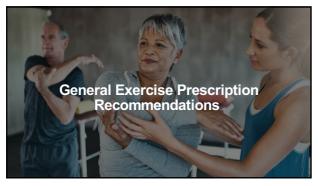
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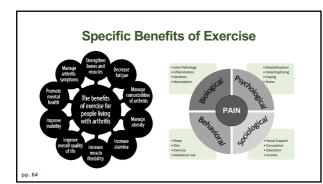


1

Session Objectives

- Understand the benefits of exercise for this population group.
- Recognize the associated guidelines for OA and RA.
- Applying the Exercise Prescription for OA and RA clients.

2



New UK Guidelines (Sept 2019)

Adults (19 to 64 years)

- For good physical and mental health, adults should aim to be physically active every day. Any
 activity is better than none, and more is better still.
- Adults should do activities to develop or maintain strength in the major muscle groups. These
 could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle
 strengthening activities should be done on at least two days a week, but any strengthening
 activity is better than none.
- Adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.

(UK Chief Medical Officers' Physical Activity Guidelines, 2019)

p. 68 4

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(UK Chief Medical Officers' Physical Activity Guidelines, 2019)

p. 68

5

New UK Guidelines (Sept 2019)

Older Adults (65 years and over)

- Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.
- Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle stergth, balance and fexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.
- Each week older adults should aim to accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can active these benefits through 75 minutes of vigroors intensity activity or a combination of moderate and vigrour activity, to active greater benefits. Weight-bearing activities which create an impact through the body help to manifain bone health. (UK Chrisf Medical Officers' Physical Activity Guidelines, 2019)

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p. 68-69

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p. 68-69

7

Specific Physical Activity Guidelines

NHS (OA):

 A combination of exercises to strengthen the muscles that support joints and exercises that improve joint function and general fitness. achieve UK government guidelines. Emphasise good posture.

8

Specific Physical Activity Guidelines

- NHS (RA):Important for the patient to find a balance between rest and exercise.
- Increase the amount of exercise performed gradually.
- If a particular activity always causes a flare-up, it is best to avoid it and find an alternative.
- The NHS recommend low-impact activities that put less strain on joints, such as swimming, cycling, walking and aqua aerobics.

p. 71

Specific Physical Activity Guidelines

Versus Arthritis:

Build up gradually

- Get fit for sport
- Get the right equipment, including footwear
- · Learn the correct body alignment and techniques
- Warm up and warm down
- · Fuel your body correctly
- 'Listen' to your body and if you experience pain reduce the intensity of workouts, change how you are exercising and seek medical advice if the pain doesn't go away.

p. 72

10

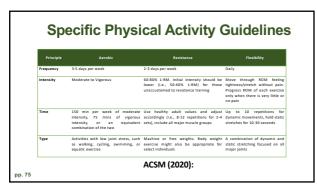
Specific Physical Activity Guidelines

Versus Arthritis:

- Low-impact exercise is recommended for people with all types of arthritis.
- Good exercises if you have arthritis include:

p. 73

11



WRIGHT Foundation Guidelines

See exercise prescription framework

pp. 75-76

13

Exercise Prescription (OA & RA)

· Remember.

- Exercising the joints is essential to maintain their function.
- Joints do not wear out with over-use from general exercise types and ADLs. · RA-specific:

 - During an acute flare-up, the client must REST from active exercise, but maintain joint range of movement.
 In remission, keep the muscles strong and to maintain a full range of joint movements.

 - Exercises and activities should all be low impact.
 Appropriate footwear must be considered.
 Previously damaged or involved joints should be protected.
 - Rest is important, especially when joints are inflamed.

pp. 77-78

14

Modalities of Activity and Exercise

- Non-weight bearing, partial weight bearing, low impact activities are preferable.
- Water temperature for swimming/aqua aerobics should be comfortable.
- Resistance training (RT) has been shown to be effective in reducing the
- Cachexia loss of muscle mass and associated strength, with an increase in fat mass. Resistance training has been shown to help reverse some of this loss.
- High-intensity training is not advised when joint damage is advanced.

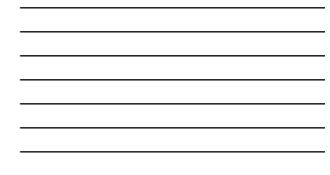
p. 78-79



- Tai chi has been shown to improve lower extremity strength, flexibility, and cardiovascular fitness, decreased pain an improved sense of well-being.
- If specific exercises exacerbate joint pain, alternative exercises that work the same muscle groups and energy systems should be substituted.

^{p.7}





17

