



**ADVANCING ARTHRITIS PUBLIC HEALTH PRIORITIES
THROUGH NATIONAL ORGANIZATIONS (CDC-RFA-DP21-2106)**

Arthritis Expert Panel Design Session #2
Tuesday, May 23, 2023 – 10:00-11:30 A.M. ET



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**
Promoting Health. Preventing Disease.

Funding Attribution

This effort is part of the “Advancing Arthritis Public Health Priorities Through National Partners, Component 2” project supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$500,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.



Design Sessions

- **May 9 Screening Arthritis Pt's for QoL**
- **May 23 Brief Advice / Counseling**
- **June 13 Referral**
- **June 27 Care Coordination**
- **July 11 Reimbursement and Beyond**
- **July 25 Evaluation**



Agenda

- Welcome
- May 9th Recap & Other Considerations
- Review Thresholds
- Brief Advice/ Counseling/ Triage
 - EIM Tools
 - OACare Tools
- ***Strategic Discussion (to be continued June 13th)**
 - Other Counseling Tools
 - Workflow Considerations
- Closing/Next Steps



May 9th Recap & Outstanding Discussion Needed

1. Examine arthritis appropriate evidence interventions (AAEBIs) and how they support modified physical and behavior change across arthritis disease progression
2. Refine care pathway for the arthritis care model screening component
3. Examine methodology to support brief advice/counseling/triage and associated counseling tools to recommend for health system pilot
4. Assess how PROMIS+PAVs thresholds and other considerations (e.g. health status, risk assessment, patient preference) may drive care pathway



AAEBIs to Support Arthritis Population

Katie Huffman, Osteoarthritis Action Alliance

Examine arthritis appropriate evidence interventions (AAEBIs) and how they support modified physical and behavior change across arthritis disease progression

Updated List of Recognized AAEBIs

Physical Activity Programs

- AEA Arthritis Foundation Exercise Program
- Active Living Everyday
- Arthritis Foundation Aquatic Program
- Camine Con Gusto
- Enhance® Fitness
- Fit & Strong!
- Fit & Strong! Plus
- Tai Chi for Arthritis
- Tai Ji Quan: Moving for Better Balance
- Walk With Ease – Self-Directed & Group

Newly Recognized Programs

- Otago Exercise Program
- Stay Active and Independent for Life

Self-Management Programs

- Better Choices, Better Health®
- Chronic Disease Self-Management Program
- Chronic Pain Self-Management Program
- Enhance® Wellness
- Program to Encourage Active, Rewarding Lives (PEARLS)
- Tomando Control de su Salud
- Workplace Chronic Disease Self-Management Program

Newly Recognized Programs

- Toolkit for Active Living with Chronic Pain
- Toolkit for Active Living with Chronic Conditions

More information available at <https://oaaction.unc.edu/aaebi/>
Refer to Resource Library #1 and #2

Refer to Resource Library #2



	Walk With Ease + Camine Con Gusto	Active Living Every Day	AEA Arthritis Foundation Exercise Program	AEA Arthritis Aquatic Program	Enhance Fitness *	Fit & Strong!*	Tai Chi for arthritis	Tai Ji Quan: Moving for Better Balance	Otago Exercise Program
Priority Audience	People with arthritis and people who seek to improve physical activity levels	Adults of all ages are referred by a variety of organizations such as worksites, hospitals, community health programs, colleges, fitness centers, older adult programs and residences, and grant-funded initiatives.	Adults suffering from arthritis and similar conditions, seniors, active and sedentary adults	Adults with arthritis, related rheumatic diseases or musculoskeletal conditions, ranging from people who are older, sedentary and very limited by impaired joint mobility to those who are relatively active with only mild joint involvement	Older adults from frail to fit and people aging with disability	Older adults with osteoarthritis in lower extremities	Almost anyone can use this program with appropriate adaptation for individual conditions, especially people with arthritis or other chronic conditions, who are sedentary, and would like to improve their activities levels, physical function and wellness of body and mind.	Older adults with leg muscles weakness, abnormal gait, walking difficulty, or at risk of falling. Also people with movement or balance disorders	Almost anyone can use this program with appropriate adaptations, from frail to fit and people aging with disability.
Program Content	<ul style="list-style-type: none"> • Health education • Stretching and strengthening • Warm-up and cool-down exercises • 10-35 minute walk 	<ul style="list-style-type: none"> • Active Living Every Day is an evidence-based behavior change program. The approach is unique because it addresses the root causes of inactivity rather than simply prescribing exercise. • Using facilitated group-based problem-solving methods to integrate physical activity into everyday living, participants learn the skills they need to become and stay physically active. 	<ul style="list-style-type: none"> • Exercise planning • Low impact exercises • Stretching • Balance exercises • Strengthening exercises • Sitting, standing, or lying exercises • Daily living skills 	<ul style="list-style-type: none"> • A recreational group exercise program conducted in warm water that consists of two levels, Basic and Plus. Exercises in the Basic level: <ul style="list-style-type: none"> • Improve range of motion • Increase Muscle strength and endurance • Reduce pain and stiffness • Maintain or improve mobility, muscle strength and functional ability. <p>Also includes Endurance-building routines, relaxation exercises and health education topics.</p>	<ul style="list-style-type: none"> • Fitness Assessment • Cardiovascular Exercise • Dynamic/Static Balance Work • Strength Training with Weights as Appropriate • Flexibility exercises • Socialization 	<ul style="list-style-type: none"> • Stretching • Balance exercises • Range of motion exercises • Resistance exercises • Exercises that mimic daily activities • Problem-solving and self-management skill building • Plan ongoing personal exercise programs 	<ul style="list-style-type: none"> • Gentle tai chi exercises that can be adapted by almost anyone to improve control of: <ul style="list-style-type: none"> • Arthritis symptoms • Balance • Reduce falls • Improve flexibility, strength, and cardiovascular fitness. • Improve immunity • Reduce stress to gain more tranquility 	<p>An evidence-based fall prevention program derived from a contemporary routine known as Simplified 24-Form Tai Ji Quan (pronounced tye gee chuwan).</p> <ul style="list-style-type: none"> • TJQMBB consists of an 8-form core with built-in Tai Ji Quan - Mini Therapeutic Movements®. 	<p>17 exercises in total:</p> <ul style="list-style-type: none"> • 5 strengthening • 12 balance

	Walk With Ease + Camine Con Gusto	Active Living Every Day	AEA Arthritis Foundation Exercise Program	AEA Arthritis Aquatic Program	Enhance Fitness *	Fit & Strong!*	Tai Chi for arthritis	Tai Ji Quan: Moving for Better Balance	Otago Exercise Program
Program Benefits/ Goals/ Outcomes	<p>The overall goals of the Walk With Ease Program are:</p> <ul style="list-style-type: none"> To promote education about successful physical activity for people with arthritis To promote education about arthritis self-management and walking safely and comfortably To encourage participants to continue their walking program and explore other exercise and self-management programs that deliver proven benefits for people with arthritis. 	<p>This program allows participants to:</p> <ul style="list-style-type: none"> Identify and address barriers to physical activity Increase self-confidence about becoming physically active Create realistic goals and rewards for physical activity Develop Social Support Recover from lapses in physical activity 	<ul style="list-style-type: none"> Improved range of motion Improved stability Better health Increased motor skills 	<ul style="list-style-type: none"> Overall sense of well-being Better quality of life Reduce pain/inflammation Increase social interaction Fun, safe and effective way to promote better health Improved joint function Increased Muscular Strength 	<ul style="list-style-type: none"> Maintains or improves physical function Protects against falls and fall injury Decreases depression Provides a social benefit Promotes a physically active lifestyle Reduces medical-care utilization costs (~\$945/participant annually) Saves healthcare costs for managed care plans Decreases skilled nursing costs Decreases unplanned hospitalizations 	<ul style="list-style-type: none"> Improve exercise frequency Reduce arthritis-related joint pain and stiffness Increase strength Improve confidence in ability to exercise 	<ul style="list-style-type: none"> Relief of arthritis pain Improve balance Feel better with oneself Improve self-efficacy Reduce falls Improve physical function and health in general 	<ul style="list-style-type: none"> Improving postural stability Awareness and mindful control of body positioning in space Functional walking Movement symmetry and coordination Range of motion around the ankle and hip joints Lower-extremity muscle strength Global cognitive function. Improved balance Improved physical performance Preventing falls and injurious falls 	<p>The Otago program is a structured and progressive exercise program with the goal of improving:</p> <ul style="list-style-type: none"> Lower extremity strength Balance Mobility. <p>These exercises can be progressed, and when ready, the participants is prescribed a walking program.</p>
Program Format	<ul style="list-style-type: none"> Self-Directed Group format with Instructor 	<ul style="list-style-type: none"> In-person class/group 1-on-1 in-person Remote delivery by phone, email, or video conferencing 	<ul style="list-style-type: none"> In-person class/group Virtual self-directed 	<ul style="list-style-type: none"> In-person group 	<ul style="list-style-type: none"> Instructor Led In-person class/group sessions Virtual class/group sessions 	<ul style="list-style-type: none"> Instructor-led in-person group sessions 	<ul style="list-style-type: none"> In-person class/group sessions At home/self directed with video 	<ul style="list-style-type: none"> In-person class/group In-person at home Online group 	<ul style="list-style-type: none"> In-person 1-on-1 In-person class/group Remote delivery by phone, email or video conference Virtual class/group At home/self-directed

Class Size	<ul style="list-style-type: none"> N/A for Self-Directed For Group ideal class size is 12 - 15 participants per leader. 	<ul style="list-style-type: none"> 8-15 participants (maximum of 20) 	<ul style="list-style-type: none"> 5-25 participants 	<ul style="list-style-type: none"> No greater than 20 participants 	<ul style="list-style-type: none"> 10-25 participants 	<ul style="list-style-type: none"> 20-25 participants 	<ul style="list-style-type: none"> 1 to 20 participants for in-person session 	<ul style="list-style-type: none"> N/A for self-directed 1-on-1 10-20 for group session
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What is your current activity level?

Your current activity level →

↓
Types of exercise

Level 1 – Sedentaryⁱ
Being almost completely inactive throughout the week. Activities include: reading, TV watching, movies, using computers or doing other sedentary activities during leisure or work time.

Level 2 - Some physical activityⁱ
Non-vigorous activity during at least 4 hrs/week. Examples include walking, leisure gardening, fishing, bowling, etc.

Level 3 - Moderate Physical Activityⁱ
Regular physical activity and training 2-3 hrs/week of moderate activity such as heavy gardening, running, swimming, biking, tennis, etc.

Level 4 – Vigorous Activityⁱ
Regular hard physical training for competition sports several times per week. Examples: running, skiing, soccer, etc. several times per week.

Balance/flexibility exercises to improve range of motion, balance, and posture
(3 days a week)ⁱⁱⁱ

[Arthritis Foundation's Walk With Ease stretching exercises](#)
Start with 2-3 days/week

[Arthritis Foundation's Walk With Ease stretching exercises](#)
OR
Yoga, pilates, tai chiⁱⁱ
2-3 days/week

[Creaky Joints 20 Gentle Stretches For Arthritis You Can Do Every Day at Home](#)
OR
Yoga, pilates, tai chiⁱⁱ
3 days/week

Arthritis Foundation's Stretches
[Lower Body](#)
[Upper Body](#)
OR
Yoga, pilates, tai chiⁱⁱ
3 days/week

Strengthening exercises to strengthen your major muscle groups like legs, back, arms, and core
(2 days a week)ⁱⁱⁱ

[Creaky Joints Weight Lifting Exercises to Help Manage Arthritis Symptoms](#)
Start with 1-2 days/week

Same as Level 1
OR
[Cleveland Clinic Resistance Bands Workout](#)
Aim for 2 days/week

Same as Level 1 OR
[Cleveland Clinic Resistance Bands Workout](#)
2 days/week using hand weights or greater resistance

Same as Level 1 OR
[Cleveland Clinic Resistance Bands Workout](#)
2 days/week using hand weights or greater resistance

Aerobic exercise to get your heart pumping and body sweating
(3-5 days a week)ⁱⁱⁱ

Select joint-friendly, low-impact activities like [walking](#) or [water aerobics](#).ⁱⁱ
10-15 mins/day;
3-5 days/week

Same as Level 1, but aim for 20-30 mins/day; 3-5 days/week.
OR
Try an [arthritis-appropriate physical activity program](#);
3 days/week

Same as Level 2, but aim for 30 mins/day; 5 days/week.
OR
Try an [arthritis-appropriate physical activity program](#);
3 days/week + other activity

Select joint-friendly, low-impact activities like swimming and biking (less than 10 miles/hour).ⁱⁱ
30 minutes/day; 5-6 days/week

ⁱ <https://onlinelibrary.wiley.com/doi/full/10.1111/sms.12611>

ⁱⁱ <https://www.cdc.gov/arthritis/basics/physical-activity-overview.html>

ⁱⁱⁱ https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf





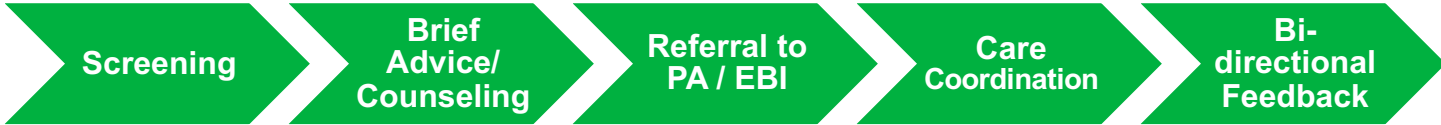
May 9th Recap & Outstanding Discussion

Refine care pathway for the arthritis care model screening component



Proposed pathway

For patients age ≥18...



All patients (Universal Prevention for Patient Vital Signs)

No OA

Every Visit

PAVS +(Intensity)
Muscle strengthening

Assess Readiness for Change, Risks, & Provides Brief Advice

Prescribe PA & Refer to Community Programs

Coaching to support patient

Update on Patient Progress

Patients w/ Diagnosis of OA Knee /Hip

Yes OA

1. Annual Physical
2. Medicare AWV
3. Knee/hip joint pain visit

+PROMIS

+ modifications for OA

+Triage based on OA severity

Chief Complaint of Knees/Hips Pain & Function Limitation (no diagnosis)

Knee/hip joint pain visit

+PROMIS
+Clinical Diagnosis

- 1) Should PROMIS +PAVs be universal screening?
- 2) Do we encourage PROMIS for chief complaint of knee/hip pain or limitation?
 - Is there age adjustment needed?
 - Should we share guidelines/tools to support accurate clinical diagnosis?
- 3) Enhancement of PAVs questions for arthritis population



Should we share guidelines/tools to support accurate clinical diagnosis?

Table 3. Diagnosis of Knee Osteoarthritis

Clinical criteria

Age older than 50 years
Bony enlargement
Bony tenderness
Crepitus
No palpable warmth
Stiffness for less than 30 minutes

Laboratory criteria

Erythrocyte sedimentation rate less than 40 mm per hour
Rheumatoid factor less than 1:40
Synovial fluid analysis: clear, viscous, white blood cell count less than 2,000 per μL (2.00×10^3 per L)

Radiographic criteria

Presence of osteophytes

Diagnostic accuracy

Criteria	Sensitivity (%)	Specificity (%)	LR+	LR-
Knee pain plus at least three clinical criteria	95	69	3.1	0.07
Knee pain plus at least five clinical or laboratory criteria	92	75	3.7	0.11
Knee pain plus at least five clinical or laboratory criteria, plus osteophytes present	91	86	6.5	0.10

LR+ = positive likelihood ratio; LR- = negative likelihood ratio.

1. What clinical guidelines do you rely on for accurate diagnosis that we may share with primary care providers/specialty as apart of the arthritis care model references & tools?
2. Are there clinical guidelines/care pathways from your institution that you may reviewed by design team for components to consider?



- Weight bearing 4 views of the knee.
- Weight bearing 2 views of the hip.



Recommendation: PAVS + intensity+ muscle strengthening

- Use to screen all patients (age ≥ 18) at all visits; <30 sec to complete
- **Physical Activity Vital Sign (PAVS)** – formerly, “Exercise Vital Sign”
 1. On average, how many days per week do you engage in physical activity ___?
 2. On average, how many minutes do you engage in physical activity at this level?
_____ minutes
 3. **Rate the intensity of your weekly physical activity light (casual walk); moderate(brisk walk), vigorous physical activity (like a risk walk)?**
 - Calculate #1 x #2 = Minutes/week; (National guidelines = 150 min/week)
 4. How many days a week do you perform muscle strengthening exercises, such as bodyweight exercises or resistance training?

Decision – Do we recommend enhancing PAVs to be more inclusive by capturing light intensity?



Physical Activity Guidelines

- Light-intensity activity is non-sedentary waking behavior (see sidebar) that requires less than 3.0 METs; examples include walking at a slow or leisurely pace (2 mph or less), cooking activities, or light household chores
- Moderate-intensity activity requires 3.0 to less than 6.0 METs; examples include walking briskly (2.5 to 4 mph), playing doubles tennis, or raking the yard.
- Vigorous-intensity activity requires 6.0 or more METs; examples include jogging, running, carrying heavy groceries or other loads upstairs, shoveling snow, or participating in a strenuous fitness class. Many adults do no vigorous-intensity physical activity.

https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf



Intermountain EHR Build*

Physical Activity Vital Sign in HELP2

1. On average, ***how many days a week*** do you perform physical activity or exercise?
2. On average, ***how many total minutes*** of physical activity or exercise do you perform on those days?
days/week X minutes/day = min/week (PAVS)
3. Describe the ***intensity*** of your physical activity or exercise:
light = casual walk moderate = brisk walk vigorous = jogging

Non Intermtn Labs Preferenc

ROS Physical Exam

C: in

in Score:

Days per Week: Light, moderate, vigorous

Minutes per Day:

Total min/week: 150 Start, increase, maintain

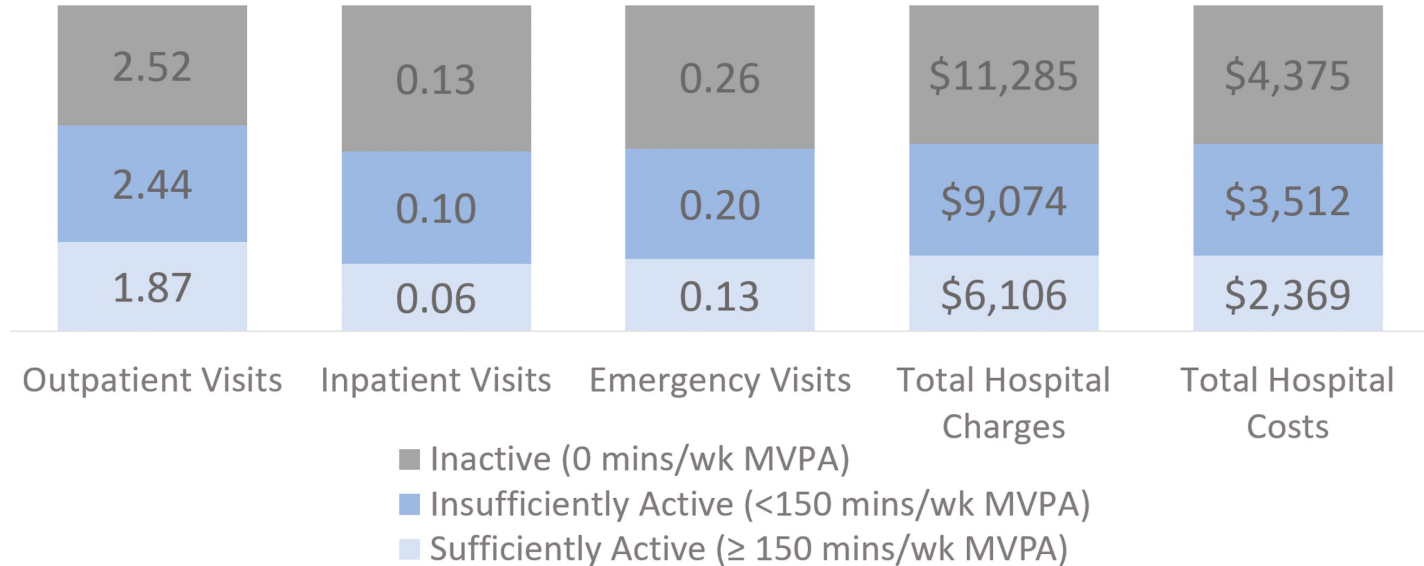
SEARCHED REPORTS MEDICINE REPORTS

[Call to Action on Making Physical Activity Assessment and Prescription a Medical Standard of Care](#)

- Sallis, Robert E.; Matuszak, Jason M.; Baggish, Aaron L.; Franklin, Barry A.; Chodzko-Zajko, Wojtek; Fletcher, Barbara J.; Gregory, Andrew; Joy, Elizabeth; Matheson, Gordon; McBride, Patrick; Puffer, James C.; Trilk, Jennifer; Williams, Janet
- Current Sports Medicine Reports 15(3):207-214, May/June 2016.
- doi: 10.1249/JSR.0000000000000249



Annual Healthcare Utilization & Costs by PA Level* (2014-19)



N = 1,195,407 person-years; 459,313 persons

*Mean PA reported during 2 yrs prior to summed annual utilization & costs



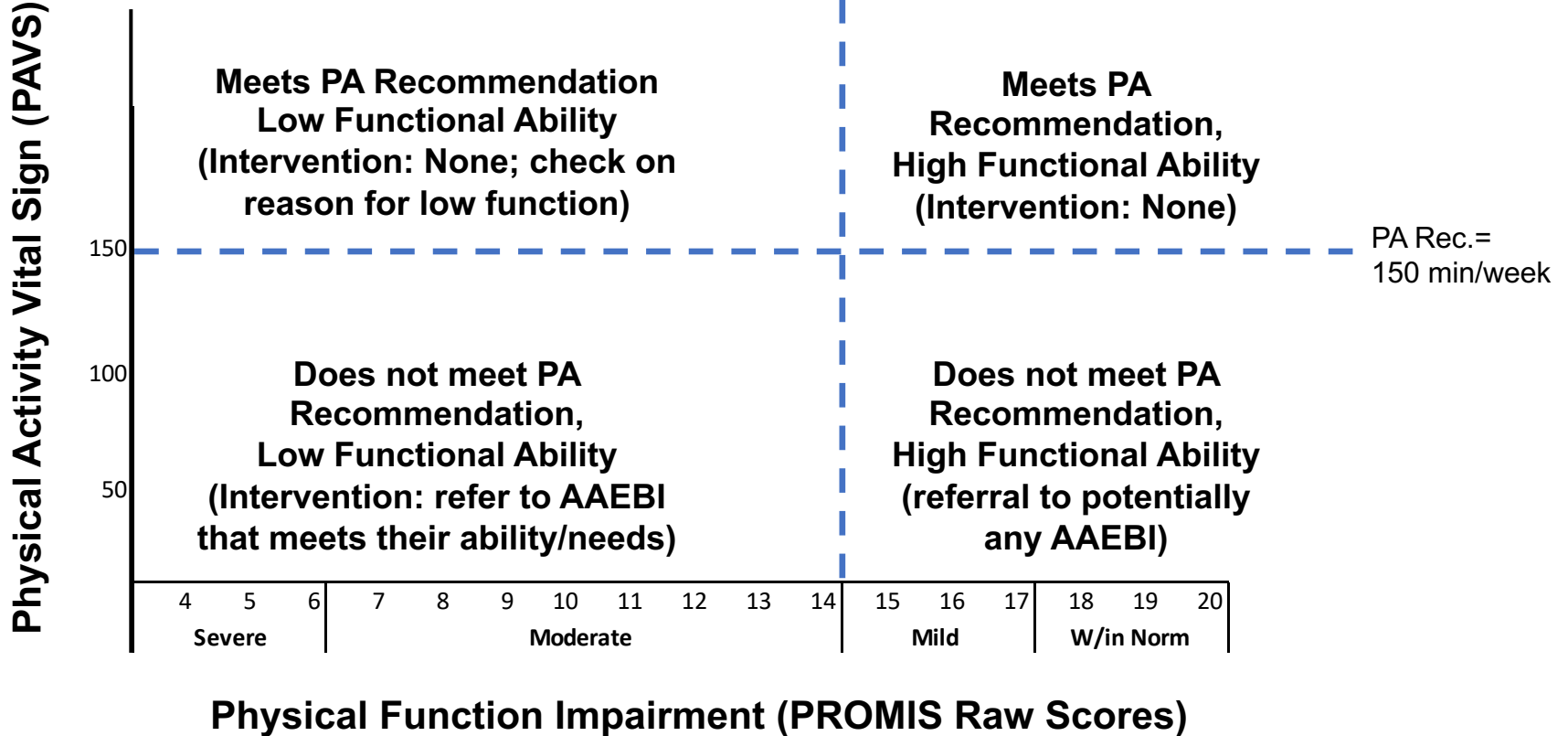
Review Thresholds

Dartmouth Institute for Health Policy and
Clinical Practice

Assess how PROMIS+PAVs thresholds and other considerations (e.g. health status, risk assessment, patient preference) may drive care pathway

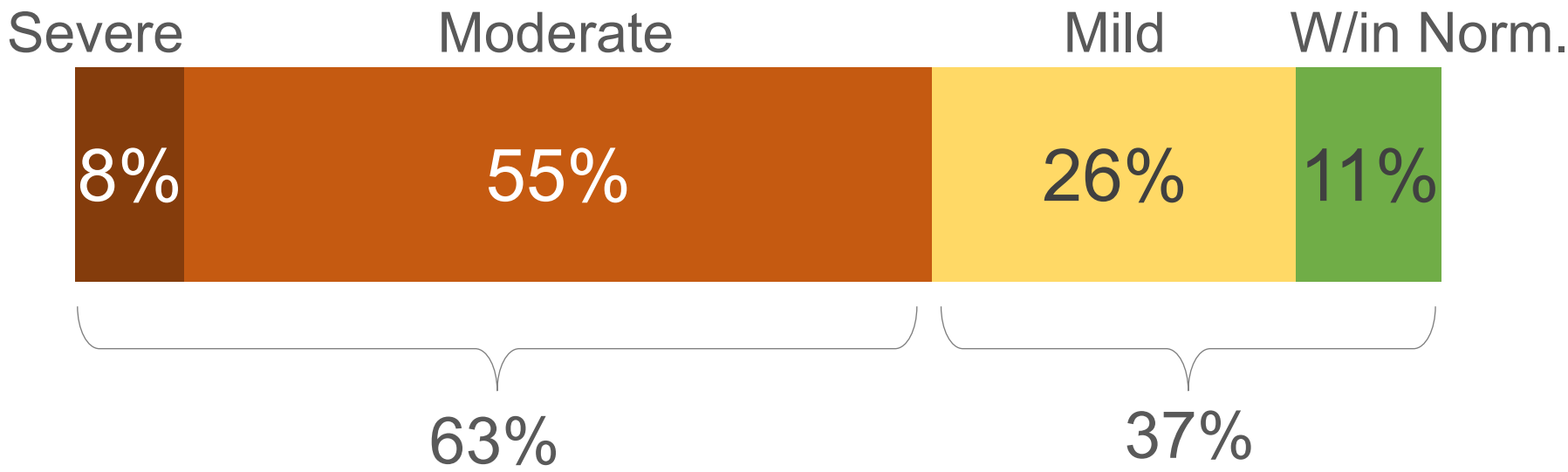


Activity level x physical function



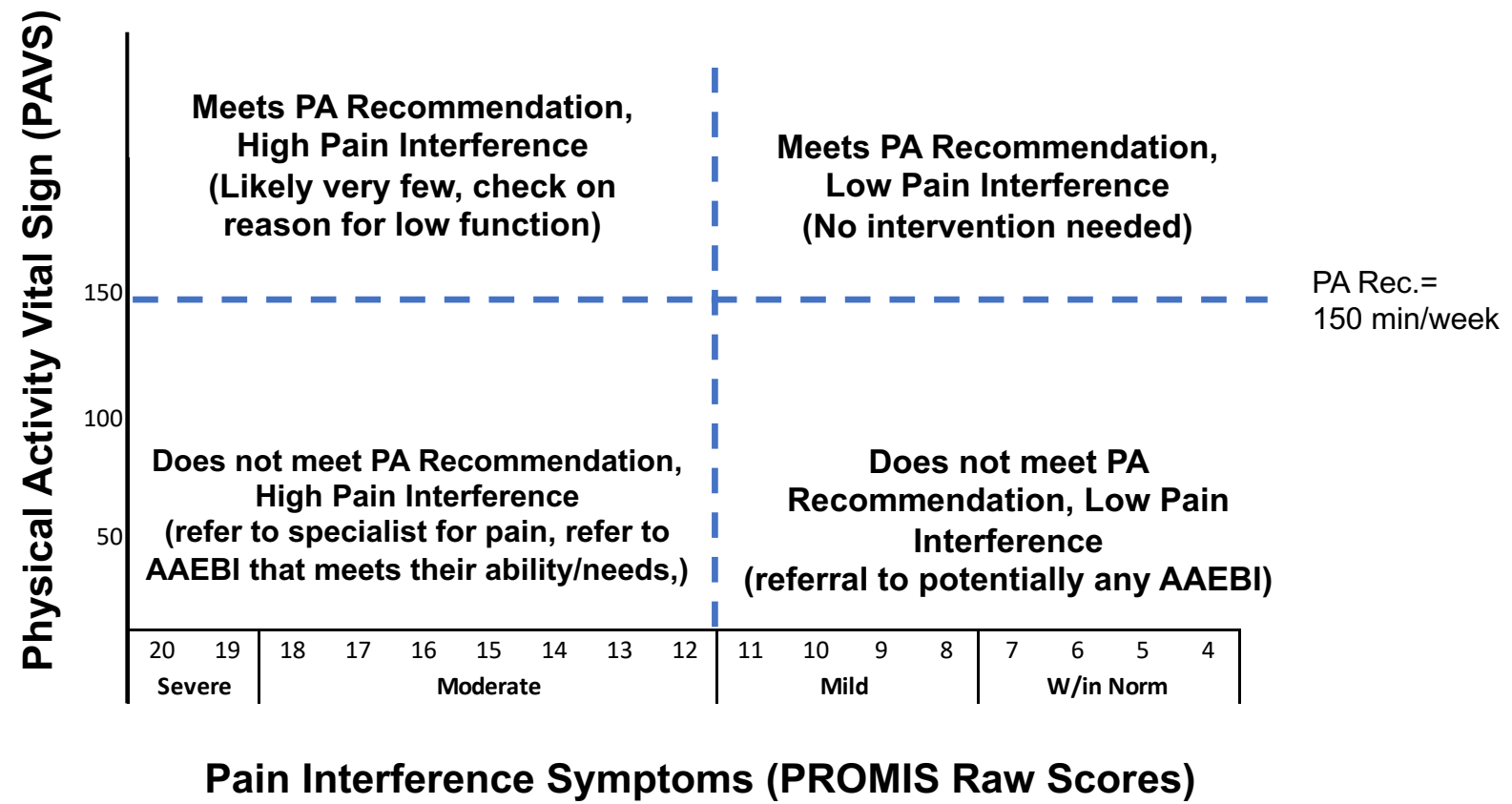


Physical Functioning in AF INSIGHTS Population with OA (N=17,955)



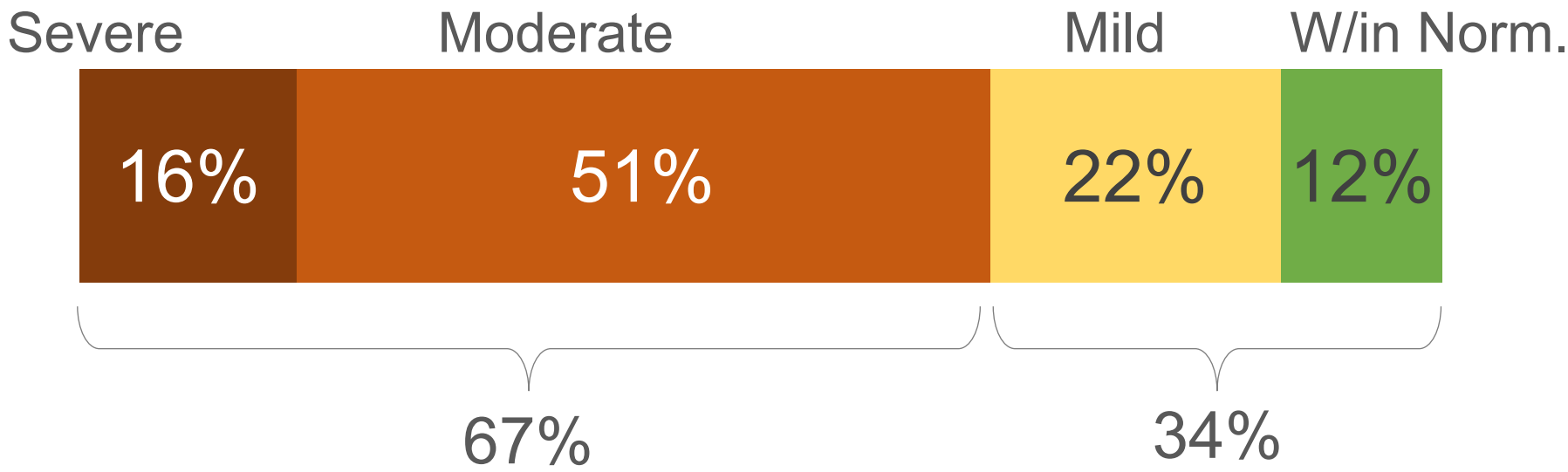


Activity level x pain interference





Pain Interference in AF INSIGHTS Population with OA (N=17,930)





Correlation between Pain Interference and Physical Functioning in AF INSIGHTS Population with OA (N=17,824)

Phys. Function	Pain Interference			
	W/in Norm.	Mild	Moderate	Severe
W/in Norm.	6%	3%	1%	0%
Mild	4%	12%	10%	0%
Moderate	1%	6%	37%	10%
Severe	0%	0%	3%	5%

26% 55%



Brief Advice /Counseling

Examine methodology to support brief advice/counseling/triage and associated counseling tools to recommend for health system pilot



What matters to Person with Arthritis?

"I'm exhausted from the isolation and disruptive sleep routine during the pandemic, with one day flowing into the next with no social events. Single and living alone has been terrifying."

-Pamela in Tennessee
osteoarthritis & fibromyalgia

"I have trouble doing all the regular leisure and social activities with family and friends that I wanted to do. There's been terrible pain, no way to meet with people and loneliness."

-Esfir in California
osteoarthritis & gout

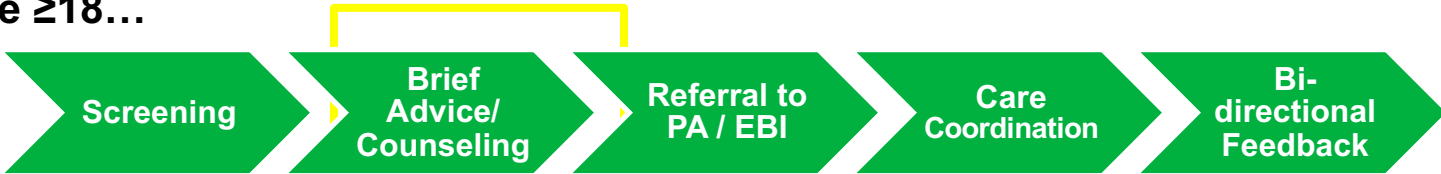
"My sleep quality has been uneven over the past year. I have difficulty falling asleep. I also feel out of sorts much of the time because I feel trapped at home."

-Jonathan in Washington
*osteoarthritis
& axial spondyloarthritis*



Proposed pathway

For patients age ≥18...



All patients (Universal Prevention for Patient Vital Signs)

No OA

Every Visit

PAVS +(Intensity)
Muscle strengthening

Assess Readiness for Change, Risks, & Provides Brief Advice

Prescribe PA & Refer to Community Programs

Coaching to support patient

Update on Patient Progress

Patients w/ Diagnosis of OA Knee /Hip

Yes OA

1. Annual Physical
2. Medicare AWV
3. Knee/hip joint pain visit

+PROMIS

+ modifications for OA

+Triage based on OA severity

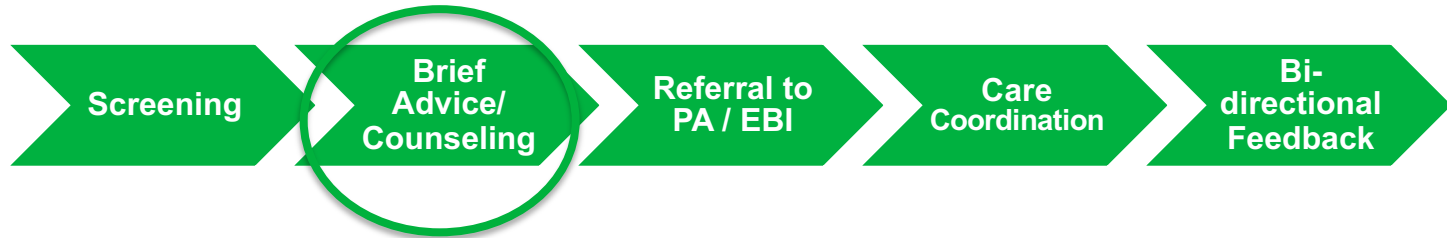
Chief Complaint of Knees/Hips Pain & Function Limitation (no diagnosis)

Knee/hip joint pain visit

+PROMIS
+Clinical Diagnosis



Component of Brief Advice/ Counseling



Brief Advice: Physical Activity Spectrum



Activities of Daily Living

- Walking/rolling
- Taking stairs
- Parking farther



Active Transportation

- Walk/bike to work or errands



Lifestyle Activities

- Walk the dog
- Rake leaves
- Go dancing



Exercise (planned)

- Aerobic activity
- Strengthening
- Combo or sports



2. Brief Advice/Rx

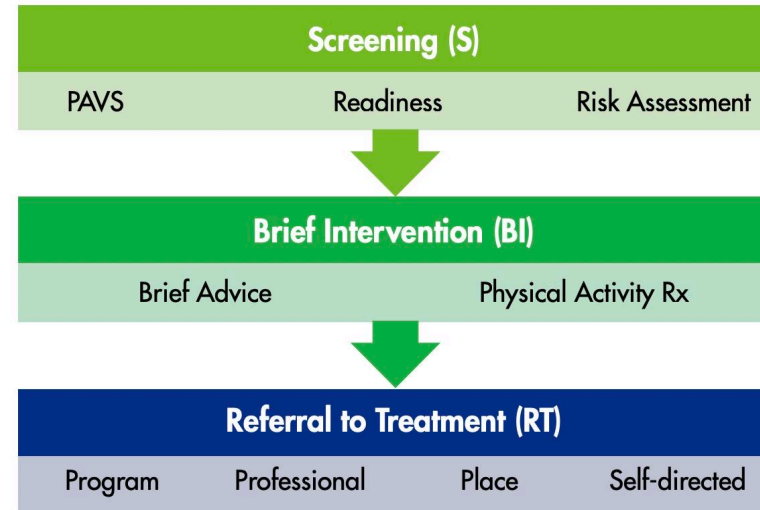
SBIRT

EIM and SBIRT (Screening, Brief Intervention and Referral to Treatment)

You likely have only a brief window of time for physical activity counseling (at times no more than 20-30 seconds) during a normal office or telehealth visit. You can utilize your staff, create tools within the electronic health record (EHR), and use the attached resources to:

1. Assess the patient's level of physical activity and apply the American College of Sports Medicine (ACSM) exercise pre-participation screening algorithm;
2. Provide brief advice or counseling regarding the importance of regular physical activity, specifically relevant to that patient's medical history and situation. Write a prescription for physical activity.
3. Refer the patient to physical activity resources (programs, facilities, certified exercise professionals or self-directed/online resources)

Brief Advice



Assessing Readiness

Stage of Change Action Step

Precontemplation

(Patient has no intention to be physically active)

- Discuss the health benefits of regular physical activity particularly related to that patient's unique health concerns and needs.
- The individual is likely not ready to receive a physical activity prescription at this point.

Contemplation

(Patient knows they should exercise and is thinking about becoming physically active)

Independent

Provide info. Write prescription. Refer to exercise professional.

Supervision Necessary

Refer to clinical exercise physiologist, cardiac rehab or physical therapy as appropriate.

Using a patient-centered approach, explore the patient's interests and concerns to help them identify meaningful reasons to become more active and choose how they'd like to begin. Provide basic guidance if the patient is receptive.

Preparation

(Patient is planning to become physically active in the near future)

Write prescription; refer to non-clinical exercise professionals.

Refer to clinical exercise physiologist, cardiac rehab or physical therapy as appropriate.

Action

(Patient is meeting the physical activity guidelines but for less than 6 months)

Applaud efforts. Encourage continued exercise.

Encourage continued supervised exercise training.

Discuss relapse prevention strategies: planning ahead for challenges, getting back to activity after a lapse.

Maintenance

(Patient is meeting the physical activity guidelines for the last 6 months or more)

Applaud efforts. Encourage continued exercise.

Encourage continued supervised exercise.

Encourage them to spend time with people with similar healthy behaviors; continue to engage in healthy activities to cope with stress.

Readiness Assessment

Refer to Resource Library #4

Exercise
Medicine

AMERICAN COLLEGE
of SPORTS MEDICINE

Rx Prescriptions for Physical Activity + OA Modifications

Exercise
is Medicine™

AMERICAN COLLEGE
of SPORTS MEDICINE

Name: _____ Date: _____

2018 Physical Activity Guidelines for Adults:

- 150-300 minutes/week of moderate-intensity activity or 75-150 minutes/week of vigorous activity (somewhat hard to very hard) or a combination of both
- Muscle strength training 2 or more times a week



Aerobic Activity (check)

Frequency (days/week): 1 2 3 4 5 6 7

Intensity: Light (casual walk) Moderate (brisk walk) Vigorous (like jogging)

Time (minutes/day): 10 20 30 40 50 60 or more

Type: Walk Run Bike Swim/Water Exercise Other _____

Steps/day: 2,500 5,000 7,000 9,000 or more Other _____

What about aerobic activity?

- Moderate activity is at a pace where you can talk but cannot “sing.” Examples: *brisk walking, light biking, water exercise and dancing.*
- Vigorous activity is done at a pace where you can't say more than a few words without pausing for a breath. Examples: *jogging, swimming, tennis and fast bicycling.*
- You can exercise for any length of time. For example, you might walk:
 - 30 minutes 5 days/week or
 - 20 minutes daily
 - 5 minutes here, 10 minutes there. Just work your way up to 150 total minutes/week.
- Your ultimate goal is to gradually build up to 7,000-9,000 steps/day.



Muscle Strength Training (check)

Frequency (days/week): 1 2 3 4 5 6 7

What about strength training?

- You don't have to go to a gym. Try elastic bands, do body weight exercises (chair sit-stands; floor, wall or kitchen counter push-ups; planks or bridges) or lift dumbbells. Heavy work around your home or yard also builds strength.
- Strengthen your legs, back, chest and arms. To start, try 10-15 repetitions using light effort. Build up to medium or hard effort for 8-12 repetitions. Repeat 2-4 times, 2-3 days/week.
- Give yourself a rest day between each strength training session.

Prescriber's Signature: _____

Being Active When You Have Osteoarthritis

Exercise
is Medicine™

AMERICAN COLLEGE
of SPORTS MEDICINE

Brief Advice

Being active will help you feel better, move better and sleep better. Experts now say that any physical activity counts toward better health — even just a few minutes!

If you are one of the millions of people who have osteoarthritis (OA), being active is an important way to decrease the pain and stiffness that are hallmarks of arthritis. If you avoid physical activity, you'll get weaker and stiffer, making your joint pain and disability worse. Regular exercise has been shown to reduce pain, improve your ability to do daily activities and lower your risk of other health problems.

Start where you are. Use what you have. Do what you can.

Getting Started

Keep It Simple

Sit less and move around more! Sitting still for too long will cause your joints to feel stiff. Walk to the mailbox. Walk the dog. Dance in the kitchen. Take the stairs. Find opportunities to move throughout your day.



Talk with Your Doctor

If you have other health problems or have been inactive for a long time, check with your health care provider. How about physical therapy? Physical therapists can teach you exercises to strengthen and support your joints and manage pain.



Build A Plan

There is no one best way to be active with OA. Use your “likes” to guide your active lifestyle. What will help you make a change and get moving? Schedule activity as a high priority.



Be Active with A Friend

Find a friend and set up walking schedules or find out about programs in the community. Those who are active with a buddy tend to stick with it longer than those who go it alone.



Refer to Resource
Library #5 and #6

AMERICAN COLLEGE
of SPORTS MEDICINE

5 As



Sallis, Robert E. MD, FACSM

“Call to Action on Making Physical Activity Assessment and Prescription a Medical Standard of Care.”

“Clinician-Targeted Intervention and Patient-Reported Counseling on Physical Activity”

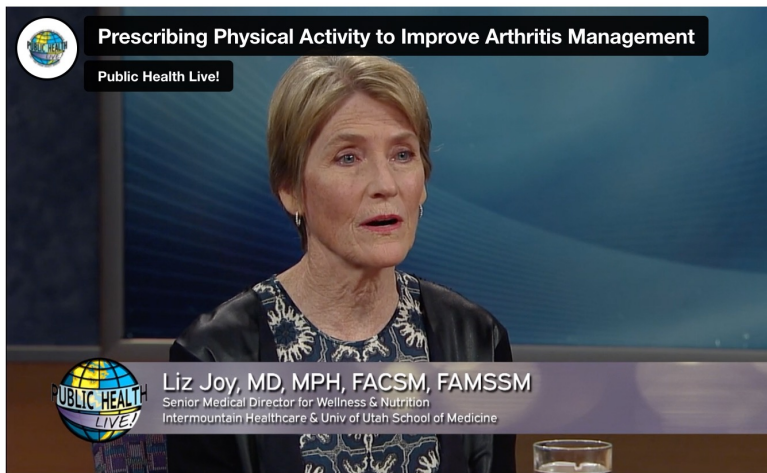
https://www.cdc.gov/pcd/issues/2014/13_0302.htm




PRESCRIBING PHYSICAL ACTIVITY TO IMPROVE ARTHRITIS MANAGEMENT


RESOURCE #12

Webcast



 **Prescribing Physical Activity to Improve Arthritis Management**
Public Health Live!

Liz Joy, MD, MPH, FAGSM, FAMSSM
Senior Medical Director for Wellness & Nutrition
Intermountain Healthcare & Univ of Utah School of Medicine



Coaching Training for Care Teams



Creating Opportunities for Arthritis Control @ Home

An *Experts in Arthritis* Training Module and Tools to Help a Wider Circle of Providers Support and Coach Patients in Managing Their Arthritis at Home

Presented by the U.S. Bone and Joint Initiative (USBJI)

www.usbji.org



Power of 1 !!

- 1) Practicing Providers and CBOs-Test **1** tool with **1** person with arthritis by the next meeting
 - What worked for you or care team member? What could be improved?
 - Any feedback on the tool from the person with arthritis on how they think it may support their self-management journey ?

- 2) May do above the exercise with a family member friend with arthritis
OR

- 3) Watch the **1** video in the Resource Library document posted in the Pre-Reads for May 23 and provide feedback on how you think it may support the arthritis care model design
 - Send any feedback by **Friday, June 9th**



OACare Tools

Katie Huffman, Osteoarthritis Action Alliance




Resources for Adults

Dealing with Osteoarthritis or Joint Pain?

There are things you can do that may help you feel better.



Support of Shared Decision Making

 <p>Physical Activity</p>	<p>Being physically active is important for managing osteoarthritis (OA). Physical activity may help improve pain, mood, and your ability to do everyday activities. It can also help you manage your weight.¹</p>	<ul style="list-style-type: none"> • Participate in arthritis-friendly programs² <ul style="list-style-type: none"> › Active Living Every Day › Arthritis Foundation Exercise Program › EnhanceFitness[®] › Fit & Strong › Walk With Ease – Group & Self-directed • Move your body. Some examples of joint-friendly activities include walking, biking, and swimming.³ • Look for employer-sponsored benefits such as walking paths, yoga classes, stretch breaks, and/or fitness center discounts.
 <p>Weight Loss</p>	<p>Extra weight increases joint pain and damages cartilage of the joints, especially in the hips and knees. Even small amounts of weight loss may help relieve pain. Every 1 pound of weight loss gives you 4 pounds of relief on your knees.³</p>	<ul style="list-style-type: none"> • Make small changes, one at a time.⁴ • Limit sugary drinks such as soda and juices and replace them with water.⁵ • Add a vegetable and/or fruit to your meals.⁴ • Pack your own lunch each day.⁴ • Get more and better sleep.⁵ • Sit less! Move more!^{6,7}
 <p>Pain Management</p>	<p>Pain is common for those living with arthritis.⁸ Pain management can include non-medication strategies and medications.⁷</p>	<p>Try some of these recommended non-medication strategies for managing pain:⁷</p> <ul style="list-style-type: none"> • Aerobic, strengthening, balance, and flexibility exercises • Weight loss • Tai chi • Heat & cold therapies (such as paraffin treatments or ice packs) • Acupuncture • Braces (such as knee or hand braces)

Shared Decision Making Tool

Refer to Resource Library #7

Resources for Healthcare Providers & Adults

Clinical Management of OA



The benefits of physical activity for arthritis¹

- Physical activity is important for managing osteoarthritis (OA) pain, as well as other chronic conditions that commonly occur among adults with OA. Some of the benefits of physical activity for people with OA may include improvements in:²
- Pain and stiffness
 - Range of motion
 - Heart health
 - Muscle strength
 - Weight management
 - Joint stability and balance³
 - Mood
 - Ability to perform daily tasks
 - Absenteeism⁴ (missed days of work)
 - Presenteeism⁵ (reduced productivity at work)

Physical activity recommendations

The physical activity recommendations for people with arthritis generally follow the National Physical Activity Guidelines for Americans,⁶ however, they should be tailored to patients' abilities, health, interests, past experiences, geography, and other personal factors.⁷ Providers can help patients find their "FITT" by mutually developing a plan that includes the following recommendations:⁸

- F** Frequency: Start low and go slow, particularly if patients are not currently exercising; gradually increase frequency as they become stronger and more confident. However, the goal for patients should be to move more every day.⁹
- I** Intensity: Provide examples such as being able to "talk" but not "sing" while performing moderate activity, or not being able to say more than a few words at a time during vigorous exercise.¹⁰
- T** Time: Aim for a weekly goal of 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous activity. If patients have a low fitness level and/or experience pain when exercising, recommend starting with 3-5 minute sessions 2 times a day.¹¹
- T** Type: Engage in a combination of aerobic (3-5 days a week), strengthening (2 days a week), and balance/flexibility (3 days a week) exercises.¹²

Joint-friendly Activity Suggestions^{13,14}



Warning signs to share with patients - sharp, stabbing or constant pain; pain that interferes with daily activities; pain that lasts more than 2 hours after exercise; pain or swelling that does not improve with rest, pain medications or heat/cold treatments; increased swelling/redness in joints.¹⁵

Getting Started with Physical Activity for Arthritis

Physical activity is one strategy for managing pain from osteoarthritis (OA).¹ It helps increase strength, range of motion, and stability in joints.² It may also help improve your function and your ability to manage your weight and other health conditions like heart disease and diabetes.³

Oh, physical activity may help reduce OA pain, but what type of movement is best? Where do you start?

Talk to your doctor about an exercise program that may be right for you. Then get started with these 2 basic steps:

- 1 Learn what counts as physical activity
- 2 Set SMART goals to add more activity in your day safely and effectively

1 Find your "FITT": Learn what counts as physical activity

F Frequency: Start low and go slow, particularly if you have not been exercising. **Gradually increase frequency** as you become stronger and more confident. However, the goal should be to move more every day.⁹

I Intensity: Measure how hard you are working with the talk test. You should be able to "talk" but not "sing" during moderate activity.¹⁰

T Time: Aim for a weekly goal of 150 minutes of moderate aerobic activity. Try breaking this time into shorter blocks of activity if necessary.¹¹

T Type: Mix it up! Do a combination of aerobic (3-5 days a week), strengthening (2 days a week), and balance/flexibility (3 days a week) exercises.¹²

Joint-friendly Activity Suggestions^{13,14}

- Walking
- Dancing
- Light Gardening
- Group exercise
- Household chores
- Resistance training
- Swimming
- Tai chi
- Walking water aerobics
- Yoga
- Single finding ways to be active before and after the day

CAUTION! If you experience these symptoms, talk to a healthcare provider about your exercise program, staying off-road or avoiding public pool that interferes with daily activities, pain that lasts more than 2 hours after exercise, pain or swelling that does not improve with rest, pain medications or heat/cold treatments, increased swelling/redness in joints.¹⁵

Check out this [online guide](#) to custom-"FITT" an exercise plan based on your current level of physical activity.

2 Set SMART goals to add more activity into your day safely and effectively

The next step is setting SMART goals that are Specific, Measurable, Achievable, Realistic, and Time-bound. You can use the FITT guidelines above, or you can use your own personal metrics to write your SMART goals.

Use the worksheet on the other side to make physical activity goals for yourself.

References

1. American College of Sports Medicine. *Physical Activity and Health: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services; 2008.
2. Centers for Disease Control and Prevention. *Physical Activity and Health: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services; 2008.
3. American College of Sports Medicine. *Physical Activity and Health: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services; 2008.
4. American College of Sports Medicine. *Physical Activity and Health: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services; 2008.
5. American College of Sports Medicine. *Physical Activity and Health: A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services; 2008.

Healthcare Providers

Adults and Employees

Getting Started with Physical Activity for Arthritis

Refer to Resource Library #8 and #9



Brief Advice /Counseling/Triage Reflections

Lisa Erck, NACDD



Closing and Next Steps



Next Steps

Design Session #3

- June 13, 2023, 10-11:30am ET
- Interactive brief advice/counseling discussion
- Introduce the concept of referral

Homework

- Share clinical guidelines
- Share brief advice/counseling tools
- Complete the Power of 1! Exercise by June 9th and send feedback



Power of 1 !!

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Thank you!

