MANAGING OSTEOARTHRITIS

PROTECT YOUR JOINTS
ABOUT THIS GUIDE

This guide offers practical advice, current research and information to help people living with osteoarthritis. It may also be a useful resource for family and friends who want to know more about osteoarthritis and how they can help.

Inside this guide, you will find the following:

- information about osteoarthritis and how to reduce its impact on your health and everyday life
- an Osteoarthritis Action Plan that you can prepare together with your doctor
- a personal Medication Record to help you keep track of your medications.

Take this guide with you when you next visit your doctor so you can get started on making your Osteoarthritis Action Plan together.
WHAT IS ARTHRITIS?

Arthritis is inflammation in one or more joints, which results in pain, stiffness and limited movement. The most common types of arthritis are osteoarthritis, rheumatoid arthritis and gout. These three types are responsible for 95 percent of arthritis in Australia. Nearly 4 million people live with arthritis, which is almost 19 percent of the population. Another type of arthritis is lupus or systemic lupus erythematosus (SLE), a condition where the tissues around the organs become inflamed.

In this guide, our focus is on osteoarthritis. However, some of the information may be relevant to other forms of arthritis too. No matter what type of arthritis you have, always talk to your doctor before you decide on any form of treatment or management plan.

WHAT IS OSTEOARTHRITIS?

Osteoarthritis occurs when the cartilage becomes worn and stops the joints from moving smoothly which leads to inflammation and swelling or stiffness in the joints, causing pain. This can further weaken and wear the cartilage, lessening its ability to cushion and absorb shocks in the joints. In extreme cases, the bones may even grind together causing great pain and severely limiting movement.

Osteoarthritis can affect any joint but most commonly occurs in the joints of the hands, feet and spine as well as large weight-bearing joints such as hips and knees. Generally, osteoarthritis affects people of 45 years and older.

How the knee is affected by osteoarthritis
The likelihood of developing osteoarthritis increases with age and women are more likely to develop osteoarthritis than men. Other factors that increase the likelihood of developing osteoarthritis include a previous injury or fracture, being overweight and weakness of the quadricep muscles (for knee arthritis) or doing repetitive tasks. It’s also thought that people who do little or no exercise have a higher chance of developing osteoarthritis.

People who had a different type of arthritis as a child may also be at higher risk of developing osteoarthritis later in life. If close family members have arthritis there is also a greater risk.

However, in some cases, the cause can be unknown.

**HOW IS OSTEOARTHRITIS DIAGNOSED?**

A diagnosis of osteoarthritis is made by the pattern of your symptoms and examination of your joints.

Questions your doctor might ask include:

- How long have you experienced pain?
- Did a specific event trigger the pain?
- Which joints are affected?
- Is your pain or stiffness better/worse at specific times of the day, week or month?
- Are any movements likely to aggravate the pain?
- What makes your joints feel better or worse?
- Has anyone in your family had osteoarthritis?
- What medications you are taking for the pain, including any complementary and alternative medications? How would you rate their success in helping to ease the pain?

Your doctor may make a physical examination of the joints to assess size, swelling, laxity and movement. They may assess your general health and things like your weight, your risk of falling and the impact pain is having on your mental health.

Your doctor may also order tests to help make a clear diagnosis and rule out other types of arthritis. You may not need any further tests at all, but if you do, these are examples of what you might need based on the pattern of symptoms you have and what your joints look and feel like on examination.

**X-rays**

X-rays may be taken to see whether there are cartilage or bone changes that are indicative of damage due to osteoarthritis.
Blood tests
You may not need any blood tests at all. But if you do, here are some of the blood tests your doctor may order to help rule out other types of arthritis:

- **Antibody tests**: These are usually ordered if your doctor thinks you may have rheumatoid arthritis, and includes tests for rheumatoid factor and anti-cyclic citrullinated peptide (anti-CCP).

- **Tests for inflammation**: These tests give an indication of how much inflammation is occurring in your body. High levels of inflammation may indicate active rheumatoid arthritis.

- **Uric acid level**: This may be tested if gout is suspected as the underlying cause of the joint pain. However, a raised uric acid level does not prove that you have gout.

Testing the synovial or joint fluid
A sample of the synovial fluid within the affected joint can be analysed to see if there are changes consistent with a particular type of arthritis. This is not necessary to diagnose osteoarthritis, but your doctor may want you to have this test if your symptoms and physical examination suggest you may have a different type of arthritis. A needle is placed directly into the joint, and a small amount of the fluid is drawn out for testing. It may hurt slightly so local anaesthetic may be used before the procedure.

WHY DO I NEED AN OSTEOARTHRITIS ACTION PLAN?

Having a written Osteoarthritis Action Plan to record important information can help you stay up-to-date with your health checks.

Work with your doctor to develop a personalised, written Osteoarthritis Action Plan. This can include a combination of medical advice, medication, physical exercise, a healthy diet and keeping a positive mindset as well as other therapies.

Your Osteoarthritis Action Plan can help you recognise when your arthritis may be changing. In some cases, if symptoms get worse, your doctor may recommend that you have surgery to replace a joint at some stage. This is where your Action Plan can further help you stay on track with your arthritis treatment, manage your medication and remind you when to go for check-ups.

Looking after yourself and regular visits to your doctor can help you stay in control of your arthritis, manage it well and help you lead as active and healthy a life as possible.
HOW CAN OSTEOARTHRITIS BE MANAGED?

Osteoarthritis affects people in different ways. The impact osteoarthritis has on your life depends on things like the type, severity, location, level of pain, general health, fitness and lifestyle. A range of treatment options are available to help you manage your symptoms (including pain), reduce further damage to your joints, maintain or restore function and reduce your risk of complications.

Treatment options generally involve physical and other therapies, medications, and surgery. But there is no ‘cure’ for osteoarthritis. Treatments generally help you manage symptoms rather than reversing the course of the disease. It may take some trial and error (as well as some patience) before you get it right. The main thing is to work with your health care professionals and keep on trying until you find the combination of treatments that work best for you.

PHYSICAL AND OTHER THERAPIES

A number of health professionals can assist you to manage osteoarthritis by providing you with a self-management program which can include exercises, joint protection and pain management techniques. Other treatments include ice massage or cold packs that can reduce joint swelling and improve joint mobility. Health professionals who may help you include:

- Physiotherapists: Physios have expertise in prescribing exercise, using manual techniques and electrotherapy to reduce pain, further prevent damage and help restore function.
- Occupational therapists (OTs): OTs can help you find the best way to carry out day-to-day activities, reducing strain on your joints and minimising fatigue. They can also prescribe a range of tools and equipment, designed to make your life easier if you have pain or reduced mobility.
- Exercise physiologists: These health professionals can help devise an exercise plan specifically tailored to your needs.
- Podiatrists: Podiatrists help assess, diagnose and treat foot conditions and provide help with nail and foot care for related issues such as corns and calluses.
- Osteopaths: An osteopath can use manipulation techniques such as stretching and massage to help ease pain in joints and soft tissue or to treat other problems contributing to your arthritis.
LIFESTYLE FACTORS

Leading a healthy lifestyle is helpful in managing osteoarthritis. Regular appropriate physical activity, a healthy diet and alcohol consumption, maintaining a healthy weight and not smoking can all help support you in maintaining your physical and mental wellbeing. They can also help you lower your risk of related complications such as depression and cardiovascular disease.

What types of exercise can I do?
Regular exercise is vital for your physical and mental wellbeing. It boosts your health and energy levels and can help you maintain a healthy weight. Building bone and muscle strength also helps ease the workload on your joints, improve your balance and reduce your risk of injury from falls or other incidents. Keeping your joints mobile can help reduce pain and the likelihood of long-term effects of deformity. We recommend consulting your doctor before starting any new exercise routine to make sure it’s suitable for you and any limitations you may have.

Physical exercise is an essential part of managing your arthritis. Try to keep a balance between exercising enough to stop your joints from becoming weak and stiff, and getting enough rest to avoid putting too much strain on your joints. If one longer session is not possible try for two or three short periods. And if you feel pain or are unwell, it’s best to slow down or stop as it may indicate the wrong type of exercise for you.

Ideally, include mobility and strengthening exercises as well as cardiovascular exercises in your regular exercise routine.

Range of mobility (ROM) exercises can help you move your joints as far as they can comfortably go in each direction. The goal is to decrease stiffness and pain while maintaining flexibility and joint function. Slow, gentle forms of tai chi and yoga are good options to get you moving.

Strengthening exercises are used to strengthen muscles. These exercises help to protect the joints, keep your ligaments and tendons strong, improve function and reduce muscle fatigue. There are a variety of exercises and your therapist can help you to choose the best exercise for you.

Cardiovascular exercises are sometimes referred to as ‘endurance exercises’. They increase your overall fitness by improving your circulation and the capacity of your heart and lungs. Walking, swimming and cycling are more beneficial as they strengthen muscles and improve cardiovascular fitness while minimising the impact on your joints.

Walking at your own pace is ideal — even a ten-minute walk is better than none at all. Exercising in water can also help as the water reduces the pressure on your joints. This can be anything from swimming laps to aqua-aerobics at your local pool, or hydrotherapy, a tailored warm water exercise program and treatment conducted by a physiotherapist. Hydrotherapy has been shown to reduce arthritic pain, increase muscle strength and general fitness. To locate warm water facilities in your area, contact Arthritis Australia. Check out your local rehabilitation centre, clinic or hospital for details of specialised water movement classes or supervised hydrotherapy for people with arthritis.
**Developing an exercise plan**

It’s important to develop an exercise plan that’s right for you as it could help slow down the progress of arthritis and keep you feeling positive. Even if you are experiencing persistent pain or you’re less mobile, there are exercises that can be performed while sitting in a chair or at an intensity that won’t aggravate your pain.

Generally, your doctor is the best person to advise you about the type and intensity of your training program, and to help you develop your exercise plan. A referral to a physiotherapist and/or exercise physiologist may also help you achieve your daily exercise goals. They can help you vary your exercise program and set new goals once you’ve achieved your targets.

**Diet, nutrition and weight control**

It’s important with a disease like arthritis to maintain a healthy, balanced diet as it helps maintain wellbeing and can affect how positive you feel.

If you are overweight, a healthy diet low in sugar and saturated fat can help you lose excess weight. Maintaining a healthy weight helps relieve the pressure on weight-bearing joints, which helps reduce your pain. There is strong evidence that weight loss is helpful for knee osteoarthritis. Combining exercise and weight loss leads to even bigger improvements in pain and physical function. A reasonable goal to aim for is about a 5% weight loss from your current weight over a 12–18 month period.

Bupa offers the Integrated Osteoarthritis Management Program to eligible Bupa health insurance members at no charge. This specialised program combines weight loss, lower limb muscle strengthening and pain management strategies to help people with knee and hip osteoarthritis to improve joint mobility and manage their pain. To find out more about the program and if you’re eligible to participate, visit [oa.hwfl.com.au](http://oa.hwfl.com.au).

**KEEPING A POSITIVE MINDSET**

People who have arthritis may also experience depression, particularly if they’re having chronic or persistent pain.

Depression requires professional treatment — it’s not as simple as ‘cheering up’ or ‘getting over it’. If you’re feeling down for more than two weeks, your doctor may recommend seeing a psychologist or psychiatrist. These qualified mental health professionals can help you with cognitive behavioural therapy (CBT) and learning strategies to manage pain, deal with limitations and get through everyday lows.

Being part of a support group, where you can talk through your feelings with others or just talking to a friend can help. To find arthritis specific patient support groups in your area, contact Arthritis Australia or visit their website at [www.arthritisaustralia.com.au](http://www.arthritisaustralia.com.au).
How can I protect my joints?
You can help protect your joints and reduce symptoms by becoming more aware of how you use your body. It may also involve changing the way you perform everyday tasks. Here are a few tips:

- Use the largest joints and the strongest muscles; for example when opening a jar, hold it firmly in your palm and use your arm muscle to open the lid.
- Listen to your body — pain is your body’s signal to you that something is wrong.
- Stretch and move your joints regularly.
- Avoid staying in the same position for a long time.
- Take a rest between activities to maximise your energy.
- Use a shopping trolley rather than carrying heavy bags.
- Use large grips, especially with cutlery and pens, to make items easier to hold and manipulate.
- Reduce stress on your joints and prevent damage by using tools and equipment such as specially adapted can openers and key adaptors.
- Avoid repetitive tasks and putting your joints in awkward positions.
- Wear shock-absorbent shoes such as trainers with thick, soft soles.
- Use hot and/or cold packs as advised by your doctor or physiotherapist.

If your arthritis stops you from carrying out daily activities, your GP may refer you to an occupational therapist who can advise you on more joint protection techniques and provide access to helpful aids to help you in your daily activities.
PAIN MANAGEMENT

Pain in arthritis can be caused by a number of factors. These include swelling, worn joints or tense muscles that stiffen while protecting the joint from painful movements. Stress can also be a factor, and often leads to a cycle of pain, depression and fatigue for people with arthritis.

Pain control methods work to reduce pain by closing or blocking the ‘pain gate’. Located in the spinal cord, this gate can control pain signals from reaching the brain. Stress or focusing on pain and fatigue seems to keep the ‘pain gate’ open. However, simple measures such as exercise, physical therapy, heat and/or cold, medication and even maintaining a supportive environment and positive attitude appear to help keep the ‘pain gate’ closed to reduce experience of pain.

Create a list of the pain management techniques that work for you. If you’re seeing a physiotherapist or a psychologist or if you’re part of a support group, ask what works for other people. Give a combination of techniques a try, and see what works. Keeping a pain diary can help you understand your pain — when it occurs, how long it lasts, and what relieves it.

Having an Osteoarthritis Action Plan can act as a reminder for when and how to take your medicines to manage pain or suppress inflammation.

MEDICATIONS FOR ARTHRITIS

Today there are many effective medications available to help manage the symptoms of arthritis. They can’t cure the condition but they can help relieve symptoms.

The medication information below is for general information only and is not medical advice. Always check with your doctor and pharmacist before taking medications as they may cause side effects. If you’re experiencing side effects or symptoms that might be caused by medication, contact your doctor or pharmacist as soon as possible. You may also have to be careful about mixing medication/s with other medications and/or alcohol.

Paracetamol is the first choice for managing arthritis pain as it is effective and has fewer side effects than other painkillers. An appropriate dose can be taken regularly around-the-clock, but take care not to exceed the recommended daily dose of 4g. A sustained release form of paracetamol is now available specifically designed for osteoarthritis so you don’t have to take as many doses in a day. Remember don’t take regular paracetamol or sustained release paracetamol together, and keep in mind that some cold and flu medications contain paracetamol too. So always check the labels to ensure you are not doubling up and taking too much paracetamol.
Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) can be taken orally to reduce pain and inflammation. With osteoarthritis, the maximal anti-inflammatory effect of NSAIDs should be seen within 2 weeks. If you don’t get a good response within three weeks of therapy, you may need to try a different medication.

Your doctor may prescribe a low dose for short-term use only as NSAIDs can have serious side effects and it’s important to balance any benefits these may offer with possible negative side effects. If you take blood thinning medications like warfarin or oral steroids you have a higher risk of stomach upset or ulcers from NSAIDs. A previous history of ulcers or stomach and bowel bleeding will also increase this risk. Another side effect can be increased or high blood pressure. Take NSAIDs with caution, check the labels of over-the-counter brands and talk to your doctor or pharmacist if you have any concerns or questions.

You may wish to use NSAIDs in the form of creams and gels (available over-the-counter) to rub into your affected joints. While the risk of side effects is generally lower compared to oral NSAIDs, you may notice limited benefit as less of the medicine gets to the affected area.

A more specific acting group of medications related to NSAIDs called COX-2 inhibitors (coxibs) also reduce pain and inflammation, with fewer known side effects. However, in certain people, most anti-inflammatory drugs (NSAIDs and coxibs) may increase cardiovascular risks like heart attack or stroke.

Corticosteroid injections given directly into a specific joint to reduce inflammation may be offered to people with a bad flare-up of osteoarthritis. This can give rapid relief for up to 4 weeks, but injections are limited to four per year and there is a low risk of getting an infection in the joint.

Viscosupplementation may be used to reduce inflammation and pain in the knees due to osteoarthritis. This involves injecting special fluid into the joint. Side effects of pain and swelling can occur from excess fluid. As it is not subsidised by the Federal Government’s Pharmaceutical Benefits Scheme (PBS), it can be expensive, but the effect lasts for months. It doesn’t reverse arthritis, but relieves symptoms for a while. For long-term pain management, it’s suggested that you may need to take a course of injections more often than once a year.

Your doctor may prescribe stronger, opioid-based painkillers if your pain is severe and/or when other painkillers have not been effective or suitable. Available on prescription only, they are addictive and can have adverse side effects such as nausea, vomiting, constipation and dizziness.
Surgery for Osteoarthritis

Sometimes surgery is recommended for people who have arthritis, especially if there is severe osteoarthritis in the hips or knees. Joint replacement surgery has high rates of success in improving mobility and reducing pain. However, because it’s major surgery it carries its own risks and is usually only an option after you have tried and tested other treatments.

Options for surgery for osteoarthritis include:

- Large joint replacement of the hips and knees or joint resurfacing (an alternative to total hip replacement)
- Replacement of other joints including shoulders, elbows, wrists, fingers, ankles, toes and intervertebral discs
- Surgery to fuse a joint to make it more stable
- Osteotomy to cut and reposition bone to better align a joint or to reduce the pressure on it.

Is surgery for you?

About one in three people will have severe enough osteoarthritis to need a referral to a surgeon. Talking to your doctor and a specialist orthopaedic surgeon can help you make an informed decision about whether to have surgery for your arthritis. This decision may be based on factors such as the severity of your arthritis, your general health and age, activities you want to do in the future, how well you’re likely to cope with and recover from major surgery and your success with non-surgical treatments.

If you decide to have an operation, choosing the right time for this procedure also depends on how severely arthritis is affecting your everyday life. If you’re experiencing severe pain and are very limited in your normal activities, it may be recommended sooner rather than later.

Joint replacement surgery

While hip and knee replacements are usually successful with significant pain relief soon after the operation, it’s important to remember that full recovery can sometimes take months.

Pre-operative techniques such as muscle strengthening and exercise can help speed up the recovery process. Post-operative rehabilitation can involve physiotherapy or monitored exercise and muscle strengthening to help regain movement of a new joint. Some people can still experience pain although it’s generally less severe than the original symptoms.

The risks of major surgery are individual to each case, depending on specific complications and the overall health of the patient. However, generally there is a low failure rate. Talk to your surgeon about the risks and benefits of any surgery before making a decision, and seek a second opinion if you’re uncertain.
Preparing for joint replacement surgery

If you choose to proceed with surgery, your surgeon will outline some actions you can take to help you achieve the best possible outcome for you. This is likely to include giving up smoking (if you’re a smoker), losing weight (if medically necessary) and making sure you are in good health, which will speed up rehabilitation and the recovery process.

It’s recommended you visit your dentist for a check-up before your surgery. And remember to tell your doctor about any medications you’re taking, including prescribed, over-the-counter, complementary and alternative medications and nutritional supplements.

Medications such as NSAIDs and blood thinners can increase bleeding during and after surgery, so your medication may need to be adjusted before or after surgery, or you may need to stop taking them for some time before the procedure as directed.

It may help to list all the medications you are taking in the Osteoarthritis Health Medication Record provided in this guide, and bring it along with you to any appointments with your health care professionals.

COMPLEMENTARY AND ALTERNATIVE THERAPIES

In recent years many people have become interested in using complementary therapies such as nutritional supplements and non-medication treatments for many conditions including arthritis.

If you want to consider this option, make sure you obtain accurate information from your doctor, pharmacist or a reputable organisation such as Arthritis Australia and make the decision in conjunction with your health care professionals. The reason for this is that there is less information available about the safety and effectiveness of complementary and alternative therapies compared with conventional medicines.
Generally, be sure to check with your doctor and pharmacist before starting any complementary and alternative medicines and don’t stop taking any medicines prescribed by your doctor.

**Glucosamine and/or chondroitin**
The role of glucosamine and chondroitin supplements in treating arthritis remains uncertain. Some studies suggest they offer some relief from osteoarthritis symptoms and may be involved in the manufacture of cartilage, but the evidence is not consistent. Recent studies show taking glucosamine together with chondroitin looks to be more helpful for arthritis than either taken alone. Avoid glucosamine and chondroitin if you have a seafood allergy. Glucosamine can affect blood glucose levels, so monitor your blood sugar levels if you have diabetes. And speak to your doctor first if you are taking a blood-thinning medication.

**Omega-3 and fish oils**
Omega-3 oils have been found to have a beneficial effect on inflammation. They can be found in oily fish (such as salmon, mackerel, trout and sardines), linseed oil, canola oil, wheat germ, walnuts and pecans. They are also available as nutritional supplements.

Your doctor or an accredited practicing dietitian can tell you more about supplements and help determine if they are suitable for you.

**Non-medication therapies**
There’s good evidence to suggest that acupuncture is effective in relieving symptoms of osteoarthritis.

There’s little evidence for other therapies though you may find they make you feel more relaxed, which can help you better manage your arthritis.

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**THE OSTEOARTHRITIS HEALTH MEDICATION RECORD**

List all the medications you take in your medication record, including over-the-counter medications, vitamin supplements and natural remedies. You may also want to record non-regular or special purpose medication including when, why and how you should take it (for example if you have asthma, heart disease or other conditions that may require medication). Make note of any instructions: whether to take before or after food, or any other medications, food or activities to avoid when taking certain medication.

Take your medication record with you when you visit your doctor so that you can monitor your progress together and keep track of your medication.
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<th>MEDICATION</th>
<th>DOSAGE MAX</th>
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<th>INSTRUCTIONS EG. BEFORE EATING</th>
<th>REACTION</th>
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**THE OSTEOARTHRITIS MEDICATION RECORD**

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**Sources**


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http://www.uptodate.com/contents/surgical-therapy-of-osteoarthritis?source=search_result&search=osteoarthritis+surgery&selectedTitle=1%7E150


THE OSTEOARTHRITIS ACTION PLAN

Take this Action Plan and Health Medication Record with you when you visit your doctor. Your doctor can fill in the due dates or actions required. Use this plan to remind you when to go for your check-ups.

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<td>Review exercise program:</td>
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<td>Review general and mental health</td>
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<td>Review information needs</td>
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<td>For a medical or psychiatric emergency, call 000 or go to the nearest hospital. If you aren’t sure, call your doctor or local hospital.</td>
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WHERE CAN I GET FURTHER INFORMATION?

For more information and support:

- Contact your local doctor
- MyJointPain at myjointpain.org.au
- Arthritis Australia at arthritisaustralia.com.au or on 1800 011 041 (local call cost)
- Independent Living Centres at ilcaustralia.org or on 1300 885 886 (local call cost)