Clinician's Commentary on Brosseau et al.¹

For individuals with hip and knee osteoarthritis (OA), conservative treatment using exercise or physiotherapy improves pain and functioning^{2,3} and may reduce the need for joint replacement surgery.⁴ However, the strongest recommendations for non-pharmacological treatment of OA focus on (1) education and self-management and (2) exercise and weight loss.⁵ Treatment using exercise or physiotherapy is underused, even though it may be a suitable option for some individuals.⁶ There are several possible reasons for its underuse: physicians may not refer to physiotherapy, patients may not be willing (or able to afford) to go to physiotherapy, or patients may be unaware of this option for treating their arthritis.⁷ Even once a physician has prescribed physiotherapy, patient adherence is challenging as time goes on. Factors associated with adherence relate to the individual (motivation, attitudes, personality, pain, etc.) and to the environment (both the social environment—family, clinician encouragement, and socioeconomic status—and the physical environment—weather, accessibility of facilities, and transportation).⁸

With OA prevalence forecast to increase to one in four Canadians by 2040—translating to nearly 10.5 million Canadians⁹—the self-management option is crucial. It is much less costly than regular, individualized sessions with a clinician, and it can be more accessible, especially with Internet-based options. Self-management support is an integral part of the Chronic Care Model,¹⁰ and specific self-management programmes in arthritis have been established over the past 20 years. Most have similar components: self-management education, skill-building and behavioural change interventions, participation in supportive provider interactions, receipt of ongoing follow-up, and creation of supportive environments.¹¹

A plethora of studies have addressed self-management programmes in chronic disease, many specifically on arthritis, which is indicative of the importance afforded to self-management over the past 2 decades. Short-term improvements are seen after participation in formal self-management group programmes¹² and also after participation in Internet-based adaptations of arthritis self-management programmes.¹³ There may also be some longer term improvements;¹⁴ however, most long-term benefits of self-management programmes are uncertain. Kroon and colleagues¹⁵ found that formal self-management programmes in OA were no better than attention control, and they suggested that new models of self-management needed to be developed and tested, especially those that are tailored to the individual.

This recommendation concurs with a recent review that highlighted barriers to and facilitators of exercise participation in persons with OA.¹⁶ Modifiable barriers relate to environmental context and resources, beliefs about consequences, and capabilities, and facilitators centre around reinforcement, implying that clinicians should take a personalized approach with clients, while considering their clients' individual contexts, and use educational and reinforcement strategies to promote exercise adherence. This stress on facilitation underscores the need for professionals to coach clients in self-management individually. Using tools such as OA Go Away¹⁷ may be extremely valuable in this personalized approach.

The OA Go Away tool, developed by Paterson and colleagues¹⁷ and adapted by Brosseau and colleagues¹ to Canadian French, is a potentially useful tool to enhance self-management and properly guide patients with OA of the hip or knee. The elegant transcultural adaptation of this tool is well described in this article, and it makes this tool accessible to both English and French Canadians to assist them in OA self-management under the guidance of a physiotherapist.

The OA Go Away tool has three main sections: (1) a monthly personal diary, in which patients detail how OA affects their daily function and health and how they are managing it; (2) a monthly list of personal goals and an action plan for achieving those goals (patients are encouraged to check in with the therapist every 2 wk); and (3) a weekly exercise log. It thus aims to meet clients' contextual and personalized needs, and it promotes therapists' reinforcement and guidance. By addressing individual contexts and providing encouragement, the OA Go Away tool may help optimize self-management in the longer term. What needs to be done next is assess the effectiveness of the tool so that OA can indeed be made to go away.

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