

OSTEOARTHRITIS AWARENESS

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<http://www.arthritisresearchuk.org/arthritis-information/arthritis-today-magazine/151-winter-2011/pain-out-of-sport.aspx>

DID YOU KNOW?

- OA is one of the most common diseases of middle and old age and is the leading cause of pain and disability.
- 8 out of 10 people with OA have compromised movement and 1 in 4 are unable to perform everyday tasks.
- Obesity, family history and joint/ligament trauma are all significant risk factors for developing OA.
- Excess body weight causes excessive joint loading esp. for the hip and knee joints. Obese people are over 14 times more likely to develop knee OA than those who are normal weight.
- Leg length inequality and varus (bow legged) and valgus (knocked knees) malalignment have been linked with an increase risk of OA.
- There are 2 types of injuries linked to OA later in life; a single severe episode ex: ligament sprain or rupture ex: junior climber pulley rupture or ACL rupture &/or an injury that represents a long time of exposure to low-level trauma seen in sport, hobbies or work.
- 50% of those with a diagnosed ACL ligament or meniscal tear have OA with associated pain and functional impairment.
- Walking and running can help with joint health in the absence of any OA risk factors. Healthy joints will still need to be conditioned to repetitive loading and stress, i.e.: if you are a beginner or experienced walker/runner but haven't been for 6 months or more, then you must build up very gradually and strengthen your body for the sport you are taking on.
- Physiotherapy can help malalignment issues, prevent injuries and disruptive low level repetitive trauma. Physiotherapy can help manage injuries with a scientific approach. All of this can help reduce the risk of OA, or severity of the disease.
- Physical fitness has been shown to improve mental, emotional and physical states as well as decrease morbidity rates. It is important to emphasise activity and sport with the correct knowledge and guidance of how to exercise safely. Nina is dedicating part of her physiotherapy practice to preventing injuries amongst junior climbers, and all children involved in sport, to help minimise future arthritic conditions. One way Nina is helping to achieve this is by offering "sport screenings" to pick up injury risk factors, strengths and weaknesses that can have an affect on an individuals sport.**

