professionals and therapists who'll help you to live well with OA:
 - read more about the different specialists involved in your care
 - learn more about different types of physical therapists and how they can help you
 - find out about the different types of support available for mental and emotional wellbeing.
- Here are direct links to professional associations where you can search for a healthcare professional in your local area who has the expertise you need:
 - [Find a rheumatologist](#)
 - [Find a dermatologist](#)
 - [Find an orthopaedic surgeon](#)
 - [Find an ophthalmologist](#)
 - [Find a psychiatrist](#)
 - [Find a physio](#)
 - [Find an EP](#)
 - [Find an occupational therapist](#)
 - [Find a podiatrist](#)
 - [Find a hand therapist](#)
 - [Find a dietitian](#)
 - [Find a psychologist](#)

Tips for getting the most out of your healthcare appointments

- Write down your questions – and leave space to write down your answers.
- Ask the most important questions first.
- If you have a lot of questions or several issues to address in one appointment, ask to make a double or long appointment.
- Remember to take any scans and test results with you.
- You might like to take another family member or a friend to your appointment – they may be able to help you ask questions and to chat with you afterwards about what your healthcare professional said.
- If you don't understand something your healthcare professional has said, ask them to explain it again.



Questions to ask your healthcare team

Sometimes, it can be difficult to know where to start with questions for your healthcare team – especially if you've been recently diagnosed with OA or you're starting a new treatment.

Here are some questions that might help to get you started – many of these are most relevant for your GP.

You might like to print this list and add extra questions of your own. Remember, there's no such thing as a silly question!

- How severe is my OA?
- What level of damage do I have to my joints?
- How will my condition likely progress?
- How will exercise help me?
- Can you recommend a physio or exercise physiologist with experience in OA to help develop my exercise program?
- What treatment/s – including medicine, exercise and lifestyle changes – do you recommend and why?
- What happens if I don't do anything?
- What are the costs?
- What written information can you give me about these treatments?
- How will I know if the treatment is working?
- What local healthcare services do you recommend for additional support?
- Are there specific symptoms you want me to track for future appointments?
- Does your practice have a rheumatology nurse I can talk with?
- Will I be able to reduce my use of medicines as my condition improves?

Support from your family and friends

When you have OA, you may not always look unwell or in pain on the outside. So, it can be hard for your family and friends to understand how your condition is affecting your day-to-day life.

They may not realise how stiff you feel in the morning time, or that some activities are more painful and difficult for you. To be able to support you, your family and friends will need to learn more about OA. They'll rely on you being honest with them: so, don't be afraid to let them know when you're struggling and need extra help. Communicating how you're feeling is going to be very important as you establish a support network.

Tips for talking to your family and friends about OA and asking for help

- Your family and friends are on a big learning curve with you and, just like you, will need to understand what OA is, how it's treated, the ways it will affect you, and what the future may have in store. You might like to email or print parts of this self-care plan to help them understand more. You may also like to take a close family member or friend to your doctor's appointments.
- It's important that everyone can be honest about their feelings. Let your family and friends know how you're feeling – and ask them to share how they're feeling too.
- Let your family and friends know what type of support you would like from them. It can be difficult to ask for help and it can be difficult for others to know how to offer help – so be as specific as you can. Here are some examples to get you thinking about the type of support you might need and how you could approach these conversations with family and friends:
 - "I'll need extra help cooking dinner because it's really hard work on my ankles and wrists. I thought each of you could start taking a turn cooking one night a week. We could write up a roster together – how does that sound?"
 - "Gardening isn't easy for me anymore. Is that something you can give me some extra help with? Or we could find a local gardener to come regularly."
 - "OA makes me very tired and I need to get to bed earlier, but I'm not so good at sticking to my own plans. Can you please help me to make sure I'm in bed by 10.30pm every night? Sometimes, that means certain things just won't get done."
 - "It's more important than ever that I make time for exercise and to relax, especially when I have extra pain. Can we talk about some things you might be able to take off my to-do list to help me free up some time?"
 - "Having someone else do the housework would be the best possible thing for me right now."
 - "When I'm having a flare, the pain makes me feel really cranky. Please don't take that personally and try to be extra-patient with me."

You may also need to tell family and friends what you don't want help with! If you have set up honest two-way communication from the start, this will be much easier.

More to explore

- Creaky Joints Australia's website has information on [how to explain arthritis to family and friends](#). You may like to print this out or email it to your loved ones to start a conversation about your OA.

Support from other people with OA

There's nothing like talking with someone who knows what living with OA is like. Sometimes you might want to talk with a friend who also lives with arthritis or pain. Or you might want to look into joining a peer support group. They're available all over the country. Some meet face-to-face, while others connect through social media and websites.

If you're interested in online support, you're not just limited to Australian groups. There are some very interesting forums, social media pages and blogs all around the world.

If you find some you like, remember to bookmark their page or join them so that you can get back in touch when you need to.

More to explore

- Find out more about our network of support groups [here](#).
- Call the National Arthritis and Back Pain+ Help Line on 1800 263 265 to find out more about support groups in your area and that fit with your needs.
- [Creaky Joints Australia](#) has good information about how peer support groups work.



2. Treatments for OA

Things to remember

- Joints are nourished by movement and designed to be loaded. Exercising with OA is safe, and really important for building joint health.
- Regular exercise is one of the most effective treatments for OA. It can reduce pain and stiffness and improve mobility and strength.
- An exercise program for OA should focus on three key elements: flexibility, muscle strength and fitness.
- Being overweight increases the severity of your OA. Losing weight, even just a small amount, can be an important treatment strategy to help manage your condition.
- There are no medicines available to treat the underlying disease process of OA, but there are many over-the-counter and prescription medicines that can help manage your symptoms.
- Topical therapies are creams and gels applied directly to the skin that can help reduce inflammation and pain.
- Simple oral pain relievers, like paracetamol (brand name: Panadol), may be used in the first instance to manage your pain.
- If topical therapies and paracetamol don't provide enough relief, your doctor may recommend trying an oral anti-inflammatory drug, like ibuprofen (brand name: Nurofen).
- Steroid injections into the affected joint are sometimes recommended for people with severe OA. These can only be used three to four times per year.
- Therapy with a physiotherapist or occupational therapist can help improve your mobility and joint function.
- Joint replacement surgery may be recommended for people experiencing significant pain and loss of function despite treatment.
- Dietary supplements, glucosamine and chondroitin, are not effective in treating OA of the knee or hip and are not recommended.
- Complementary therapies, such as acupuncture, massage and aromatherapy, may help you to feel better about your OA, but it is important to realise there's not much evidence to support the effectiveness of such therapies.
- Always tell your doctor if you are having complementary therapies to ensure they won't interact with your other treatments.
- You can take control of your OA by learning to manage your pain, eating well, staying active and asking for support when you need it.

There are many effective treatments to help manage OA

While there's no cure for OA, there are many different treatment strategies to help you manage symptoms, so you can continue to lead a healthy and active life. The earlier you start treatment for OA, the better it will usually work. That's why it's so important to discuss your symptoms with your GP and get a diagnosis as soon as possible.

The approach to treatment will depend on your symptoms. It may include exercise, medicine, weight management, and in some cases, surgery. You should work with your doctor and allied health professionals to find the treatments that best suit your situation.

Exercise

Exercise may be the last thing you feel like doing when you're in pain. But research shows that regular exercise is one of the most effective and safest treatments for OA.

Your joints need weight bearing exercise to be healthy; therefore regular exercise can help reduce some of the symptoms of OA, like pain and stiffness, while improving your joint mobility and strength. Exercise has many other health benefits too. It can:

- improve your balance and posture
- help you sleep better
- improve your mood
- help you maintain a healthy weight, or lose weight when combined with a weight loss diet
- lower stress levels
- reduce your risk of developing other chronic health issues (e.g., diabetes, heart disease).

Exercising with OA can be daunting, especially if you haven't done it in a while. Before you start, talk to your doctor, physiotherapist or exercise physiologist about suitable exercises for you.

Generally, your exercise program should cover three key elements:

Flexibility: Cartilage doesn't have a blood supply, so it relies on the synovial fluid moving in and out of your joints for nourishment and to remove any waste. Exercises that involve moving your joints through their range of movement will also help maintain the flexibility that's often lost as a result of OA.

Muscle strengthening: Strengthening the muscles around your joints is also important. The stronger they are, the more weight they can take. This will help support and protect your joints.

Fitness: Aerobic exercise is any activity that raises your heartrate and gets you puffing. This type of exercise gets larger muscle groups working and improves your heart and lung health. Aerobic exercise is great for managing your weight, reducing pain and improving sleep.

It's important to remember that everyone's fitness level and ability is different. There is no one type of exercise that is recommended for people with OA. Focus on exercise that you enjoy and are most comfortable doing.

More to explore

- [Read Section 3: Osteoarthritis and exercise](#) for more detailed information on exercise in OA and why it's important.
- Watch our webinar on [Exercise and osteoarthritis](#)
- Up To Date has a series of patient education webpages to help you better understand your condition. Learn more about [Arthritis and Exercise](#) including how to get prepared, how to protect your joints and the types of exercise you should consider.
- Visit Exercise and Sports Science Australia to locate an accredited exercise professional in your area who can help plan an exercise program that is best for you.

Weight management

Being overweight or obese increases your risk of developing OA and having severe symptoms.

Fat releases molecules that cause low but persistent levels of inflammation across the body. This in turn, increased the inflammation in your affected joints.

For these reasons, maintaining a healthy weight is important if you have OA.

If you're overweight, losing weight can be challenging, especially when pain from OA impacts your ability to participate in physical activity. But it may help you to know that even a small amount of weight loss can help to improve your symptoms.

The best way to start losing weight is to eat a healthy, balanced diet while slowly increasing your levels of physical activity. Small changes can make a big difference! So set yourself some realistic goals and be consistent in your efforts to achieve them.

If weight loss isn't attainable for you, maintaining your current weight may be an option.

Weight is determined by lots of different factors (not just diet and exercise); other factors can also have an impact on your weight such as sleep, stress or other co-morbid health conditions.

If you are struggling with managing your weight you may need a tailored strategy. Your doctor, dietician, or exercise physiologist can help you in finding what will work best for you.

More to explore

- Read [Section 3: Osteoarthritis and exercise](#) and [Section 4: Healthy eating with osteoarthritis](#) for more detailed information on moving and eating to lose weight when you have OA.
- Up To Date has a series of patient education webpages to help you better understand your condition. Head there to learn more about the role that weight management can play in [Osteoarthritis treatment](#).
- Visit the [Dietitians Association of Australia](#) to find a dietitian near you who can help to plan a balanced diet that's right for you.

Medicines

While there are currently no medicines available to treat the underlying disease process of OA, there are many over-the-counter and prescription medicines available to help manage your symptoms.

The most common types of medicines used to treat OA include:

- anti-inflammatory or analgesic creams and gels (topical therapies)
- oral pain relievers (analgesics)
- oral anti-inflammatory drugs (non-steroidal anti-inflammatories [NSAIDs]).

Some people may also benefit from steroid joint injections.

Creams or gels

Medicated creams or gels (also known as topical therapies) can be rubbed on the skin over the affected joint to help relieve pain. They are usually available over-the-counter at your local pharmacy.

There are two main types of topical therapies that can be used to manage OA:

- **Topical non-steroidal anti-inflammatory drugs (NSAIDs):** Topical NSAIDs are usually recommended before oral NSAIDs (pills or tablets). An example of a topical NSAID is Voltaren Gel containing the active ingredient, diclofenac.
- **Topical capsaicin:** The active ingredient in topical capsaicin is hot chilli pepper. It works by reducing the amount of a pain-causing substance in your nerve endings.

For some people, topical therapies can be just as effective as oral pain relievers, especially for OA in the hand or knee joints. They usually don't cause many side effects. Although, some people may experience a skin rash or a burning sensation when they apply the gel or cream. It's important to remember to wash your hands after applying a cream or gel, and to avoid touching your eyes or other sensitive areas.

Oral anti-inflammatory drugs

Oral non-steroidal anti-inflammatory drugs (also known as NSAIDs) help to relieve pain and reduce inflammation of the site of OA. Oral NSAIDs are used when other treatments, such as topical therapies or paracetamol, don't provide you with enough relief.

Some oral NSAIDs, like ibuprofen (brand name: Nurofen) are available to buy over-the-counter at your local pharmacy. Other oral NSAIDs, like celecoxib (brand name: Celebrex) require a prescription from your doctor.

Oral NSAIDs are designed to be taken at low doses for a short period of time. Talk with your doctor or pharmacist about the most appropriate option for you.

Oral NSAIDs can cause some side effects, including gastrointestinal ulcers, heart disease and kidney problems. Not everyone can take these medicines. It's important that you speak with your doctor or pharmacist to ensure oral NSAIDs are an appropriate option for you.

Oral pain relievers

Oral pain relievers (also known as analgesics) are often the first tablet or pill that your doctor will recommend to help manage your pain.

Paracetamol is one type of analgesic that has been shown to provide a low level of pain relief in osteoarthritis. It's available over-the-counter at the pharmacy or supermarket. Some people report that taking paracetamol helps to reduce their pain enough to participate in physical activity. You may like to talk to your doctor about whether paracetamol is an appropriate option for you.

There are also stronger analgesics available, including codeine, that require a prescription from a doctor.

Opioids are another type of very strong analgesic that were used in the past to treat pain associated with OA. However, current research tells us that opioids are not effective for OA pain. They can have serious side effects and so, they are no longer recommended in the management of OA. You can read more about opioids in OA in the Choosing Wisely Australia patient guide [5 Questions to ask about using opioids for back pain or osteoarthritis](#).

Joint injections

Glucocorticoid injections (also known as steroid injections) are sometimes recommended for people who have severe pain related to OA that hasn't been relieved by exercise, weight loss, physiotherapy, topical therapy and other medicines.

Injections are given directly into the painful joint and can improve pain for many weeks or months.

Repeated injections can cause more damage to a joint, so the number of injections you can have each year is limited.

Medicines of the future

In October 2022, the Albanese Government announced that they would invest almost \$7 million in stem cell research. The [ARISTOCRAT project](#), led by MSKs Director Emeritus, and orthopaedic surgeon Professor Peter Choong, will allow researchers to develop new therapies to improve the lives of people with conditions like OA.

Stem cells are special human cells that have the potential to develop into many different cell types. In OA, researchers believe a type of stem cell called a mesenchymal stem cell or MSC may have the potential to restore function to damaged joints and tendons.

Stem cell treatments are still considered experimental and a lot more research is needed before we know the future of MSC in OA.

More to explore

- [NPS MedicineWise](#) provides information to help you make the best decisions about your medicines. You can search the 'Medicine Finder' for information on prescription and over-the-counter medicines – or call 1300 MEDICINE (1300 644 424) for more information on your medicines.
- Read more about the potential of stem cell treatments in osteoarthritis on the [MSK Blog](#)
- Learn more about the role of medicines in managing OA pain from the Western Australian Department of Health [painHEALTH](#) initiative.
- Versus Arthritis has some helpful tips on their website for [managing symptoms, including pain](#).

Physical therapy

Physical therapies can play an important role in your treatment of OA. These therapies support you to improve your movement and mobility so you can do the things that are important to you.

- A **physiotherapist** (also called a physio) can provide you with techniques to improve movement and reduce pain. This can include designing an individual exercise program that's tailored to your needs, as well as offering advice on ways you can modify your daily activities.
- An **occupational therapist** (OT) can give advice on [pacing](#) yourself and managing fatigue, as well as how to modify daily activities both at home and work to reduce strain and pain on affected joints.

How a GP chronic disease management plan can help

You may have heard people talking about having a [management plan from their GP](#) to help manage a chronic (ongoing) health condition like OA.

These plans include five visits a year to other healthcare professionals – like a physio, exercise physiologist or podiatrist – and Medicare will pay for part of the cost. These five visits may be to one healthcare professional or be spread between several professionals.

If you're interested in this service, book an appointment with your GP and let the receptionist know you want to create a chronic care plan. You'll usually need a long or double appointment to do this.

More to explore

- You can read more about how to access a physio and OT in [Section 1: Learning about osteoarthritis](#).
- Our article [Physical or manual therapies](#) tells you more about different physical therapies used to manage musculoskeletal conditions.
- Visit the [Australian Physiotherapy Association](#) or [Occupational Therapy Australia](#) to find an accredited allied health practitioner in your local area.



Surgery

In most cases surgery isn't required for people with osteoarthritis. However, if you've tried all non-surgical treatment options, and you're still experiencing significant pain and loss of function, then surgery may be an option.

The most common surgery for osteoarthritis is a total joint replacement. Also known as arthroplasty, this surgery replaces the damaged joint with an artificial joint.

The results of joint replacement surgery are positive for the majority of people, but there are some risks involved in the procedure. When considering surgery, you should be informed about what it involves, the rehabilitation process, its likely benefits and any potential risks.

Arthroscopy (a type of keyhole surgery) is not recommended for people with osteoarthritis.

More to explore

- Our article [Surgery and musculoskeletal conditions](#) includes information about some of the more common types of surgery used for arthritis. It also covers what to discuss with your surgeon, getting ready for surgery, recovering from surgery, and the possible costs.
- Arthritis Foundation (USA) has a [helpful checklist](#) to help you prepare for going home after surgery.
- Up To Date has a series of patient education webpages to help you better understand your condition. Learn more details about [Total Knee Replacement](#) and [Total Hip Replacement](#).

Supplements

For many years, glucosamine and chondroitin – both separately and combined – have been some of the most commonly used dietary supplements for osteoarthritis (OA). Glucosamine and chondroitin are both naturally occurring substances that play important roles in joint health.

Our web page, [Glucosamine and Chondroitin](#), has a comprehensive overview of the role of these supplements for managing OA, including some information on the safety concerns around their use.

It's a good idea to talk with your doctor or pharmacist about taking supplements for OA.

More to explore

- Read the [official statement](#) from the Australian Rheumatology Association and Arthritis Australia on the use of glucosamine for the treatment of osteoarthritis.

Complementary therapies

Complementary therapies include a wide range of practices that aren't currently considered to be a conventional or mainstream medical treatment. These therapies include acupuncture, meditation, massage, aromatherapy and naturopathy.

Complementary therapies are widely used by people with arthritis, including people with OA to help:

- manage symptoms such as inflammation, pain and fatigue
- deal with anxiety and stress
- with sleep
- feel in control of their own health.

While many people feel that using complementary therapies benefits their health and wellbeing, there isn't as much evidence to support their use for OA as there is for conventional treatments.

For many complementary therapies, there isn't adequate scientific evidence to show whether or not they're effective. More and more, research is now focusing on these therapies, but because the evidence is still lacking, it's wise to be cautious.

If you're interested in using any complementary therapy, it's important to remember that they may have side effects and they can interact with your other treatments. That's why it's so important to talk with your doctor about any complementary therapies you're interested in trying.

Acupuncture and massage are two complementary therapies that people with OA often find helpful in providing temporary relief from stiffness and pain. If you're interested in using these therapies, it's important to talk first with a physio who is experienced in treating OA.

More to explore

- Our article [Do your research](#) includes detailed tips to consider before starting a new complementary therapy, including helpful suggestions for doing your research and questions to ask.
- Our resource [Complementary and alternative treatments](#) includes brief information about many of the popular types of complementary therapies and links to professional associations for their therapists.

Tips for self management of OA

There are many things you can do to manage your OA:

- Empower yourself with knowledge – learning as much as you can about OA means that you can play an active role in managing your condition.
- Find pain relief strategies that work for you - there are many ways to tackle pain. Different strategies will work for different people. Knowing what pain relief strategies work best for you is an important part of living with a chronic condition such as OA. Read [our book](#) *Managing your pain: An A-Z guide* for more detailed information about things you can do to manage your pain.
- Relax! – While the pain you feel with OA can be ‘annoying’ or ‘frustrating’ and can even make you feel angry or sad at times, it is not a sign that damage is occurring to the joint. Try some relaxation techniques, like muscle relaxation, meditation and visualisation to help you deal with pain, and improve your sleep quality.
- Ask for help – It’s ok to seek support from family, friends, work colleagues and health professionals when you need it. Online or face-to-face peer support groups are another great place to seek support.
- Build your toolkit – work with your OT to find some gadgets that can help you in everyday life. Think walking aids, specialised cooking utensils, ergonomic computer equipment and long-handled shoehorns. Patella taping, knee braces and orthotics may also be useful if you have OA in your knees or feet.
- Nourish your body – A balanced diet can help you to maintain a healthy weight and prevent weight gain and manage other medical problems, such as diabetes and heart disease. There’s not a specific diet for people with OA, but you can speak with a dietitian about what foods you should be enjoying!
- Keep working – Staying at, or getting back to work, is great for both your physical health and mental wellbeing. Check out our [WorkWise: Your musculoskeletal health at work](#) resource, and talk with your doctor if you need extra help.

3. Exercising with osteoarthritis

Things to remember

- Regular exercise is one of the most effective treatments for OA.
- You should aim to be active on most days of the week.
- A combination of aerobic, strength and flexibility exercises are recommended to address the symptoms of OA.
- It can be helpful to get guidance from an accredited exercise physiologist (EP) or physiotherapist to develop an exercise plan that meets your needs.
- Aerobic exercise uses larger muscle groups and improves your heart and lung health. Examples include walking, swimming and bike riding. Aim to do some form of aerobic exercise on 3 to 5 days of the week.
- Strength training builds up the muscles around your joints to improve joint stability and reduce pain. Examples include lifting weights or using resistance bands. Aim to do strength training 2 to 3 times per week.
- Flexibility exercises help to replenish the synovial fluid in your joint capsule and keep you from feeling stiff. You should stretch and move every day.
- If you're new to exercising, or haven't exercised in a while, start slow and simple. Find opportunities to incorporate movement into each day, like taking the stairs, if you're able.
- Create a weekly plan of the types of exercises you'll do to help keep you on track.

Why exercise is so important for OA

Pain from OA can make you want to avoid exercise altogether. However, being inactive can cause muscle weakness, joint stiffness and instability, which in turn causes more pain.

Staying active and keeping your muscles strong is vital for breaking this cycle of pain. That's why regular exercise is one of the most effective treatments for OA.

Not only can exercise help you to manage pain, but it can also help you to:

- maintain a healthy weight
- improve your flexibility and range of movement
- enhance your balance
- improve your ability to do daily tasks
- boost your mood
- prevent and/or manage other health conditions you may have such as diabetes or heart disease
- improve your sleep.

By participating in regular exercise, you'll reduce your pain and stiffness, and boost your ability to take part in everyday life.

Before starting a new exercise program, always speak to your doctor (or physio) first.

They can recommend you work with an accredited exercise physiologist (EP) or physiotherapist (physio) who will help you to develop an individualised exercise program to meet your needs.

Different types of exercise for OA

Many types of exercise are beneficial for people with OA. Usually, a combination of aerobic, strength and flexibility exercises are recommended to address the symptoms of OA, but your exercise program should be designed to meet your individual needs.

It can be helpful to choose a mix of exercises that you enjoy, so that it's easy to incorporate into your daily life. The goal is to be active for at least 30 minutes on most days of the week.

Aerobic exercise

Aerobic exercise is any activity that raises your heartrate and gets you puffing. This type of exercise gets larger muscle groups working and improves your heart and lung health. Examples of aerobic exercise include walking, swimming or bike riding.

You should aim to do some form of aerobic exercise on 3 to 5 days of the week. The type and amount of aerobic exercise you do will depend on your current fitness level and what your goals are for the future. If you haven't exercised in a while, start slow and increase your activity over time. For example, you might start with a slow 10 to 15 minute walk, and add five minutes to your walks every two weeks until you reach 30 minutes in total. Your physio or EP will be able to guide you on a graduated aerobic exercise program.

The amount of time you spend exercising is more important than the intensity. Low-impact exercise can be good to start with. Yoga, cycling, tai chi and dancing are all examples of low-impact exercises that you may consider trying. If you have access to a pool, aquatic exercises, like swimming or aqua aerobics, can be a great way to participate in aerobic exercise. Some people find warm water exercise is also helpful for pain control.



Tips and cautions for aerobic exercise

- A few short sessions of exercise (e.g., 3 x 10 minutes) may be more gentle on your joints than one long session.
- Keep things fun by choosing different types of aerobic exercise throughout the week. This can also help build stronger, more adaptable joints and muscles
- Always warm up and cool down for 5 to 10 minutes at the start and end of your workouts.
- If you have OA in your knee or hip, weight-bearing exercise (i.e., exercise that requires you to be upright with your legs and feet supporting your weight) can be challenging at first. You may prefer to try cycling or swimming.
- Walking at a moderate pace in shallow water is a great aerobic exercise option to build stamina, coordination and lower body strength. Stand tall and push and pull with your hands as you walk through the water.

Strength training

Strength training (also called resistance training) helps to build up the muscles around your joints, improving joint stability and reducing pain. Examples of strength training include hand weights, machine weights, resistance band exercises and body weight exercises, such as squats and push ups.

You should aim to do some form of strength training two or three days a week, with rest days in between. If you haven't done strength training before, it can be really helpful to get guidance from a physio, an EP or other qualified exercise professional, like a personal trainer. They will be able to show you the best strength training exercises for you and ensure you are using the correct technique.

When attempting strength training, start with 10 to 15 repetitions of an exercise using a light weight or resistance. Build up over time to 8-12 repetitions at a more challenging weight or resistance. Then repeat each set 2 to 4 times.



Tips and cautions for strength training

- Movements should be smooth and not jerky.
- Avoid gripping the weight or weight machine handles too tightly.
- If you feel pain during strength training, lower the weight you're using, reduce the number or repetitions you complete, or try a different exercise for that muscle group.
- Warm up with some aerobic exercise before and after your strength training to reduce the risk of pain and injury.
- To avoid fatigue and joint stress, alternate one set of arm exercises with one set of leg exercises. For example, do one set of bicep curls, followed by one set of squats. Then one set of triceps curls and one set of leg press.
- It's important to give your muscles time to rest and repair between training sessions. Avoid doing strength training on consecutive days, unless you work different muscle groups in each session. For example, you could train your upper body on a Monday and your lower body on a Tuesday. Or you could alternate your strength training days with aerobic or flexibility exercise. For example, you could do strength training on a Monday, followed by yoga or cycling on a Tuesday.

Flexibility

Stiff joints need to move in order to replenish the synovial fluid which keeps the joints moving smoothly. Joints with OA should be moved through their full range of motion every day to maintain flexibility and to promote cartilage health. The full range of motion for a joint is how far it can be moved or stretched.

For example, if you have OA in your knee, bend and extend the knee as far as comfortably possible. You should aim to move your affected joints through their range of motion 10 times per day.

Stretching is also an important part of flexibility training. You should stretch to the point of feeling tightness but not pain. Hold each stretch for 10-30 seconds to start, and increase this up to 60 seconds as you become more comfortable. A physio, EP or personal trainer can show you some stretching exercises that might be helpful for you.



Tips and cautions

- Always warm up before stretching. Don't stretch cold muscles.
- Work towards having even flexibility on both sides of your body".
- Move smoothly (don't bounce) and hold the stretch in place for 30-60 seconds.

What exercise is best for me?

There are lots of activities that can help with your aerobic fitness, strength and flexibility all at the same time. Many of these are suitable for people with OA and might be included in your exercise program:

- swimming or water exercise classes
- cycling, including using an exercise bike
- pilates
- yoga
- tai chi
- brisk walking or hiking
- golf
- chair exercises
- low-impact aerobics class
- dancing
- joining a team (e.g., basketball, calisthenics, tennis).

Work with your physio or EP to make sure your plan includes activities that you enjoy, are committed to doing, and that fit with your lifestyle.

In addition to more structured exercise, there are things you can do throughout the day to be more active. Incidental exercise is any physical activity that you do while going about your daily life, and it can really add up!

Some ideas for increasing your level of incidental exercise include:

- Taking public transport instead of driving. You might even consider getting off a stop early and walking the rest of the way.
- Parking your car further away from the shops to get some extra steps in.
- Swapping boardroom meetings for walking meetings.
- Popping some music on and dancing around the house while you go about your daily chores.
- Giving the house an extra vigorous clean, with some extra scrubbing and vacuuming.

Incidental exercise should never replace your structured exercise program – but it's a great way to boost your activity and energy levels!

The feel-good chemicals released by exercise

When you exercise, your body releases chemicals such as endorphins, serotonin and dopamine into your bloodstream.

They're sometimes called 'feel-good' chemicals because they boost your mood and make you feel good.

These chemicals also interact with receptors in your brain and 'turn down the volume' on your pain system.

More good reasons to keep active!

Getting started with exercise

If you haven't exercised for a while, starting an exercise program can be daunting. But with the right support and guidance, it doesn't need to be. In fact, it can be fun! Getting started is simple – just do what you can with what you have.

Here are some tips for getting started with your exercise program.

- **Get clearance.** Always get clearance from your doctor before starting a new exercise program.
- **Seek support.** Work with an EP, physio or other exercise professional (e.g., qualified personal trainer) to develop an exercise program that meets your needs. Your EP or physio will ensure you're doing your exercises correctly to avoid injury.
- **Keep it simple.** Just move more! Any type of exercise is better than none at all. You might start by walking to the mailbox or taking the stairs instead of the elevator, if you're able. This type of incidental exercise adds up over the course of your day, so find opportunities to move more.
- **Make it social.** Being active with friends is a great way to stick to an exercise routine. Set up a walking schedule with your friend or join a community exercise group.

Staying on track with your exercise routine

You'll find it's easier to exercise regularly if you plan it. It's very easy for life to get in the way – work, family, social activities, household chores – and exercise is often the casualty.

You can create a simple chart with the days of the week, the types of exercise you'll do and how long you'll exercise for. There are many different ways you can record this information: you might like to keep the chart on your computer desktop, write it down in a notebook, or use a health and exercise tracking app.

Goal for the week: <ul style="list-style-type: none"> • <i>Move every day!</i> 		
Day	Exercise	Duration
Everyday	Complete 'range of motion' movements after morning shower	10 minutes
Monday	Walk kids to school	15 minutes
Tuesday	Pilates class with my EP	45 minutes
Wednesday	Swim/water walk at local pool	45 minutes
Thursday	Strength exercises at home after work	30 minutes
Friday	Walk and coffee with a friend	45 minutes
Saturday	Walk to the farmers' market	1 hour
Sunday	Rest day (with flexibility exercises)	-

You might also find it useful to jot down some notes about how you felt after being active: Did your pain improve? Did you feel your mood lift? Or did you overdo it?

These notes can help you to better manage your OA and see how it responds to exercise and how you might want to adapt your plans. It can also help motivate you on days when you don't feel like exercising, if you can see how exercise has helped manage your pain and stiffness.

This information can also provide useful feedback to help your physio or EP fine-tune your exercise plan.

Setting SMART goals to keep motivated

Setting goals for your health and fitness can be a great way to motivate you to build new exercise habits. Taking the SMART approach to goal setting helps you to be clear about what you want to achieve.

SMART goals are:

- **Specific:** When setting a goal, be clear about what you're trying to achieve.
- **Measurable:** You need to be able to measure your goal, so you'll know when you achieve it! You might aim to be able to walk 5 laps of your local oval in 5 weeks time.
- **Achievable:** Make sure your goal is something that is achievable. Don't aim to run a marathon in 8 weeks if you've never run before!
- **Realistic:** Ensure your goal is doable within your current circumstances. Ensure you have the skills and equipment you'll need to achieve your goal.
- **Timed:** Give yourself a timeframe or a target date to keep you on track!

You can read more about setting SMART goals to stay focused and motivated on our [Setting Goals page](#).

How to find an exercise class, group or centre that suits you

You can exercise at home, outdoors or in a supervised environment, like a gym or a class. Joining a gym or a class can help you feel more motivated to stick with your exercise routine.

As a bonus, some organised exercise classes are run by physios, EPs or others who are aware of any special considerations needed for people who have OA.

Try these sources to find an exercise class, group or centre that suits you:

- **Neighbourhood houses and community centres** are ideal starting points to find exercise options close to you. Visit the Australian Neighbourhood Houses and Centres Association [Members page](#). to find your state or territory's website, where you can then search for local houses or centres and find exercise programs they offer.

- **Local councils** are also a good source of information about exercise programs. Go to your local council's website and search 'exercise classes' to see what they offer.
- **Some larger gyms** and physio centres have heated indoor swimming pools where you can swim laps or join a warm water exercise class. You can also search online for classes held at community swimming centres.
- **Walking groups** are a fun way to get active, meet new people and socialise. The Heart Foundation has over 1200 walking groups around Australia, you can search for one close to you [here](#).
- **parkruns** are free, weekly community events are held all around the world with 5km walks and runs in parks and open spaces on Saturday mornings. Everyone is welcome, there are no time limits, and no one finishes last!
- **The National Arthritis and Back Pain+ Help Line** 1800 263 265 can tell you more about exercise classes or groups in your area.
- **There are lots of free exercise apps**, YouTube channels and websites with free online exercise programs. These can be especially helpful when you need or prefer to exercise from home. Enjoy searching these to find something that fits with your needs.

[Our article on online exercise](#) includes tips to help you assess online offerings and see if they're right for you, as well as links to some great free exercise videos suitable for people with musculoskeletal conditions.

More to explore

- Our resource [Exercise for musculoskeletal conditions](#) includes more information about exercising in water and tai chi, as well as some helpful exercise cautions and suggestions.
- We also have a detailed articles on:
 - [water exercise](#) and all its benefits.
 - [low-impact cardio exercises](#) to get you moving
 - [strength training](#).
 - the benefits of [dancing](#)
- UpToDate offers patient education on [arthritis and exercise](#)
- Exercise is Medicine Australia has a [comprehensive factsheet](#) on OA and exercise that explains the importance of exercise with OA and provides some advice on the types of exercises you can consider.
- [Versus Arthritis](#) has a web page, information booklet and poster to help guide you through the types of exercises that you can do with OA.

4. Healthy eating when you have OA

Things to remember

- The most important link between diet and OA is weight. Eating a balanced diet, full of fresh and unprocessed foods can help you to maintain a healthy weight and improve your joint health.
- As part of this balanced diet, some foods and nutrients may help to ease the symptoms of OA or slow the progress of your condition.
- Omega-3 fats have anti-inflammatory properties that may benefit OA. You can find omega-3 fats in foods like oily fish, walnuts and linseed oil.
- Vitamin D and K have important roles to play in bone and cartilage formation. You can enhance your dietary intake of vitamin D through fatty fish, mushrooms and fortified milk or cereals. You can enhance your dietary intake of vitamin K through leafy green vegetables.
- People with OA are also recommended to eat food rich in antioxidants, such as berries, soybeans, lean meats and nuts.
- Mediterranean Diet (also known as an anti-inflammatory diet) is an effective eating plan that incorporates the dietary recommendations for OA.

What is the best eating plan for OA?

There's no special diet or miracle food that can cure OA. However, there are steps you can take with your diet to help ease your symptoms.

Your body works best when you eat a wide range of healthy foods. Eating a balanced diet full of fresh, unprocessed food can help you to maintain a healthy weight and improve your joint health.

In addition, certain foods and nutrients may help to ease the symptoms of OA or slow disease progression.

Eating to maintain a healthy weight

The most important link between diet and OA is weight. Being overweight or obese affects your muscles and cartilage so your joints are less healthy. Excess fat can also add to levels of inflammation throughout your body, which in turn can increase the inflammation in your affected joints.

Research tells us that losing weight can reduce your pain and improve your mobility. Even a small amount of weight loss can be beneficial. If you're not able to lose weight, maintaining your current weight is important.

The best approach to maintain a healthy weight is to eat a balanced, nutritious diet. Most people find that they feel better if they eat a balanced diet full of cereals, fresh fruits and vegetables and choose foods that are low in fats, salt and sugar.

Not only can eating a balanced diet help you to maintain a healthy weight, but it can also boost your energy levels and improve your general wellbeing, which may in turn improve your symptoms.

Always seek the advice of your doctor or dietitian before changing your diet. You may be restricting your food intake unnecessarily or taking too much of certain products (such as mineral supplements) that may have no impact on your condition at all.

Choosing foods to ease OA symptoms

Research tells us that different foods and nutrients have the potential to impact the symptoms and progression of OA. You may like to consider incorporating these foods and nutrients as part of your balanced diet.

Omega-3 fats

Omega-3 fatty acids, found in oily fish, have been found to have anti-inflammatory properties that may be of benefit in OA.

While these effects are modest compared with medicine, eating foods containing omega-3 fats will not cause side effects and may also have other health benefits, such as reduced heart disease.

Foods rich in omega-3 fats include:

- fish – oily fish, such as salmon and sardines
- linseeds and linseed (flaxseed) oil
- canola (rapeseed) oil
- walnuts
- foods fortified with omega-3, e.g., margarines and eggs
- some fish oil supplements.

Aim to eat two portions of fish each week, one of which should be an oily fish like sardines or salmon.

Fish oil supplements

If you don't like to eat fish, you might consider trying out a fish oil supplement.

Remember that you'll need to talk to your doctor or pharmacist before taking any supplements to make sure you're taking the correct dose for your needs and to make sure it won't interfere with any other medicines you're taking.

It's also important that you don't confuse fish oils with fish liver oils – like cod liver oil and halibut liver oil. Fish liver oils contain vitamin A, which can cause serious side effects when you have large amounts.



Vitamin D

Vitamin D plays an important role in bone and cartilage health. If your body doesn't have enough vitamin D, it may not be able to keep up with joint and cartilage repair. This can impact the progression of your OA.

Studies show that maintaining a sufficient level of vitamin D may improve joint function and muscle strength.

The best way to maintain your levels of vitamin D is through safe sun exposure. Most Australians will get enough vitamin D with just a few minutes of sun exposure doing everyday tasks. It's important not to expose yourself to potentially harmful UV through prolonged sun exposure. You can find tips and tools on sun protection from SunSmart.

You can also increase your intake of vitamin D through foods like fatty fish, mushrooms and some fortified foods like milk and cereals, but it's unlikely that you'll be able to get enough Vitamin D from diet alone.

If you are found to be deficient in vitamin D your health professional may recommend you take a vitamin D supplement.

Vitamin K

Vitamin K plays an important role in making bones and cartilage. While studies on the affect of vitamin K on OA are limited, there is some evidence to suggest that people with vitamin K deficiencies are more likely to show cartilage damage that leads to the development of OA.

You can get vitamin K in your diet through leafy green vegetables, like kale, spinach and broccoli.

Antioxidants

Having a poor diet, drinking alcohol, smoking or taking certain medicines can lead to cell damage in your body. This cell damage is called 'oxidative stress'. It occurs when there are too many 'unstable' molecules (called free radicals) in your body, and not enough antioxidants to get rid of them. Oxidative stress may play a role in the progression of OA.

Antioxidants, including vitamins A, C and E, protect the body from 'oxidative stress'. It is recommended that people with OA incorporate dietary antioxidants as part of a healthy diet. You can get antioxidants from a variety of animal and plant foods, such as tomatoes, egg yolks, soybean, lean meat and nuts.

Creating an eating plan

So far, we've learned about the importance of eating a balanced diet, and the types of food and nutrients you should include as part of that diet when you have OA. But what does this actually look like as an eating plan?

A healthy eating plan for OA looks a lot like a typical Mediterranean diet and includes:

- foods that are as unprocessed as possible
- a rainbow of fresh whole vegetables and fruits (not juices),
- wholegrains like brown, black or red rice, quinoa, buckwheat, oats, as well as whole grain breads and pastas
- legumes like chickpeas, lentils, cannellini, red kidney and other beans
- raw, unsalted nuts and seeds
- fish, seafood, poultry and tofu
- healthy oils such as olive and flaxseed.

This type of eating generally includes eating less:

- red meat
- foods high in sugar, salt and fat
- highly processed foods.

Eating in this balanced way and drinking enough water can help you to:

- keep up your energy levels
- maintain your weight
- sleep better
- improve your mood
- have a greater overall sense of wellbeing
- prevent other health problems, like heart disease and diabetes.

And all of these effects may help to improve your symptoms – like pain, stiffness and inflammation.

More to explore

- The type of eating plan we've described is sometimes called an anti-inflammatory diet. We've written an [article](#) about anti-inflammatory diets, the evidence for them and tips to move your eating plan in this direction.
- Our [Handy tips for eating well with arthritis](#) includes helpful tips for keeping your eating plan in balance.
- For healthy meal ideas, have a look at our [Healthy meals on a budget](#) and [recipes](#).
- Arthritis Foundation's [The ultimate arthritis diet](#) looks at the different parts of the Mediterranean diet and how they may benefit joint health.
- If you need help in making changes to your daily eating, it's a good idea to chat with an [accredited practising dietitian](#).

What to do when you don't feel like cooking or eating

Sometimes, the pain from OA can make it difficult to eat well. It might also make it harder to shop for healthy food and prepare balanced meals.

It can help to prepare in advance for those days when you just don't feel up to cooking.

- **Ask for advice.** If you need help planning meals, or finding simple ways to prepare nutritious meals, chat with a dietitian for information and advice.
- **Prepare meals in advance.** When your pain is under control, take some time to make extra meals that you can freeze for the times you need them. This way you'll be eating meals that you know are healthy and that you enjoy.
- **Look up options for healthy food delivery services** and consider using one of these for a short time during flares.
- **Talk with your doctor about supplements.** You may need a supplement if you can't get enough of some nutrients through your eating plan or if you have a deficiency. Your doctor is the best person to advise you on this.

Tips for low-effort meals

There are lots of healthy ingredients you can stock up on and store in your pantry or freezer to make low-effort meals easier when pain makes it difficult to cook. Here are some simple ingredients and ideas to try:

- **Canned sardines** (a great source of omega-3 fatty acids, protein and calcium) on wholegrain toast with a simple side salad.
- **Low-salt baked beans** served on a baked potato or baked sweet potato.
- **Frozen veggie burgers** cooked and served in a wholemeal pita bread pocket with any of your favourite burger toppings (try beetroot, sliced tomato and crunchy lettuce).
- **Canned chickpeas or other beans** and canned chopped tomatoes, simmered with veggie stock and any veggies you have on hand to make a quick minestrone.
- **Free-range eggs** (which usually keep well in the fridge for weeks) scrambled, boiled or poached and served on top of wholegrain toast and baby spinach with some sliced avocado on the side.

More to explore

- Our article [Now we're cooking!](#) includes lots of tips for preparing meals with less stress when you have a chronic illness.
- Try any of these [17 healthy no-prep recipes](#) for the days when you just can't.
- Versus Arthritis' [Five easy ways to eat well with arthritis](#) includes some great tips and quick recipes for a super-simple breakfast, lunch and dinner.

5. Managing your pain

Things to remember

- It is important to keep in mind that pain can occur in the absence of joint damage. Flare-ups are often linked to other factors such as stress, sleep, and fear of using the joint.
- There are lots of factors that play a role in how much pain you experience. Some of these are things you can be within your control like how physically active you are, your sleep, diet and stress levels.
- Exercise, pain relief medicine, physical therapies, hot or cold packs and complementary therapies, like acupuncture, may help to ease your OA pain.
- Pacing your activities and not overdoing things is also an important pain management strategy.
- Many people find that OA pain makes it difficult to fall asleep and affects the quality of their sleep. In turn, poor sleep can lower your pain threshold, making your symptoms feel worse.
- You can work to break the pain–sleep cycle by being active throughout the day, developing a regular sleep routine, avoiding caffeinated or alcoholic drinks in the hours before bed and avoiding screen time in bed.
- Your mind and body are closely linked, and you can use this to your advantage when managing your pain. Keeping a positive mindset and staying connected to the people and activities you enjoy can help you better manage your OA pain symptoms.
- Only you can accurately monitor and measure your pain. It's important to speak up and let your healthcare team know how you're feeling, so that you can work together on pain management strategies that will best suit your needs.

Living well with ongoing pain

Joint pain is the most common symptom of OA and as such, learning to live with and manage your pain is an important part of your self-care plan.

The ongoing pain from OA (often called persistent or chronic pain) can have a significant impact on your daily activities and work, your ability to exercise, your comfort and sleep, as well as your mood and relationships. The effects of this pain on your daily life can also impact how you experience pain.

For example, ongoing pain can make it difficult for you to sleep, which can make you feel more fatigued during the day. When you're more fatigued, your pain may feel worse and limit your activities more than usual.

Over time, living with ongoing pain can have longer-lasting effects on your mood, self-confidence and sense of wellbeing.

The good news is that there are many simple, practical ways to manage your pain and the impact it can have on your life. Having plenty of different strategies and tools that you can turn to when you need them can help give you more control over your pain and make life with OA easier to manage.

More to explore

- Our booklet [Managing Your Pain](#) provides an A-Z kit of pain management tools that you can dip into whenever you need them. It includes lots of practical suggestions that you can easily try out to see if they work for you. Some of the tools in the booklet are covered in this section, and there are many more in the booklet.
- You'll also find that a lot of the info in [Section 6](#) of this self-care plan: Your mental health and emotional wellbeing, like mindfulness and using relaxation techniques, can help to manage your pain.



How OA causes pain

Everyone's experience with OA pain is different. Your pain may feel dull and achy, or it may feel sharp and piercing. There are lots of factors that play a role in how much pain you experience.

Initially, you may only feel pain when you're using an affected joint. The pain may go away when you rest. As your condition progresses, you may feel more persistent pain throughout the day and night.

It is important to keep in mind that pain can occur in the absence of joint damage. Flare-ups are often linked to other factors such as stress, sleep, and fear of using the joint.

Persistent pain from OA may also be called chronic, long-term or ongoing pain. This distinction from acute or short-term pain is important to understand because our brains and bodies respond to ongoing pain in different ways.

More to explore

When you understand what's really going on behind the scenes with pain signals and the way your body reacts to them, it can help you to see your pain differently and perhaps be a little more open to trying new things that can help you to manage pain and get out of the vicious cycle it tends to create.

You might like to have a look at:

- [Pain, the brain and your amazing protectometer](#) – Koadlow Public Lecture presented by Professor Lorimer Moseley.
- [Treating pain using the brain](#) – Koadlow Public Lecture presented by Adjunct Associate Professor David Butler.
- Our resource [Persistent pain](#).
- Versus Arthritis' [Managing your pain](#) page.

Strategies in your pain management toolkit

There's no one solution to address your OA pain. Having multiple strategies in your pain management toolkit, like exercise, medicines and relaxation techniques, can help give you control over your pain and improve your quality of life.

Exercise

When you're in pain, exercise and physical activity may be the last thing on your mind! But it can be motivating to know that exercise can help to relieve OA pain.

Regular exercise can strengthen the muscles around your joints. Exercise can also boost your mood and energy levels, making it easier for you to manage pain.

Exercise is so important for managing your OA symptoms that we've dedicated a whole chapter of this self-care plan to it! You can read more about the benefits of exercise, and the types of exercise that you can do, in [Section 3: Exercising with osteoarthritis](#).

Medicines

Medicines can't treat the underlying causes of OA. However, there are many over-the-counter and prescription medicines available to help manage your pain, so that you can do the things that are important to you.

The most common types of medicines used to manage OA pain are:

- anti-inflammatory or analgesic creams and gels (topical therapies)
- oral pain relievers (analgesics)
- oral anti-inflammatory drugs (non-steroidal anti-inflammatories [NSAIDs]).

Not everyone can use all of these medicines, so it's important to talk with your doctor or pharmacist about which options are best for you.

You can read more about these medicines in [Section 2](#) of this self-care plan: Treatments for OA.

Our Managing Your Pain booklet has a section on [Medications for pain](#) that explains more about the different types of medicines used for pain and tips for using them.

Physical therapies

Physical or manual therapies like physiotherapy, massage and occupational therapy can help relieve your pain and stiffness and to improve mobility, movement and joint function. You can read more about many of these different types of therapies in [Section 1](#) of this self-care plan under Working with your healthcare team or in our blog [Physical or manual therapies](#).

Soothing heat and cold

Applying heat or cold to painful or stiff joints and muscles can help to relieve your pain. Some people prefer heat, others prefer cold – and some types of pain prefer either heat or cold. As a general rule, heat can relieve joint stiffness, and muscle spasms and tension. Cold can reduce swelling and may be especially helpful for a hot, tender joint.

There are many different ways you can use heat and cold to relieve your pain:

- Try a hot shower or bath before bed
- Use a heat pack or electric blanket
- Keep an ice pack handy in your freezer
- Exercising in warm water
- Rub some cooling gel at the site of your pain.

Our resource [Heat and cold therapy](#) includes more examples of heat and cold as well as important safety tips you need to keep in mind when using them.

Complementary therapies

Some people with OA like to use complementary therapies, such as acupuncture, naturopathy and meditation, to help manage their symptoms, including pain.

You can read more about complementary therapies and how they may benefit your OA symptoms in [Section 2](#) of this self-care guide: Treatments for OA.

The importance of pacing your activities

When you're feeling good and your pain is under control, it can be tempting to do as much as possible! But often, this can cause you to overdo things, making your pain worse. Then, when you're in pain, you avoid doing much at all because it hurts. Both of these things - overdoing and avoidance - aren't helpful for managing persistent pain and they can actually make your pain worse.

'Pacing' involves planning out your activities and exercise, so they're divided into manageable portions that are less likely to trigger your symptoms. It can be an effective strategy to help you do the things you want to do by finding the right balance between rest and activity (both physical and mental).

Balancing activity and rest in this way means you'll need to listen to your body and understand what you can do on a good day (when your pain is under control) and on a bad day (when your pain is more intense).

How to work out your limits

Pacing is all about the amount of time you can do things before your pain or fatigue worsens.

For example, if you know that you can walk the dog for 20 minutes before your pain becomes worse, then that's your current limit. Then you need to take a rest break. A rest break means switching from the active thing you're doing (walking the dog) to doing something more passive (like reading a book, paying your bills online, or creating a meal plan for the coming week).

Working out your current limits can take some trial and error. Recording your activities and pain levels in a health tracker or pain journal will help you keep track. It will also help you clearly see the activities, or the time spent on activities, that may be causing you problems.

How you'll benefit from pacing

By understanding your limits, and what you can do at this point in time, you can plan and take control of your day and the things you do. You can plan activities and rest breaks so that by the end of the day, you've done most of the things you wanted or needed to do, and you haven't made your pain worse.

Pacing will also help you gradually increase the amount of time you spend being active and performing certain activities.

For example, if your current limit for walking the dog is 20 minutes, do this regularly for a week. In the second week, try increasing the amount of time by 10 per cent – so instead of 20 minutes, walk for 22 minutes. You can use [this online calculator](#) to help you work out this percentage increase.

Record how you're going in your pain journal. If you're able to tolerate this increase, try adding another 10 per cent in week 3. And so on.

Keep recording your progress and set milestones – like being able to walk for 30 minutes – and reward yourself when you reach them. Don't be hard on yourself if this takes time. Remember that slow progress is still progress.

Tips for pacing yourself

- Plan your day.
- Prioritise the things you want and need to do today. What really needs to be done? Can you do some things tomorrow?
- Break jobs into smaller tasks and rest in-between. The job will still get done, and you should have more energy for other things. For example, if you know your current limit for cleaning your house is 30 minutes, then choose what you can do in 30 minutes and nothing more. Then take a rest break – even if you feel okay.
- Switch between physical jobs and less active ones. For example, vacuum the lounge, then sit and sort through your mail or a pile of old magazines. You're still cleaning, but you're not overdoing it.
- Don't overdo things on your good days.
- Ask for help when you need it.

More to explore

- Read our advice on [Pacing your activities](#).
- The Department of Health Western Australia's [painHEALTH](#) website has a section on pacing and goal setting, and includes a helpful pacing work sheet.

Sleeping with pain

Many people with OA report trouble falling asleep, or trouble staying asleep, due to their joint pain and discomfort. Even if you're getting a full night's sleep, you may find that you don't feel refreshed when you wake up. Your pain can affect the quality of your sleep, even without you realising.

Getting a good night's sleep is an important aspect of your general health and wellbeing, but it's essential for managing pain. Not getting enough quality sleep lowers your pain threshold. This in turn affects the quality of your sleep.

When you're not getting a good night's sleep, you may feel anxious or stress – which again will impact on your quality of sleep and the amount of pain you experience.

How to break the pain–sleep cycle

The good news is there are many things you can do to break this cycle – and improve both your sleep and your pain.

Talk with your doctor about your sleep and pain. Is your OA being managed well enough? Is there something more you can be doing to ease the pain you're experiencing? Managing your condition and your pain levels will help you get a better night's sleep.

Try not to put too much pressure on yourself to go to sleep. This can lead to anxiety if you don't fall asleep quickly. Feeling anxious will impact on your ability to sleep – and on the pain you experience.

Develop a sleep routine. Try to go to bed and get up at the same time each day. This will help your body clock regulate production of the hormones needed to go to sleep (melatonin) and to stay awake (serotonin). Limit your time in bed to the amount of sleep you think you need each night. This will help to reduce wakefulness during the night.

Get out of bed if you're unable to sleep. Don't stay in bed tossing and turning. Have a warm caffeine-free drink (like chamomile tea or milk), do some gentle stretches or breathing exercises and go back to bed when you feel more comfortable. You may need to do this a few times throughout the night if you have a difficult night sleep-or pain-wise.

Have a plan for when pain wakes you up. It can be helpful to have a plan ready for what you'll do if pain wakes you up during the night. You might like to get out of bed, make a hot water bottle or heat pack, apply a soothing cream, or have headphones and a meditation track nearby and ready to put in.

Try some relaxation techniques. These might include mindfulness or visualisation (like counting sheep), deep breathing, or a warm bath before bed. Experiment with these techniques to see what works best to help you feel more relaxed, which may help you manage your pain better so that you can get to sleep – and sleep well.

Be active during the day. As well its many other benefits, regular exercise, even gentle exercise, can help you fall asleep and stay asleep longer. Gentle stretches before bed can help to relax your muscles and improve sleep.

Eat well. Your body works best when you eat a wide range of healthy foods. A balanced diet and drinking enough fluid can help provide you with better energy levels and give you a greater sense of wellbeing, which may improve your symptoms and, therefore, your sleep.

Keep a sleep diary. This will help you and your doctor work out what may be causing your sleep problems because it tracks the things that may impact on your sleep.

Track these details every day for 2 weeks:

- what time you go to bed
- how long you're in bed before falling asleep (a guesstimate is fine here – don't check the clock!)
- what time you get up
- how often you wake during the night
- the things you eat and drink during the day
- your daily activities
- how you felt that day – noting both your pain and fatigue levels on a scale of 1-10, with 1 being no pain or fatigue and 10 being severe pain or fatigue.

You can keep track in a notebook, or there are many apps you can download and use.

Allow 2-3 hours after your last main meal before going to bed. This way, your body isn't trying to digest food when it needs to be resting and repairing.

Avoid alcohol for at least 4 hours before going to bed as it can affect your ability to fall asleep and the quality of your sleep.

Avoid caffeine for a *minimum of 6 hours* before going to bed. Caffeine can affect some people's sleep for longer than 6 hours, so you may need to make your caffeine cut-off time earlier. Keeping track of caffeine consumption in your sleep diary is a good way of working this out for yourself.

Consider your bedding. Depending on the joints that are most affected by OA, it's important to make sure you have a mattress and pillow that give you enough support. You may find that supportive pillows between your legs and behind your back can help too.

Your mattress should be firm enough to support your spine. This is something you can chat to your physio or OT (occupational therapist) about.

Try an electric blanket. Some people with OA find that the heat from an electric blanket can help with pain during the night. Make sure you turn the blanket off before you go to sleep and follow any safety instructions.

Don't look at the clock (or your phone!). Often, when you can't fall asleep, or you wake in the middle of the night, you look at the clock or your phone and start thinking about how many hours to go until you need to get up. This creates anxiety and anxiety makes it hard to sleep. Try removing your clock or phone from the bedside or cover it up at night.

Write it down. Thoughts, worries and anxiety can prevent good sleep. Don't take them to bed with you. Keep a 'worry journal' instead. Choose a time during the day – away from your bedtime – to write down your key worries and consider options for dealing with them. When you're in bed at night, firmly tell yourself that bedtime is not worry-time and you'll revisit your worries tomorrow with your journal.

Light. Is your room dark enough to allow you to sleep well? Or do you have a streetlight, light from an alarm clock or phone, or light from other rooms making your bedroom too bright for sleep? If this is a problem, look at solutions – such as new window coverings, a dim switch on your alarm clock, putting your phone onto night mode at bedtime, or closing your door. You might also want to try using an eye mask.

Noise. Just as light can interfere with your sleep, so can noise. If you have no control over the noise in your environment (like a barking dog, loud party, or your partner's snoring), ear plugs may be an option. You can pick these up from your chemist. Some people also find that playing soothing, gentle music softly in the background can be helpful for cancelling out other more annoying noises.

Don't use technology in bed. It's easy to get caught up and lose track of time reading emails and checking social media on smartphones and tablets. Another problem is that the blue light from these devices suppresses the hormone melatonin that makes you sleepy at night. So be sure to stop using screens at least one hour before bed.

Room temperature. To fall asleep, your body's core temperature needs to drop a few degrees. This means it's best for your bedroom temperature to be a little cooler (but not cold), rather than warm. A helpful tip from the [American Academy of Sleep Medicine](#) is to think of your bedroom as a cave: it should be cool, quiet, and dark.

This is another reason why a warm bath before bed can be especially helpful: as well as relaxing you and easing pain and stiffness, when your body temperature drops after the bath, it prepares you perfectly for sleep.

Use sleeping tablets sparingly and ONLY in times of acute stress to help temporarily reset your sleep pattern. Always talk to your doctor before using any sleep aids that you're thinking about buying over-the-counter.

More to explore

- Arthritis Foundation (USA) has a helpful [joint-by-joint guide](#) to positioning yourself for a good night's sleep.

Keeping a positive mindset with pain

Living with the persistent pain of OA can have a significant impact on your emotional wellbeing and mental health. But the reverse can also be true. Mental health issues can worsen your OA symptoms. Studies show that depression and anxiety can lower your pain threshold, making it harder for you to manage your OA pain.

Understanding the link between your pain and your mental health is an important aspect of your pain management. You can read more about the link between your mind and your body in [Section 6](#) of this self-care guide: Your emotional wellbeing and mental health.

While you may not be able to fix the underlying cause of your OA, there's plenty you can do to keep a positive mindset so that you can better handle your condition.

Keep active. We already know that exercise is one of the best ways to treat OA and keep your joints mobile. But regular physical activity releases endorphins – the happy hormone – to boost your mood, lower your stress levels and help relieve anxiety and depression.

You can read more about the benefits of physical activity in [Section 4: Exercising with osteoarthritis](#).

Embrace relaxation and mindfulness. Have you ever tried meditation? Or maybe tai chi? For some people, relaxation and mindfulness is a normal aspect of everyday life. While for others, switching off your mind and body can be quite challenging!

Taking time to relax your mind and your body can help you to deal with stress, anxiety and depression. Try listening to a guided meditation or scheduling a regular yoga or tai chi class. You can read more about relaxation and mindfulness in [Section 6](#) of this self-care guide: Your emotional wellbeing and mental health.

Get enough rest. Relaxing and resting work hand in hand – and your body benefits from both. True rest happens when you're asleep. It allows your body to repair itself, so you wake feeling refreshed and energised.

People with OA often report difficulties sleeping due to their joint pain and discomfort.

You can read our strategies for getting a good night's sleep earlier in this section.

Create a pain playlist. There's plenty of evidence to support the use of music for managing pain. Listening to music has been shown to reduce anxiety, fear, depression, pain-related distress and blood pressure. And when we listen to our preferred style of music, it has an even greater positive effect.

It's not exactly clear how or why music can have such an effect on pain, but it may be that enjoyable music triggers the release of opioids in your brain (which is your body's own morphine). Or it may be that music distracts your mind from focusing on your pain. Whatever the reason, it's an easy, cost-effective and enjoyable way to get some relief from your pain.

So why not create a special 'pain playlist', and load up your phone or music player of choice with your favourite tunes?

Read more about the power of music [here](#).

Keep connected. It can be very easy to stop doing the things you enjoy when you're living with pain. You may worry that some activities will make your pain worse, or that you won't be able to participate as well as you have in the past. On days when your pain is intense, or you're feeling tired or frustrated, these negative thoughts and worries have the potential to keep you from the things you love. Pain becomes your focus.

That's why it's important to work at staying connected to those around you. Focus on doing activities that make you happy, such as catching up with friends, participating in sporting and social clubs, working, discovering new hobbies, volunteering, exploring the world, or simply getting out and about with your family.

These connections can help you manage your pain better. They engage your mind and energy and distract you from the pain so it's no longer your main focus. If you find that it's difficult to do some of the things that you used to do, focus more on a few activities that you really enjoy.

When you keep doing things you enjoy, you stay connected and involved. This is what makes our lives rich, colourful and exciting.

More to explore

- Our article on [relationships with family and friends](#) includes lots of easy and lovely ways to nurture your relationships – and is a good reminder that keeping friendships alive doesn't need to take heaps of time, just a little thought.
- Arthritis Foundation's (USA) article, [Keeping friendships strong when you have arthritis](#) covers some of the common challenges with friendships when you have arthritis and provides practical suggestions to respond to those challenges.
- [Section 6](#) of your OA self-care plan is all about looking after your mental and physical wellbeing, where you'll find more info on intimate relationships.

When you need more help

If you're struggling with negative emotions due to your pain, talk with someone you trust. It might be a close friend or family member, your doctor or a mental health professional like a psychologist or psychiatrist. Talking about the problem and getting support and advice can help you to take some positive steps forward.

You can read more about mental health professionals [here](#).
If you're thinking about suicide or experiencing a personal crisis, call Lifeline on 13 11 14.

Taking control of your pain management

While your healthcare team is there to support your pain management, you're the only person who can accurately monitor and measure your pain levels.

There's no scan or test that can independently measure your pain, so it's important that you feel empowered to speak up and express how you're feeling.

Talk openly with your healthcare team about your pain. Let them know what pain relief strategies work for you, and what ones don't. Ask questions and make suggestions that you feel will help you to best manage your pain.

Sometimes, it can be intimidating to advocate for yourself and your needs – especially if you're not familiar with the health system and all its jargon! Educating yourself about your condition, its treatment and your rights as a patient can help you to feel more confident when speaking with your healthcare team.

More to explore

- The Arthritis Foundation (USA) has a blog on [5 ways to advocate for yourself](#), with tips on how to educate yourself and speak up for your needs.
- The Arthritis Society Canada has published a [Self-Advocacy Guide](#) to help you feel empowered to address your needs and live your best life.

6. Your emotional wellbeing and mental health

Things to remember

- Having OA can impact on your emotional wellbeing and mental health. But the reverse is also true. Mental health problems, like anxiety and depression, can exacerbate OA symptoms.
- Accepting OA as part of your life, and being aware of the emotional ups and downs that come with it, is an important first step for looking after your mental health.
- Strategies like mindfulness meditation and relaxation can be helpful for reducing stress and being more aware of how your body is feeling.
- Sometimes, the physical and emotional symptoms of OA can make it difficult to work. But keeping actively involved in paid or volunteer work can help you feel strong, connected and give you a sense of purpose.
- OA often changes our closer, personal relationships. But this doesn't need to be a bad thing. Working through the challenges of OA together with your partner can bring you closer.
- While it's normal to feel sad, frustrated or stressed by OA, for some people these feelings become overwhelming and interfere with daily life. It's important to know the warning signs of depression and anxiety and to seek support and treatment from healthcare professionals.

The link between mind and body

Our understanding of the strong connection between your mental wellbeing and your physical OA symptoms is continuing to grow.

OA can be a debilitating condition, impacting on every aspect of your daily life. It's no surprise then, that many adults with OA can experience mental health problems, like anxiety and depression. But what may be surprising is that these mental health problems can influence how you experience the physical symptoms of your condition, including how you feel and manage pain.

For example, when you're in pain and unable to fully participate in life, you'll probably feel a bit frustrated and down. This causes you to focus more on your pain and the negative impact it's having on your life, making you more aware of your pain symptoms. In fact, studies show that depression and anxiety can lower your pain threshold altogether.

Your mind and body are very closely linked. But the good news is, you can use this mind–body connection to your advantage to help you manage your OA. Taking a positive approach to your condition and focusing on what you can do can boost your resilience and make the physical symptoms of OA easier to handle.

Acceptance

Accepting that you have OA and the ongoing symptoms and challenges it creates is a key step in managing it more effectively.

Acknowledging your condition and how it affects you from day to day means you can find practical ways to deal with it.

Acceptance doesn't mean 'thinking positive'. It means understanding that you have OA, but that OA doesn't define who you are. By accepting your condition (and its baggage!), you use your energy to take control the best way you can.

Part of this acceptance also means recognising and acknowledging that you're likely to have many emotional ups and downs along the way. It's natural for you to feel a range of emotions, including fear, sadness, stress, anger and frustration – and it's important to allow yourself to experience these feelings, talk about them and find ways to manage them.

Speaking with someone – a friend or family member, the National Arthritis and Back Pain+ Help Line on 1800 263 265, your GP, a mental healthcare professional (like a psychologist or counsellor) – can help you work through your feelings and get back on track.

Writing it all down in a journal or pain diary is another option. The important thing is to keep working on it.

It's also important for you to recognise when you're experiencing these feelings more intensely and for longer periods of time – signs that you may have anxiety or depression and need some extra support from a mental healthcare professional. We've covered these treatable health conditions at the end of this section.

Mindfulness meditation

Mindfulness meditation is a way of focusing your mind on the present moment. It trains your mind to be alert and pay attention to the thoughts and the sensations you feel and accept them without judgement.

Research has shown that regularly practising mindfulness meditation can help to improve mood, relieve stress, improve sleep, improve mental health and reduce pain.

So, what exactly is mindfulness meditation and how do you do it?

It's a type of practice that can be formal or informal:

- **Formal mindfulness** meditation is when you put time aside to practice meditation where you focus on one thing for a certain amount of time. You might focus on your breath or the sensations in your body for 10 or more minutes at a time.
- **Informal mindfulness** or everyday mindfulness is where you consciously bring your attention to everyday situations or activities. For example, when you're going for a walk, you notice how your body feels as it moves. How your feet feel against the ground, how your arms feel as they swing by your side, how the air feels against your skin, and the sun feels on the top of your head. You notice all of these sensations and focus on how they feel.

Both types of mindfulness practices can have many benefits for your mental and physical wellbeing. That's partly because mindfulness meditation involves becoming more self-aware and accepting our experiences and feelings without judgement. This can lead to a greater ability to self-regulate your thoughts, emotions and behaviours. In turn, this can help you to manage stressors, chronic pain and health conditions.

Research also shows that regular mindfulness meditation can lead to positive changes in our brain and our genes.

More to explore

- Our Mindfulness meditation resource explains more, and includes great tips on getting started and how to do a simple body scan.
- To learn about the changes and other effects mindfulness has on our body, [watch this short Smiling Mind video](#) featuring Associate Professor Dr Craig Hassed from Monash University.
- The Department of Health Western Australia's painHEALTH website has a page on [Mindfulness and pain](#), which includes a body scan and breathing meditation that you can play online.

Relaxation

Living with persistent OA pain can be stressful. When you feel stressed, your muscles may become tense, and this can often increase your joint pain.

By easing your stress and muscle tension, you can help to reduce your pain levels, and create a better sense of overall wellbeing. There are so many things you can try to help you relax.

You might like to try:

- focused and controlled breathing
- gardening
- visualisation
- progressive muscle relaxation
- listening to music
- catching up with friends
- getting a massage
- laughing (try watching a funny movie or silly video clips on YouTube)
- visiting a museum, gallery, exhibition or library (in person or virtually)
- distraction
- reading
- playing with your pet (or someone else's if you don't have one)
- guided imagery.
- taking a warm bath or shower
- playing a musical instrument or singing
- doing some art and craft
- getting back to nature – a stroll by the sea or a walk in a park.

See which of these you enjoy and help you – and then find ways to make them part of your everyday life and ongoing self-care plan to live better with OA.

Working is good for your wellbeing

Working – whether it's paid or voluntary - is good for your mental and physical wellbeing. For many people with OA, it's an important part of living well by connecting with others, having a sense of purpose, and having a focus outside of your pain.

But OA can sometimes interfere with your work:

- Your morning pain and stiffness can make it difficult to get moving first thing and might make it harder to get to work on time.

- Sitting in one position for too long, for example at a computer or in a car, can cause pain and stiffness.
- Feeling fatigued, getting tired easily, and not having the same amount of energy as your co-workers will mean you need to plan and pace your work more carefully.
- Pain, stiffness and inflammation may make it difficult for you to move around and do some physical tasks.

Fortunately, there are many things you can do to help you continue working – including using the pain management techniques in [Section 5](#) of your self-care plan, [modifying your workspace](#), using helpful [aids and equipment](#), and having some flexibility with the hours you work.

More to explore

- Our workplace resource [WorkWise](#) provides information to help you manage your symptoms, and gives you tips, strategies, and resources to help you continue to work, change jobs, understand your rights and more.
- Our articles about Musculoskeletal conditions and work – [part 1](#) and [part 2](#), include many more helpful tips and links to support your working life.

Sleep and why you need it

Sleep helps you to recharge - both mentally and physically.

While you sleep, your body is busy doing important jobs to help you wake up refreshed and healthy. Your brain is cleaning itself of waste products and consolidating memories. Your muscles, bones, and organs are repairing themselves. Sleep also helps keep your immune system healthy.

That's why it's important to get a good night's sleep – both in quality and quantity.

The amount of sleep you need varies depending on your age. Most adults need about 7–9 hours of sleep each night. However, some people need more sleep and some need less.

The aim is to make sure you have enough quality sleep so that you wake up feeling rested and able to do the things you need to do. So don't feel anxious if you think you're not getting a certain 'magic' number – just focus on getting the right amount of sleep for you.

You're probably very aware of how you feel when you don't get enough sleep: it can make your threshold for pain, stress and everyday living lower than the days after you've slept well.

Not sleeping well can both contribute to mental health conditions like anxiety and depression, and also be a symptom of these conditions.

Many people with OA report trouble getting to sleep and staying asleep. You might find you wake up earlier than you want to, or when you do wake up, it's hard to get out of bed because of your pain.

Sleeping with pain in [Section 5](#) of this self-care plan explains more about the connection between pain, sleep and fatigue and includes a comprehensive guide for getting on top of your sleep that can help you manage pain and your overall sense of wellbeing.

Personal relationships and intimacy

Living with OA can affect your intimate relationships and your sex life.

Pain, fatigue and body image issues can really interfere with these important parts of your life.

Added to the physical and emotional effects of OA, the everyday pressures of work, study, family, finances and more can affect your close relationships and your desire to be intimate.

Even though OA may change some of your close personal relationships, it doesn't have to be a negative thing. Many couples find that they can actually become closer as a result of OA because it makes it necessary to talk more openly, which can strengthen your relationship.

There are also many things you can do to increase your desire for, and enjoyment of, sex.

A lot of this begins with being open and honest with your partner, because trust builds closeness and romance. This gives you the basis to start planning, exploring, getting adventurous and generally having some fun. The links below will give you more details on the 'how' of all this.

More to explore

- Our article on [Nurturing relationships with your partner or spouse](#) includes many tips for communicating with your partner and strengthening your relationship.
- Our article [Getting your groove back](#) covers lots of clever tips for happy, sexy times when you have a musculoskeletal condition.
- Versus Arthritis (UK) has a helpful page on [Sex, relationships and arthritis](#).
- Staying connected beyond your intimate relationships by enjoying the company of other people and losing yourself in activities you enjoy, is another important tool in your self-care that supports both your mental and physical wellbeing. Read more in [Section 5: Managing your pain](#).

Anxiety and depression: When you need extra support for your mental health

OA can be a debilitating condition that may affect many aspects of your daily life. It's normal to feel frustrated, angry or stressed by it.

Sometimes, these feelings are overwhelming and start to interfere with your daily life, making it difficult for you to engage with the world around you.

Anxiety is more than just feeling stressed. People with anxiety find it difficult to relax, concentrate or make decisions. If you have anxiety, you may feel constantly irritable or panicky.

There's also a link between ongoing pain and anxiety. You might find it hard to look forward to social activities or to plan ahead because you're concerned that you might be in a flare or in too much pain to enjoy yourself.

Depression is more than just feeling low. People with depression experience frequent and intense feelings of sadness and loneliness, sometimes for long periods of time.

If you have depression, you may have no interest or motivation in your life and the world around you – and in the activities and people that normally make you feel good.

Know the warning signs	
Signs of clinical anxiety	Signs of clinical depression
<ul style="list-style-type: none"> • Feeling agitated or on edge • Trouble focusing and problem solving • Trouble sleeping • A need for constant reassurance • Muscle tension, trembling or shaking • Increased heart and breathing rate • Sweaty palms • Knots in the stomach • Racing thoughts 	<ul style="list-style-type: none"> • Feeling low, hopeless or flat for most of the day • Losing pleasure or interest in things you used to enjoy • Trouble sleeping, or sleeping too much • A loss of appetite • Difficulty concentrating • Feeling an excessive amount of guilt • Frequent thoughts of death or suicide

Getting help for anxiety and depression

Many people living with OA experience anxiety and depression, and it's very normal for your mental health to be impacted by your diagnosis and condition.

It's important to be aware of when you have signs of depression or anxiety, so that you can get the help you need. There are effective treatments that can help you to feel much better:

- If you think you may have signs of anxiety or depression, it's really important to talk to a healthcare professional as soon as you can.
- Chatting to your GP is often a good place to start. Your GP can then recommend and link you to the type of mental health professional who can best help you. If needed, they can work with you to create a [mental health treatment plan](#), which means that Medicare will pay for part of the cost for you to see certain mental health professionals.
- Our article [Support for mental and emotional wellbeing](#) explains more about the different types of mental health professionals, tips for choosing which type of professional might be good for you, and the types of support available.

- Support from other people with OA through a support group or from other people living with depression or anxiety can also be a great help. Talking with someone who really understands what you're going through and has lived experience and practical info is priceless.

Treatments for anxiety and depression

There are many different types of treatment options available for anxiety and depression. The important thing is to find the right treatment and health professional that works for you.

Psychological or talking therapies

Psychological therapies (which are sometimes called talking therapies) can help to change your thinking patterns and to cope better with life's challenges.

These therapies are often the most effective types of long-term treatment and prevention for anxiety and depression. As well as helping you to recover, they build your coping skills and reduce the risk of anxiety and depression coming back.

There are many different talking therapies, two types that are often used are:

- **Cognitive behaviour therapy (CBT)**, which helps you work out how the way you think and act affects the way you feel. The aim is to help you think about, assess and change your thought patterns and how you react to different circumstances.
- **Interpersonal therapy (IPT)** focuses on you and your relationships with other people to help improve your relationships, increase social support and resolve symptoms.

Medicines

If your anxiety or depression is severe, your doctor may suggest including treatment with prescription medicine.

If they think prescription medicine may help you, they'll do a full health check and talk to you about how the medicine can be used as part of your treatment plan together with talking therapies and self-help.

Your doctor will talk to you about the medicine's possible side effects and what to expect from treatment.

Self-help

There are many things you can do to help yourself when you have anxiety or depression. It's good to know that many of the tools we've covered in this self-care plan – like staying active, eating well, using mindfulness meditation and relaxation techniques, and enlisting the support of your family and friends – can help your mood as well as many of the physical symptoms of OA.

These tools aren't just for people with diagnosed anxiety or depression either – they can help anyone to build skills to support their mental health and wellbeing.

More to explore

- Our resource [Understanding anxiety and depression](#) includes some of the common symptoms of anxiety and depression as well as helpful tips to support your mental wellbeing.
- Arthritis Ireland's [Coping with emotions eBook](#) discusses the range of emotions that you may feel at the time of an arthritis diagnosis and as time goes on, and then provides practical suggestions for coping.
- Versus Arthritis (UK) has an [Emotional wellbeing](#) section of their website that includes lots of helpful information and tips.

Don't delay in asking for help

If you're struggling with anxiety or depression, remember that you don't need to manage by yourself – there is always someone available to help:

- [Beyond Blue Support Service](#) provides one-on-one calls and chats with a trained mental health professional and are completely confidential. They can provide you with brief support and point you in the direction of the help you need.
 - You can call them 24 hours a day/7 days a week on 1300 22 4436 or chat online between 1pm and 12am 7 days a week.
- If you need urgent help at any time of the day or night, call the Lifeline 24-hour telephone counselling service on 13 11 14.

7. Living well everyday with osteoarthritis

Things to remember

- Looking after your general health is just as important as caring for your OA symptoms.
- Quitting smoking and reducing your alcohol intake will not only benefit your OA symptoms, but also reduce your risk of other diseases.
- While vitamin D from safe sun exposure is important for bone and cartilage health, you'll need to use sun protection if you're planning to be outside in the sun for prolonged periods of time. Follow the 'Slip, Slop, Slap, Seek and Slide' rules.
- Maintaining good hygiene is important for reducing your risk of infection. But sometimes, OA and joint pain can make it difficult to wash your hands, take a shower or use the toilet.
- There are many aids and equipment available to help you undertake daily tasks, like self-care, cleaning and cooking. An OT will be able to help you identify the aids that can best help you.

Looking after yourself from day-to-day

So far in this self-care guide, we've talked a lot about the positive steps you can take to manage your OA – things like exercising regularly, maintaining a healthy weight and eating well. But there are other, practical things you can do everyday to maintain good general health and live life to the fullest.

Some of the practical things you can do involve making changes to avoid high-risk behaviours – like smoking and drinking alcohol. While others are focussed on keeping you well – like protecting yourself from the sun and having good hygiene.

This section of the self-care guide includes lots of practical strategies and tips to help you include these key parts of self-care into your plan for living well with OA.

Quitting smoking

We don't know how smoking affects your risk of OA. But what we do know for sure is that smoking increases your risk of many types of chronic conditions, including cancer, and makes it harder to manage your pain. It causes fatigue and slower healing, which can make your pain worse.

If you're a smoker, you may be less likely to be as active, and less physical activity can increase your pain too.

The good news is that quitting smoking has benefits not only for OA, but for your overall health – like a reduced risk of developing many cancers, and heart and lung diseases.

Within weeks of quitting, you'll breathe better and have more energy, making it easier to exercise and do day-to-day activities. Over time, your risk of many serious health problems associated with smoking will reduce.

Quitting isn't easy, but the rewards are incredible and there's so much support available. There's no reason to do this alone!

Tips for quitting

- Get help. Talk to your doctor and call the Quitline on 13 78 48.
- Decide on a strategy. Are you going to use nicotine replacement, medicine, coaching or a combination of these?
- Talk to your family and friends. Let them know what you're doing and ask for their support.
- Write down the reasons you want to quit and put this list in prominent places to encourage and motivate you.
- Think of all the situations where you usually smoke and have a plan for what you'll do instead. What will you do if you're around other smokers? What will you do instead of smoking when you have your first cup of coffee or tea in the morning?
- Be kind to yourself. You may have a slip-up to two. It's not the end of the world, or the end of quitting. Get back on track.
- Use some of the money you save and treat yourself to something special, like a massage or gold class movie tickets.
- The [Quitline's website](#) includes heaps of information to help you plan to quit, quit in your own way and support you along the way.

Reducing alcohol

Australia is a country that loves to drink! Wine with dinner, beer at the footy, cocktails at the local bar with friends.

As a result, many of us drink more than the [Australian Alcohol Guidelines](#), which provide recommendations for healthy women and men. When you have OA, the risks involved with drinking alcohol can be even greater.

You don't need to stop drinking alcohol altogether, but it's worth understanding the risks and impact of alcohol when you have OA so you can make informed decisions.

Here are some ways that alcohol may impact your health when you have OA:

Alcohol may make your inflammation worse. Different people are affected by alcohol in different ways. For some people, a beer or a glass of wine can make their joints ache more.

Alcohol can interact with your meds. Non-steroidal anti-inflammatories (NSAIDs), like ibuprofen, are a common medicine used to manage the symptoms of OA. NSAIDs can irritate the stomach lining and cause ulcers or bleeding in the digestive tract in some people. Drinking alcohol can increase the risk of this side effect.

Talk with your doctor or pharmacist about how alcohol can interact with your medicines.

Alcohol affects your sleep. Getting enough quality sleep is vital for our overall health and wellbeing. People with OA often struggle with sleep problems. While the idea of a nightcap to help you wind down in the evening may sound like a good idea, alcohol will actually affect your sleep quality. Even if you sleep through the night, you're more likely to wake up feeling unrefreshed and foggy.

Alcohol increases your risk of getting injured. If you've been drinking, especially if you've become tipsy or drunk, you're more likely to injure yourself. When you become drunk, balance and coordination can be affected, increasing the risk of falling. And if you fall, you're at risk of jarring sore muscles and joints, increasing your pain. Or worse still, you may break a bone.

Alcohol can affect your mental health. Many people turn to alcohol to relax after a stressful day or if they're feeling a bit down. While it may provide a very temporary mood boost, it doesn't last. In the long run, drinking can actually make it harder to deal with stress – and can add to feelings of anxiety and depression.

The many benefits of taking a break from booze

On the upside of all this, if you reduce the amount of alcohol you drink, you're likely to experience lots of benefits – including losing weight, saving money, having more meaningful times with family and friends, sleeping better, having a clearer head and performing better at work.

Recently, there's been an explosion in low- and zero-alcohol drink alternatives on the market. You'll find plenty of options at your local supermarket or bottle shop.

More to explore

- If you're thinking about slowing down on your drinking, MSK's article [Should I take a break from booze?](#) includes lots of smart tips to help you reduce the hooch (almost painlessly!).
- Sleep Foundation's article [Alcohol and sleep](#) explains how alcohol affects sleep and answers FAQs on the topic.



Protecting yourself from the sun

Vitamin D plays an important role in bone and cartilage health. If your body doesn't have enough vitamin D, it may not be able to keep up with joint and cartilage repair. This can impact the progression of your OA.

Sunlight is our best source of vitamin D. But we need to strike a balance between getting our daily dose of vitamin D and protecting ourselves against sunburn and skin cancer.

Most Australians will get enough vitamin D with just a few minutes of sun exposure each day. Depending on the time of the year and where you live, you can achieve this safely by exposing your hands, face and arms to the sun as you do everyday tasks. Osteoporosis Australia has developed a [Sunshine Map](#) to help you work out how to safely get enough sun exposure for your vitamin D needs.

You'll need to use sun protection if you're planning to be outside for an extended period of time, or if the UV Index is 3 or above:

- Slip on some protecting clothing to provide a physical barrier between your skin and the sun's UV rays.
- Slop on some sunscreen as part of your morning routine every day.
- Slap on a broad brim hat to shade your face, head and ears.
- Seek shade when you're out in the sunshine for extended periods.
- Slide on some close-fitting, wrap-around sunglasses.

More to explore

- Our article [Enjoying the sun safely](#) includes more practical tips to protect yourself in the sun.
- We all need to balance the need for sun protection with our need for vitamin D. This info will help you to find that balance:
 - Our article on [Calcium and vitamin D](#)
 - Osteoporosis Australia's [Vitamin D & Bone Health](#) page, which includes a map to work out how much daily or weekly sun you need for your vitamin D in each area of Australia.
 - Download the [SunSmart App](#) to access free daily sun protection times and UV forecasts based on your location.

Daily care

Having lived through the ongoing COVID-19 pandemic, we know all too well that maintaining good hygiene can lower your risk of infection and fight the spread of disease.

Washing your hands thoroughly helps to prevent the spread of diseases, especially after you've been in contact with other people and when you've been out and about at shops, restaurants, movie theatres, sporting venues – anywhere that you're likely to be exposed to germs.

Sometimes, seemingly simple everyday tasks, like washing your hands, using the toilet and showering can be a bit more challenging with OA.

To make this daily care easier, you could try:

- a toilet seat riser to help you sit down and get up from the toilet
- a bidet to help with cleaning difficult to reach areas
- toilet wipes instead of toilet paper (but remember that they're not flushable)
- toilet paper tongs or aids to help with gripping
- pump action bottles for shampoo, conditioner and shower gel
- a long-handled sponge for washing hard to reach areas when you're showering
- a shower cap in the shower – or use a dry shampoo – on days when you don't have the energy or movement to wash your hair
- giving yourself time to have a longer warm shower or bath to soothe stiff joints
- mixing up your routine and having a longer bath in the evenings to really relax and benefit rather than having a quick shower in the morning
- a soap dispenser instead of a bar of soap
- lever taps or tap turners instead of taps that you need to twist to turn on or off.

Staying up to date with vaccinations

Vaccines are the best way to protect yourself and your loved ones from preventable diseases.

You're probably familiar with vaccinations for influenza (the 'flu') and COVID-19, but there are many other vaccinations which may be beneficial for you, depending on your stage of life, such as for shingles and pneumococcal.

Vaccinations are usually recommended for people with OA. But it's important to talk with your doctor to see which vaccinations are recommended and suitable for you.



Aids and equipment to make life easier

When you have OA, some simple daily tasks at home and at work can become difficult and painful.

Fortunately, there are plenty of aids, gadgets and other equipment to help make your life easier. Aids and equipment can help you with everything from cooking, cleaning, bathing, writing, mobility, technology and driving.

You can buy some of this equipment from pharmacies, medical suppliers, and hardware stores. Some items can be made by a home handyperson.

If your equipment needs to be installed, you'll need to make sure it's done properly – as equipment like grab rails and bath seats can be dangerous if they're not properly installed. A competent home handyperson and some tradies can do the job – or chat to your local council to see if they can arrange installation.

How an occupational therapist (OT) can help

The range of aids, equipment and other gadgets available is enormous, so you might want to chat with an occupational therapist (OT) to get specific information and advice about the right aids for your needs.

An OT can help you in many other ways when you have OA, so it's worth enlisting their help as part of your [healthcare team](#).

Common aids and equipment

Some of the aids and equipment that can be useful for people with OA include:

- bathroom grips or rails to help you with getting in and out of a shower or bath
- raised toilet seats to make sitting down and standing up easier
- cutlery with thick handles for an easy grip
- buttonhooks to fasten buttons
- long-handled combs and brushes
- long-handled shoehorns to help put on shoes
- large-handled items such as can openers, gardening shears and scissors
- long-handled mops and dusters to help with cleaning
- lightweight pots and pans for cooking, and a soft mat to stand on while cooking
- walking aids – cane, walking stick or frame
- swivel seat cushion to help you get in and out of the car
- modified computer keyboard and mouse.

This is a very small list to help you understand some of the options available to help you. There are many more aids and equipment available to suit specific tasks and needs.

More to explore

- Find an occupational therapist [here](#).
- [Freedom Solutions](#) is a not-for-profit organisation that makes and modifies equipment needs for people with a disability.
- You may be eligible for assistance with the cost of aids through the [Victorian State-wide Equipment Program \(SWEPP\)](#). This can sometimes help with the cost of aids such as wheelchairs or alterations to bathrooms. Have a chat to your GP or OT about this program and your eligibility. It's important to note that there may be a long wait for items available through this scheme.





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