

Living Your Best Life With Osteoarthritis

**An introduction to
osteoarthritis and helpful
information and resources to
manage your condition.**



Developed by the Bone & Joint Health Strategic Clinical Network in partnership with Alberta Bone and Joint Health Institute.

This book is meant to support the information your healthcare team gives you.
It doesn't replace any information that your healthcare team gives you.

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Over 4.4 million people in Canada have osteoarthritis (OA). In 2010, 1 out of every 8 people had OA. By 2040, 1 in 4 people will have it. In the next 30 years, there could be over 10 million people in Canada with OA. This is mainly because 1) the population is getting older, and 2) we're not as fit as we used to be.

Learning more about your condition and taking an active part in your treatment is important. This booklet will help you understand your OA better and learn what you can do to manage it.

Arthritis and Osteoarthritis (OA)

Arthritis is a joint condition. There is often pain, swelling, and stiffness. It's called a progressive disease because it doesn't go away and it can get worse. OA is the most common form of arthritis.

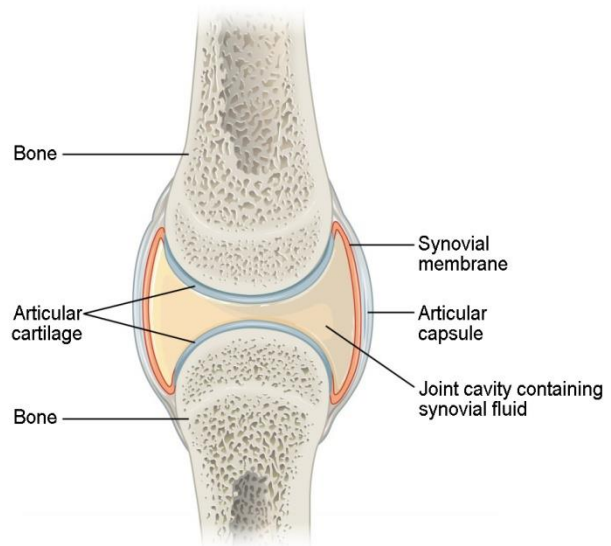
OA affects each person differently. Some have a lot of symptoms and joint changes, others not as much.

Two different types of arthritis are OA and inflammatory arthritis. It's possible to have more than one type.

Osteoarthritis	Inflammatory arthritis
<ul style="list-style-type: none"> • Most common form. • Can still have some inflammation. 	<ul style="list-style-type: none"> • Examples are rheumatoid arthritis and psoriatic arthritis.
<ul style="list-style-type: none"> • Can affect any joint. 	<ul style="list-style-type: none"> • Autoimmune, which means the body's immune system attacks its own tissue.
<ul style="list-style-type: none"> • Most common in the: <ul style="list-style-type: none"> • hips • hands & fingers • feet • knees • spine • shoulders 	<ul style="list-style-type: none"> • Can be seen in the: <ul style="list-style-type: none"> • neck • jaw • shoulders • elbows • wrists • hands & fingers • knees • ankles & feet

What makes up a joint?

- *Joint:* Where 2 bones meet.
- *Articular Cartilage:* The tough elastic material that covers and protects the ends of bones. It allows the bones to move smoothly over each other.
- *Synovial membrane:* Lines the inside of the joint capsule. Has a lubricant called synovial fluid, which helps the joint move smoothly.
- *Muscles and their tendons:* Muscles move your bones and tendons attach the muscle to bone.
- *Joint capsule:* Encloses the joint.
- *Ligaments:* Stop the joint from moving in unwanted directions.



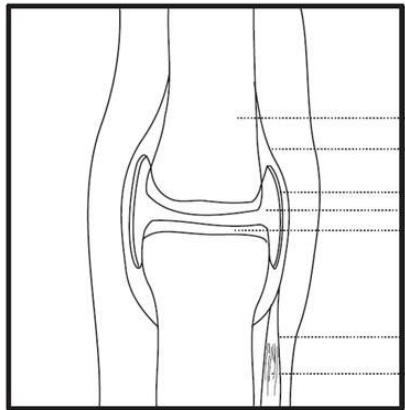
What happens to the joint with OA?

OA happens when the cartilage breaks down faster than the body rebuilds it. As cartilage breaks down, the bones rub together and damage the joint.

This damage can cause pain, as bones contain nerves. Sometimes little bony growths, or spurs, develop on the ends of the bones.

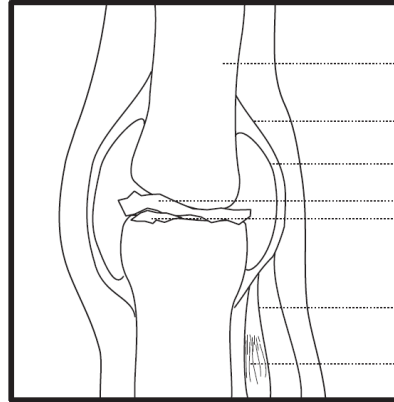
The joint capsule and ligaments may stretch due to swelling. If this happens, the ligaments don't go back to their original length. This can cause the joint to become unstable. You may hear your joints click, crunch, or crack.

The increase in fluid from inflammation can cause the joint to feel stiff and painful. Over time, the cartilage begins to fray and may even wear away entirely, causing your bones to rub against each other.



Healthy Knee Joint

Notice how big the joint space is, so the cartilage doesn't rub together.



Inflamed Knee Joint

Notice how small the joint space is, so the joint surface rubs together.

What are the symptoms of OA?

- Stiffness in a joint when you awaken.
- Trouble moving or using the joint(s) because of pain, stiffness, or swelling.
- An achy feeling in the joint(s) during or after exercise.
- More cracking, creaking, or crunching when you move your joints.

How is OA diagnosed?

X-rays aren't needed to make an OA diagnosis. We now know that it can take 10 to 15 years for OA changes to show on an x-ray. A healthcare provider's examination, as well as reviewing symptoms and risk factors is just as good as an x-ray at diagnosing OA. Assessment, diagnosis, and treatment of OA does not require magnetic resonance imaging (MRI).

Are there risk factors?

There are some risk factors you can change, and some that you can't.

What I can change...	What I can't change...
Preventing injury.	Age – more common in people over 40.
Repetitive movements.	Sex – more common in females.
The force on our joints related to extra body weight.	Heredity – a family history.

A pound matters:

For every extra pound of body weight, there is 4 to 6 times more force through the knee joints.



Managing Osteoarthritis (OA)

People who cope best with OA are those who learn how to manage it. You know yourself best and are the best judge of what will work for you.

With any chronic condition like OA, there is no one thing that will 'fix' or cure it, but there are many activities and strategies that can help you manage your joint health.

What are some ways I can learn to manage my OA?

You can:

- Learn more about OA and any other chronic conditions you may have (keep reading this booklet!).
- Learn more about lifestyle changes that can help you manage your OA.
- Set priorities and take action.
- Understand that managing OA can sometimes be a challenge. Talk to someone you trust or your healthcare team if you have challenges that are getting in the way.

One thing at a time,
One step at a time,
Adds up over time.

If you're ready to make a change, start with 1 or 2 goals and break them down into smaller steps. It can be hard to make changes if we try to make too many changes at once. Ask yourself...

Step #1	Why is taking action important to me?
Step #2	What will help me the most right now?
Step #3	What can I do to reach my goals?
Step #4	What can I do in the next 2 weeks?
Step #5	Check back to see how it went.

How can I manage my hip and/or knee OA?

Although there's no cure, there are many things you can do to improve how you feel and move.

- Learn all you can about how to take care of the affected joint(s).
- Learn what helps or doesn't help you manage your joints.
- Talk to your doctor about what you've learned and how it's helping.

Below are the best treatments for OA:

- Activity and exercise
- Healthy eating
- Managing pain
- Mental and emotional well-being
- Supportive therapies (like physiotherapy, braces, heat/cold)

Activity and Exercise

How much the OA affects a joint doesn't always line up with your level of pain, or how much trouble you're having moving (mobility). Some people are surprised to learn they have OA because they are functioning well, while others are surprised the changes to their joints aren't that bad even though they're having a lot of pain, trouble moving around, or using the joint.

Moving a sore joint sometimes seems like the opposite of what we should do when we have a sore body part. However, we now know that staying active with the right type of exercise is an important part of keeping joint(s) as healthy as possible.

Movement and exercise can lower your pain and help you move better. This is because moving and exercising affected joints slows the damage done to the joint. Strong muscles around the joint can stabilize it, slowing the tissue changes to the joint. Exercise keeps our other body systems healthier (heart, lungs, muscles, bones).

Exercise is different from the regular activities you do every day. Exercise is purposeful and repetitive activity that's done for a reason and has a goal.

Exercise is also different from work. Work can be strenuous and physical, but that is not the same as therapeutic exercise for OA.

When You're Afraid to Move

It's common for people in chronic pain to be afraid to move. When you understand why movement is important for your joint health and how it helps you maintain your lifestyle, it helps you deal with the fear.

Tips to try:

- *Talk to someone you trust:* Chronic pain or even having a joint that's really sore right now can make you feel anxious, afraid, or frustrated.
- *Focus on the positive:* No one can do this all the time, but when you feel you need a lift, focus on a positive thought to make you feel better.
- *Ask for help:* Sometimes we need to ask others to help us; sometimes we need the support of a healthcare professional who can listen to our concerns.

Exercising When You Have Pain

Don't let pain or the fear of causing pain stop you from being more active or exercising. You can use pain as a guide, even when you have pain **before** you exercise.

1. Start by measuring your 'baseline' pain. Baseline pain is rating the intensity of pain and noting the location on your body. Rate the pain between 0 and 10 (0 = no pain; 10 = the worst pain you can imagine) and where you feel it.
2. Do an exercise. For example, try walking for 10 minutes on a flat surface (like a sidewalk).
3. Once you complete your exercise, re-rate your pain and its' location.

If the pain is back to baseline within 24 hours after you did the activity, keep going with this activity.

If your pain isn't back to the baseline within 24 hours, the activity you did may have been too much for your joint. If you walked for 10 minutes on a flat surface, next time try walking for 5 minutes.

Take some time to make choices around day-to-day activity (like walking and standing) and exercise: Try to find a balance between both.

Try to plan to exercise earlier in the day. If you leave it to the end, you're less likely to exercise.

Exercising When You Have OA

Exercise is an important part of good health and the health of your joints. Different types of exercise have different effects on the body, so mixing up the types of exercise is helpful.

Cardiovascular exercises (heart and lung):

- This type of exercise makes us breathe harder and faster, and increases blood flow to our heart and lungs.
- Examples include walking, biking, swimming, cross-country skiing, urban poling, and aerobics.
- When you have OA, short bouts of exercise, such as 10-minutes, can give health benefits while trying to keep symptoms manageable.
- Try to work up a sweat. If exercise is new to you, 45 minutes per week of exercise that makes us breathe harder is something to work toward.



Strength exercises:

- This type of exercise is for the muscles around the joint and in our abdomen and back.
- Examples include abdominal exercises, hamstring and quadriceps strength exercises, hip and gluteal (butt) muscle strengthening.



Range of Motion (ROM) exercises:

- Moving through your joints' range of motion is a good place to start. Stretching the muscles around the joint keeps the joint mobile and muscles relaxed and flexible.
- It's often best to stretch and do ROM exercises after you're done with your strength and/or cardiovascular activity and your body has warmed up.
- Examples include Yoga and tai chi.



Speak with a physiotherapist or exercise specialist if you aren't sure what exercises would be best for you or if you haven't exercised in a long time.

If you have any other medical conditions or you've never exercised before, speak to your family doctor before starting.

Motion is lotion.

Lorimer Mosely, Australian Pain Scientist

Healthy Eating

Weight and OA

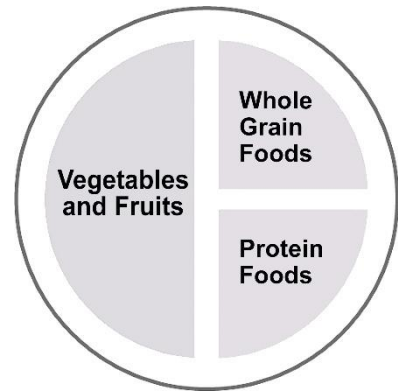
People with OA also often carry extra body weight. Extra body weight puts more force on the knees and hips. Eating healthy and being active are parts of a healthy lifestyle for managing chronic disease.

The next page has information about making healthy food choices. If you carry extra weight, there are some helpful tips to stop you from gaining more weight. After that, you can focus on losing a small amount of weight at a time: Even losing a little of that extra weight can lessen joint pain. Talk to your healthcare providers about your goals for health and weight.

Know Your Portions

How much you eat is as important as what you eat. You can gain weight if you eat and drink larger portions than you need. Make it a habit to eat a variety of healthy foods each day.

Creating healthy meals and snacks can be simple when you use the Eat Well Plate from Canada's Food Guide.



- Make half your plate vegetables and fruits.
 - Vegetables and fruits should always make up the largest proportion of the foods you eat.
- Divide the other half of your plate into smaller portions of *Grain foods* and Protein foods.
 - Choose whole grain foods. Whole grains are a healthier choice and have more fibre.
 - Choose protein foods such as beans, lentils, nuts, seeds, lean meats and poultry, fish, shellfish, eggs, lower fat milk and lower fat dairy products. Include protein foods that come from plants more often.
- Make water your drink of choice.
 - Replace sugary drinks with water
- Other healthy drink options can include:
 - Plain milk (unsweetened lower fat milk), unsweetened fortified plant-based beverages such as soy or almond beverage and unsweetened coffee and teas
- Limit drinks high in sugar and calories like:
 - pop
 - juice
 - iced tea
 - fruit-flavoured drinks
 - alcoholic drinks
 - energy drinks
 - coffee and tea drinks made with sugar, syrups, cream and whitener
 - slushies

For more information, visit Canada.ca/Food Guide.

Record what you eat and drink. People who keep track of what they eat and drink are more likely to make changes that last.

Healthy eating may help you control some of your symptoms and manage side effects from some of the medicine you take for your OA. You're going to come across a lot of books and websites that claim that some foods or special diets or supplements will cure OA or help with symptoms. However, many studies have shown that no one food, diet, or supplement will cure OA.

Don't follow diets that ask you to stay away from certain foods. Doing this could cause you to get less of the nutrition you need to stay healthy. If you're thinking about cutting out healthy foods or changing the way you eat, speak with your doctor or a dietitian first.

Nutrition for Bone Health

Bone health is also affected when a joint breaks down.

To ensure your best bone health, look to see if you're getting enough calcium and vitamin D in your diet. Include foods that are good sources of vitamin D in your diet **AND** take a vitamin D supplement.

When you have OA, ask your doctor or dietitian about the amount of vitamin D and calcium that's right for you.

Below are the suggested levels of calcium and vitamin D a person needs in a day.

Age	Vitamin D (IU/day)	Calcium (mg/day)
18 – 49 years	400 - 1000 IU	1000 mg
50 or over and healthy	1000 IU	1200 mg
50 or over with risk for or diagnosis of osteoporosis	1000 IU -2000 IU	1200 mg

Foods high in calcium include:

Milk or fortified soy beverage, 1 cup (250 mL) (whole, 2%, 1%, skim)	300 mg
Hard Cheese 1.5 oz. (50 g) (cheddar, edam, Gouda)	245 mg
Almonds, ½ cup (125 mL)	186 mg
Fruit-flavoured yogurt, ¾ cup (175 mL)	200 mg
Yogurt, plain ¾ cup (175 mL)	300 mg
Salmon, canned with bones 2.5 oz. (75 g)	200 mg
Calcium fortified orange juice, ½ cup (125 mL)	150 mg
Tofu made with calcium, 3.5 oz. (105 g)	300 mg

Source: Osteoporosis Canada 2010

Managing Pain

Pain medicine won't make all the pain your OA causes go away. The goal of pain medicine is to lower the pain to a level where you're more comfortable, can exercise and move better, and have a better quality of life.

Always take the medicine as directed. Speak with your doctor or pharmacist if you have any questions about your pain medicine.

Pain medicine works best when you also manage your pain through lifestyle changes like regular exercise, learning ways to manage stress, and learning how to conserve your energy.

Your healthcare providers, including your pharmacist will talk to you about what strategies are right for you based on your health.

Medicine that can help you manage your pain:

- Topical creams (e.g., capsaicin, diclofenac)
- Non-steroidal anti-inflammatories (NSAIDs) (e.g. naproxen, diclofenac, ibuprofen,)
- Serotonin-norepinephrine reuptake Inhibitor (SNRI) class antidepressants (e.g., duloxetine)
- Intra-articular joint injections (e.g., cortisone, hyaluronic acid)

A trial of acetaminophen (e.g. Tylenol®) may help you decide if it helps with your OA pain. Evidence suggests that it is not harmful to try and may work for some.

Glucosamine, a natural health product, doesn't rebuild your cartilage or make your joint healthier. However, some people do find that it helps with their symptoms.

Some treatments are not recommended because we don't know enough about them. These include:

- Intra-articular platelet rich plasma (PRP)
- Intra-articular stem cell therapy

Non-medicine ways that can help you manage your pain:

- Hot or cold packs
 - Heat or cold can help relieve joint discomfort.
 - When using ice use a towel between the ice source and your skin.
 - Don't leave the ice longer on than 20 minutes at a time.
- Physiotherapy
 - Can help you get more movement and function.
 - Can help you progress to more advanced exercises.

If you have poor circulation or less sensation in the area, be careful when using heat or ice to prevent a burn or frostbite.

- Pacing yourself and conserving your energy
 - Set your priorities for the day so you don't do too much.
 - Plan rest between activities; even 5 minutes of rest can help.
 - Do your activities at the time of day when you have the most energy.
 - Don't sit or stand too long at a time—changing your position often can help manage symptoms (e.g. sit on a stool when preparing a meal).
 - Use assistive devices (e.g. a rolling cart to carry groceries).
 - Plan walks for places where there are benches.
 - Break up your activities throughout the week so that you don't overdo it in one day.

Bracing and Mobility Aids

- A brace can help stabilize your joint. Some are designed to take pressure off areas of the joint.
 - Custom braces: Your family doctor will have to refer you to a certified orthotist. A custom brace will cost money to make. If you have medical insurance, check with your insurer to see if you're covered.
 - Over-the-counter-braces: Medical supply stores carry knee braces. Many stores let you try on the brace before you buy it.
- Walking aids, like a cane or walker can help if your hip and/or knee OA affects how well you move.
 - Hold the cane in the hand opposite to the painful joint (e.g., for left knee pain, hold the cane in your right hand). If you're not steady with a cane or find yourself holding onto the walls or furniture for support, a walker may be a better choice for you.
- Insoles or shoes
 - Shock-absorbing shoes or gel or silicone insoles may help reduce hip and knee pain for some people.

Mental and Emotional Well-Being

Physical, mental, emotional, and spiritual health are all related. Improving your wellness in one area can help with the others.

Mental health is a positive sense of well-being or feeling like you can enjoy life and manage challenges. Good well-being doesn't mean you won't face challenges or feel upset at times—it means you can cope when faced with those feelings or situations.

Things to help with your well-being:

- *Connect:* Spend time with the people you care about. Develop these relationships or new ones too. Join a group if one interests you.
- *Be Active:* You've heard it before, but staying active is not only good for your body, but also helps your mind stay well.
- *Keep Learning:* Take time to learn a new skill—it might be something that's good for your health or helps you feel better about yourself.
- *Give Back:* Small gestures can have a big effect: give someone a smile or volunteer.
- *Be Mindful:* Pay attention to the right now—your thoughts, feelings, or how your body feels. This 'mindfulness' can change the way you feel about life and how you approach challenges.
- *Live your Balance:* Figure out what's most important to you and make it a priority. You can't and won't be able to do everything, all the time, for everyone.

Managing Stress, Depression, and Anxiety

Stress is a normal part of life—having a chronic condition can cause more stress.

Tips to try:

- Know your signs of stress and ways to cope with it. Ask for help if you find yourself using unhealthy ways to cope (like eating, drinking, or smoking more). That way, you may be able to make changes before the stress becomes too much.
- Ask for help. This could be from family, friends, your healthcare provider, or an organization.
- Plan your time, learn to say ‘no’, or try a different way to do something.

Depression

Everyone feels ‘low’ or sad from time to time. This doesn’t mean that you’re depressed. Depression may be a problem if you feel sad, unhappy, or miserable most of the time for longer than 2 weeks.

Talk to your doctor if you think you’re depressed, as it can be treated!

If you feel like hurting yourself or someone else, call 911 or go to the closest emergency department.

Anxiety

Anxiety is the worry about what may happen in the future. Counselling or both counselling and medicine can help with anxiety. Talk to your doctor about the options that are best for you. Getting help is important!

Where can I get help for my mental, emotional, or spiritual health?

- Mental Health Crisis (e.g., thoughts of harming yourself or others): 911
- Mental Health Help Line (24/7): 1-877-303-2642 (toll-free)
- Your primary care provider: doctor, nurse, or rehabilitation professional
- Health Link: 811 (24/7)

General Wellness

Sleep

Sleep is an important part of your physical and mental wellness. Not getting enough sleep can affect your mood and how you feel overall. Sleep is important because:

- it helps your body heal
- helps you better cope with stress and anxiety
- gives you the energy you need for daily activity
- it boosts overall health

Tips for falling asleep and staying asleep

- *Avoid napping during the day:* Napping during the day makes it harder to fall asleep at night.
- *Set a regular bedtime:* A routine will help your body know when it's time to fall asleep.
 - Set an alarm 1 hour before bedtime to remind you to start your bedtime routine.
 - If you take pain medicine at night, take it at this time.
- *Use ice or heat:* Use your ice or hot pack right before bedtime.
- *Electronic devices:* Turn off 1 hour before bedtime.
- *Sleep in a dark room:* Bright or artificial lights from electronics like a tablet, cell phone, or TV can affect your sleep cycle.
- *Avoid alcohol:* Alcohol affects sleep. While you may fall asleep easily, alcohol affects the part of the brain that helps you stay asleep. Mixing alcohol and pain medicine is never a good idea.
- *Sleep aids:* If you're thinking about taking medicine to help you sleep, speak to your pharmacist or doctor about what sleep aids are safe for you.

- *Fluids*: Stop drinking fluids at least 1 hour before bedtime so you don't wake up in the night or as many times in the night to use the washroom.
- *Caffeine*: Limit caffeine to no more than 400 mg each day—about 3 cups of coffee. Many teas, sodas, and chocolate have caffeine in them.
- *Keep the room cooler*: Open a window a little, turn the heat down, or turn on a fan can help you sleep.
- *Background noise*: Sometimes soft 'white noise' can help people fall asleep and/or stay asleep (examples: fans, humidifiers, nature sounds).
- *Keep a journal or notepad beside your bed*: Write down any thoughts or worries that are keeping you awake.
- *After 20 minutes of trying to fall asleep*: Get out of bed and do a relaxing, quiet activity until you feel tired.

Dental Health

A healthy mouth affects your overall health:

- Get regular check-ups with a dentist.
- Take care of any dental issues.

Quitting Smoking

Sometimes we don't think about how smoking affects other parts of our body other than our lungs. Smoking affects the blood flow in your whole body, including to your bones and joints. If you smoke and you're thinking about quitting, now is the time. Bringing your body back to its best health will help you manage your OA even better.

Web Resources

- My Health Alberta:
myHealth.Alberta.ca
- Healthier Together – Osteoarthritis:
healthiertogether.ca/health-conditions/osteoarthritis
- Alberta Health Services Nutrition:
ahs.ca/nutrition
- GLA:D® (Good Life with osteoArthritis: Denmark, adapted for Canada):
gladcanada.ca
- Arthritis Society:
arthritis.ca

This book is meant to support the information your healthcare team gives you. It doesn't replace any information that your healthcare team gives you.

For 24/7 nurse advice or general health information, call Health Link at 811. For rehabilitation advice and to talk to an occupational or physical therapist, call the Rehabilitation Advice Line toll free at 1-833-379-0563.

Notes

Supporting Tool #1: Patient Report Card

People with osteoarthritis (OA) can learn to manage their condition with support from their healthcare providers.

Circle how well you think you manage your OA

I need help!	Confident self-manager
←—————→	

Circle how much you think you know about OA

Don't know very much	I've got this
←—————→	

No one thing will 'fix' or 'cure' OA, but there are things you can do to manage your joint health.

Check what you've already tried—or not—before to keep your joints healthy:

Things You Can Try to Manage Your OA	Yes – tried	No – haven't tried
Learn more about OA and how to manage it (examples: GLAD® program, Alberta Healthy Living Program, Arthritis Society)		
Exercise on land (examples: GLA:D® program, walking, biking, strength training, physical therapy)		
Exercise in water (examples: swimming, aquacize, deep water work outs)		
Weight management and nutrition (examples: dietitian consult, weight management program, cognitive behavioural therapy)		
Joint protection (examples: knee bracing, foot insoles, assistive devices)		
Walking aides (examples: cane, walker, Nordic poles)		
Mental health support (examples: counselling, meditation, cognitive behavioural therapy, group support)		
Pain medicine (topical anti-inflammatories (NSAIDS), oral anti-inflammatories, joint injections)		

Lifestyle change isn't easy! What motivates you to improve your pain and mobility? Keep this in mind as you make a plan to improve your pain management and mobility.

Example: I really want to improve my mobility so that I don't have to ask others for help.

Your motivator: _____

The more important managing your OA is to you, the better you'll know how to manage it. Managing OA is part of your day-to-day lifestyle choices so it's important to know what your challenges may be.

Check off YOUR challenges:

- I don't have enough time
- I don't have enough money
- I have too many other responsibilities to focus on my own health
- I don't know where to start
- Other _____

Let's come up with some plans on how to deal with your challenges:

Plan: _____

Plan: _____

Plan: _____

Supporting Tool #2: Treatment Menu for People Living with Osteoarthritis

Education and Self-Management	Group classes	Online support	Counselling				
Land based Exercise	Walking	Cycling	Cross Country Skiing	Yoga	Tai Chi	Low impact Aerobics	OA Group exercise programs
Water based Exercise	Swimming	Low Impact Water aerobics	Deep water workout	Aqua-cycle	Aqua-walking		
Weight Management	Dietitian Consult (1:1 or group class)	Public Weight Management programs	Private Weight Management programs	Cognitive Behavioural Therapy(CBT)			
Nutrition	Dietitian 1:1 Consult	Public education programs	Private education programs	Private nutritional counselling			
Strength Exercises	OA Group exercise program	Physical Therapist 1:1	Community recreation programming	Home exercise program			
Joint Protection	Knee brace	Knee sleeve	Foot orthotics	Specialized footwear	OT or PT for ROM and joint protection ideas		
Walking Aids	Cane	Nordic Walking poles	Walker				
Pain Management	Heat or cold therapy	Pacing Strategies	Cognitive Behavioural Therapy (CBT)	*Topical NSAIDs (e.g. diclofenac)	*Oral NSAIDs (e.g. ibuprofen, naproxen)	*Cortico-steroid injection	*HA Injections (e.g. Durolane®, Synvisc®)
Other_____							

*Requires physician consultation