



BACK 
BODY



Let's get
there
together

The
**Back
& Body**
Clinic 

TRAINING  **HUB**



Your health
in expert
hands

Osteoarthritis: Management Guidelines and Evaluating Effectiveness

Luke Girvan MSc, MCSP, AACP
Group Clinical Lead & Advanced Senior Physiotherapist

TRAINING  **HUB**

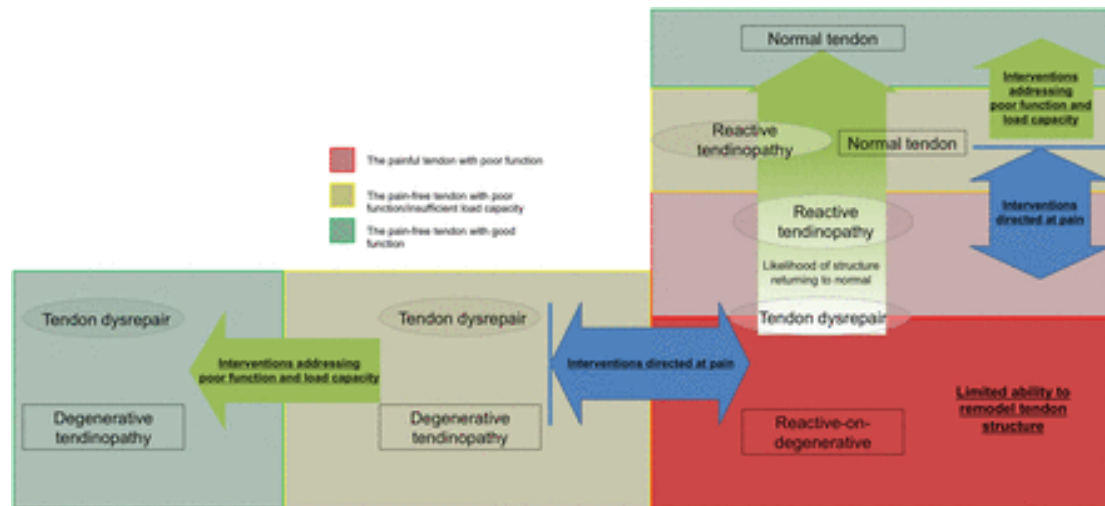
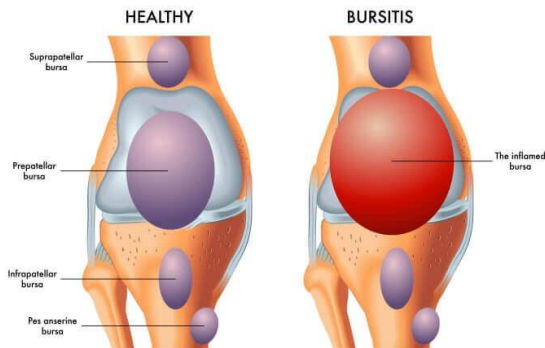
Objectives

- Recap last session
- NICE Guidelines
- Measuring impact / Goal Setting
- When to seek help
- Where to seek help



Last time...

- Osteoarthritis
- Tendinopathy
- Bursitis



+ What is Osteoarthritis?

'Versus Arthritis'
Video:

<https://www.youtube.com/watch?v=Do-s0LXmwn4>



What is Normal?

Table 2: Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients^a

Imaging Finding	Age (yr)						
	20	30	40	50	60	70	80
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk signal loss	17%	33%	54%	73%	86%	94%	97%
Disk height loss	24%	34%	45%	56%	67%	76%	84%
Disk bulge	30%	40%	50%	60%	69%	77%	84%
Disk protrusion	29%	31%	33%	36%	38%	40%	43%
Annular fissure	19%	20%	22%	23%	25%	27%	29%
Facet degeneration	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis	3%	5%	8%	14%	23%	35%	50%

- Thirty-three articles reporting imaging findings for **3110** asymptomatic individuals met our study inclusion criteria. The prevalence of disk degeneration in asymptomatic individuals increased from 37% of 20-year-old individuals to 96% of 80-year-old individuals. Disk bulge prevalence increased from 30% of those 20 years of age to 84% of those 80 years of age. Disk protrusion prevalence increased from 29% of those 20 years of age to 43% of those 80 years of age. The prevalence of annular fissure increased from 19% of those 20 years of age to 29% of those 80 years of age.
- **Conclusions:** Imaging findings of spine degeneration are present in high proportions of asymptomatic individuals, increasing with age. Many imaging-based degenerative features are likely part of normal aging and not associated with pain. These imaging findings must be interpreted in the context of the patient's clinical condition.
- <https://pubmed.ncbi.nlm.nih.gov/25430861/>

What is Normal? – gender and ethnicity?

**Morphological Differences between Chinese and Caucasian Female Hips:
Could they account for the ethnic difference in hip osteoarthritis?**

Marcel Dudda^{*}, Young-Jo Kim^{*}, Yuqing Zhang^{**}, Michael C Nevitt^{***}, Ling Xu^{**}, Jingbo Niu^{**}, Joyce Goggins^{**},
Michael Doherty^{****}, David T Felson^{**},^{*****}

Conclusions

In a study of elderly women without signs of OA, the morphometry of impingement and asphericity were more common in Caucasian than Chinese hips. Our findings suggest that Caucasians may be at higher risk of hip OA than Chinese because of morphologic findings that predispose them to femoro-acetabular impingement.

What is Normal? – gender and ethnicity?

Differences between race and sex in measures of hip morphology: a population-based comparative study

K Edwards¹, K M Leyland², M T Sanchez-Santos³, C P Arden⁴, T D Spector⁵, A E Nelson⁶,
J M Jordan⁷, M Nevitt⁸, D J Hunter⁹, N K Arden¹⁰

Conclusions: Significant differences were found in measures of morphology between Chinese hips compared to African Americans or Caucasian groups; these may explain variation in hip OA prevalence rates between these groups and the lower rate of hip OA in Chinese. Sex differences were also identified, which may further explain male-female prevalence differences for OA.

Osteoarthritis in over 16s: diagnosis and management

NICE guideline [NG226] Published: 19 October 2022

1.2.3 Advise people with osteoarthritis where they can find further information on:

- osteoarthritis and how it develops (including [flares](#) and progression over time), and information that challenges common misconceptions about the condition
- specific types of exercise
- managing their symptoms
- how to access additional sources of information and support after consultations, such as peer-to-peer support and support groups
- benefits and limitations of treatment.

Osteoarthritis in over 16s: diagnosis and management

NICE guideline [NG226] Published: 19 October 2022

Therapeutic exercise

1.3.1 For all people with osteoarthritis, offer a programme of local muscle strengthening exercises.

1.3.2 Consider the following:

The committee also agreed that shared decision making is important when deciding the **form of exercise delivery and type of exercise**, as well as considering personal preference and service availability. The committee, acknowledging the importance of exercise, made further recommendations to support people to continue therapeutic exercise by emphasising its benefits while acknowledging that exercise **may initially be difficult**. They wanted to reassure people with osteoarthritis and healthcare professionals that exercise is not harmful to osteoarthritic joints, and that doing regular and consistent exercise over a long period of time can **reduce pain and increase functioning and quality of life**.

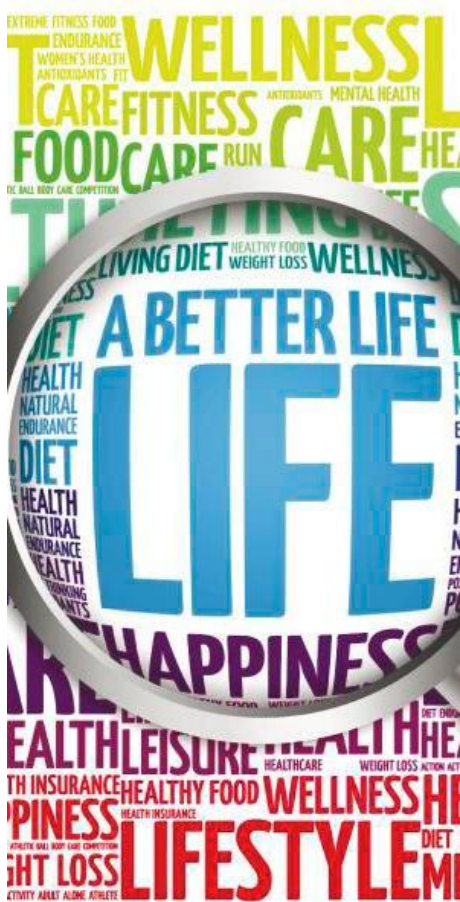
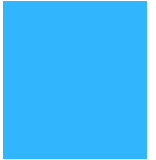
...an exercise plan increases its benefits by reducing pain and increasing ... quality of life.

... this may initially cause pain or discomfort,

... therapeutic



But how do you measure that?



- **MSK-HQ:**
<https://versusarthritis.org/policy/resources-for-policy-makers/for-healthcare-practitioners-and-commissioners/versus-arthritis-musculoskeletal-health-questionnaire/>
- **PSFS:** [https://www.physio-pedia.com/Patient Specific Functional Scale](https://www.physio-pedia.com/Patient_Specific_Functional_Scale)
- **Euro QoL:** <https://euroqol.org/information-and-support/euroqol-instruments/eq-5d-5l/>
- **Start-Back Tool:**
[https://startback.hfac.keele.ac.uk/wp-content/uploads/2018/11/Keele STarT Back9 item.pdf](https://startback.hfac.keele.ac.uk/wp-content/uploads/2018/11/Keele_STarT_Back9_item.pdf)
- **DASH:**
<https://healthcare.msu.edu/assets/documents/lymphedema/DASH-questionnaire.pdf>
- **HADS:**
<https://www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf>



SMART Goals

Ask yourself...

BACK
BODY

What *can* I do?



What would I *like* to do?

Setting SMART goals

BiteSize Learning



Specific

The goal is concrete and tangible - everyone knows what it looks like.



Measurable

The goal has an objective measure of success that everyone can understand.



Attainable

The goal is challenging, but should be achievable with the resources available.



Relevant

The goal meaningfully contributes to larger objectives like the overall mission.



Timely

This goal has a deadline or, better yet, a timeline of progress milestones.

What does an initial appointment look like?

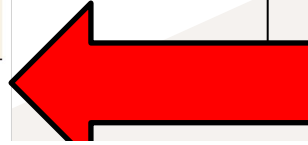
- We listen to your story and where you would like to be...
- We will thoroughly assess the joints you are having trouble with and develop and start a **treatment** plan *with* you based on your preferences and functional limitations...
- Among other tests, we will likely perform strength tests (https://www.youtube.com/watch?v=F5vDj3gY4Y8&list=PLOSXT0glHH2IbCarhhsb07H2h_fSWD8Y5&index=8), joint range of movement assessments and use outcome measures and consultation to understand your functional levels better and propose a treatment plan as part of a larger **package** which may include manual therapy (hands-on treatment)...
- Onward referral may be indicated (imaging, injection & surgical consideration etc.).



Table 2: Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients^a

Imaging Finding	Age (yr)						
	20	30	40	50	60	70	80
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk signal loss	17%	33%	54%	73%	86%	94%	97%
Disk height loss	24%	34%	45%	56%	67%	76%	84%

Hang on a minute... what about all this prevalence??



...without sciatica, but only as part of a treatment
 ...with or without psychological therapy. [2016]

<https://www.nice.org.uk/guidance/ng226/chapter/Recommendations>

<https://www.nice.org.uk/guidance/ng59/chapter/Recommendations#non-invasive-treatments-for-low-back-pain-and-sciatica>

Examples of 'Package' Components

Treatment Interventions:

Manual Therapy
Acupuncture
Shockwave
Injections
Surgery

Therapeutic Exercise:

Specific
Generalised
Individual vs. Group

Nutrition

Behavioural Change



Where can I get help?

WHATEVER YOUR GOAL
Let's get there together

■ Back & Body Clinic

- 5 clinics (Moulton, Wootton, Towcester, Bedford x 2)
- MDT: Consultants / Physios / Osteopaths / Sports Therapists / Masseuses
- Special Interests:
 - Women's Health Specialists
 - Pain Management (Back & Body Medical)
 - Dizziness
 - Future Paediatric services

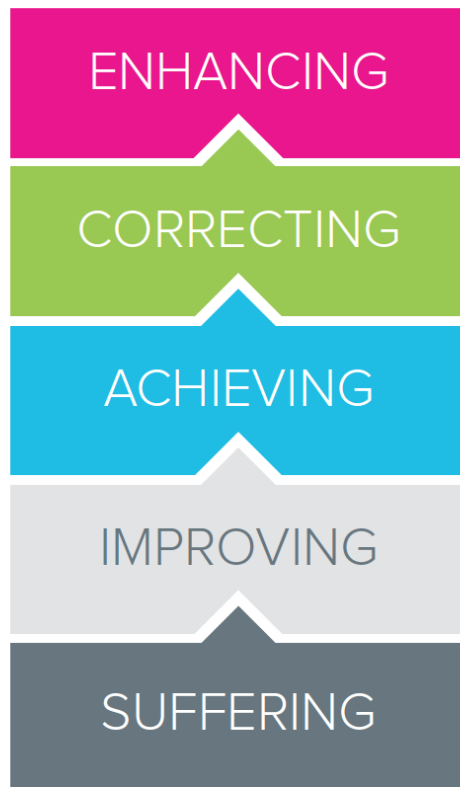




WHATEVER YOUR GOAL

Let's get there together

<https://www.backandbodyclinic.co.uk/>



OUR ROAD TO RECOVERY

Often when patients find us, they are in a vicious cycle of pain and **SUFFERING**. It is our mission to turn this cycle around. We know what it takes to not just **IMPROVE** your symptoms, but to help you **ACHIEVE** your goals.

Our outlook is unique; we are committed to identifying and **CORRECTING** the underlying root causes too. We are passionate about **ENHANCING** you to be stronger than you were before. This is the difference between providing you with short-term relief or long-term health and happiness.
