

JointHealthTM monthly

Arthritis research, education and advocacy news : Summer 2012



Living actively with arthritis

The 2012 Summer Olympic Games opened on July 27, drawing our attention to the hard work and dedication of athletes who perform on behalf of their countries. In honour of the Games, this summer issue of JointHealthTM monthly is dedicated to keeping active despite, and because of, arthritis.

We begin by looking at the stories of Olympic athletes who overcame the challenge of living with arthritis, and the pain associated with it, to compete at the highest level of their sports. As proud as we are of these athletes, we caution against exercising to the point of overworking joints and causing further damage like they did. Instead, we would like to see people exercise at a level that improves their wellbeing, their overall health, and their arthritis. So, ACE provides some tips to help you avoid injury while you exercise and play sports . . . and avoid the mistake of “gutting out” your pain.

Also, we have a Q. and A. with Cheryl Koehn, president and founder of Arthritis Consumer Experts, who was competing as an Olympic level volleyball player when she was diagnosed with rheumatoid arthritis.

The Thrill of Victory: Gold Medal Arthritis Athletes

The list of medal winning athletes living with arthritis is not long, but it is inspiring. What did it take for these athletes to compete and succeed in summer and winter Olympic Games? Like any other athlete *without* arthritis, it took physical stamina, mental discipline, and determination.

“No pain, no gain” is a notion that has long been debunked, but at one time this idea that you must continue to exercise through pain was a motto most athletes were encouraged to follow.

After months of living in pain, U.S. athlete Kristin Armstrong consulted her doctor who diagnosed her with osteoarthritis. Until 2001, she was a world-

class swimmer and triathlete, competing in the Hawaii Ironman World Championships. Now with a name for her pain, Armstrong was no longer able to compete as a triathlete. She had to make a new plan. Along with stretching and yoga, Armstrong began to focus on cycling. After seven years of intensive training and competing, her life with arthritis led her to the Olympic Games in China where she became a gold medalist in the 29th Olympic Games in Beijing, China — and this year she won Gold again at the London Olympics for the same time trial event.

Click here to visit Arthritis Today and learn



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more about Kristin Armstrong and her story of living with osteoarthritis, or to find out more about her career, visit her official website: www.kristinarmstrongusa.com

Many Canadians know Nathalie Lambert as a four time Olympic medalist in speed skating and Chef de Mission for Canada's Olympic Team during the 2010 Winter Olympics in Vancouver. What many do not realize is that Lambert has lived with osteoarthritis for most of her adult life. Originally

diagnosed in her late twenties, she continued to compete until she decided to retire in 1997 after breaking an ankle. Since then, Lambert has been a spokesperson for The Arthritis Society of Quebec.

Other athletes who continued to compete and win medals in the Olympics in spite of arthritis include: Bart Conner, 1984 gold medalist for gymnastics, who was diagnosed with osteoarthritis at age 22; and Irina Slutskaya who won a bronze medal in the 2006 Winter Games for

figure skating, one year after she was diagnosed with vasculitis.

Though we are proud of these athletes for their dedication to their sports, ACE does not encourage overdoing it to the point of making your arthritis worse. In many cases, it was the extreme training that led to the development of osteoarthritis.

Exercise is an essential part of an arthritis treatment plan, but it needs to be sustainable and pain free.

Q and A with Cheryl Koehn president and founder of Arthritis Consumer Experts

Q. When you were playing for the US Women's National Volleyball Team, were you already diagnosed with arthritis?

A. No I wasn't. I was healthy and never had any joint injuries during my early career.

However, after leaving the national team, I was playing club ball getting ready for my first season at the University of Washington and sustained a torn medial meniscus in my right knee. In the early 1980s the approach was to remove the meniscus and I returned to play without proper rehabilitation. Soon after, I began to experience persistent inflammation and played five more years of competitive volleyball before I was officially diagnosed with osteoarthritis (OA) in my right knee.

I continued to play (often with pain and stiffness) and coach volleyball. My career was not halted until I was later diagnosed with rheumatoid arthritis (RA), an autoimmune disease that affects most of the joints throughout the body when severe, as mine turned out to be.

Q. How did your OA/RA diagnosis change your lifestyle?

A. The diagnosis of RA, along with my existing OA,

was devastating. At my young age, I didn't think anything like that was going to happen to me. I'd been playing sport competitively since I was 14 years old. It was very hard to give up.

As I began to ask questions of my doctors and physiotherapists, I met other athletes whose careers had been reduced or ended by arthritis. What we shared was placing great physical pressure on our bodies, but not knowing how far we could go before risking long-term injury and joint damage.

Today, there is much more information about my arthritis diseases, but we still have a long way to go educating healthcare professionals, athletes and the public about prevention and treatment.

Q. How much do exercise and physical activity help you manage your RA?

A. Once my diseases were stabilized – thanks to great treatment from my team of arthritis specialists – I returned to recreational sports.

Although my volleyball days were over, I began to swim, play tennis and ski, which I continue to enjoy today.

My "mantra" post-diagnosis has been: Find the right balance in your exercise program. Make sure you are getting the benefits without hurting yourself. What my colleagues at the Arthritis Research Centre of Canada have taught me is that using your joints is good because cartilage and bone need the stimulus of exercise.

Even a little bit of damage is okay because it will repair, but when damage surpasses the body's ability to repair, then it becomes something else. And that something else, as we know, is often OA.

Q. What advice do you have for athletes and active living individuals who are having difficulties maintaining their athletic lifestyles?

A. Obviously, don't aim for iron man or iron woman exercise. Bicycling, using an elliptical trainer and weight training are great, but I find swimming is the best.

Living and exercising or playing sports with arthritis is a daily challenge. There is no quick fix. Early diagnosis is key and exercise and good nutrition are vital.



Finding your inner Olympian (without injuring yourself)

The idea of exercising when you are experiencing the pain of arthritis may daunt you, but you can take comfort in the fact that over time you will feel better and hurt less. Besides the undeniable benefits of exercise, such as weight loss (therefore reduced strain on your joints), increased mobility, better sleep, and improved heart and lung function, you will likely feel more confident and less anxious or depressed, too. So, no more excuses . . . it's time to go look for your inner Olympian. All you need to do, is start moving.

What do we mean by "moving"? If you are just starting out, it means to do a little stretching or go for a walk every day. As you get more comfortable with a routine of exercise, slowly increase the length and intensity of your workout and expand the types of exercises you do.

A little brisk walking (that is, walking at a speed when you feel just a little bit out of breath, but can still carry on a conversation) can go a long way to improving physical health and wellbeing. Walking is both an aerobic activity and a weight bearing exercise that helps increase your endurance, strengthens your heart and lungs, and maintains bone density. It is inexpensive and easy to do almost anywhere—no gym required. As well, it is probably one of the safest and easiest types of activities, especially for people who are just starting out on an exercise program.

The recommended minimum is two and a half

hours a week of moderate intensity exercise (e.g., brisk walking), or a half hour 5 days a week, which can be broken up into ten minute increments. Plus, some time should be spent on muscle-building activities at least 2 days a week. To avoid overdoing it at the outset and to avoid injury, it is important to build up to this minimum. If you are physically able, with the advice of your healthcare provider, you can continue to build up your exercise regimen and go beyond the minimum.

A variety of activities are recommended for a well-rounded exercise routine. Types include:

- **Range-of-motion exercises**, which involve taking joints through their full range of movement to maintain maximum use. Some examples include stretching, yoga, and Tai Chi.
- **Aerobic (endurance) exercises**, which raise the heart rate. Exercises in this category include low-impact aerobics or aquatics classes (pool exercise classes), swimming, and walking.
- **Muscle strengthening exercises**, which help keep muscles strong and prevent bone loss.
- **Recreation or lifestyle exercises**, such as golf, tennis, cycling (including riding a stationary bike), or walking (on a treadmill or outside).

A careful plan of action is important before launching into an exercise program. Also, it is a good idea to speak with your doctor, healthcare provider, or a physiotherapist familiar with your



arthritis to determine the exercises that match your physical abilities and are tailored to protect your joints.

Try to choose a type of exercise, or an exercise program, that you enjoy. Exercise doesn't have to be strenuous or boring to be good for you and it will be much easier to stick to the program if you like what you are doing. Most types of activities are helpful for people living with arthritis, so feel free to do your favourite things such as walking, swimming, golfing, or gardening. However, there are a few exceptions, which is another reason we recommend consulting with a doctor or physiotherapist.

Here are some basic tips from the Arthritis Research Centre of Canada (ARC) to help you avoid injuries:

- **Before engaging in vigorous exercise**, take the time to warm up for three to five minutes with a walk, slow jog, or stationary bike ride, then move your joints through their full range of motion and stretch major muscles, such as hamstrings, quadriceps, and those in the upper body.
- **Avoid the "weekend warrior" syndrome.** Instead of pushing yourself to the limit two days a week, aim for thirty minutes of moderate exercise every day.
- **Invest in yourself**, by investing in good equipment and being prepared. Good shoes and other gear often make the difference between a healthy workout and injury. Also, if you are taking up a new sport, consider taking a class to learn the proper techniques.

Your determination (without overdoing it) is the key to finding your inner Olympian. Feel good about your efforts, no matter how small, and be proud of yourself for taking an active role in your healthcare.



Arthritis Consumer Experts

Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit www.jointhehealth.org

Guiding principles and acknowledgement

Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the influence of any specific constituency and a

practical necessity. Any profit from our activities is re-invested in our core programs for Canadians with arthritis.

To completely insulate the agenda, the activities, and the judgments of our organization from those of organizations supporting our work, we put forth our abiding principles:

- ACE only requests unrestricted grants from private and public organizations to support its core program.
- ACE employees do not receive equity interest or personal “in-kind” support of any kind from any health-related organization.
- ACE discloses all funding sources in all its activities.
- ACE identifies the source of all materials or documents used.
- ACE develops positions on health policy, products or services in collaboration with arthritis consumers, the academic community and healthcare providers and government free from concern or constraint of other organizations.
- ACE employees do not engage in any personal social activities with supporters.
- ACE does not promote any “brand”, product or program on any of its materials or its website, or during any of its educational programs or activities.

Thanks

ACE thanks the Arthritis Research Centre of Canada (ARC) for its scientific review of JointHealth™.



Acknowledgement

Over the past 12 months, ACE received unrestricted grants-in-aid from: Abbott Laboratories Ltd., Amgen Canada, Arthritis Research Centre of Canada, Canadian Institutes of Health Research, GlaxoSmithKline, Hoffman-La Roche Canada Ltd., Janssen Inc., Novartis Canada, Pfizer Canada, Sanofi-aventis Canada Inc., Takeda Canada, Inc., and UCB Canada Inc. ACE also receives unsolicited donations from its community members (people with arthritis) across Canada.

ACE thanks these private and public organizations and individuals.

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