

Osteoarthritis and your Fitness Program

Fitness enthusiasts face certain challenges when exercising with diagnosed arthritis. There are many types of arthritis (rheumatoid, psoriatic, gout, ankylosing spondylitis, to name a few) but osteoarthritis (OA) and rheumatoid (RA) are the most common. An estimated 37-40 million Americans suffer from some form of arthritis with OA affecting approximately 50% of people over age 65. That percentage climbs with age. Arthritis is when cartilage is gradually worn down and causes can include wear and tear, trauma, and metabolic disorders.

Risk factors for OA include obesity, previous injury to joint and repetitive action. RA is characterized by being systemic (affecting the whole body therefore usually multiple joints), inflammatory in nature, and can cause deformities in the entire joint.

Exercise is an excellent intervention for people suffering from OA and RA. *The primary goal of an exercise program for fitness enthusiasts with OA and RA is to limit the progression of the existing damage already caused by arthritis.*

Here are some suggestions to assist you with your exercise program and help accomplish this goal.

1. **Listen to your body:** If an exercise hurts, then it is not a good idea to stress that area that session. For example, if an overweight exerciser complains that their knees hurt during chair squats, then their knees need a rest. Perhaps alternatives could be open chain (meaning the feet are detached from the floor) or minimal weight bearing exercises that still strengthen the muscles surrounding the knee but without the impact. One of my favorites is to have the person sit back in a typical adjustable weight lifting bench with the back at 75 degrees, grip a 2kg medicine ball between their feet, and perform a traditional leg extension. Swimming would be an excellent alternative also.
2. **Extend the warm up.** Warm up is the ideal time to assess how you are feeling that day. My suggested warm up include exercise that mimics the actual forthcoming exercises (squats, lunges, pushes and pulls) but at a much lower intensity and usually with a medicine ball or no weight at all. I recommend a jelly filled med ball or the Dynamax brand med ball instead of the rubber type, which is harder to hold and catch.
3. **Promote mobility.** At the conclusion of warm up with a medicine ball (5-7 minutes) go into some easy full range but pain permitting active stretches such as arm circles, gentle trunk twists, ankle circles, standing high knee lifts, hurdle walks, and yoga-cat-camel stretches. All are done without outside assistance and offer an opportunity to further assess how you are feeling that day.

4. **Encourage variety.** Biking, swimming, walking may be better exercises than singles tennis or running due to their lower impact. Jerry, 68, obese, arthritis of the lower back and bilateral knees has supplemented his land based weight lifting workouts with sessions in his pool with great success. Don, 66, severe hip arthritis, and a 4.5 level tennis player has switched to doubles tennis with success also.

5. **Consider alternatives.** Muscle activation techniques, acupuncture, and glucosamine and chondroitin have all worked successfully in conjunction with exercise for the people I work with.

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