

Core 1 - Offered to everyone - Information

We can treat OA	Progression is far from inevitable and can be reversed
Self-management strategies	Exercise, weight loss, suitable footwear, physiotherapy and pacing

Adjacent Paracetamol & topical NSAIDs

If paracetamol or topical NSAIDs are insufficient for pain relief for people with osteoarthritis, then the addition of opioid analgesics should be considered.

Adjacent - Nutraceuticals

Blueberries

Montomerey Cherry Juice

Turmeric

Biologics

Platelet Rich Plasma (PRP)	Anti-inflammatories
Stem Cell Therapies	Potential tissue re-growth
Nerve Growth factor antibodies	Anti-inflammatories and analgesia
Fibroblast Growth Factor	Chondroprotective

Core 2 - Offered to everyone - Exercise

Aerobic	Stationary cycling, and walking, yoga and Tai Chi
Strengthening	Knee OA usually presented with hip muscle weakness and likely to have loading on the inside of knee joint

Core 2 - Offered to everyone - Exercise (cont)

Hip strengthening exercises tend to improve the mechanics of your lower limb and reduce stress on the knee

Unclear whether weight-bearing or non-weight-bearing is most effective. But I'd increase the diversity of therapy and possibly improve compliance

A meta-analysis reported no evidence that the type of strengthening contraction (isometric, isotonic or isokinetic) influences the outcome.

Balance A randomized study demonstrated that the addition of kinaesthesia and balance exercises to a strengthening program did not offer any additional improvement

Dose High-intensity training might result in greater strength gains than low intensity training but could potentially overload the joint and exacerbate symptoms such as pain and swelling

High-resistance strength training > low-resistance, even with both groups experiencing the same overall work

Core 3 - Offered to everyone - Obesity

Goal Setting The distinction between losing weight and maintaining weight loss, and the importance of developing skills for both; advise them that the change from losing weight to maintenance typically happens after 6 to 9 months of treatment

Realistic targets for outcomes other than weight loss, such as increased physical activity and healthier eating

Self-Care If a person (or their family or carers) does not feel this is the right time for them to take action, explain that advice and support will be available in the future whenever they need it. Provide contact details so that the person can get in touch when they are ready and voluntary organisations and support groups and how to contact them.

Psychological self-monitoring of behaviour and progress

stimulus control & slowing rate of eating

Ensuring social support & assertiveness

Problem solving, cognitive restructuring (modifying thoughts) reinforcement of changes

Cognitive restructuring (modifying thoughts) reinforcement of changes



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Core 3 - Offered to everyone - Obesity (cont)

Diet Diets that have a 600 kcal/day deficit (that is, they contain 600 kcal less than the person needs to stay the same weight) or that reduce calories by lowering the fat content (low-fat diets), in combination with expert support and intensive follow-up, are recommended for sustainable weight loss

Do not routinely use very-low-calorie diets (800 kcal/day or less) to manage obesity (defined as BMI over 30).

Be mindful very-low-calorie diets (800 kcal/day or less) to manage obesity (defined as BMI over 30) are unlikely to be nutritionally complete



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