



## BeyondDuty+

### Osteoarthritis (OA)

Osteoarthritis (OA) is a **leading cause of chronic musculoskeletal pain and disability** in UK veterans. Years of intense physical activity, repetitive trauma, and heavy load-bearing during military service contribute significantly to **early-onset OA**, particularly in the **knees, hips, lower back, and hands**.

#### What is OA?

Osteoarthritis is a degenerative joint condition involving:

- Breakdown of **cartilage**
- Bone spur formation
- **Joint space narrowing**
- Pain, stiffness, and reduced range of motion

In veterans, this often develops **earlier than in the civilian population** due to service-related wear and tear.

#### Veteran-Specific Risk Factors

- Long-term **load carriage** (bergens, body armour)
- **Repetitive impact activities** (marching, PT, parachute landings)
- History of **joint injury or surgery** (ACL, meniscus, dislocations)
- Poor joint care or **under-rehabilitation** during service
- **Occupational exposure:** kneeling (engineers), recoil stress (artillery), squatting (infantry), climbing (REME, Royal Signals)



OA in veterans is frequently under-recognised until it significantly impacts **mobility, employment, or mental wellbeing.**

## Commonly Affected Joints

- **Knees** – common after ligament injuries or years of impact loading
- **Hips** – especially in airborne-trained or heavy infantry roles
- **Lumbar spine** – due to long periods in weight-bearing postures
- **Hands/wrists** – manual trades (engineers, medics, signals)

## Management

### Initial Management

- **GP or MSK referral** (may access via NHS self-referral)
- Education: OA is **manageable**, not just “wear and tear”
- Analgesics: **Paracetamol, topical NSAIDs, and capsaicin cream**

### Conservative Therapies

- **Physiotherapy:** joint mobilisation, muscle strengthening
- **Weight management:** critical for knee and hip OA
- **Exercise:** regular low-impact activity is beneficial (walking, swimming, cycling)
- **Assistive devices:** walking aids, orthotics, braces where needed

### Interventions for Persistent Pain

- **Joint injections:** corticosteroid or hyaluronic acid (in selected cases)
- **Pain clinics** – if nerve-related pain or central sensitisation suspected
- **Joint replacement surgery** – especially for hips or knees with end-stage OA

### Veteran-Specific Considerations

- Some veterans delay seeking help due to stigma or stoicism
- OA may co-exist with **PTSD, chronic pain syndromes, or deconditioning**
- Vocational impact: arthritis may limit resettlement into manual trades

- Some veterans benefit from **military-focused rehab** and peer-led exercise groups

## Osteoarthritis (OA) Exercises

### For: Knee, Hip, and Lumbar Spine OA

Use with guidance from a professional

#### General Guidance

- **Start slow** – do what you can without increasing joint pain
- **Aim for consistency**, not intensity (daily or every other day)
- Use **controlled movement**, not momentum
- Stop if symptoms worsen significantly—consult your physio or GP

#### Mobility & Warm-Up (Daily)

##### Joint Circles (for knees, hips, lower back)

- Slowly circle each joint through its range
- 10–15 seconds each direction per joint

##### Cat-Cow Stretch (Spinal Mobility)

- On hands and knees, alternate arching and rounding your back
- 10 reps

Great for low back stiffness.

#### Knee OA Exercises

##### Seated Leg Extensions

- Sit upright, straighten one leg, hold, then lower
- 2 sets of 10 reps per leg

Targets quadriceps to stabilise the knee joint.

## Wall Sit (Isometric)

- Lean against a wall, knees slightly bent
- Hold 10–30 seconds, rest, repeat twice

Strengthens thighs and hips without joint strain.

## Step-Ups (Low step)

- Step up and down with control
- 10 reps per leg

Builds functional leg strength for stairs and inclines.

## Hip OA Exercises

### Glute Bridges

- Lie on back, knees bent, lift hips, then lower
- 10–12 reps

Improves pelvic and hip control.

### Standing Hip Abduction

- Stand tall, lift leg out to the side (use chair for balance)
- 10 reps per leg

Strengthens glute medius to reduce hip loading.

### Seated Marching

- Sit and lift knees alternately as if marching
- 15 reps each side

Improves hip flexor activation and circulation.

## Lower Back OA Exercises

### Pelvic Tilts (Supine)

- Lie on back, gently tilt pelvis to flatten low back
- 10 reps

Engages core and eases spinal stiffness.

### Knees-to-Chest Stretch

- Lie on back, hug one or both knees toward chest
- Hold 20 seconds, 3 reps

Relieves lumbar tension.

### Seated Trunk Rotations

- Sit tall, gently rotate torso side to side
- 10 reps each direction

Restores spinal mobility—avoid forcing range.

### Cool Down / Recovery (Optional)

- **Walking** – low-impact, 5–15 mins to maintain joint circulation
- **Heat pack** – for stiff joints post-exercise
- **Topical anti-inflammatories** – if prescribed

## Daily Tracker (Example)

Date	Areas Targeted	Pain (0-10)	Exercises Done	Notes

## Specific Recovery Tips

- Use **walking poles or supports** to reduce joint impact on hills or stairs
- Avoid long periods in one position – **move every 30–60 mins**
- Build in **rest days** if joints feel swollen or fatigued
- Adapt using **cushions, orthotics, or joint braces** if advised
- Consider **veteran-led exercise programmes**

## Contact Us

For more information and support, get in touch with our advisors and veterans with lived experience today.



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