



THE OSTEOARTHRITIS GUIDEBOOK

Practical tips that you can implement today!

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G E N U I N E P H Y S I O



AN EVIDENCED BASED APPROACH

This e-book takes you through how the evidence advises arthritis should be treated and gives you easy to understand, tips & strategies to help you manage your arthritis better at home.



@genuine_physio



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LUKE SCHEMBRI

FOUNDER OF GENUINE PHYSIO

Like so many of us, my 2020 didn't really go according to plan. My plan was to spend the best part of 12-18 months travelling the world... but COVID had other ideas! We managed six weeks and had to return home.

When I arrived back in the UK, it was clear more people were attempting to manage their injuries and conditions from home. With this in mind, I decided to look at what was available online for people to help themselves and was underwhelmed to discover the abundance of poorly evidenced, negative misinformation that was readily accessible. All of which we know is likely to make people worse, not better.

As a Physiotherapist, my passion has always been to help people work to their maximum capacity; focussing on the things they can do, as opposed to the things they can't and trying to get people back doing the things they love.

So at the start of lockdown, I set out on a mission - to confront the misinformation head on; and provide accurate, evidence based information to as many people across the world as possible.

Now, more than ever, patients tell me they struggle to see their doctor, they just get given pills, or worse, offered injections and surgery without exhausting conservative options first.

If this is you, help is at hand!

GENUINEPHYSIO@GMAIL.COM

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*THERE IS NO ONE GIANT STEP THAT
DOES IT*

IT'S A LOT OF LITTLE STEPS

-
PETER COHEN



CHAPTER 1

UNDERSTANDING OSTEOARTHRITIS

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UNDERSTANDING OSTEOARTHRITIS

In short, osteoarthritis (O.A.) is the naturally occurring aging process that happens to all of our joints. It refers to the changes that develop to the articular cartilage which line the surface of our joints. The role of this cartilage is to provide a nice smooth surface for the joint to move freely and it also acts as a shock absorber during movements, such as stairs, getting out of a chair, walking and running.

It is estimated that over 0.5 billion people worldwide suffer from osteoarthritis. With over 8.5 million people in the U.K. and around 32.5 million adults in the U.S. living with the condition. Knee osteoarthritis accounts for half of all people with osteoarthritis, with the hip joint being the second most commonly affected joint. It's also not uncommon to develop osteoarthritis of the spine, shoulder, hands and feet.



UNDERSTANDING OSTEOARTHRITIS

Osteoarthritic symptoms vary greatly from person to person and there is a huge spectrum of symptom severity. At one end of the spectrum, you could experience 10 minutes of morning stiffness in the affected joint because you played two hours of tennis the previous day; whilst at the other end of the spectrum, you could be experiencing pain at night and during most weight bearing activities.

The reason that people experience pain and others do not is far more complex than assuming there is a linear relationship between joint health and pain. The amount of change there is to the cartilage certainly plays a role. However, pain is complex and affected by a multitude of different factors. We know that things such as: stress, mood, thoughts, feelings, emotions, fear avoidance, anxiety, depression, sleep, nutrition, weight gain/loss, smoking, work, finances, social isolation and genetics all have a role to play in the pathophysiology of osteoarthritis, and that list is by no means exhaustive.

This is why the pain you experience if you have osteoarthritis is very subjective. As a result, it is important that you take ownership of managing your osteoarthritis and try different things. What may work for you might not work for somebody else and vica versa.





WHAT WE USED TO THINK

You've probably heard the term 'wear & tear', you may even have been diagnosed with it. We now know that the term 'wear & tear' is inaccurate and out dated. It also infers a counterproductive narrative, in that it suggests the more you use your joint the more it wears. The opposite is actually the case.

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2

CHAPTER

DIAGNOSIS & IMAGING

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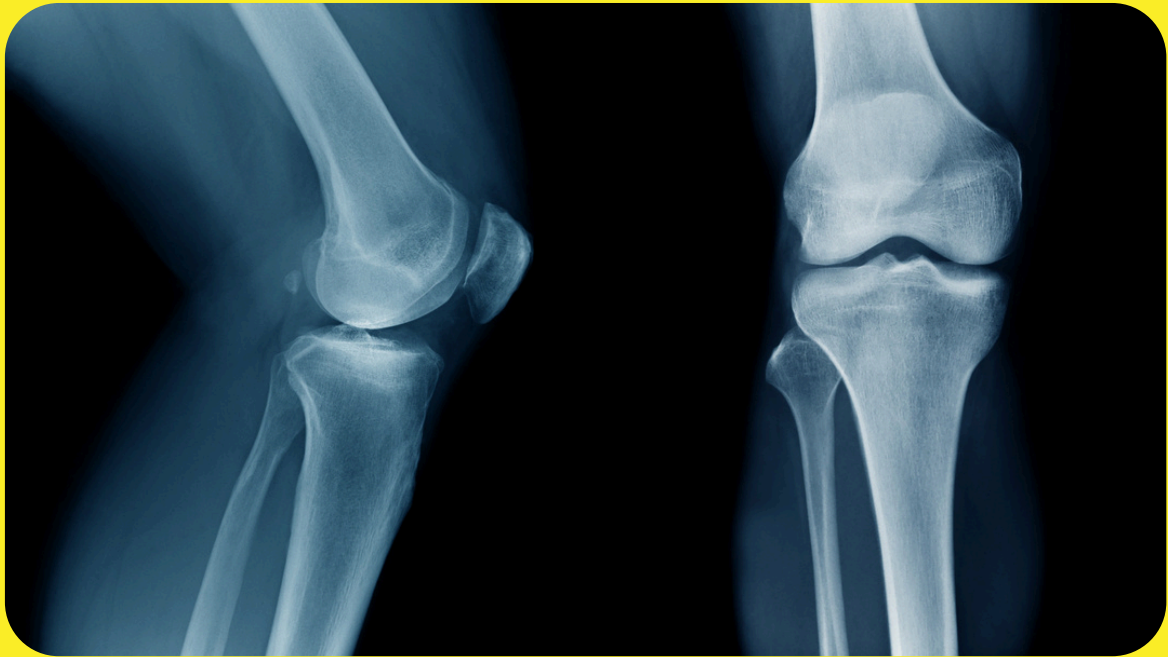
DIAGNOSIS

This cluster of signs & symptoms has strong clinical value when it comes to diagnosing O.A.

- Age over 50 years old
- Morning stiffness > 30 mins
- Crepitus (grinding sensation during range)
- Joint line tenderness
- Bony enlargement
- No increase in joint temperature

X-RAYS

X-rays are appropriate to rule out fractures, joint infections, red flags, inflammatory conditions such as rheumatoid arthritis, if your symptoms are deteriorating quickly or if you have joint pain and are under 45.



They should not be used to diagnose O.A. for the following reasons:

- They often **correlate poorly with pain** - you can have a good x-ray and be in high levels of pain and a bad x-ray with no pain at all
- Over 40 years old most people have O.A changes on x-rays - O.A changes are **expected and normal** in asymptomatic individuals
- It is very unlikely to change your treatment options - always **conservative first**
- Individuals are often not given results in **context of their age** or educated about x-ray findings
- They can **induce fear, worry** and negative behavioural change

The National Institute Of Health & Care Excellence suggest O.A. is a clinical diagnosis NOT a radiological one



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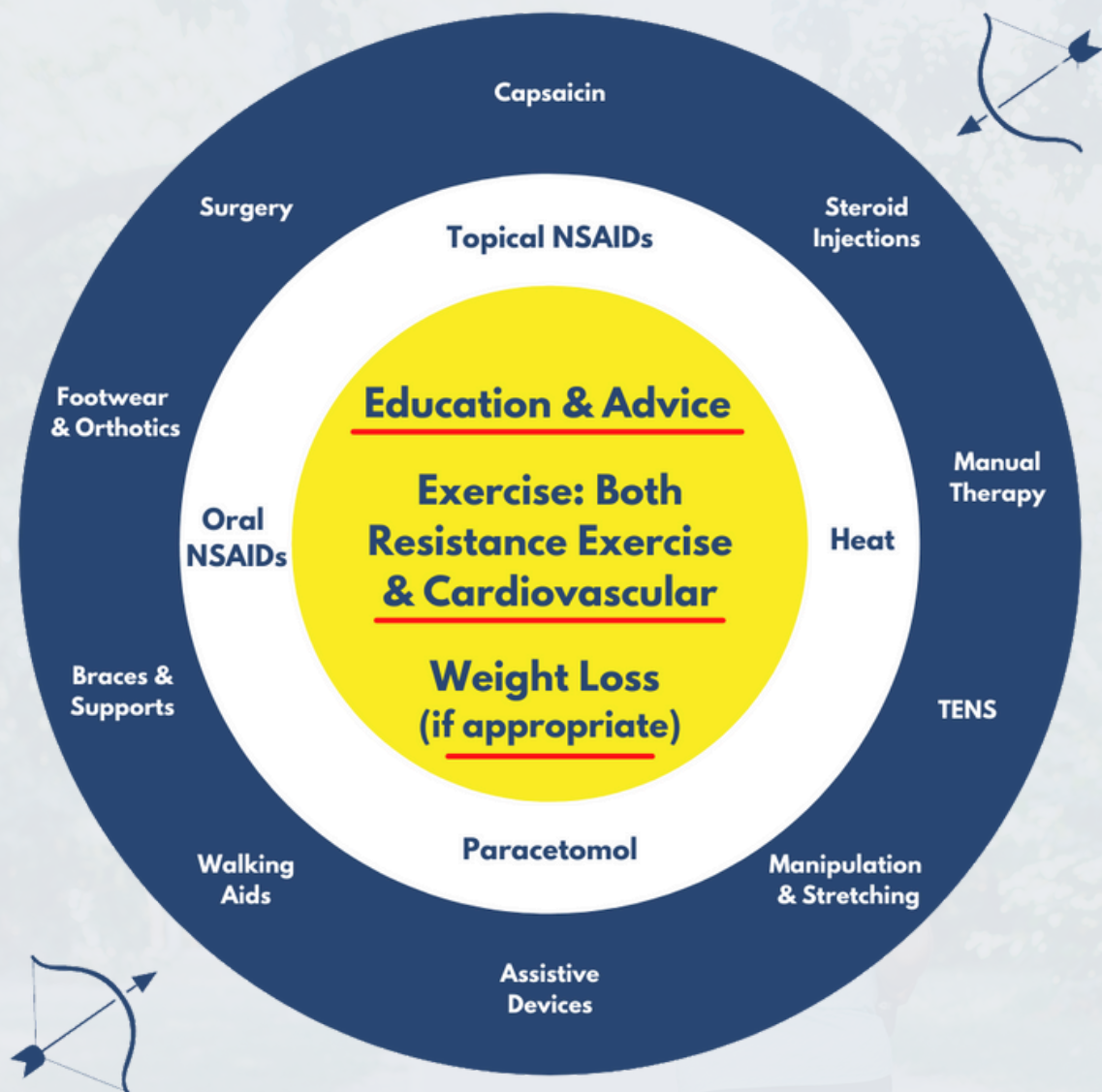
CHAPTER

TREATMENT & MANAGEMENT

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TREATMENT

THE OSTEOARTHRITIS TREATMENT TARGET



Based on guidelines from the National Institute of Health & Care Excellence

The things in centre of the target are the things that there is strongest evidence for when it comes to O.A. treatment and management. These have to be at the centre of your treatment plan.

The interventions in the outer circles are adjuncts that you could try along side the gold standard treatment of education, advice, exercise & weight loss (if appropriate)

G E N U I N E P H Y S I O . C O M

EXERCISE

1

CARDIO VASCULAR

Regular walking, cycling or swimming can really help to improve pain & decrease stiffness whilst being hugely beneficial for general health as well



STRENGTH/ RESISTANCE

This needs to be completed with body weight +/- external load. It needs to be done consistently, it needs to be challenging & it needs to be progressed over time. This tends to be the type of exercise people need most support with

2

RANGE OF MOVEMENT/ FLEXIBILITY

If you feel you have a deficiency in your movement then consider incorporating regular movement exercises into your routine. Maintaining full flexion, but particularly extension is vital for a normal walking pattern

3



WEIGHT LOSS

Weight loss is important for two main reasons: first is the obvious one, the heavier we are the more mechanical pressure we have going through our joints. A 2013 paper, found that decreasing body mass by 10% could improve pain by up to 50% & that for every 1lb lost, you remove 4lb of pressure from your joints (Messier *et al*, 2013).



Secondly, and we now think more importantly, obesity is now recognised as a chronic low-grade, systemic inflammatory state that predisposes to other long term conditions (Collins *et al*, 2018).

Essentially, a by product of fatty tissues break down is an increase in inflammatory chemicals. This means more inflammation is circulating around the body consistently which is not good news for muscle, bone and tendon health.

We also know that this increase in inflammation will increase the risk of conditions such as: high blood pressure, high cholesterol, diabetes, stroke, cancer & cardio vascular disease.

Taking a holistic, natural approach to osteoarthritis won't only improve your joint pain & function but it will also improve your general health and decrease your chances of all other long term conditions. If you already have some of the aforementioned conditions it could significantly improve them too.

NUTRITION

AIM FOR THE MEDITERRANEAN DIET

Different groups have demonstrated a symptom improvement with a Mediterranean diet in O.A. because of its anti-inflammatory properties, reversion of the metabolic syndrome (chronic low-level inflammation) and obesity and antioxidant capacity.

THINGS THAT YOU COULD CONSIDER

- Increase intake of fresh fruit & vegetables
- Avoid processed foods
- Reduce red meat intake
- Consider incorporating grains and pulses
- Ensure adequate fluid intake: 6-8 glasses of water daily
- Avoid energy dense foods: a small portion of fries is approx 250 calories, where as an apple contains approx 50.
- Reduce intake of refined carbohydrates: pasta, bread, rice, cakes, biscuits & pastries
- Avoid foods that are high in sugar: cakes, sweets, chocolate, fizzy drinks
- Reduce alcohol intake

None of the above are a problem when consumed in moderation or as a treat. I mean, who doesn't love going out for a steak & chips with a nice glass of red wine.

Problems arise when these foods make up your staple diet and are eaten consistently over a prolonged period of time.



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CHAPTER

EXTRA RESOURCES

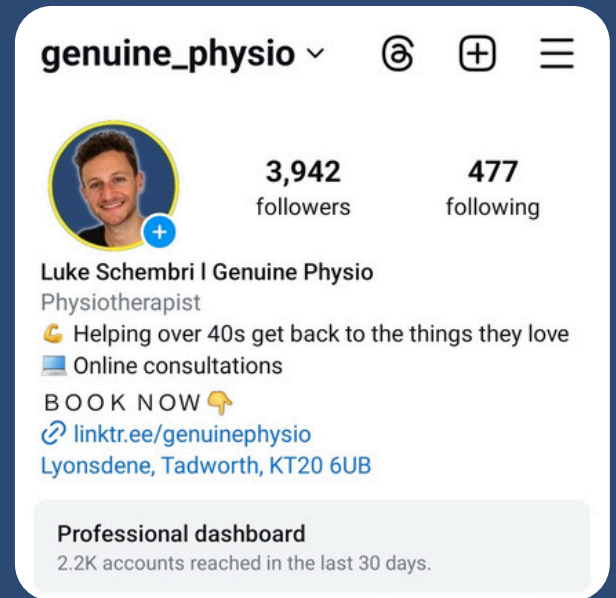
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MORE FREE HELP!

1

INSTAGRAM

I release new posts & stories almost daily, sharing my knowledge and the knowledge of other experts in the field as well.



FACEBOOK

Similarly to Instagram, you'll find lots of helpful post on all things osteoarthritis

2

YOUTUBE

3

There are over 150 videos on the YouTube Channel covering many different O.A. related topics. You can find information ranging from exercise & nutrition, injections & surgery.

You can also find O.A. specific 10 MINUTE WORKOUTS





1-1 CONSULTATIONS

I really hope you found this e-book helpful enough to manage your osteoarthritis confidently & independently.

However, if you still feel like you would benefit from a more specific, bespoke treatment plan I offer both face to face and online consultations.

Whether you are missing your weekly round of golf, finding it difficult taking the dog for a walk, struggling to get on and off the floor to play with your grandchildren or you would like to get back to running 5k, I can help you.

The ultimate aim is to give you the tools & strategies that you need to manage your osteoarthritis, in a healthy way, long term.

Head over to the bookings page on the website where you can choose a time that suits you for us to work together.

I can't wait to meet you 😊

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REFERENCES

ALTMAN EL AL (1986) DEVELOPMENT OF CRITERIA FOR THE CLASSIFICATION & REPORTING OF O.A. CLASSIFICATION OF O.A. OF THE KNEE. DIAGNOSTIC & THERAPEUTIC CRITERIA COMMITTEE OF THE AMERICAN RHEUMATISM ASSOCIATION. 29, (8), 1039-49.

COLLINS ET AL (2018) OBESITY, METABOLIC SYNDROME, AND MSK DISEASE: COMMON INFLAMMATORY PATHWAYS SUGGEST A CENTRAL ROLE FOR LOSS OF MUSCLE INTEGRITY. FRONTIERS IN PHYSIOTHERAPY. 9, 112, 1-25.

FELSON, D.T.; BISCHOFF-FERRARI, H.A. DIETARY FATTY ACIDS FOR THE TREATMENT OF OA, INCLUDING FISH OIL. ANN. RHEUM. DIS. 2016, 75, 1-2.

MESSIER ET AL (2013) EFFECTS OF INTENSIVE DIET & EXERCISE ON KNEE JOINT LOADS, INFLAMMATION & CLINICAL OUTCOME AMONG OVERWEIGHT & OBESE ADULTS WITH KNEE O.A. 310, (12), 1263-1273.

MORALES-IVORRA ET AL (2018) OSTEOARTHRITIS AND THE MEDITERRANEAN DIET: A SYSTEMATIC REVIEW. DIETARY INTAKE & MSK HEALTH. 10, (8), 1030.

N.I.C.E. GUIDELINES: OSTEOARTHRITIS CARE & MANAGEMENT
[HTTPS://WWW.NICE.ORG.UK/GUIDANCE/CG177](https://www.nice.org.uk/guidance/CG177)

PITARAKI, E.E. THE ROLE OF MEDITERRANEAN DIET AND ITS COMPONENTS ON THE PROGRESS OF OSTEOARTHRITIS. J. FRAILTY SARCOPENIA FALLS 2017, 2, 45-52

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A YEAR FROM NOW

YOU WILL WISH YOU STARTED TODAY

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KAREN LAMB