HEALTH BASICS

Exercising with osteoarthritis

Exercise adapted to osteoarthritis can improve movement, strength, pain, and daily function.

WHAT IT IS
Movement adapted to osteoarthritis-affected joints

WHERE IT COMES UP
After diagnosis, during rehabilitation, or when planning activity

WHY IT MATTERS
Can improve pain, strength, movement, and daily function

WHAT IT IS NOT
Not a disease or a diagnostic test

WHO TO ASK
Physiotherapist, primary care clinician, or exercise professional

HOW IT IS CHECKED
Changes in pain, function, strength, and walking ability

Overview

Exercising with osteoarthritis means choosing and adjusting physical activity so that it is manageable for affected joints. It is an approach to care, not a separate disease or diagnosis. Osteoarthritis itself is a joint disease.

Exercise is one of the main treatments for osteoarthritis. It can help whether osteoarthritis affects your knees, hips, hands, or other joints. The most suitable activities depend on which joints are affected, your current fitness, other health conditions, and what you want to be able to do.

Some discomfort during or after activity is common, especially when you begin or increase exercise. This does not automatically mean that you have damaged the joint. A sudden injury, marked swelling, or pain that keeps getting worse needs a different response.

Exercise does not have to mean running, attending a gym, or playing sport. Walking, cycling, water-based activity, household movement, and exercises done at home can all count.

How it works

Osteoarthritis can make movement painful or stiff. In response, you may use the joint less. Over time, the muscles around it can become weaker and your general fitness may fall. Everyday tasks can then require more effort.

Exercise can interrupt this cycle. Stronger muscles help support and control a joint. Regular movement can maintain its range of motion, meaning how far it bends or straightens. Aerobic activity trains the heart and lungs, while balance exercises may improve confidence and stability.

Useful forms of exercise include:

No single type is best for everyone. An activity you can continue is usually more useful than a demanding plan that you quickly stop.

Supervised exercise can help if you are unsure how to begin, have difficulty with technique, or need activities adapted. A physiotherapist can assess movement, strength, balance, and the tasks you find difficult.

- Strengthening exercise , such as sit-to-stand movements or resistance-band exercises
- Aerobic activity , such as walking, cycling, or swimming
- Range-of-motion exercise , which moves a joint gently through its available movement
- Balance and control exercise , such as supported balance practice
- Water-based exercise , which reduces the weight placed through painful joints

Why it matters for your health

Regular exercise can reduce osteoarthritis pain and improve physical function. It may make activities such as climbing stairs, getting out of a chair, carrying shopping, or walking farther more manageable.

Physical activity also supports health beyond the affected joint. It can improve heart and lung fitness, sleep, mood, balance, and muscle strength. If weight loss is appropriate for you, activity can contribute alongside changes to eating patterns. Exercise still has benefits even when body weight does not change.

Pain relief is not always immediate. Some people notice extra soreness when starting a new activity. The National Institute for Health and Care Excellence advises explaining that discomfort may increase at first, but regular adherence can improve pain, function, and quality of life.

Progress is better judged over time than after one session. Useful signs include walking more

comfortably, completing daily tasks with less difficulty, recovering faster after activity, or needing fewer breaks.

What can go wrong

Doing too much too soon can cause a temporary pain flare. This may include increased aching or stiffness after activity. It often means that the session's intensity, duration, or type needs adjusting rather than that all exercise must stop.

Muscle strains, tendon irritation, and falls can also occur, as they can with any physical activity. Poorly fitting footwear, sudden increases in effort, and unfamiliar movements may add to the risk.

Not every new joint problem is an osteoarthritis flare. Gout, joint infection, a fracture, or an acute ligament or tendon injury can also cause pain.

Seek urgent medical assessment if:

Stop exercising and seek emergency help for severe chest pressure, severe or sudden breathing difficulty, fainting, or signs of a stroke such as facial drooping, arm weakness, or new difficulty speaking.

For a routine review, arrange an appointment if pain repeatedly remains worse after exercise, swelling keeps returning, or the problem is limiting sleep and daily activity. This is different from the urgent situations above.

If you have recently had surgery or a joint replacement, follow the activity instructions from your surgical or rehabilitation team.

- A joint becomes suddenly hot, very swollen, red, or intensely painful
- Joint pain occurs with fever or feeling seriously unwell
- You cannot put weight through a limb after an injury
- A joint looks out of shape after a fall or injury
- One calf becomes newly swollen, painful, warm, or discoloured

What you can do

Choose an activity that fits the joints affected and the facilities available to you. If walking is painful, cycling or exercising in water may be more manageable. If gripping equipment is difficult because of hand osteoarthritis, ask about adapted handles or exercises that place less

strain on the hands.

Begin at a level you can manage. You can shorten the activity, reduce resistance, move more slowly, or take breaks. Increase one part of the plan at a time rather than changing everything together.

A mild, temporary increase in discomfort can happen. As a practical guide, consider whether symptoms settle back toward their usual level by the following day. If pain becomes progressively stronger during each session, changes how you walk, or remains clearly worse, reduce the activity and seek advice if it continues.

Keep a simple record for a few weeks. Note the activity, how long you did it, discomfort during and afterward, and what you could do the next day. This can reveal which activities are manageable and help a physiotherapist adjust your plan.

You can ask:

You usually do not need an X-ray or scan before starting ordinary, appropriately scaled activity. Osteoarthritis exercise is monitored mainly through pain, function, strength, and movement. A clinician may consider tests if there has been an injury or the symptoms suggest another condition.

If your current activity is comfortable, safe, and helping you function, there may be nothing else you need to do besides continuing and adjusting gradually.

- Which exercises match the joint and tasks that trouble me?
- How should I change activity during a pain flare?
- Would supervised physiotherapy help me exercise safely?
- Are my other health conditions relevant to my activity plan?

Common questions

Will exercise wear out my joint faster?

Appropriately scaled exercise is recommended as part of osteoarthritis care. Pain during movement does not by itself show that cartilage is being damaged. Avoid sudden, unaccustomed increases and respond to persistent worsening rather than every brief ache.

Should I rest during a flare?

You may need to reduce or change activity for a short time. Complete inactivity can increase stiffness and weakness. Gentle movement that remains manageable may be preferable, but sudden severe pain or major swelling needs assessment.

Is walking good for osteoarthritis?

Walking can improve fitness and leg strength, but it is not the only option. Shorter walks, flatter routes, supportive footwear, or walking aids may help. Cycling or water-based exercise may suit you better if walking repeatedly causes significant pain.

Do I need a physiotherapist?

Not everyone does. Physiotherapy may be useful if you do not know which exercises to choose, have balance problems, are recovering from surgery, or cannot progress without repeated pain.

Does exercise replace pain medicine or other treatment?

Not necessarily. Exercise is a central part of care, but some people also use medicines, weight-management support, walking aids, or other treatments. Ask a clinician how these options fit together for you.

Sources

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