If your doctor tells you that you have osteoarthritis (OA), you might assume your days of spin classes and lifting weights are over. With joint pain, swelling, and stiffness in your future, it's hard to imagine pumping iron at the gym -- much less peeling your achy body off the couch to drive there.

When Kathi Deresinski, 57, was first diagnosed with osteoarthritis, she was a runner and aerobics teacher. Her condition quickly put the brakes on her active lifestyle. "The pain was so severe it hindered my teaching, it hindered my ability to walk," says Deresinski, who currently teaches in the Health, Sport & Exercise Science Department at the Chicago-area Triton College.

Deresinski soon learned that -- not only should you exercise when you have OA -- it's one of the most important things you should do to stay active. "I came to realize that you can maintain your activity level," she says. "You have to modify it, but it doesn't mean you can't do something."

Keeping Active With OA

"There's an old myth that if it hurts, don't do it," says Patience White, MD, vice president for Public Health at the Arthritis Foundation, and professor of Medicine and Pediatrics at the George Washington University School of Medicine and Health Sciences. In reality, she says, the opposite is true. "If you do the right low-impact exercises, you can actually reduce pain."

Exercise protects the joints by strengthening the muscles around them. When you have strong muscles, they absorb the extra force that your joints normally would take. Plus, moving the joints keeps them fluid and limber.

"Staying active maintains not only the strength of the muscles around the joint, but also lubes the joint," explains Audrey Lynn Millar, PT, PhD, an exercise physiologist and professor of Physical Therapy at Winston Salem State University, and author of Action Plan for Arthritis. "The way we get nutrition into our joints is by contracting and relaxing them, which we do through movement."

Getting too much rest is counterproductive when you have osteoarthritis because it deconditions your muscles and joints. "The idea of just becoming a couch potato is not correct. We want people to be up and moving their joints," says David Borenstein, MD, clinical professor of Medicine at the George Washington University Medical Center.

When you're not active, not only do your muscles get weaker, but you also gain weight. "For every pound you gain, it's the equivalent of four pounds across each knee," White says. Being just 10 pounds overweight puts about 40 extra pounds of stress on your knees with every step you take.

OA Exercises

Our experts say a combination of strengthening and stretching exercises is ideal for keeping joints strong and limber. Studies find that lifting weights or using resistance bands not only improves muscle strength and function, but can also reduce OA pain. Flexibility exercises that move each joint through its entire range of motion can alleviate joint stiffness, Millar says.

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Adding aerobic exercise to your routine helps control your weight. Losing just a few pounds if you're overweight can make a dramatic difference in your pain level. "If you lose 15 pounds or so, you can cut the pain in half," White says.

Low-impact exercises--such as walking and bicycle riding--are safest for people with osteoarthritis because they don't stress the joints. Borenstein says swimming in particular is an ideal OA exercise because the buoyancy of the water absorbs the impact that would normally fall on the knees and other joints. "It's good for those people who have more severe osteoarthritis, because it still allows them to use their joints but in an un-weighted position," he says.

Before starting each exercise routine, be sure to warm up first. This helps get your blood flowing and your muscles limber. Warming up correctly can help prevent joint stiffness and soreness the next day. After you're done exercising, cool down with a few light
stretches to keep your joints flexible.

**Take Exercise Slowly**

Just because you can exercise with osteoarthritis doesn't mean you should throw yourself into a full-court basketball game or sprint around your local track. You may eventually be able to graduate to more intense exercises, but you need to ease slowly into your workout program. Borenstein tells his newly diagnosed patients to do one-tenth of the exercise they did before. "So if it was 10 miles it's one mile. If it was 10 pounds it's one pound," he says. "Then they can build from there and they'll know what their tolerance level should be."

Deresinski now walks or rides her bike instead of running. She still lifts weights, but they're much lighter than they were before she was diagnosed. "I started to do activity that was a little lower in impact but still allowed me to participate in exercise programs," she says. "You want to work gradually. You want to know what your body can handle, what it can't handle, what you need to modify, what you need to strengthen."

Before you do any type of OA exercise, check with your doctor to make sure exercise is safe for you. To ensure you're using the right form, check into programs that were designed specifically for people with osteoarthritis. You can usually find them at your local Y or community center. The Arthritis Foundation offers aquatics, tai chi, and other programs around the country.

**Physical Therapy & OA Exercise**

Also consider seeing a physical therapist to help you get started on a safe exercise program. "A physical therapist will know what exercises you should or shouldn't do," Millar says. Once you know how to do the exercises correctly, you'll feel more comfortable doing them at home on your own.

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If you wake up feeling stiff or sore some mornings, ice those achy joints and take the pain reliever your doctor recommended. Ease back on the exercise on those days, but don't avoid it entirely. "You have to listen to your body and on some days back off, but you don't want to stop completely," according to Millar.

"Keeping moving is what maintains your strength, your mobility, and your health. And all those things are truly important," Borenstein says.

**SOURCES:**

Patience White, MD, vice president for Public Health at the Arthritis Foundation; professor of Medicine and Pediatrics, George Washington University School of Medicine and Health Sciences.

Kathi Deresinski, 57, teacher at Triton College.

David Borenstein, MD, clinical professor of Medicine, George Washington University Medical Center.

Audrey Lynn Millar, PT, PhD, exercise physiologist; professor of Physical Therapy, Winston Salem State University.


Arthritis Foundation: "Osteoarthritis Fact Sheet."

Reviewed by Michael W. Smith, MD on May 14, 2012

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My Notes: