

Boost your joint health

JOINT PAIN CAN BE A FACT OF LIFE AS THE YEARS ROLL BY. CAN WE PREVENT THESE ACHES? ANNA GARDINER SPEAKS TO EXPERTS AND A WOMAN WHO BEAT JOINT PAIN TO FIND OUT MORE.



Synonymous with getting older, like greying hair and gaining weight, aches and pains in our joints are often considered normal wear and tear. We often assume it must be age-related osteoarthritis — a chronic musculoskeletal disorder that affects around 10% of UK adults. Its symptoms include tenderness and stiffness in the joint, pain after rest and the joint can look swollen or slightly different. However, joint pain can be a symptom of so many different issues, from menopause-related aches, to undiagnosed autoimmune conditions.

What is causing your joint pain?

Occasional aches and pains, creaks and groans most of us can live with. We know that as we get older recovery from sprains and injuries can take longer, too. Joint pain isn't just something to accept with a shrug, though.

A combination of professional medical care, a determination to commit to strengthening exercises — while listening to your body — and a good diet can really improve matters.

Don't jump to conclusions. Conditions such as arthritis aren't something to self-diagnose — it's verified through an X-ray — and it's important that persistent pain anywhere should be discussed with a GP or another health professional. Persistent pain might also be caused by —

✔ The menopause. Along with its many other symptoms, it can also play a part in weakening joints — bones and tendons — and increasing the risk of joint pain and osteoporosis. Claire Callaghan, a chartered physiotherapist specialising in Sport, Exercise and Women's Health explains.

"Our musculoskeletal system is adversely affected by the drop in oestrogen as it reduces the turnover of bone, which in turn reduces the



“The menopause can cause musculoskeletal discomfort.”

strength and resilience of bone, and makes it more susceptible to damage. Our ligaments and tendons are made up of connective tissue, which also becomes stiffer post-menopause.”

This means that some women may experience more musculoskeletal discomfort such as achilles tendonitis (where the heel attaches to the foot), glute medius tendinopathy (literally a pain in the bum), and plantar fasciitis (pain in the foot). The best thing we can do to help reduce the effects of the menopause and the natural ageing process is to exercise and strengthen all our key muscle joints, especially those around the hip, knee and shoulder.

- ✔ Previous broken bone or injury? It may be decades since it occurred but, whether or not it was treated at the time, it may still come back to haunt you. It's worth seeing your GP, but also be realistic — they can't turn back time.
- ✔ An under-active thyroid — much more common in women than men — can also cause joint discomfort. A simple blood test from your GP or practise nurse can check your thyroid levels.
- ✔ Aching joints can also be a symptom of autoimmune diseases, such as lupus or Lyme disease. Again, you need tests to diagnose you.
- ✔ Plus, of course, arthritis. Even then, we shouldn't just accept it as part of life. Dr Esther Fox, a chartered physiotherapist and director of an orthopaedic »

Joint pain in numbers

10% of adults in the UK have been clinically diagnosed with osteoarthritis (OA), 11.5% in the US and 16% globally

Reaching & lifting can be a major cause of joint pain. According to reports 1 in 50 workers has repetitive strain injury. Vary your everyday tasks!

Some stats show that women are 40% more likely to develop knee osteoarthritis than men and 10% more likely to develop hip osteoarthritis

physiotherapy clinic, Mount Kelly Physiotherapy Clinic in Devon says, "Arthritis is actually an inflammatory condition that needs to be monitored and treated appropriately, rather than dismissed as simply ageing."

It can often be managed and controlled by the strengthening we can do ourselves.

How can strengthening help joints?

Strengthening all the muscle groups, but particularly those surrounding joints, is really important. Esther explains, "Our muscles support the joint and effectively hold it in place. If they're weak then the joint can become unstable and this in turn can increase the risk of arthritis, as well as making movements stiffer."

A review of studies found muscle strengthening activities are associated with lower risk and mortality of major diseases such as diabetes, cardiovascular disease and lung cancer. Recent studies show that omega 3 fatty acids can help reduce joint inflammation, too. These are found in many foods such as oily fish, nuts, seeds and plant oils. So it's worth paying attention to diet, too. Aim for unprocessed foods as much as possible.



IN THE KNOW

- See a GP or physiotherapist for a diagnosis
- Enjoy a healthy balanced diet with essential fatty acids
- Keep moving, exercising and maintain an active lifestyle

Movements to strengthen

How to work your hips and knees for optimal joint health.



Walking lunge

- Stand feet hip width apart, then take a large step backward with one foot — your start position.
- Lower the back knee 90 degrees so both knees are bent.
- Push up to start position and repeat.
- Repeat for 8 to 10 repetitions initially, then switch legs.



Standing/side lying hip abduction

- Put a resistance band around your ankles.
- Either lie on your side or stand with a supporting hand on the wall.
- Engage glutes and lift your leg to the side.
- Repeat for 8 to 10 repetitions initially and then increase difficulty.

Glute bridges

- Lie on your back with your feet on the floor and knees raised.
- Squeeze your glutes and lift pelvis.
- Slowly lower to the floor and relax.
- Repeat for 8 to 10 repetitions initially and then increase difficulty.



Squats

- Legs hip width apart.
- Engage (squeeze) glutes.
- Sit down as if to a chair.
- Repeat for 8 to 10 repetitions and then increase difficulty.

What strengthening exercises can I do?

Strength training uses weight to build muscle tone that supports the joints. Whether you choose to work out at home or a gym, pay attention to technique. Working out in front of a mirror can help. Try to commit to exercise at least three times a week. You can mix it up, though. It doesn't all have to be weights-related.

There's been a misconception that impact sports like running can weaken joints. Claire believes they can have their place. "Running, being a high impact, weight bearing exercise, helps maintain lower body and pelvic bone strength," she says. "It also helps keep the tendons and ligaments healthy by putting load through them, which in turn makes them stronger."

"Sports like swimming, exercise classes, water aerobics, Pilates-based exercise, even off-road walking, are all low impact but contribute towards strengthening and mobility", explains Esther.

Other valuable activities include golf (for walking and shoulder joint strengthening), paddle boarding (core and shoulder strengthening), swimming (a great all-rounder) and cycling (knee strengthening).

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"I'm thrilled to be back to a point where I've no pain."

WHEN GILL, 57, EXPERIENCED KNEE

PAIN, SHE PUT IT DOWN TO REGULAR WEAR AND TEAR. HERE SHE TALKS ABOUT REGAINING HER RANGE OF MOVEMENT.

Gill, a visual merchandiser, has always been a very active person. A keen runner, she started experiencing knee pain, but she ignored it, putting it down to the joys of getting older. However, on a hilly 10k race she experienced a sharp pain in her kneecap that made her limp to the finish. The joint then became inflamed and swollen.

Gill paid for a scan in order to have a diagnosis quickly. This showed a meniscus tear and a significant amount of osteoarthritis.

She was advised by a surgeon that her osteoarthritis was already at a stage where she would need a partial knee replacement. Naturally, this news was devastating to Gill as she had heard of the limited range of movement and difficulties of exercising post knee replacement.

While awaiting further consultations for the operation, she sought rehabilitation advice from a local physiotherapist (pickwickphysio.co.uk) who guided her through strengthening techniques and advised her of all the exercise she could still do.

"I put aside my love of running temporarily and embraced other activities like cycling, open water swimming, body pump, and kettlebell classes among others. In time the swelling has dissipated, the pain has gone and my range of movement has greatly improved.

"I'm even considering a cautious return to running," says Gill, "but with a walk/run approach so that I can see how it affects the knee while still having the enormous mental health benefits I experience from it."

Gill has managed to improve the function and reduce pain in her knee so much that she's getting a second opinion to see whether an operation is necessary right now.

"I'm thrilled to be back to a point where I've no pain and can do my job effectively, all through strengthening and exercise. I'm hoping to put off surgery for as long as possible!" ■