Arthritis UK

Keele University
Impact Accelerator Unit

Osteoarthritis: A guide to living well with joint pain



Osteoarthritis and you – there are things you can do

Arthritis UK

Keele University

Impact Accelerator Unit

You can continue to live well and have a healthy and active lifestyle with osteoarthritis

Funded by NIHR | National Institute for Health and Care Research

Patients Included

This guidebook presents independent research funded by the National Institute for Health and Care Research (NIHR) under its Programme Grants for Applied Research programme (grant number RP-PG-0407-10386). The views expressed are those of the authors and not necessarily those of the NHS, Health Education England, the NIHR or the Department of Health and Social Care.

***IMPORTANT**: If you have any concerns about your pain, for example if you have a **hot, swollen joint**, the pain starts to get **worse at night**, if you **feel unwell** or you have had a **recent joint injury,** speak to a health professional.*

CONTENTS

Introduction - your guide to osteoarthritis..... 6

What is it like to have osteoarthritis - personal stories..... 7

Chapter 1 What is osteoarthritis? 8

What is Osteoarthritis? What causes it?..... 8
Are joint pain and osteoarthritis the same thing?..... 9
How does osteoarthritis affect people?..... 10
What happens to osteoarthritis over time, and can it be improved?..... 10
Osteoarthritis flares..... 11
Pacing..... 12
Chapter 1 - Things to remember..... 14

Chapter 2 Feeling positive 15

What can I do to feel positive?..... 16
Looking for support..... 17
Distraction and relaxation..... 18
Chapter 2 – Things to remember..... 19

Chapter 3 Finding professional help 20

Getting a diagnosis..... 20
Healthcare professionals – who can I talk to about my joint pain?..... 21
What can a healthcare professional do?..... 22
Seeing a healthcare professional for treatment..... 22
Support from other professionals..... 23
Work and osteoarthritis..... 24
Chapter 3 – Things to remember..... 26

Chapter 4 Managing and treating joint pain with activity 27

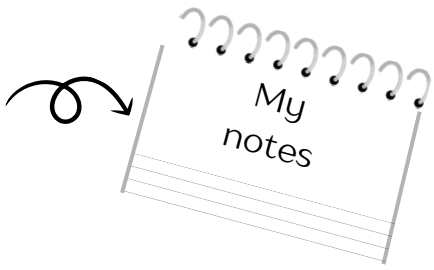
Physical activity..... 27
Which activities can I do? 28
What benefits might I see?..... 28
What can I do to stay active?..... 29
Physiotherapy..... 31
Your weight and joint pain..... 31
Chapter 4 – Things to remember..... 33

Chapter 5 Managing and treating joint pain with aids, devices and other methods 34
The best kind of footwear 34
Using warmth to relieve pain and cold to relieve swelling 34
Can eating certain foods help? 35
What about glucosamine and chondroitin? 35
Can supports and braces help? 36
Walking aids 36
Tools to make life easier and protect your joints 37
Chapter 5 – Things to remember 38

Chapter 6 Managing and treating joint pain with medication and medical intervention 39
Medicines for managing pain 39
Creams, gels and sprays 40
Tablets 40
Cortisone injections 41
Complementary and alternative medicine 42
Surgery 42
Chapter 6 – Things to remember 43

Summary 44
My notes 45
Useful organisations 47
NHS Therapists official bodies 48
Complementary Therapists official bodies 49
Further resources 50
Acknowledgements 51
Find us online 52
References 53

You will see 'my notes' prompts throughout the guide. They are there to help you think about your own osteoarthritis and plan your care.



YOUR GUIDE TO OSTEOARTHRITIS

Foreword

Joint pain and stiffness are very common in people aged 45 and over. Pain often improves with rest, but stiffness may get worse. The term osteoarthritis is used to describe these joint problems. Osteoarthritis can affect any joint. It most often affects the hands, knees, hips, and feet. It can make it harder to move around. It can affect how you are feeling, daily life, work, hobbies, and activities you enjoy.

This guidebook explains what osteoarthritis is. It also explains how to manage symptoms and the different treatments available. It has been written by patients and healthcare researchers. It is based on research evidence. The guidebook includes quotations from people living with osteoarthritis. *These are shown in italics like this.* Reading about other people's experiences may help you feel more confident about trying new ways to manage symptoms. It may also help you feel less alone. Everyone is different. You may relate more to some experiences than others.

We hope this guidebook helps you understand osteoarthritis. We also hope it helps you use the advice in your own life.

Professor Clare Jinks and Professor Melanie Holden

Keele University, UK

Introduction

Welcome to the Keele Osteoarthritis Guidebook (4th version). People with osteoarthritis helped create this guidebook. As a group, we wanted to produce something positive that will support you and help you to feel confident staying active and living well with osteoarthritis. We wanted it to be informative and full of trusted information and so we worked with researchers and experts to make sure the information provided is accurate and up to date. The group said: *"It feels like this guidebook is talking to me. It is evidence-informed, so I know I can trust the information in it, it's very positive and it helps me to feel empowered and more confident to tackle my diagnosis and take control to manage my condition. The information is easily digestible and will help people like me to live our best life."* In these pages, you will read real stories from people who also live with the condition, and you will find many different options that may help you. Remember, everyone has different experiences and you may connect with some stories and information more than others. Use what feels right for you and we hope it helps you.

Laura Campbell

Keele University Impact Accelerator Unit Knowledge Broker / Guidebook editor

Deb Hickson, Jane Southam, Kathy Fell, Daniel Flower, Linda Parton, Alan Blunt

Patient and public co-production group

WHAT IS IT LIKE TO HAVE OSTEOARTHRITIS?

Experiencing symptoms

"I pick the cup up as normal, but it might just 'go' that part of the hand. It annoys me, but it doesn't stop me."





Coping with joint pain and stiffness

"Well, if I'm doing something on the ground, I use a couple of pads– always got something as cushioning . But I find that I have to keep moving. It does go stiff and painful when I'm actually kneeling-down on my knees and I'll have to keep changing the position that I'm in."

Keeping active with usual activities and adaptations

"I was caring for my wife and you've got to get on with it, keep going. You've got to, there's no other way. So, all these things may have been contributing to my joint problem; carrying weights, carrying on looking after my wife, when I really should have been seeking a bit more help myself perhaps."



Keeping independent

"I have done everything for myself you know. I have said to my children I don't want any assistance unless I can't do it for myself."

Concerns for the future

"Latterly it's improved. The only thing I have now with my knee is a twinge now and again where I say, 'Ooh, I shall have to be careful.'"



The importance of keeping going

"I want to be as active as possible for as long as possible and I am quite happy to exercise even if it's a bit uncomfortable you know. I don't totally go along with the no pain – no gain thing, but equally you can't expect to just wave a magic wand and it will disappear. So it would be nice to know what could be done, apart from medication, that could be beneficial and not harmful"

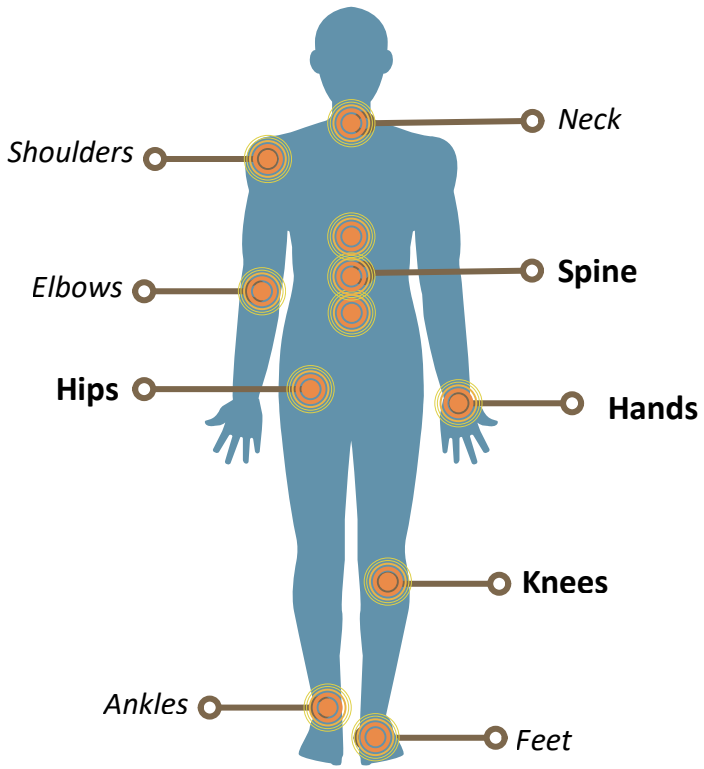
CHAPTER 1
WHAT IS OSTEOARTHRITIS?

What is Osteoarthritis? What causes it?

Osteoarthritis is a condition that affects the joints. It has been found in old bones from people and animals. It can happen in any joint, but it often affects the **hands, knees, hips and spine.**

It affects the whole joint and the surrounding muscles. Over time, our joints naturally wear and then repair themselves. Osteoarthritis occurs when there is more wear than repair. Many people over 45 have it, but younger people can get it too.

Sometimes it is passed down through families. It can also happen after a joint injury, surgery, other health problems, or from certain jobs or sports. People who are overweight are more likely to get osteoarthritis.



This picture shows where people often feel pain with osteoarthritis.

People with osteoarthritis may feel pain, and have swelling and stiff joints. Their muscles can feel weak, and sometimes the joint may feel like it could give way. The pain often eases when they rest, but the stiffness can last longer. For some people, the problem starts so slowly they don't notice at first. For others, it can begin quickly, maybe after a fall, doing more activity than normal, or for no clear reason at all.

"What I think started it off, I tripped over, somebody had left a filing drawer open and I tripped over it, from then on I had this pain. I went to the doctor and he said, 'You've got the start of arthritis in your knee'"



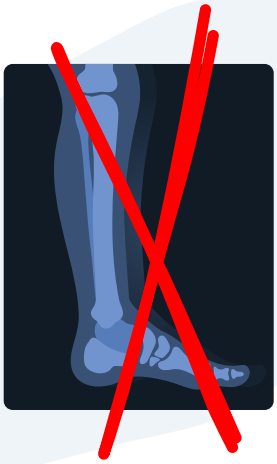
Are joint pain and osteoarthritis the same thing?

No two people are alike - some people with osteoarthritis have joint pain, some don't. Some people who have joint pain don't have osteoarthritis and it is instead caused by something else. Joint pain is usually the reason why people seek help from a healthcare professional. Some may go on to then be diagnosed with osteoarthritis. Some may not.

You do not need an x-ray to find out out if you have osteoarthritis or joint pain. A healthcare professional can diagnose you by talking to you about your symptoms. They follow guidance from NICE (National Institute for Health and Care Excellence) to do this. They will look for osteoarthritis in:

- adults who are 45 years or over,
- have joint pain when they move,
- and do not have joint stiffness in the morning that lasts longer than 30 minutes.

An x-ray is only used if a healthcare professional thinks something else may be causing the pain.



When other causes are ruled out, the treatment is the same, whether the healthcare professional calls it osteoarthritis or joint pain.



How does osteoarthritis affect people?

Osteoarthritis can affect your joints in different ways at different times. Sometimes you may not have any difficulties at all but at other times you might.

Levels of joint pain can be affected by different things. For example, your level of activity, experiencing an injury or trauma, as well as how you are feeling can affect pain

No Pain ☺ ☹ Pain

What happens to osteoarthritis over time, and can it be improved?

Osteoarthritis will **not** always get worse and there are things you can do to manage it over time. Having a positive view of the future may reduce the difficulties you have from your osteoarthritis.

Evidence check

In 2023, Keele University ran a study called the PEP OA Study to help explain osteoarthritis. Many people think osteoarthritis is only caused by ageing or what used to be known as "wear and tear." When they think this, they may avoid helpful things like exercise or losing weight, which could help them.



People with osteoarthritis worked with researchers to make this simple video and leaflet that explain the condition.

You can watch this osteoarthritis explanation in an animation

Click on the following weblink:

www.keele.health/oa/video

Or scan the QR code with your phone:

SCAN ME

Osteoarthritis flares

People with osteoarthritis may have times when their symptoms suddenly get worse. These times are called flares and they are common. A flare is when pain, stiffness, swelling or difficulty moving can get worse. They can also affect how people feel. Flares can last for days or even longer before they settle. They can affect any joints, for example the knee, hip or hand. This can make normal activities such as working, shopping, or hobbies like gardening harder. They can also affect sleep.

Anyone with osteoarthritis can have flares. Sometimes the cause is clear, but for people who have had osteoarthritis for a long time, flares can be less predictable. How you move, what you do and how you feel can sometimes lead to a flare. Some people feel that changes in weather may play a role, but we still need more research to understand this.

> *"If there's a change in the weather, if I do too much or more than usual shall we say, sometimes if I just put too much pressure on a joint it'll start it up."*

People experience flares differently. Helping people to recognise what triggers their own flares may help them to manage their condition themselves. This may mean people change the way they do certain things, for example, by trying not to do too many things that might cause flares too close together and by planning ahead. People can learn to understand their own patterns of symptoms. They may want to talk about their symptoms with a healthcare professional if a flare lasts longer than usual, even with trying things like changing activities and/or pain medication.

You can learn more about osteoarthritis flares in this video

Click on the following weblink:

http://tinyurl.com/ycy9bwjw



Or scan the QR code with your phone:



Evidence check



A 2021 research study led by Keele University called ACT-FLARE (Triggers for acute flares in adults with, or at risk of, knee osteoarthritis) followed over 700 people aged 40 and over for 13 weeks. Researchers found likely triggers for knee pain flares were:

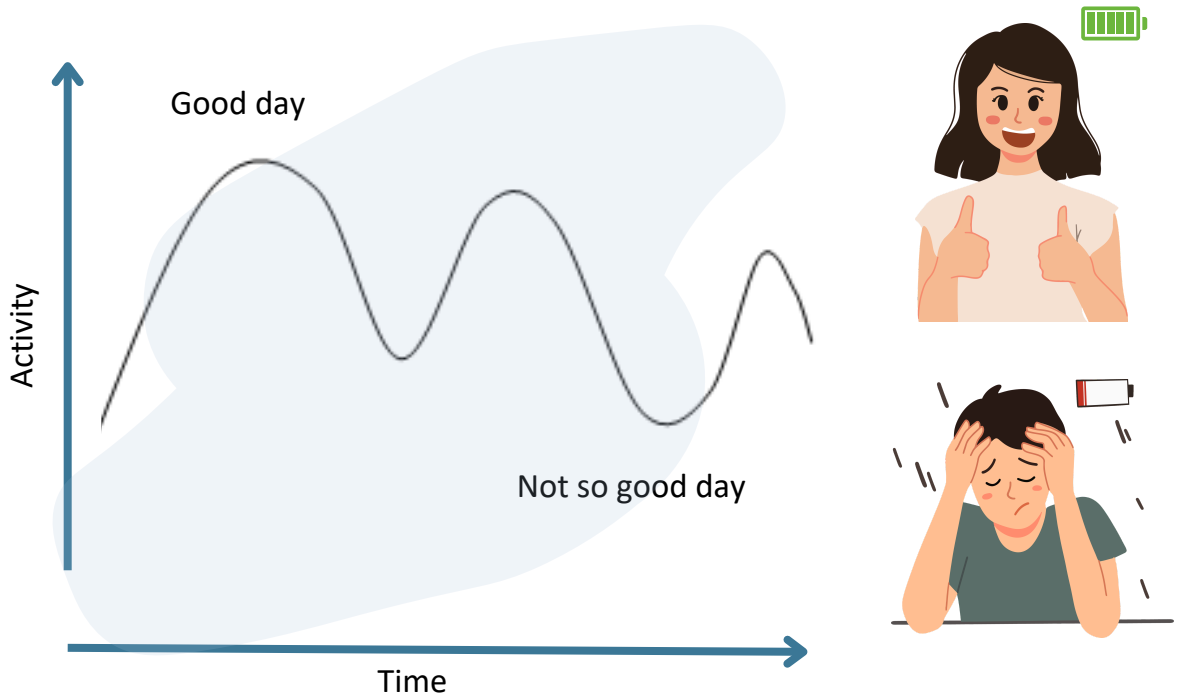
- Squatting or kneeling
- Prolonged activity without rest
- Lifting heavy objects
- Going up and down ladders
- Knee giving way
- Slip, trip or fall
- Changes in thoughts and feelings (low mood, angry or irritable)
- Poor night's sleep
- Generally cold and damp weather

Flares were found to be most common in working aged adults, females and people with regular pain. Typically, flares lasted between 3 and 8 days.

Pacing

Breaking up your activity during the day can help you stay active and feel better. It can also help you handle your symptoms. This is called pacing.

Some people do a lot on days when they feel good, then can do very little on days when they feel bad. This up-and-down pattern is called the boom-bust cycle.



Some people stop doing things because they worry it will make their osteoarthritis worse. Over time, this means they do less and their strength and fitness reduces. This boom-bust cycle can make life harder. Activity pacing helps you to spread your energy over time so you have more good days and fewer painful ones and flares.

"Instead of doing everything at 100 miles an hour like I used to do, I just take my time now, and sit down and think, "There's always tomorrow"....you have to adjust yourself and change your way of life, don't you?"

Stages of activity pacing

1. Notice when you are doing too much or too little



2. Set the right activity starting point that is good for you



3. Make adjustments to activities if they don't work for you



4. Plan your activities according to how you feel



5. Keep doing it



6. Be flexible. Do what you enjoy



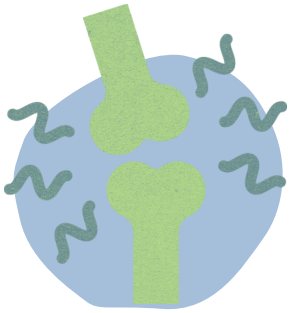
7. Build up your activities bit by bit



My notes

Do I have joint pain? What causes my pain to get worse? What do I need to consider when I talk to my healthcare professional? What triggers flares of my joint pain? How can I pace myself?

Things to remember



1.

Osteoarthritis (joint pain) is a condition of the whole joint and occurs when there is more wear than repair.



2.

Everyone's osteoarthritis is different. It may not get worse over time.



3.

Your healthcare professional can tell if you have osteoarthritis by talking to you about your symptoms. You do not need an x-ray.



4.

Flares are a normal part of osteoarthritis. You can learn what sets them off. Doing things in smaller steps can make them easier to handle. This is called pacing.

CHAPTER 2
FEELING POSITIVE

Adjusting to change

It may take time to adjust to coming to terms with having a long term condition like osteoarthritis. You may find it hard to accept some of the changes that you may have to make.

Having joint pain may affect a person's ability to get out and about, carry out tasks at work and in the home, and pursue hobbies and interests. This understandably can lead to feelings of frustration and low mood. Feeling low, can in turn, make it seem an even bigger effort to get out, meet people and do things.

> *"I can feel frustrated at times but I have learned to focus on the things I can do and look forward"*

However, there are lots of things you can do to live well with osteoarthritis. When researchers asked people how they remained positive, these are some of the things they said:

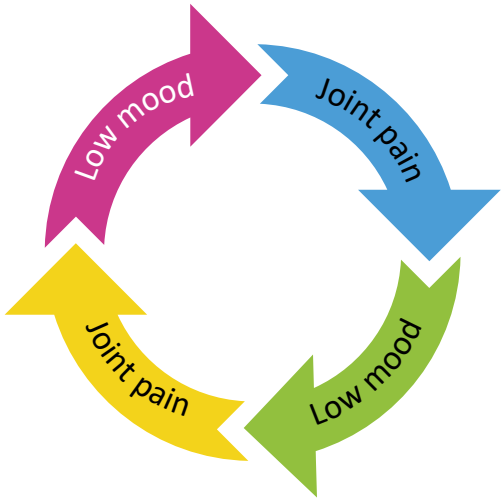


What can I do to stay positive?

Do the things you enjoy

Osteoarthritis symptoms may coincide with life changes such as retirement, and that in itself can mean that people are less active, and that social contact is reduced, as people do not then meet with work colleagues on a daily basis. As a result, joint problems may feel worse because people are sitting more and because there is less to distract the mind. However, life changes can offer new opportunities and one way out of this cycle is to do something that usually brings enjoyment.

The importance of feeling valued, of having a purpose in life, and friendships help prevent people from feeling low and leave them better able to cope with health problems.



"Osteoarthritis is not the end - it doesn't stop you and it can be managed!"

Doing things you enjoy can help you stay happy. Pain or stiff joints may make hobbies tricky, like walking, golf, drawing or gardening. This does not mean you have to stop. There are ways to keep doing what you love. You can change how you do them so they feel more comfortable.





Look for support



beefree





1 in 5 people in the UK experience pain which has gone on for longer than three months. This can have a significant impact on your physical and mental health. ***It is important to remember that you are not alone,*** and you can make changes from today that will improve your mind and movement. How people experience any pain is complex and involves not just physical changes to the body but also how people are feeling in themselves.

The BeeFree website may help you. It was made with help from people, healthcare professionals, charities and researchers. On BeeFree, you can find:

An animation –	A simple animation that gives positive, helpful tips
Free training –	Simple training for healthcare professionals and volunteers to learn how mental health and physical health are linked.
Resources –	Simple resources to support your health and how you feel.

BeeFree has five key messages that can help you feel better. These are called

The Hive Five:

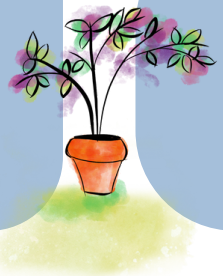


You can access all the BeeFree resources here:

Click on the following weblink:

www.beefree.org.uk





Or scan the QR code with your phone:

SCAN ME

Use distraction and relaxation

When anxious or stressed it is common for people to tense their muscles – particularly in the neck, shoulders and back - often without realising that they are doing so. Pain feels worse when muscles are tense, so learning to relax muscles can help ease pain.

One way to do this is by deep slow breathing. Breathe in through the nose, hold the breath briefly and then let the breath out slowly though pursed lips. Another way is to learn muscle relaxation and meditation techniques.

> *"And if you're feeling interested and happy, and the sun's shining then you don't focus on the pain so much..... Any distraction lessens what's happening to you, doesn't it? Something else takes your attention."*

Other ways to distract yourself and relax include:



Reading & audiobooks



Volunteering



Gardening & being in nature



Puzzles and problem solving



Crafts, writing, painting and drawing



Music

My notes

What will I find hard to adjust to? How can I adapt my lifestyle? How can I make some positive changes? Which hobbies and activities can I continue with or start to do? How can I seek support for my mental health?

Things to remember



1.

You can still live well with osteoarthritis



2.

It's normal to feel down, frustrated or low mood at times but there are many positive things you can do



3.

Small changes in how you live can make your joints hurt less and help you do more of what you love



4.

Remember the Hive Five – Get Active, Get creative, Eat Well, Sleep Well and Get talking

CHAPTER 3
FINDING PROFESSIONAL HELP

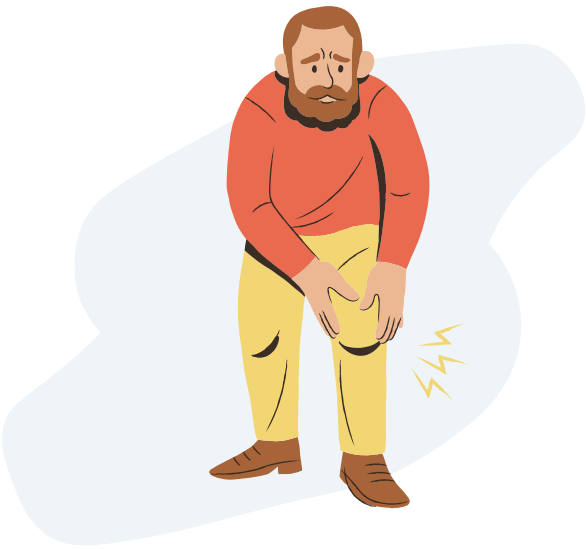
Getting a diagnosis

If you think you might have osteoarthritis, you can visit your Primary Care Centre / General Practice (GP) surgery. There are now many different healthcare professionals there who know about osteoarthritis and can help you. You do not need to see only a General Practitioner (GP / family doctor). It is never a waste of time to ask for help. Talk to a healthcare professional if you notice any of these symptoms:

- If pain worsens and does not respond to your usual remedies
- If your joints become hot and swollen
- If there is swelling
- If you're not able to move your joints well
- If you feel generally unwell
- If your joint pain worsens on rest
- If you have morning stiffness for more than 30 minutes
- If you have a sudden onset of pain after an injury, such as a fall

Most people can look after a joint problem on their own. But sometimes they need to see their doctor. Other people who can help are:

- Pharmacists
- Practice nurses
- Physiotherapists
- Podiatrists
- Occupational therapists
- NHS 111
- First contact physiotherapists. These are based in GP practices and you can see them without seeing your GP first.



Healthcare professionals

Who can I talk to about my joint pain?

You can get in touch with any of the healthcare professionals here. Ask them where would the best place be to contact or be referred to for help with the problem you have.

Physiotherapists

Physiotherapists help when your joints hurt and you find it hard to move. They show you easy ways to look after your body and give you exercises to help you feel better. Some work privately. In some areas, you can ask to see an NHS physiotherapist on your own, but in others you need a GP to send you. First Contact Practitioners, or FCPs, are also physiotherapists. Some GP surgeries have them, and you can see them without seeing the GP first.



GPs

Your GP can help you look after your condition. They can give you medicine, suggest simple exercises, give you advice, or send you to someone else who can help.



Pharmacists

Pharmacists can help with joint pain. They can tell you about pain medicine and other ways to feel better. You can talk to a pharmacist in a private room about your osteoarthritis. Some pharmacists who work in GP surgeries can help too, as they can see your full medical notes.



Practice nurses

Practice nurses work in GP surgeries where they plan and provide care, treatment and health education to patients with joint pain.

Podiatrists

Podiatrists diagnose and treat joint pain in the feet and legs. They help keep people mobile and active, give advice on caring for foot pain and can advise on footwear. You will need a referral from your GP or you can make an appointment with a private podiatrist.



Occupational therapists

If your joints make daily tasks tricky, an occupational therapist can help. They can offer tools and simple tricks to make things easier. Your GP must refer you first.

What can a healthcare professional do?

A healthcare professional can check if you have osteoarthritis. They will decide if your GP or someone else in the GP team can help you. If they can, they will talk with you about simple things you can do to stay independent, stop your joints getting worse, and help with the pain.

If pain is your main problem, your healthcare professional may give you medicine to help. But there are other ways to manage pain too. They can also tell you how any other health problems you have might change your joint pain or its treatment. Sometimes simple advice and support are enough. If your pain gets worse or does not go away, go back to your healthcare professional to check if it is still osteoarthritis or if you need some different treatment.



Seeing a healthcare professional for treatment

Some people have very bad joint pain that stops them doing daily things. If treatments do not help, a healthcare professional can send them to a specialist. This could be a nurse who knows a lot about pain, a physiotherapist, a GP who understands joint problems, a rheumatologist, an orthopaedic surgeon, or someone who helps with long-term pain. You can also have follow-up visits.

If someone can pay for treatment themselves, many physiotherapists and podiatrists offer care in private clinics or at home.

Support from other professionals

Social prescribers

Social prescribers help you find things in your community, like clubs, groups and services. They will talk with you about what is important to you. This can help you with everyday, social or emotional problems caused by osteoarthritis. Your GP team can refer you, or you can do it yourself.



Occupational Health teams

Occupational health teams work in workplaces to help you stay well. They support your body, your feelings and how you get along with others. They can help you find ways to manage osteoarthritis so you can work safely and comfortably.

Health and wellbeing coaches

Health and wellbeing coaches can show you ways to look after your joint pain. They can also help you feel more confident to change your habits.

Citizen's Advice

Citizens Advice is a charity that gives free and private help. You can talk to them online, on the phone, or face to face. They can help with questions about money, work, benefits, and how your osteoarthritis may affect your life.



Click here / scan to read more about:

Social prescribers:

www.england.nhs.uk/personalisedcare/social-prescribing/

SCAN ME

Health and wellbeing coaches:

www.england.nhs.uk/personalisedcare/workforce-and-training/health-and-wellbeing-coaches/

SCAN ME

Citizen's Advice:

www.citizensadvice.org.uk

SCAN ME

Evidence check

NICE (National Institute for Health and Care Excellence) updated its guidance on osteoarthritis in October 2022.

Your healthcare professional will follow this guidance. They will speak with you about ways to help you to look after your joints and may offer follow-up appointments. They will:

- Give you clear information about osteoarthritis
- Talk to you about staying active
- Offer you advice to lose weight if you need to

Work and osteoarthritis

For people who work, symptoms can make some jobs harder. But work can also help you stay active and feel good. It can help you feel more confident, meet people, make friends, and keep a daily routine.



If your symptoms make work tricky, talk to your employer. Explain what you find hard and what might help. You could ask for short breaks, different tasks, or a change to your hours or workspace. Try to talk together and find simple ways to make work easier.

"I think to myself, 'As long as I can keep working, it's making me more mobile, I can keep going.' Whereas, I think if I stayed at home I would perhaps be sitting too much, and I think you get more problems if you sit about a lot."

Some people think joint pain is just part of getting older, so they don't tell others at work. But keeping it to themselves can mean they miss simple changes that could make their job easier.



Evidence check

A study in 2018 run by Keele University looked at how GPs, vocational (work) advisers and patients felt about a work-advice service at the GP surgery. People who used it said it was easy to get to and helped them understand how to manage work and pain.

My notes

Who can diagnose my osteoarthritis? Which healthcare professionals can I talk to? Can I get advice about working with osteoarthritis?

Things to remember



1.

You can get support for joint pain from different health professionals, such as doctors, nurses, physios, and pharmacists.



2.

Healthcare professionals look at your symptoms to see if you have osteoarthritis and to rule out other joint issues.



3.

If joint problems make life hard and treatments don't help, you can see a specialist.



4.

Osteoarthritis can affect other parts of your life, for example, employment. There are a range of professionals who can support you to stay in, or get back to, work or other roles.

CHAPTER 4
MANAGING AND TREATING JOINT PAIN WITH ACTIVITY

You can take steps to improve your osteoarthritis, by being physically active, maintaining a healthy weight and thinking positively. ***Taking steps like these can help how you feel and what you can do, and may help to avoid the need for more treatments in the future***. Support is available to help you to achieve this.

Physical activity

Research tells us that physical activity helps to relieve pain and stiffness, and keep people independent. A lack of physical activity is bad for joints. Not using a joint can cause wasting of muscles and weakening of other tissues, and that in turn can increase pain and stiffness. Keeping a joint moving is vital for its health, so long as you do not overdo it.



Increase activity **gradually**. It can be easier to keep moving if you build up from where you are now. Put new activities to improve your osteoarthritis into your daily routine. Keeping active is best for your osteoarthritis in the long run. Creaking or crunching in your joints when you move does not mean you are causing harm. Short-lived pain from new or increased activity should guide you but not stop you and will lessen over time. Noticing this improvement can help you to stay motivated. Even a small increase in activity is good for your joints and your general health.

"One of the ladies in work said that her fingers went stiff and she couldn't bend her fingers. And I said, 'Yeah but the longer you keep them still the worse it is going to get. I find that if I move the pain goes away'. By dinnertime she came across and she said, 'You're right. I've got going and the pain's gone.'"

Which activities can I do?

Some activities make your heart beat faster, like walking, cycling, and swimming. Others help one joint get stronger, like straightening your knee when sitting in a chair, making a fist, moving your wrist, or moving your head from side to side. Both types are good for you.
Being active, especially when you go out and see other people, can help your joints feel better. It can also help you feel happier and healthier.



"Every morning, I walk down, maybe a quarter of a mile, to the bus. It's become a habit now, that instead of catching the bus that'll drop me right outside here, I'll take the other one and I'll walk down."

Click on the following weblinks to read more about exercise:

www.versusarthritis.org/about-arthritis/exercising-with-arthritis/exercises-for-healthy-joints/

www.versusarthritis.org/news/2020/september/ask-the-expert-i-have-arthritis-should-i-exercise/

Or scan the QR codes below with your phone:

SCAN ME

SCAN ME

What benefits might I see?

Keeping active is one of the best ways of managing your osteoarthritis. This can reduce pain, increase strength and movement, and improve your physical and mental health.

What can I do to stay active?

Do things that fit easily into your day

- Try to fit more walking into your day. Use the stairs, walk short trips, or get off the bus early
- Things like housework, gardening and stairs also keep you active
- You can do simple muscle and stretch exercises while watching TV, in bed or in the bath

Group activity

- Group activities can help you stay active and make friends. Many people say being with others feels just as important as the exercise
- Gyms and centres may run classes
- Tai Chi is an example of a group exercise



" . . . Different people have different feelings about what is right for them. . . "



Local places to get active

- Having places to be active near your home makes it easier to keep going. It also helps when someone leading the activity knows how to support people with joint problems

"I enjoy the company because I get lonely and down when I don't see anybody. I always think I walk out better than when I walk in."

Click on the following weblink to see what's on in your area:

https://www.versusarthritis.org/in-your-area/in-your-area-search-results/

Or scan the QR code with your phone:

SCAN ME

Water based exercise

- Water holds your body up, so it is easier to move
- Some people use water therapy. They say it helps their pain and makes moving easier. This is known as hydrotherapy
- Some pools run exercise sessions for older people with an instructor



"I want to be as active as possible for as long as possible and I am quite happy to exercise even if it's a bit uncomfortable you know.... you can't expect to just wave a magic wand and it will disappear."

Physiotherapy

Being active can help you feel better if you have osteoarthritis. A physiotherapist show you safe exercises and ways to ease pain. They can make a plan to help you to move your joints, walk better, and get stronger. They may also use gentle hands-on moves to help your joints work well and improve pain. This is usually part of a plan that also includes exercise. They can also guide you on what to do so you don't make your pain worse.



"I'm quite happy to give the guidebook to patients and point out the bits I need them to read, to use it as an aid." (Physiotherapist)

Your weight and joint pain

If you feel your weight is affecting your lifestyle and ability to do things you enjoy then there is help available. An increase in weight can have impact on your joints, particularly in joints that take a lot of weight, such as the knee. If you or your healthcare professional feel your weight is affecting your joint problem you can ask about any local support or search online.



For some people though, losing weight can be a bit of a struggle, and everyone will have different starting points. Try not to compare yourself with other people. Trying to do it just by eating less does not work as well as combining dieting with increased levels of activity and improving muscle strength. You can be in a vicious circle of finding it difficult to get your weight down because it is painful to move, and joint pain becoming worse due to being overweight.

The good news is that after getting to a healthy weight your joints are likely to become less painful. If you are underweight, building up muscle through exercise could help improve the stability of the joints and over time may help you feel stronger.

"Weight loss has made such a difference to my mobility and energy levels! At the moment I am feeling very positive – aches and pains are almost a thing of the past. "



You may find the NHS Eatwell Guide helpful

https://www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/

Or scan the QR code with your phone:

SCAN ME

My notes

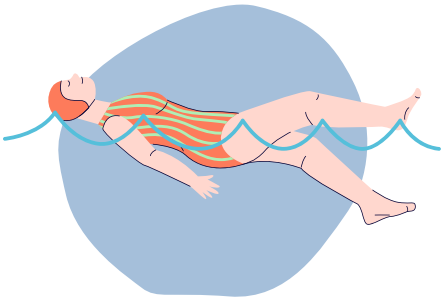
How can I start to increase my activity? What new hobbies, classes or exercises can I try and what would I enjoy? Do I need to consider seeing a physiotherapist? What about my weight?

Things to remember



1.

You should increase activity gradually and pace yourself. It can be easier to keep moving if you build up from where you are now. You may have a little bit of discomfort, but don't be afraid to start.



2.

Do things you enjoy and can fit into your day. Pick activities that suit you, your life, and what you like.



3.

Physiotherapists can show you simple exercises and ways to ease pain. They can help you to care for your body.



4.

Weight can increase joint pain, the ability to do things and your lifestyle. Help to lose weight is available.

CHAPTER 5
MANAGING AND TREATING JOINT PAIN WITH AIDS, DEVICES AND OTHER METHODS

The best kind of footwear

The right shoes are different for each person. Comfy shoes help you keep moving. Choose shoes that feel good to you. A physiotherapist or foot expert (podiatrist /chiropodist) can give extra help if you need it.



Using warmth to relieve pain, and cold to relieve swelling

Warmth can help to relieve pain and stiffness. A heat pack, a warm bath, or a shower are part of some people's daily routine for managing osteoarthritis. Heat packs can be wrapped around an affected joint.



"I've got a knee pad. You stick it in the microwave, you warm it and you pop it on the knee. Obviously what it's doing it's masking the pain."

Cold can relieve swelling and help to ease pain. An ice pack (or frozen vegetables) can be applied over the joint for up to twenty minutes every couple of hours. Do not apply ice directly to the skin as it can cause an ice burn. Wrap the pack in a tea towel instead. Some people use heat and cold alternately. Use what works best for you. Remember to protect your skin to prevent burns from heat or cold, check your skin regularly.

Click on the following weblink to learn more about safe use of hot and cold treatments
www.mpft.nhs.uk/services/msk/self-help/general-advice

Or scan the QR code with your phone:

SCAN ME

Can eating certain foods help?

There are lots of claims made for foods that cure osteoarthritis, however this is not proven. Nearly all the research that has been done on this topic has looked at individual constituents of foods, such as particular vitamins or fatty acids only, and not at whole diets. This is an area where future research is needed. There is a lack of scientific evidence that either cod liver oil or honey is beneficial for osteoarthritis.



Some food supplements and herbal remedies can affect how your medicines work. A pharmacist can check what is safe for you.

What about glucosamine and chondroitin?

Glucosamine and chondroitin are considered drugs in some countries, but as food supplements in the UK. This means you can buy them from health food shops. There is no evidence that either substance can improve the structure of a joint or help to relieve pain.

Can supports and braces help?

Sometimes a support will help, and sometimes it may not. For example, for thumb osteoarthritis, if you are already being supported by a therapist to manage your condition, there may be no additional benefit of wearing a support or a splint. For knee osteoarthritis, there may be a small benefit to wearing a knee brace in addition to receiving advice, written information and exercises from a therapist.

Walking aids

Walking aids can help some people take pressure off a sore joint. They can help you feel safe and steady, and may help stop falls. Some people with osteoarthritis do fall more, but we don't fully know why yet. Things like age, other health problems, past falls, being a woman, some medicines, and weak muscles can all play a part.



"I used to walk very briskly. Well, I'm not doing so now. Mind you, as I say, I'm using a stick – in fact I've got two sticks but it makes me feel old and doddering if I have two. But I do find that it makes me a bit more sprightly if I've got a stick."



A walking stick needs to be adjusted to the appropriate length for the user. The retailer supplying the stick should do this for you. Sticks come with different types of handles, so that people who have painful hands can select one that is most comfortable for them. The tip has a rubber grip to prevent the stick from slipping, which will need to be replaced from time to time. If you are unsure or struggling with your mobility and want further advice ask your healthcare professional.

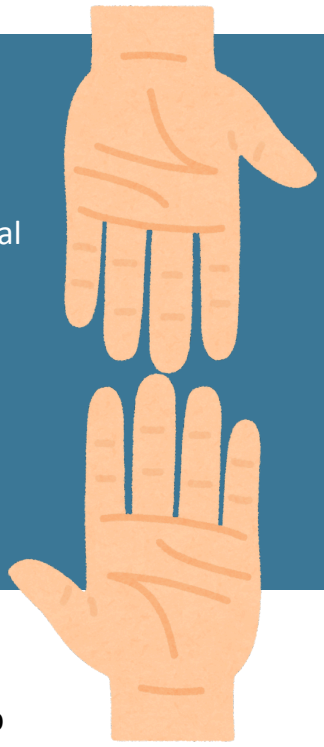
Tools that make life easier and protect your joints

There are many helpful gadgets that can make daily jobs and hobbies easier. Some are useful and some are not. An occupational therapist can help you choose the right ones. It's best to ask your GP if you need a referral before you buy anything special.

Evidence check

A research study led by Keele University called the *SMootH* trial found that people with hand osteoarthritis improved when they learned ways to protect their joints. They were taught how to do this by occupational therapists.

They also felt more confident in managing their hand pain.



People with hand osteoarthritis can use simple tools to make daily jobs and hobbies easier. These tools protect joints and help with pain, for example at home or in the garden.

To learn more about these tools and to find out more about help for hand osteoarthritis, click on the following link:

www.keele.health/osteoarthritis-resources/#handosteo

Or scan the QR code with your phone:

SCAN ME

My notes

What kind of shoes would be best for me? Shall I try using hot and cold things? How is my diet? Shall I consider supports, braces, walking aids or joint protection?

Things to remember



1.

Wearing comfy shoes helps you stay active. Different people need different shoes. If you want help picking the right ones, you can talk to a physiotherapist or podiatrist.



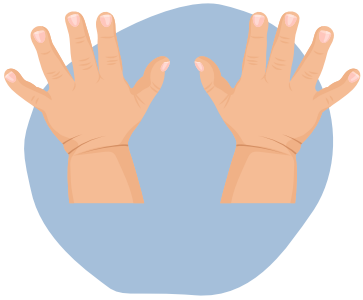
2.

There are many ways to manage joint pain and stiffness, such as applying warmth to relieve pain and cold to relieve swelling. Different approaches can be combined. Keep a record of the things you try.



3.

We don't know yet if certain foods or vitamins can help with osteoarthritis. Eating a healthy mix of foods is still important.



4.

Joint protection can help with joint pain. An occupational therapist can show you how. Ask your GP for a referral.

CHAPTER 6
MANAGING AND TREATING JOINT PAIN WITH MEDICATION AND MEDICAL INTERVENTION

Medicines for managing pain

Some people take medicine to help with pain, and some people choose not to:



"I think you're frightened of getting used to drugs and you rely on them. I'd rather take them when I really need them. At the moment I think I can cope all right."

"My joints are stiff. But if I take the tablets I get an easing…I get a loosening in my joints. Whether it's because I don't feel the pain, I don't know, but when I take them I'm a lot better."



What kinds of painkillers are suitable?

Creams, gels and sprays

Topical medicine is cream you rub on your skin, right over the sore joint. Read the steps on the pack and use only the amount it says.

Non-steroidal anti-inflammatory (NSAID) creams

There is some research to show NSAID creams may help relieve pain in knee and hand osteoarthritis. Rubbing the cream into the joint alone can help ease pain.

You can use these creams with paracetamol. They do not cause same stomach problems as NSAIDs taken by mouth, so many health professionals think they are the best choice for hand and knee osteoarthritis.



Creams containing Capsaicin

Capsaicin cream is made from chili pepper extract. It may burn at first, but after several days may help to numb the pain. It does not work for everyone, but some people find it helps with hand and knee osteoarthritis. Capsaicin is available in the UK on prescription only. Rub it on gently and only on skin that is not inflamed or broken. Do not have a hot bath or shower just before and just after using it.

Using these creams, plus regular activity, can make flare ups easier to cope with. Keep it away from eyes, mouth, nose and genitals.

Tablets

Non-steroidal anti-inflammatory (NSAID) tablets

Most tablets need a prescription. Ibuprofen is one you can buy yourself in the shops. They usually start to help pain quickly. If they don't help after one or two weeks, they may not be right for you. They can affect the kidneys, blood pressure control, and cause stomach ulcers or inflammation, which can cause bleeding. A stomach protecting medicine is often given with them. Older adults have a higher chance of side effects.

"I swear by my pain killers and my heat pads."



NSAIDs have a very small chance of causing heart problems. Ibuprofen is safer when taken as the packet tells you.

If you notice anything new or worrying while taking an NSAID, stop and get help from a doctor or pharmacist.

Doctors give NSAIDs in small amounts for a short time to help with pain. They will often try a cream first. They should be taken with or after food to reduce the likelihood of stomach side effects. Only take one kind of NSAID a time. If you also take a small daily aspirin, it can make stomach problems more likely and can stop the aspirin from working well. Some people with asthma may find these medicines make their breathing worse..

Paracetemol

Paracetamol is a simple pain medicine. It is not usually offered by healthcare professionals for osteoarthritis. For most adults, two 500mg tablets can be taken up to four times in 24 hours. Taking more than this does not work better and can damage your liver.



Opioids

Opioids help with pain that is hard to manage. Some are very strong, like morphine. Others are weaker, like codeine. They are used for moderate to severe pain. Some types of weak opioid can be bought over the counter at shops and pharmacies. Opioids are not usually offered by healthcare professionals.

Using these medicines for a long time can make your body want them all the time. They can also make you feel sleepy and cause constipation. The risks of strong opioids outweigh the benefits. Do not drink alcohol when taking them.



Cortisone injections

An injection into a joint can help the pain for a short time. This is usually only two to ten weeks.

Complementary therapies

Complementary therapies are extra treatments some people try for joint pain. These include:

- acupuncture
- osteopathy
- chiropractic
- massage
- herbal medicine
- aromatherapy
- homeopathy

Acupuncture and homeopathy are not recommended for osteoarthritis. Osteopathy may be available on the NHS.

They are used along with your usual treatment. Some hands-on treatments, like gentle movements or soft-tissue work, may be offered to people with hip or knee osteoarthritis as well as exercise. Surveys have found that complementary therapies are popular with people who have joint pain because:

- Complementary therapy looks at the whole person
- Some people worry that normal medicine can cause side effects
- Complementary therapists may have more time to listen to personal issues which may affect a person's health

Two things to think about when getting care from a complementary therapist are:

- Making sure that the therapists are trained
- The cost

There are official groups that make sure complementary therapists have the right training. You can phone a therapist before starting treatment to ask about the cost, how many treatments you might need, and what they will do.

Surgery

Most people with osteoarthritis won't need surgery. Surgery is only looked at when pain stops someone from doing everyday things and when other treatments have been tried first. If you think surgery might help you, talk to a healthcare professional. Surgeons like to see people before their pain becomes very bad for a long time.

My notes

Shall I talk to my healthcare professional about medicines and creams? What about complementary therapies? Do I have any questions about surgery?

Things to remember



1.

Some people take medicine to help with pain, and some choose not to.



2.

NSAID creams can work well for hand and knee joint pain.



3.

NSAID tablets, paracetamol and opioids are all types of painkillers. They can cause side effects.



4.

Lots of people try complementary treatments. Check the therapist is trusted and on a proper register.



5.

Only a few people with osteoarthritis need an operation. Many other things can be tried first.

SUMMARY

Most people with osteoarthritis do not get worse. Keeping busy with friends and moving your body helps you feel good and stay healthy. You might not need to see a healthcare professional very often. But if you feel worried or unsure about your joints, it is fine to ask for help.

You can write down things you have tried to help your joints. This can help you remember what works and can also help you when you see a healthcare professional. There is space on the next pages for your notes.

You can learn more about joint pain and where to get support. The next pages list groups and services that can help. You will also find contact details of official NHS and complementary therapy organisations. These organisations can help you to check or find a registered professional. Many have simple, helpful information about joint pain online.

Remember, you can continue to live well and have a healthy and active lifestyle with osteoarthritis.



My notes

Write down what you have tried here. You can show this to a healthcare professional.



USEFUL ORGANISATIONS

Age UK

Age UK helps people over 50 across the UK. They run a free information line all year from 8am to 7pm. They can give written information about health care, housing and benefits. Most of Age UK's work is done locally. You can find your nearest branch on their website or calling the helpline. Local branches offer a wide range of services including opportunities for staying active.
Address: Age UK 7th Floor, One America Square, 17 Crosswall, London, EC3N 2LB **Free helpline:** 0800 678 1602 (lines open from 8am-7pm 365 days a year) **Website**: www.ageuk.org.uk **Email**: contact@ageuk.org.uk



University of the Third Age (U3A)

U3As are groups for older people who want to learn new things for fun. You don't need exams or qualifications. The word "university" here just means people coming together to share ideas.
Address: 156 Blackfriars Road, London, SE1 8EN **Telephone**: 020 8466 6139 (Phone Lines Open: Mon & Fri 9.30am to 1.30pm, Tues to Thurs 9.30am to 5pm) **Website:** www.u3a.org.uk

Arthritis UK

Arthritis UK works with many people to help anyone living with arthritis. They look for new treatments, speak up so that arthritis is taken seriously, and offer support.
Address: Arthritis UK, Copeman House, St Mary's Court St Mary's Gate Chesterfield S41 7TD **Helpline**: 0800 5200 520 **Email:** enquiries@arthritis-uk.org
You may find Arthritis UK's osteoarthritis information page useful: www.arthritis-uk.org/information-and-support/understanding-arthritis/conditions/osteoarthritis/

Living Made easy

Living Made Easy gives clear, fair advice about products that help people stay independent. It has been doing this since 1969 and developed the Information Standard - a trusted information scheme for health and social care information.
Website: www.livingmadeeasy.org.uk

NHS THERAPISTS OFFICIAL BODIES

Physiotherapy

The Chartered Society of Physiotherapy (CSP) supports and speaks for physiotherapists in the UK. It represents 65,000 chartered physiotherapists, students and support workers.

Telephone: 020 7306 6666 **Website**: www.csp.org.uk
Contact form: www.csp.org.uk/contact_us

Occupational Therapy

The Royal College of Occupational Therapists is the professional body for the UK's Occupational Therapists, with 36,000 members.

Telephone: 020 3141 4600 **Website**: www.rcot.co.uk **Email**: hello@rcot.co.uk

Chiropody / Podiatry

The Royal College of Podiatry is the professional membership body and trade union for podiatrists in the UK.

Website: www.rcpod.org.uk/

COMPLEMENTARY THERAPIES OFFICIAL BODIES

Chiropractic

Chiropractic care uses gentle moves to help your joints work better and ease pain. You may also be given ice, heat or massage. Chiropractors can share simple tips about daily life, work and exercise.

General Chiropractic Council: www.gcc-uk.org
enquiries@gcc-uk.org / +44 020 7713 5155

Homeopathy

Homeopathy works on the belief that the body can heal itself. The medicines use tiny amounts of natural ingredients. These ingredients can cause symptoms like the ones you already have. They are said to help your body recover. The remedy is chosen based on your symptoms and your personal needs.

Faculty of Homeopathy: www.facultyofhomeopathy.org
info@facultyofhomeopathy.org / +44 (0) 203 640 5903

Osteopathy

Osteopathy is based on the idea that problems in the body's shape can affect how the body works. Osteopaths use their hands to stretch and gently move your body. This can help blood and fluid move better, calm sore areas, and help your joints move. It is thought this may lower the stress on your joints.

General Osteopathic Council: www.osteopathy.org.uk/home
info@osteopathy.org.uk / +44 (0) 20 7357 6655

Alexander technique

This therapy looks at how you stand, sit and move. It helps spot any problems in your posture and teaches easier ways to use your body. It also looks at how you hold your head and helps your spine feel free and relaxed.

See the Complementary and Natural Healthcare Council:
www.cnhc.org.uk
info@cnhc.org.uk / 020 3327 2720

FURTHER RESOURCES

Resources for keeping active

Walking for Health: www.walkingforhealth.org.uk
NHS Couch to 5k, a running plan for absolute beginners: www.nhs.uk/live-well/exercise/get-running-with-couch-to-5k
NHS Fitness Studio – free online fitness videos, aerobics, strength and resistance videos, pilates and yoga videos: www.nhs.uk/conditions/nhs-fitness-studio

Resources for eating well

Eat Well Guide: www.patient.info/health/depression-leaflet
Eat Well – NHS: www.nhs.uk/live-well/eat-well
NHS weight loss plan: www.nhs.uk/better-health/lose-weight/#download

Resources for coping with sadness and loss

Cruse Bereavement Care: Free phone National Helpline - 9.30am–5pm Monday to Friday (excluding bank holidays), with extended hours on Tuesday, Wednesday and Thursday evenings until 8pm. Telephone: 0808 808 1677
NHS support: www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/grief-bereavement-loss/
Samaritans: Free helplines for when you're feeling unhappy and need help. 24 hours a day, every day. **Telephone:** 116 123. **Email:** jo@samaritans.org for a reply within 24 hours

Resources for money matters

Step Change: www.stepchange.org
The Money Advice Service: www.moneyadviceservice.org.uk/en
National Debtline: www.nationaldebtline.org

Resources for getting talking

Cognitive Behavioural Therapy: www.rcpsych.ac.uk/mental-health/ treatments-and-wellbeing/cognitive- behavioural-therapy-(cbt)
Mind (charity): www.mind.org.uk

Many more resources can be found here -
www.beefree.org.uk/wp-content/uploads/2021/03/BeeFree_Hive_Five_Resource.pdf

ACKNOWLEDGEMENTS

Many people helped make this guidebook. They include:

- Staff from Keele University School of Medicine and Impact Accelerator Unit
- People and Communities linked to Keele University
- Telford and Wrekin Arthritis Support Group
- Arthritis UK
- Healthcare professionals from Cheshire, North Staffordshire and Wolverhampton

This guidebook was made with help from research projects funded by different UK organisations:

- Arthritis UK
- Economic and Social Research Council
- National Institute for Health and Care Research

It has been updated to follow the 2022 advice from the National Institute for Health and Care Excellence (NICE). **It is for adults over 45 who have osteoarthritis.** The quotes included were kindly shared by people who took part in the research and members of the co-production group who developed this guidebook.

FIND US ONLINE

keele-impact-accelerator-unit

@KeeleIAU

www.keele.ac.uk/iau

www.keele.health

The guidebook is available in several formats and in several European languages.

These are available here: www.keele.health/osteoarthritis-resources/

© Keele University 2026

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form by any means, electronic, mechanical, photocopying, recorded, or otherwise, without the prior written permission of Keele University

Please contact: health.iau@keele.ac.uk

REFERENCES

Below you will find some of the academic research papers and official NICE guidance, which informed the development of this guidebook.

Explaining Osteoarthritis

Jinks, C., Campbell, L., Croft, P.R., Dziedzic, K.S., Grossman, H., Maddison, J., Main, C., McRobert, C., Nicholls, E., Paskins, Z., Peat, G., Protheroe, J., Quicke, J., Shivji, N., Cottrell, L. (2023) 'Thinking differently: evidence on what patients want and need in an explanation about osteoarthritis.' *Osteoarthritis and Cartilage*, 31(5):711-712. doi: 10.1016/j.joca.2023.02.064

Flares

Thomas, M.J., Rathod-Mistry, T., Parry, E.L., Pope, C., Neogi, T., Peat, G. (2021) 'Triggers for acute flare in adults with, or at risk of, knee osteoarthritis: a web-based case-crossover study in community-dwelling adults.' *Osteoarthritis and Cartilage.* 29(7):956-964. doi: 10.1016/j.joca.2021.04.007

Pacing

Antcliff, D., Keenan, A.M., Keeley, P., Woby, S., McGowan, L. (2021) 'Testing a newly developed activity pacing framework for chronic pain/fatigue: a feasibility study.' *BMJ Open,* 11(12):e045398. doi: 10.1136/bmjopen-2020-045398

Working life

Wynne-Jones, G., Artus, M., Bishop, A., Lawton, S.A., Lewis, M., Jowett, S., Kigozi, J., Main, C., Sowden, S., Wathall, S., Burton, A.K., van der Windt, D.A., Hay, E.M., Foster, N.E., SWAP Study Team. (2018) 'Effectiveness and costs of a vocational advice service to improve work outcomes in patients with musculoskeletal pain in primary care: a cluster randomised trial (SWAP trial ISRCTN 52269669)'. *Pain,* 159(1):128:138. doi: 10.1097/j.pain.0000000000001075

Exercise and osteoarthritis

Holden, MA., Metcalf, B., Lawford, BJ., Hinman, RS., Boyd, M., Button, K., Collins, NJ., Cottrell, E., Henrotin, Y., Larsen, JB., Master, H., Skou, ST., Thoma, LM., Rydz, R., Wellsandt, E., White, DK., Bennell, K. (2023) 'Recommendations for the delivery of therapeutic exercise for people with knee and/or hip osteoarthritis. An international consensus study from the OARSI Rehabilitation Discussion Group.' *Osteoarthritis Cartilage,* 31(3):386-396. doi: 10.1016/j.joca.2022.10.009.

REFERENCES

Hand pain

Dziedzic, K., Nicholls, E., Hill, S., Hammond, A., Handy, J., Thomas, E., Hay, E. (2015) 'Self-management approaches for osteoarthritis in the hand: a 2×2 factorial randomised trial.' Annals of Rheumatic Diseases, 74(1):108-18. doi: 10.1136/annrheumdis-2013-203938.

NICE osteoarthritis guidance 2022
www.nice.org.uk/guidance/ng226

Thumb splints

Adams, J., Barratt, P., Rombach, I., Arden, N., Barbosa Boucas, S., Bradley, S., Doherty, M., Dutton, S.J., Gooberman-Hill, R., Hislop-Lennie, K., Hutt-Greenyer, C., Jansen, V., Luengo-Fernadez, R., Williams, M., Dziedzic, K. (2021) 'The clinical and cost effectiveness of splints for thumb base osteoarthritis: a randomized controlled clinical trial.' *Rheumatology,* 60(6):2862-2877. doi.org/10.1093/rheumatology/keaa726

Osteoarthritis in primary care

Dziedzic, K.S., Healey, E.L., Porcheret,M., Afolabi, E.K., Lewis, M., Morden, A., Jinks, C., McHugh, G.A., Ryan, S., Finney, A., Main, C., Edwards, J.J., Paskins, Z., Pushpa-Rajah, A., Hay, E. M. (2018) 'Implementing core NICE guidelines for osteoarthritis in primary care with a model consultation (MOSAICS): a cluster randomised controlled trial.' *Osteoarthritis and Cartilage,* 26(1):43-53. doi: 10.1016/j.joca.2017.09.010

Inequalities in low back pain and osteoarthritis

Yu. D., Jordan. K.P., Wilkie. R., Bailey. J., Fitzpatrick. J., Ali. N., Niblett. P., Peat. G. (2023) 'Persistent inequalities in consultation incidence and prevalence of low back pain and osteoarthritis in England between 2004 and 2019.' *Rheumatology Advances in Practice,* 7(1) doi: 10.1093/rap/rkac106.

Knee bracing

Holden, M. A., Nicholls, E., Abdali, Z., Birrell, F., Borrelli, B., Callaghan, M., Dziedzic, K., Felson, D., Foster, N, E., Halliday, N., Ingram, C., Jinks, C., Jowett, S., Peat, G (2026). 'Provision of knee bracing for knee osteoarthritis (PROP OA): multicentre, parallel group, superiority, statistician blinded, randomised controlled trial.' *BMJ*, 392 :e086005. doi:10.1136/bmj-2025-086005



Osteoarthritis and you – there are things you can do