



Mobility Action Programme (MAP) for Mild to Moderate Hip or Knee Osteoarthritis (OA)

<http://www.health.govt.nz/our-work/preventative-health-wellness/mobility-action-programme/mobility-action-programme-projects>

What is the MAP?

- Physiotherapy led triage and care pathway for mild and moderate OA of hip or knee
- Evidence based, community based, multidisciplinary team programme
- Aims to improve patient understanding of OA, improve function, reduce pain, increase life participation, reduce time off work and increase work fitness, focus on access for high needs populations, focus on exercise and self-management, including reducing the risk of needing future joint replacement surgery
- 300 funded places across CCDHB have now been delivered. **New referrals have no funding and will pay either per session or for a total care package.**

Referral Criteria

- Mild or moderate hip or knee OA
- The condition is **not** covered by ACC
- Over 18 years of age
- Affecting daily activities for longer than 3 months
- Not on a surgical waitlist for the hip or knee OA
- Not a primary rheumatological condition
- GP refers and confirms that the participants are medically suitable for participation in a community led exercise programme

For GPs - how do I refer?

Send completed referral form to:

HealthLink EDI: willissp

Fax Willis Street: 04 909 7326

Or for more information please call Willis Street Physiotherapy on 04 384 8313; or email map@willisstreetphysiotherapy.co.nz

For interested patients with OA - how do I get referred?

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If you feel that you meet the criteria and would like to participate in our MAP then please contact your own GP clinic, they will let you know how to get referred onto our programme. If they seem unsure then please ask them to contact us at map@willisstreetphysiotherapy.co.nz

What is involved?

- Physiotherapy led triage delivered locally
- Mobility, strength and conditioning training over 12 weeks with follow up over 12 months
- Progression to self-managed community conditioning programmes
- Complex cases will have other services like weight management, psychologist, medication reviews depending on an individual's presentation
- Phone calls and support for 12 months to encourage lifestyle changes and regular activity

What is this different to the current pathway for mild to moderate OA?

- Treatments delivered locally in neighbourhood (rather than at the hospital)
- Initial appointment within a week (current pathway can be months)
- MDT including physiotherapy and trainers for strength and conditioning
- More resources for complex cases to address barriers like weight management strategies, pharmacy reviews, psychologist input
- Follow up over 12 months as focus is improving activity, lifestyle and self-management
- Simple cases have 4 physiotherapy sessions, 4 training sessions, and motivational phone calls
- Complex cases extra physiotherapy sessions, extra training sessions, calls, and other services

What is Mild and Moderate OA?

- Moderate OA – present to GP with hip/knee pain, swelling, stiffness, loss function
- Mild OA more subtle (may come to see the GP for something unrelated to OA)
 - Walking altered, or up or down stairs abnormal
 - Reduced work because of mobility e.g. getting down into holes or climbing on roofs
 - Can't fully squat, difficulty getting out of a low chair / car seat / toilet
 - Difficulty putting trousers, stockings, socks or shoes on and off
 - Unable to fully straighten the knee in stance
 - Doesn't run / play sports anymore because of knees, taken up swimming or cycling
 - Use terms such as, 'this is my bad leg' or 'good leg' or 'getting old'
 - Groin pain
 - Catching pain when twisting e.g. getting in and out of car
 - Old hip / knee surgery 10 years ago +
 - Requires regular pain relief NSAIDs for joint pain or swelling

What we know?

- Individualised and graduated exercise programmes are safe and effective for most OA
- Strengthening best bang for buck with OA – especially functional exercises, including gradually loaded squats, lunges or deadlifts.
- Long-term adherence crucial to maintain benefits of regular exercise
- Compliance improved by patient education, social connection, and frequent review
- Multidisciplinary Teams work
- Link between OA and obesity