## Review of the Osteoarthritis of the Knee Clinical Care Standard Targeted consultation template

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## **Consultation feedback is requested by Friday 13 October 2023**

Are the quality statements and supporting information for patients, clinicians and healthcare services appropriate? Please specify any concerns and/or suggestions.

In order to enhance opportunities for physical activity and promote equitable access to such opportunities while reducing disparities, a "systems-based" approach is crucial for national action in key settings where individuals live, work, and engage in leisure activities. By employing this approach, we can develop a comprehensive strategy that integrates the various components of the system to foster a supportive environment for physical activity, which will have a positive impact on public health. It will also promote fairness and equity in access to physical activity opportunities, thus improving the well-being of individuals and communities. This includes a strategic combination of upstream policy actions to improve the social, cultural, economic and environmental factors that support physical activity combined with downstream, individually focused (education and informational) approaches.

ESSA would like to make the following suggestions to the DRAFT Clinical Care Standard document:

**Refer to Standard 6 of the Clinical Care Standard** – Physical activity can and should be integrated into the settings where people live, work and play. **ESSA recommends that analgesics be considered an adjunct to other recommended therapies such as education, exercise, and weight loss.** This is especially important given the evidence presented later in the document that 70% of people on the surgical waiting list have not received non-surgical management, except for medication.

**Refer to Quality Statement 1 -** 'For Clinicians': It is described as a person-centred assessment. This encompasses inquiry about how the symptoms affect the patient's life and work, but it does not explicitly mention evaluating the person's treatment goals and expectations. **ESSA recommends that the assessment include evaluating a person's treatment goals and expectations, and a suitable resource for this section could be the Patient-Specific Functional Scale.** 

**Refer to Quality Statement 3 -** what the quality statement means for patients: "... you will receive information from your healthcare provider (for example, a doctor, nurse, or physiotherapist". **ESSA recommends that exercise physiologists be included as a profession in this statement.** 

Refer to Quality Statement 5 Weight management and nutrition - The current statement suggests that all patients with knee OA will be informed about the effect of body weight on their symptoms, irrespective of their weight status. While it is true for most individuals with knee OA, this statement needs to be revised to emphasise that this quality statement only applies to those who require weight management.

For example, instead of 'a patient with knee osteoarthritis is advised.' ESSA recommends edits to this statement to reflect, "A patient with knee osteoarthritis might require assistance with weight management." words to that effect.

It is important to emphasise that while weight loss is desirable, one should not be disheartened if there is no significant weight reduction. Being physically active and engaging in meaningful activities can improve pain, function, and overall quality of life.

Are the revised indicators appropriate? Please specify any concerns and/or suggestions.

Are the cultural safety and equity considerations appropriate? Please specify any concerns or suggestions.

**The Weight Management and Nutrition section** recommends important points to be considered during a conversation about weight control, such as respecting the patient and screening for yellow flags that may indicate a previous history of disordered eating.

**ESSA recommends a multidisciplinary referral to a dietitian and exercise physiologist**. Although the document emphasises weight management, it is essential to highlight that there can be a significant improvement in pain and function, even without weight loss. This message is essential for patients as achieving substantial and sustained weight loss can be highly challenging.

Are the recommended resources useful? Are there additional or alternative resources you would recommend to support the implementation of the quality statements?

**Refer to Page 29 Line 809-810:** *"Tailor exercise to a sufficient dosage and duration that will improve fitness, strength and minimise pain, and regularly review and upgrade patient exercise goals."* 

The World Health Organisation's (WHO) global action plan to promote physical activity responds to the requests by countries for updated guidance, and a framework of effective and feasible policy actions to increase physical activity at all levels. **ESSA recommends including wording from the World Health Organisation's** <u>Physical Activity Guidelines</u> as a resource for building exercise doses for patients to experience health-related outcomes and address co-morbidities.

Are there any related initiatives the Commission should be aware of to ensure alignment, and/or collaboration for implementation?

**Refer to Page 29, Number 800** – This notes that nine out of ten people with knee osteoarthritis can manage without needing joint replacement surgery. **ESSA recommends that a reference be added to this statement.** 

Please provide any further comments.

The ESSA <u>Exercise for Persisting Pain</u> should be added to Box 1. Related resources for selfmanagement, weight management, physical activity, and exercise. This would help every Australian experiencing persisting pain associated with OA to receive the necessary support for their exercise journey.

ESSA recommends creating a one-page infographic with key information that is easily shareable and visually appealing.

Please return the completed form or direct any queries to:

Fiona Doukas, Senior Project Officer Clinical Care Standards, at <u>ccs@safetyandquality.gov.au</u> or on (02) 9126 3552.