

An illustration showing six human legs from the hip down to the foot, arranged in a row. Each leg is shown in a different stage of osteoarthritis. The first leg on the left is healthy, with a straight alignment. As you move from left to right, the knees become increasingly bowed out (varus deformity), and the joint space narrows, indicated by the darkening of the joint area. The sixth leg on the right is severely affected, with a pronounced bow-legged stance and significant joint degeneration.

Osteoarthritis Chronic Care Program (OACCP)

Leading Better Value Care

Snapshot of osteoarthritis in NSW, 2019

More than **700,000** people
have osteoarthritis

This is expected to rise to
1 million by 2030



7 out of 10

waiting for surgery do not
access conservative care



+50%

increase in joint surgery
from 2005 to 2015



\$3.75b

annual cost to the
Australian health system

Multidisciplinary Interventions

Non - Pharmacological

- Disease management education and support
- Land exercise
- Hydrotherapy
- Manual therapy
- Nutritional advice
- Occupational therapy
- Psychosocial support

Pharmacological

- Medication review
- Pain management

Aims and Objectives

Manage and control symptoms

Optimise and maintain function

Optimise and maintain quality of life

Slow disease progression

Documentation

Baseline measures using valid tools

Documented patient centred management plan and discharge plan

Regular face to face review and self management support

Discharge measures using valid tools

Discharge destination and long term review plan

Northern Tablelands

- Physios commenced programs for OACCP in 2017
- Classes offering education and exercise in Inverell and Armidale
- Sadly – no change to surgical rate (despite good improvements GP's still encouraged surgery)
- All classes ceased in 2020 due to covid
- GLA:D training given to most physios with HETI grant
- Classes ad hoc due to covid



Armidale

- Decided on 12 week classes
- One session per week of exercise and education
- Patient expected to continue with own exs at least twice weekly at home
- Only recently recommenced – only 1 person turning up!



Inverell

The exercise program

CONTENTS

THE EXERCISE PROGRAM CONSISTS OF THE FOLLOWING ELEMENTS:

- **Warm up**
- **Core stability**
Exercises that focus on core/spine stability as this affects a person's ability to stabilize and control his or her hip and knee joints.
- **Alignment of joints**
Exercises that focus on an appropriate position of the joints in relation to each other, i.e. that the hip, knee and ankle joints are properly aligned (see picture).
- **Leg strength**
Exercises that focus on strengthening the hip and knee muscles
- **Functional exercises**
Exercises that prepare the body for daily activities
- **Walking exercise/Cool down/Stretching**



EXERCISE PRINCIPLES

Each exercise consists of 2-3 sets of 10-15 repetitions and rest corresponding to one set between each set and exercise. Each exercise can be progressed through four different levels. The exercises are performed with both the affected and the unaffected leg. Some of the exercises should be performed in front of a mirror to get a visual feedback of the performance. It is important that the hip, knee and ankle joints are properly aligned (see picture). A GLA:D® program lasts for at least 6 weeks (12 training sessions) and is supervised by a physiotherapist. The exercise diary allows you to register up to 8 weeks.

The exercise program has been designed on the basis of Ageberg et al. Feasibility of neuromuscular training in patients with severe hip or knee OA: The individualized goal-based NEMEX-TJR training program. BMC Musculoskeletal Disorders, 2010. Photographer: Jørn Ungstrup