

# OACareTools Case Study

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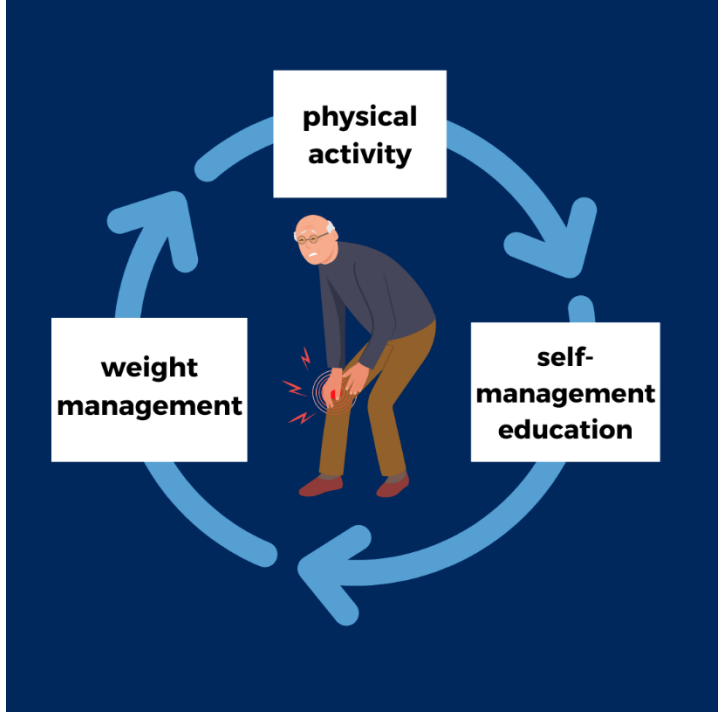
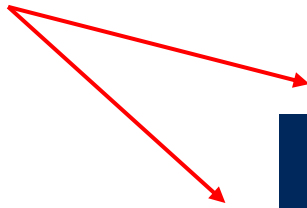
**October 19, 2023**



# Clinical Management of Osteoarthritis



	HAND	KNEE	HIP
PHYSICAL, PSYCHOSOCIAL, and MIND-BODY APPROACHES	Exercise*		
	Self-Efficacy and Self-Management Programs		
		Weight Loss	
		Tai Chi	
		Cane	
	1 <sup>st</sup> CMC Orthosis	TF Knee Brace**	
	Heat, Therapeutic Cooling		
	Cognitive Behavioral Therapy		
	Acupuncture		
	Kinesiotaping		
	Balance Training		
Other Hand Orthoses***	PF Knee Brace**		
Paraffin	Yoga		
	RFA		
PHARMACOLOGIC APPROACHES	Oral NSAIDs		
	Topical NSAIDs	Topical NSAIDs	
	I-A Steroids	I-A Steroids (Imaging-Guidance for Hip)	
	Acetaminophen		
	Tramadol		
	Duloxetine		
	Chondroitin	Topical Capsaicin	





# Clinical Management of Osteoarthritis



- Fewer than 10% of patients with knee OA meet the recommended 150 minutes of moderate physical activity per week<sup>1</sup>
- 34% of patients with arthritis have overweight and 29% of patients with arthritis have obesity;<sup>2</sup> these rates have remained stable for >20 years
- 11% of patients with arthritis have taken a self-management education class<sup>3</sup>

But, we also know...



- Receiving HCP counseling for exercise is associated with **lower physical inactivity**<sup>4</sup>
- Patients with arthritis and overweight or obesity who receive HCP counseling about weight management are **4 times more likely** to try to lose weight<sup>5</sup>
- Patients with arthritis who receive a HCP recommendation to attend a self-management education class are **9 times more likely** to attend<sup>3</sup>



# Clinical Management of Osteoarthritis



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	Chondroitin	Topical Capsaicin		



## RESOURCES

# OACareTools

An Online Toolkit for Managing Osteoarthritis (OA)  
From the Osteoarthritis Action Alliance

OA IS COMMON  
& COSTLY



U.S. adults have OA

MULTIMEDIA  
RESOURCES TO  
REDUCE THE BURDEN



PATIENTS

SELF-DIRECTED  
WALK WITH EASE



FREE



DOWNLOADABLE  
RESOURCES

HEALTHCARE  
PROVIDERS



MANAGEMENT  
GUIDELINES

FUNCTIONAL  
ASSESSMENTS



COUNSELING  
PATIENTS

**OAAA**

Mission: To improve lives  
by elevating OA as a  
health priority and leading  
the dissemination of  
innovative evidence-  
based solutions

**9** LEARNING  
MODULES



TO EXPAND HCP  
KNOWLEDGE

MANAGING  
PAIN



COMMUNITY-BASED  
ARTHRTIS  
PROGRAMS



SHARED DECISION-  
MAKING TOOLS

TO INCREASE  
PHYSICAL ACTIVITY



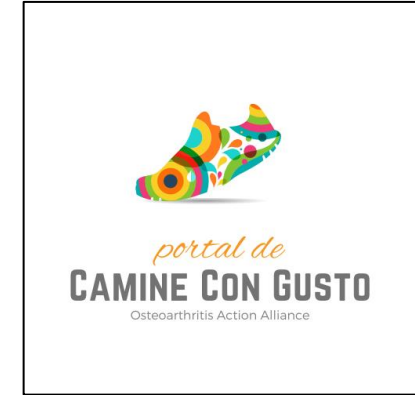
[oacaretools.org](http://oacaretools.org)



OSTEOARTHRITIS  
ACTION ALLIANCE








# AAEBIs





# OACareTools Case Study

## Planned Approach to Community Health (PATCH)<sup>1</sup>

	PATCH MODEL	OACareTools CASE STUDY
	Mobilize the community	Identify healthcare provider (HCP) partner
	Collect & organize data	Assess HCP & patient needs and availability of community resources
	Choose health priorities	Choose OACareTools focus & AAEBI
	Develop comprehensive intervention plan	Develop and implement education/resources and referral framework
	Evaluate	Assess feasibility, acceptability, and uptake of education/resources and referral framework

1. Kreuter MW. 1992. PATCH: its origin, basic concepts, and links to contemporary public health policy. Journal of Health Education 23(3):135–139. Available online at <https://wonder.cdc.gov/wonder/prevguid/p0000064/p0000064.asp#head001000000000000>.



# 1

## Identify HCP partner

- Identify HCP partner
- Identify HCP champion
- Understand HCP partner profile
- Develop MOU



# Identify HCP partner

- Identify HCP partner
  - Identify HCP partner with similar priorities to yours (e.g. emphasis on physical activity)
  - Look for HCP partner with capacity
  - Think about your existing connections to a HCP or existing clinical-community linkages in the area
  - Seek out nontraditional HCP partners, such as organizations that serve underrepresented populations
  - Search for funding opportunities that might help narrow down HCPs (e.g. professional organizations)
  - Emphasize the incentives for the HCP partner
- Identify someone at the practice who will be a champion for this work
- Understand the HCP profile
  - What clinic personnel will be involved?
  - What is the general characterization of the patient population?
- Develop agreement with HCP about roles and responsibilities of each partner



2

## Assess needs & availability of resources

- HCP needs
- Patient needs
- Community resources



# Assess needs & availability of resources

## Healthcare Provider needs

- Understanding of clinical approach to managing arthritis and the importance of physical activity referrals for patients with OA
- Awareness of and availability of physical activity programs in the local area
- Characterization of the existing clinic procedures for patient referrals
- Needed resources to facilitate patient referrals to the AAEBI
- Preferences for format/modality of HCP trainings

## Patient needs

- Preferences for types of resources on arthritis and physical activity
- Awareness about and availability of physical activity programs in the area
- Degree of comfort with and access to virtual programs
- Recommendations for a successful provider referral process to the AAEBI

## Community resources

- Availability of AAEBIs in the area
- Potential for remote delivery of AAEBIs



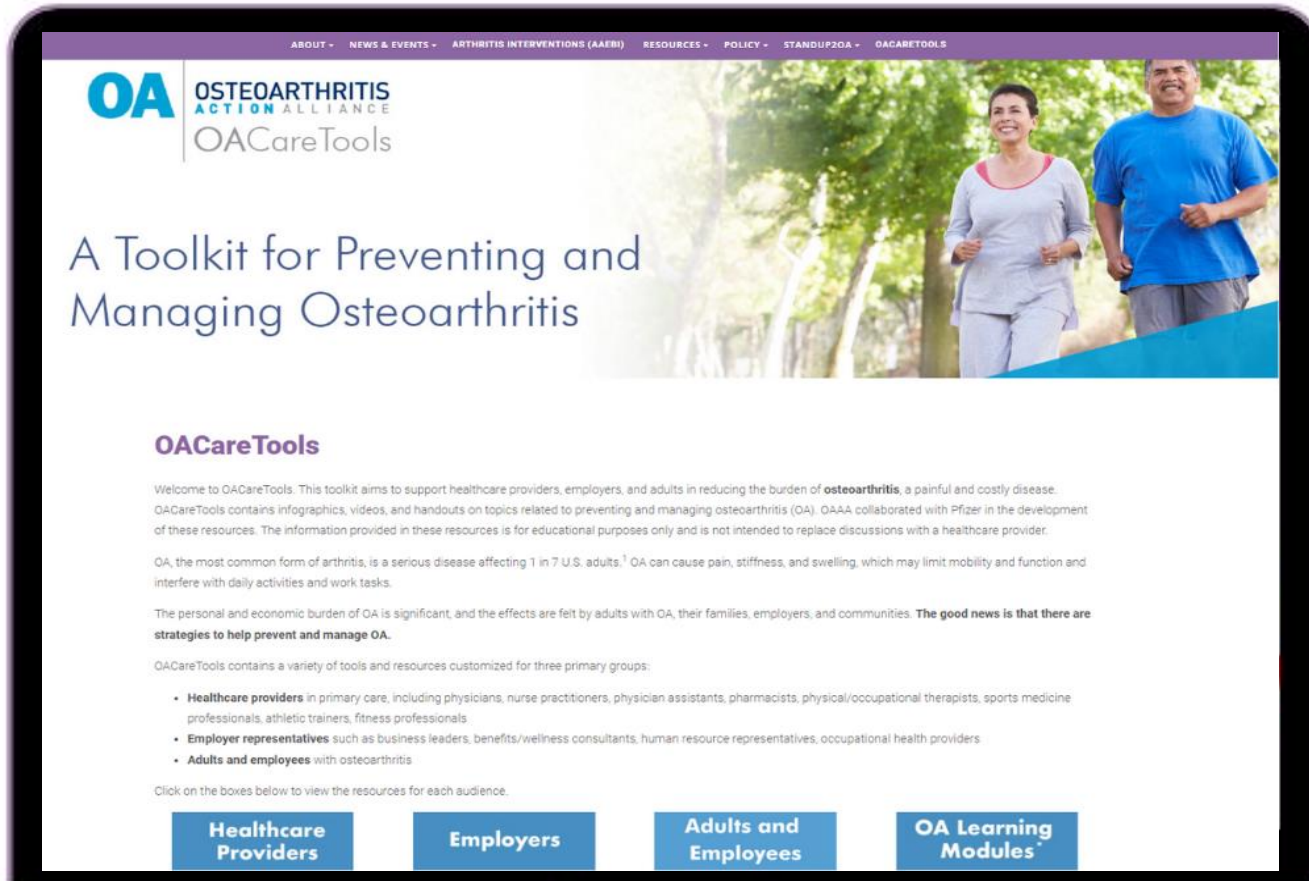
### 3

## Choose OACareTools focus & AAEBI

- HCP education & resources
  - Think of OACareTools as a menu of options
- AAEBI
  - In-person, virtual, or combination



# Choose OACareTools focus



[www.oacaretools.org](http://www.oacaretools.org)

# Why OA Matters: A vicious cycle

1 IN 7



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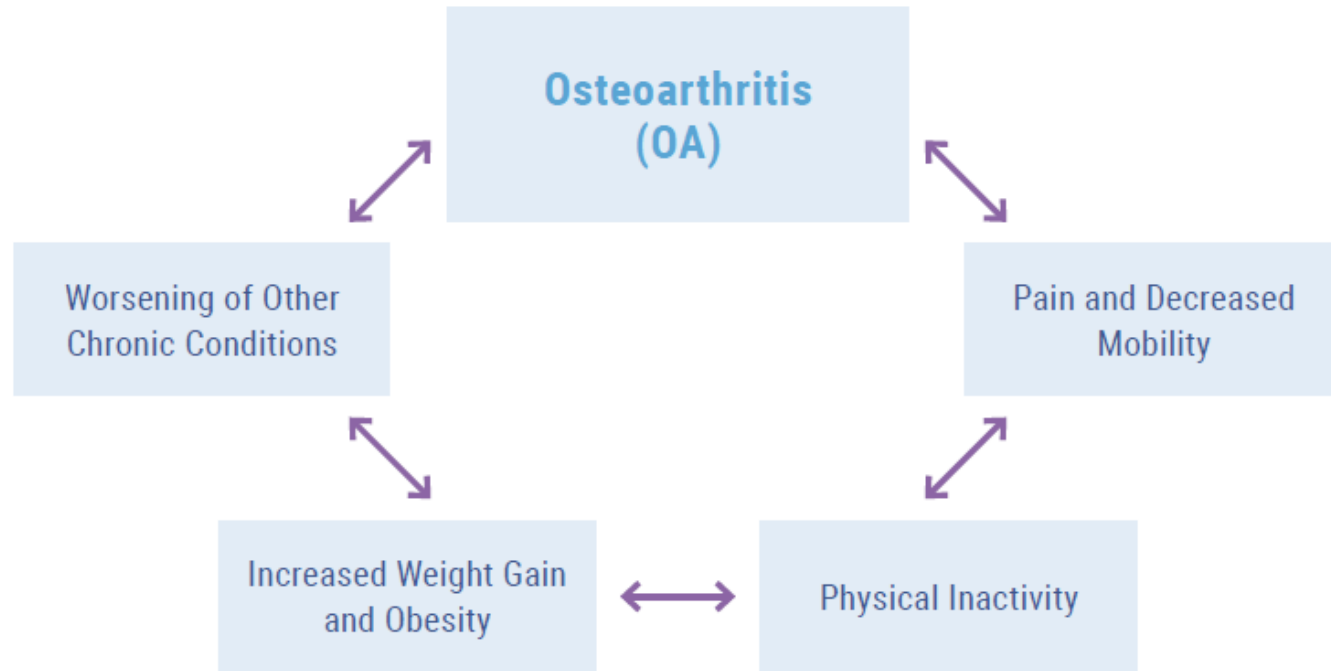


## PHYSICAL ACTIVITY

47% of people with severe joint pain are not physically active compared to 22.6% of people with no/mild joint pain<sup>2</sup>

g the most expensive  
s to treat when joint  
t surgery is required<sup>5</sup>  
was the second most  
h condition treated at

OA limits a person's ability to self-manage other conditions, such as diabetes and hypertension, because OA-related pain is associated with reduced physical activity<sup>3</sup>



OA is associated with increased comorbidities and other chronic conditions. Over 50% of people with OA have another chronic condition and over 30% of people with OA have five or more other chronic conditions.

US hospitals in 2013, accounting for \$16.5 billion.<sup>5</sup>



# OACareTools resources

## Functional Assessments



### PowerPoint Speaker Guide – Functional Assessments in Osteoarthritis (OA) Care

**Purpose:** The purpose of this slide deck is to educate healthcare providers in primary care and workplaces about the various functional assessments for OA and to facilitate group discussion and brainstorming about implementing functional assessments in OA care.

#### Learning Objectives for HCPs and Employer Representatives:

- Recognize osteoarthritis as a serious disease and the burden of OA on an individual's ability to function
- Understand the role of functional assessments in the context of OA
- Acquire knowledge about the various functional assessments used for individuals with OA
- Determine which functional assessments for OA might be used in their own clinical practice or workplace and identify barriers and facilitators to implementing these assessments

How to use this speaker guide: Each slide contains the core information to share with your audience. Additional, supplementary information for many of the slides is offered below. Prior to reading the content on the slide, then refer to the corresponding slide number below to decide what additional information you will share or discuss.

Slide #	Slide Title	Speaker text/palindrome
1	Functional Assessments in Osteoarthritis (OA) Care	
2	Overview	The role of functional assessments in OA care is to: 1. Quantify OA progression and severity. 2. Individualize treatment options for individuals with OA. 3. Measure and optimize employees' health and safety.
3	Osteoarthritis is a serious disease <sup>1,2</sup>	• Osteoarthritis is a serious and chronic disease. <sup>1,2</sup> • OA is the most common form of arthritis, affecting 32.5 million, or 1 in 7* in U.S. employed adults has osteoarthritis. <sup>1</sup> • The high prevalence of arthritis manifests in enormous societal and personal costs. <sup>1</sup>
4	OA is common and increasing in prevalence <sup>1</sup>	
5	Impact of OA	Working age adults with arthritis have lower employment rates compared to adults without arthritis. Unemployed adults with arthritis have a much higher prevalence of arthritis-related activity limitations, which possibly suggests that arthritis-related activity limitations might contribute to their unemployment. <sup>1</sup>

### PPT with Speaker's Guide

## Functional Assessments for Patients with Knee & Hip Osteoarthritis

### Elevating the role of physical function in OA pain management and functional assessment in OA care

1 in 7 U.S. adults has osteoarthritis (OA).<sup>1</sup> Approximately 44% of adults with arthritis may be limited in their daily activities.<sup>1</sup> Pain and stiffness from OA can contribute to disabilities in physical function,<sup>2</sup> which can be defined as the ability to move around and perform daily activities.<sup>3</sup> Limitations in physical function may lead to reduced quality of life.<sup>4</sup>

There is no single measure to assess a patient's physical function in the setting of research or clinical care for OA,<sup>5</sup> however, using a combination of performance measures and patient-reported outcome measures (PROMs) may give the healthcare provider insight into disease progression, severity, and optimal treatment approaches.<sup>6</sup>

#### Performance Measures

Performance measures assess what patients can do as opposed to what they think they can do.<sup>7</sup> The Osteoarthritis Research Society International (OARSI) recommends 3 performance-based tests of physical function for knee and hip OA (at right), with 3 of the tests identified as the minimum core set.<sup>8</sup> The tests use activities such as sit-to-stand, timed walks, and stair climbing to assess lower body strength, balance, agility, and ability to change directions.<sup>8</sup> Not only do these tests represent typical activities that individuals with knee and hip OA might need to do regularly, but they are also practical to administer in a clinic setting.<sup>8</sup> The OARSI manual includes instructions, score sheets and normal values for these tests.<sup>8</sup>

#### PERFORMANCE MEASURES Recommended for Knee and Hip OA\*

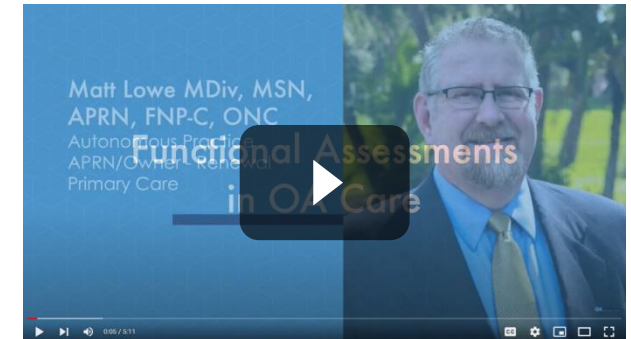
- Minimum Core Set**
1. 30-second chair stand
  2. 4 On test (paced walk)
  3. Stair climb
  4. Timed up-and-go
  5. 6-minute walk

#### Patient-Reported Outcome Measures (PROMs)

PROMs are questionnaires that patients complete to describe how arthritis impacts their lives.<sup>9</sup> It has been suggested that PROMs reveal patients' perceived experiences with the disease and its impact on specific activities rather than their actual ability to perform the activities.<sup>9</sup> Patient self-reports may be influenced by pain, stiffness, and feeling of exertion (not just ability or difficulty in performing the task).<sup>9</sup>

The use of PROMs in clinical care lends itself to shared decision-making. In addition, the process of engaging patients in self-reporting may result in improved self-management, quality of life, satisfaction of care, and communication.<sup>9</sup>

### Action Brief



### Video

# OACareTools resources

Counseling  
Techniques



PPT with Speaker's Guide

The image shows a speaker guide document. At the top left is the OACareTools logo. The title is 'Speaker Guide – Engaging Patients in OA Management Strategies'. Below the title is a horizontal line. The text describes the purpose of the presentation and lists learning objectives for HCPs. At the bottom is a table with two columns: 'Slide #' and 'Speaker text/guidance'. The table has two rows: one for slide 1 and one for slide 2.

**OA** | OSTEOARTHRITIS ACTION ALLIANCE | OACareTools

## Speaker Guide – Engaging Patients in OA Management Strategies

**Purpose:** This presentation is intended to facilitate peer-to-peer education (e.g., grand rounds, medical school education lecture) among healthcare providers (HCPs) to increase education about osteoarthritis (OA) among HCPs and their patients, specifically to engage patients in self-management strategies to address OA symptoms.

**Learning Objectives for HCPs:**

- Recognize OA as a chronic, serious disease and current symptom management strategies.
- Understand the importance of engaging patients in self-management strategies to help improve OA symptoms.
- Acquire knowledge, skills, and resources to meet patients where they are in terms of behavior change.
- Learn techniques to engage patients in meaningful conversation and shared decision making to promote patient participation in OA self-management.

How to use this speaker guide: Each slide contains the core information to share with your audience. Additional, supplementary information for many of the slides is offered below. Plan to read the content on the slide, then refer to the corresponding slide number below to decide what additional information you will share or discuss.

Slide #	Slide Title	Speaker text/guidance
1	Engaging Patients in OA Management Strategies	
2	Overview	As we talk about "Engaging Patients in OA Management Strategies," we will use physical activity throughout this presentation as the example behavior we wish to engage patients in. However, keep in mind that the skills and tools and resources presented are broadly applicable to other forms of self-management including weight management, disease management education, falls prevention, and other types of behavioral interventions.

# OACareTools resources



## Exercise Rx for Arthritis: Help your patients find their "FITT"

F= Frequency I= Intensity T=Time T=Type

### The benefits of physical activity for arthritis<sup>1</sup>

Physical activity is important for managing osteoarthritis (OA) pain, as well as other chronic conditions that commonly occur among adults with OA. Some of the benefits of physical activity for people with OA may include **improvements** in:<sup>1,3</sup>

- Pain and stiffness
- Range of motion
- Heart health
- Muscle strength
- Weight management
- Joint stability and balance<sup>4</sup>
- Mood
- Ability to perform daily tasks
- Absenteeism<sup>5</sup> (missed days of work)
- Presenteeism<sup>5</sup> (reduced productivity at work)

### Physical activity recommendations

The physical activity recommendations for people with arthritis generally follow the National Physical Activity Guidelines for Americans;<sup>6</sup> however, they should be tailored to patients' abilities, health, interests, past experiences, geography, and other personal factors.<sup>7</sup> Providers can help patients find their "FITT" by mutually developing a plan that includes the following recommendations:<sup>1</sup>

<b>F</b>	<b>Frequency:</b> Start low and go slow, particularly if patients are not currently exercising; <i>gradually increase frequency</i> as they become stronger and more confident. However, the goal for patients should be to move more every day. <sup>1</sup>
<b>I</b>	<b>Intensity:</b> Provide examples such as being able to "talk" but not "sing" while performing moderate activity, or not being able to say more than a few words at a time during vigorous exercise. <sup>1</sup>
<b>T</b>	<b>Time:</b> Aim for a weekly goal of <i>150 minutes of moderate-intensity aerobic activity</i> or 75 minutes of vigorous activity. If patients have a low fitness level and/or experience pain when exercising, recommend starting with 3-5 minute sessions 2 times a day. <sup>1</sup>
<b>T</b>	<b>Type:</b> Engage in a combination of <i>aerobic</i> (3-5 days a week), <i>strengthening</i> (2 days a week), and <i>balance/flexibility</i> (3 days a week) exercises. <sup>6</sup>

### Joint-friendly Activity Suggestions<sup>1,6,8</sup>



**Warning signs to share with patients** - sharp, stabbing or constant pain; pain that interferes with daily activities; pain that lasts more than 2 hours after exercise; pain or swelling that does not improve with rest, pain medications or heat/cold treatments; increased swelling/redness in joints.<sup>1</sup>

### My Physical Activity Goals



#### Example :

**Goal:** Walk for 15 minutes, 3 times per week, for the next two weeks

**I will do it:** After dinner on Tuesday, Thursday, and Saturday

**Possible challenges and solutions:** *If it is too dark to walk outside, I will walk inside my house*

**What resources I need to meet this goal:** *Good walking shoes, water bottle, a friend/family member*

Week #	Goal	Why is this important to you?	How confident are you that you can achieve this goal?*
	<ul style="list-style-type: none"> <li>• What will you do?</li> <li>• When will you do it?</li> <li>• How might you address any challenges?</li> <li>• What resources do you need?</li> </ul>		Use a 0-10 scale, where... 0=not confident 10=very confident 0 1 2 3 4 5 6 7 8 9 10
			0 1 2 3 4 5 6 7 8 9 10
			0 1 2 3 4 5 6 7 8 9 10
			0 1 2 3 4 5 6 7 8 9 10
			0 1 2 3 4 5 6 7 8 9 10
			0 1 2 3 4 5 6 7 8 9 10
			0 1 2 3 4 5 6 7 8 9 10

\*When deciding which goal to work on first, begin with the one that you have the most confidence you can achieve (closest to a 10). If you have any goals where your confidence is below a 7, consider changing that goal to make it more realistic or saving it for later.<sup>7</sup>

# OACareTools resources

## Self-Management Resources



### Dealing with Osteoarthritis or Joint Pain?

There are things you can do that may help you feel better.

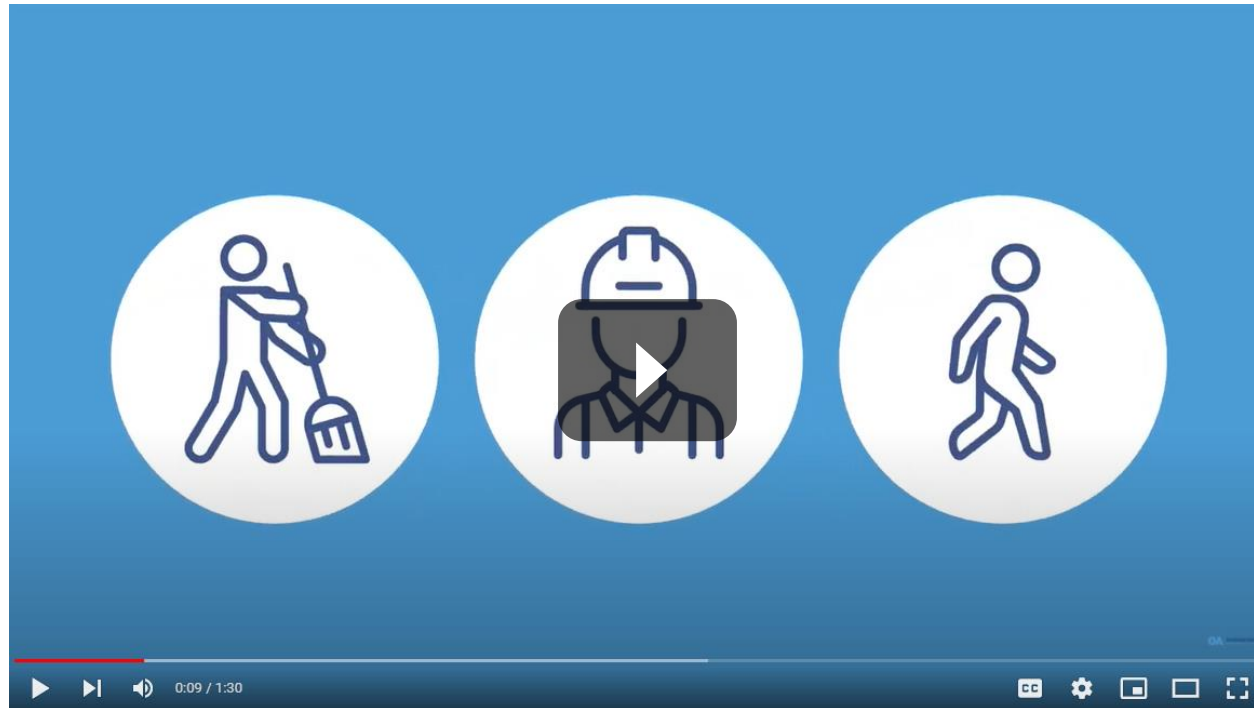


<p>Physical Activity</p>	<p>Being physically active is important for managing osteoarthritis (OA). Physical activity may help improve pain, mood, and your ability to do everyday activities. It can also help you manage your weight.<sup>1</sup></p>	<ul style="list-style-type: none"> <li>Participate in arthritis-friendly programs<sup>2</sup> <ul style="list-style-type: none"> <li>Active Living Every Day</li> <li>Arthritis Foundation Exercise Program</li> <li>EnhanceFitness<sup>2</sup></li> <li>Fit &amp; Strong</li> <li>Walk With Ease – Group &amp; Self-directed</li> </ul> </li> <li>Move your body. Some examples of joint-friendly activities include walking, biking, and swimming.<sup>1</sup></li> <li>Look for employer-sponsored benefits such as walking paths, yoga classes, stretch breaks, and/or fitness center discounts.</li> </ul>
<p>Weight Loss</p>	<p>Extra weight increases joint pain and damages cartilage of the joints, especially in the hips and knees. Even small amounts of weight loss may help relieve pain. Every 1 pound of weight loss gives you 4 pounds of relief on your knees.<sup>3</sup></p>	<ul style="list-style-type: none"> <li>Make small changes, one at a time.<sup>4</sup></li> <li>Limit sugary drinks such as soda and juices and replace them with water.<sup>5</sup></li> <li>Add a vegetable and/or fruit to your meals.<sup>4</sup></li> <li>Pack your own lunch each day.<sup>4</sup></li> <li>Get more and better sleep.<sup>5</sup></li> <li>Sit less! Move more!<sup>6,7</sup></li> </ul>
<p>Pain Management</p>	<p>Pain is common for those living with arthritis.<sup>8</sup> Pain management can include non-medication strategies and medications.<sup>7</sup></p>	<p>Try some of these recommended non-medication strategies for managing pain:<sup>7</sup></p> <ul style="list-style-type: none"> <li>Aerobic, strengthening, balance, and flexibility exercises</li> <li>Weight loss</li> <li>Tai chi</li> <li>Heat &amp; cold therapies (such as paraffin treatments or ice packs)</li> <li>Acupuncture</li> <li>Braces (such as knee or hand braces)</li> </ul>

<p>Physical Activity</p>	<p>Being physically active is important for managing osteoarthritis (OA). Physical activity may help improve pain, mood, and your ability to do everyday activities. It can also help you manage your weight.<sup>1</sup></p>	<ul style="list-style-type: none"> <li>Participate in arthritis-friendly programs<sup>2</sup> <ul style="list-style-type: none"> <li>Active Living Every Day</li> <li>Arthritis Foundation Exercise Program</li> <li>EnhanceFitness<sup>2</sup></li> <li>Fit &amp; Strong</li> <li>Walk With Ease – Group &amp; Self-directed</li> </ul> </li> <li>Move your body. Some examples of joint-friendly activities include walking, biking, and swimming.<sup>1</sup></li> <li>Look for employer-sponsored benefits such as walking paths, yoga classes, stretch breaks, and/or fitness center discounts.</li> </ul>
<p>Self Care</p>	<p>Managing OA may mean balancing a variety of symptoms, conditions, healthcare providers, and treatments. Feel better by learning skills that will help you cope.<sup>9</sup></p>	<p>Participate in:</p> <ul style="list-style-type: none"> <li>Group workshops <ul style="list-style-type: none"> <li>Chronic Disease Self-Management Program<sup>10</sup></li> <li>Tomando Control de su Salud<sup>10</sup></li> </ul> </li> <li>Self-guided program <ul style="list-style-type: none"> <li>Toolkit for Active Living with Chronic Conditions<sup>10</sup></li> </ul> </li> <li>Online program <ul style="list-style-type: none"> <li>Better Choices, Better Health<sup>10</sup></li> </ul> </li> <li>Employer Sponsored Employee Assistance Programs</li> </ul>

# OACareTools resources

Self-Management  
Resources



**Video: Evidence-based Programs for  
People with OA**

# OACareTools resources

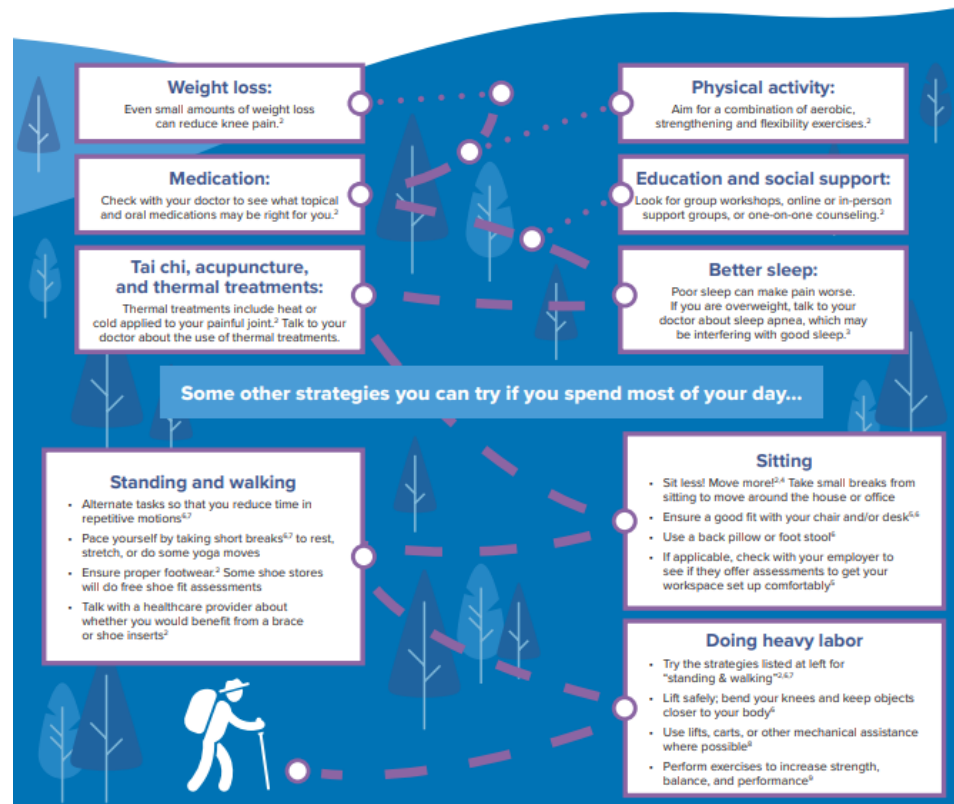
## Self-Management Resources

### Find Your Path Through Joint Pain

Arthritis can lead to severe joint pain and poor physical function, and it can negatively affect quality of life.<sup>1</sup>

*Here are some steps you can take that may improve your pain and quality of life.<sup>1,2</sup>*

Many people with joint pain may benefit from:<sup>2</sup>



This information is provided for educational purposes only and is not intended to replace discussions with a healthcare provider.

# Additional OAAA resources for patients

- Patient resource portal:
  - Videos, educational resources, and tips on:
    - Understanding OA
    - OA management strategies
    - Preventing OA
    - Staying active with OA
    - Weight loss for people with OA
    - Connecting to others with OA
    - Walk with Ease

[oaaction.unc.edu/JOINTPAIN](http://oaaction.unc.edu/JOINTPAIN)



[What Is Osteoarthritis](#)



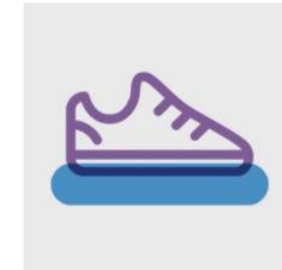
[Manage OA](#)



[Prevent OA](#)



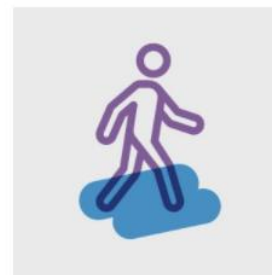
[Get Connected](#)



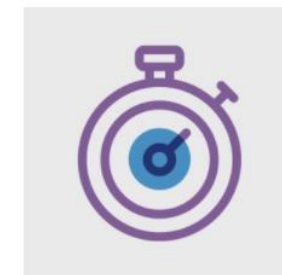
[Stay Active](#)



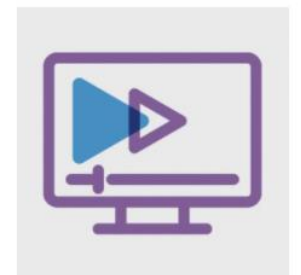
[Weight Management](#)



[Walk With Arthritis](#)



[Remain In The Game](#)



[Webinars](#)



## Spanish-language resources

[www.articulacionessanas.org](http://www.articulacionessanas.org)



### [Sobre la Osteoartritis](#)

Descubra sobre la osteoartritis! Vea cuales son las causas de osteoartritis, los sintomas mas comunes, como puedes prevenir la osteoartritis y mucho mas.



### [Viviendo con Osteoartritis](#)

¿Cuáles son los tratamientos para la osteoartritis y que ayuda existe para aliviar los sintomas de osteoartritis? Esta pagina le enseña unos masajes y tiene testimonios de participantes de Camine con Gusto.



### [Camine con Gusto](#)

¿Que es camine con Gusto? Descubra sobre nuestro programa de caminata auto-dirigido que fue diseñado para reducir el dolor de artritis.



Testimonio de Brenda Lemus 02

### El Reto de Osteoartritis

#### Testimonio de Brenda

Escucha el testimonio de Brenda, ella nos habla sobre cómo ella ve el osteoartritis y los cambios que ha hecho en su vida.

[Unase a Camine con Gusto](#)

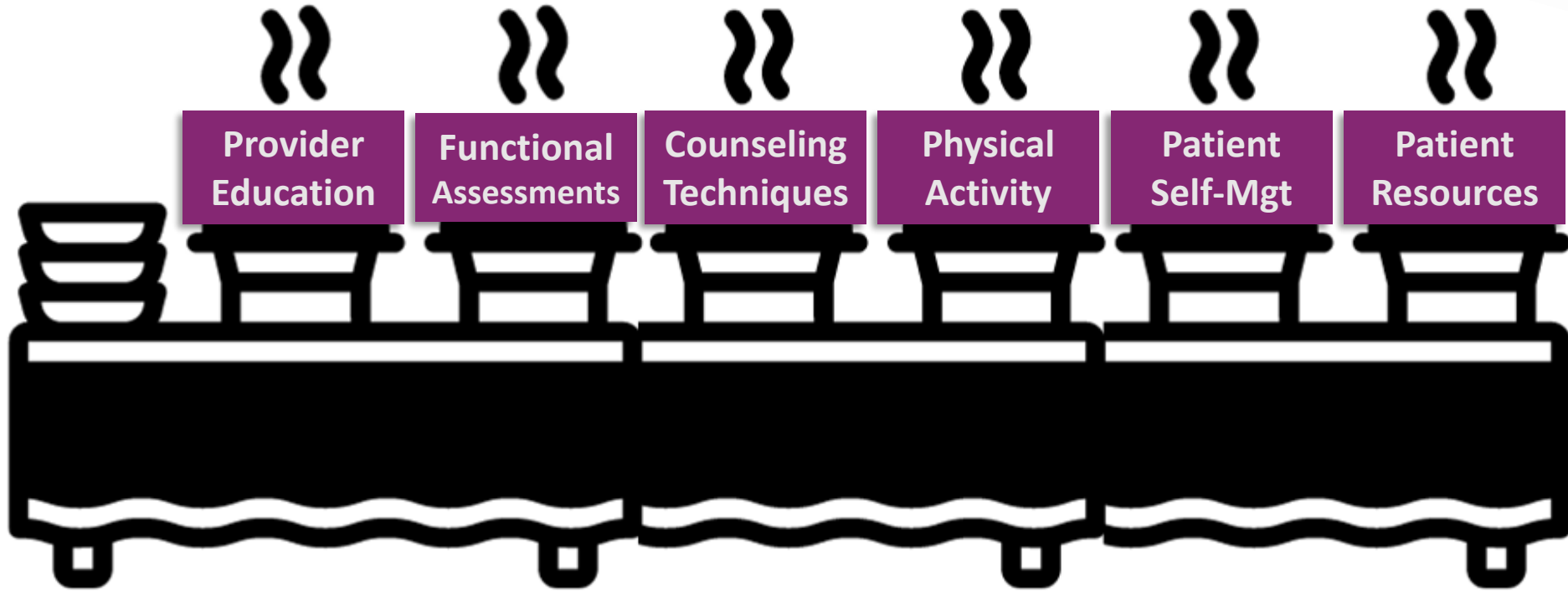
**“ha adaptado todo pero sigo moviéndome... porque cada vez que me nuevo... me siento bien.”**

– Milagros Duprey, participante de Camine con Gusto





# Choose OACareTools focus





# Choose AAEBI



# List of Recognized AAEBIs

## Physical Activity Programs

- AEA Arthritis Foundation Exercise Program
- Active Living Everyday
- Arthritis Foundation Aquatic Program
- Camine Con Gusto
- Enhance® Fitness
- Fit & Strong!
- Fit & Strong! Plus
- Otago Exercise Program
- Stay Active and Independent for Life
- Tai Chi for Arthritis
- Tai Ji Quan: Moving for Better Balance
- Walk With Ease – Self-Directed & Group
- My Knee Exercise Program
- GLA:D®

## Self-Management Programs

- Better Choices, Better Health®
- Chronic Disease Self-Management Program
- Chronic Pain Self-Management Program
- Enhance® Wellness
- Program to Encourage Active, Rewarding Lives (PEARLS)
- Tomando Control de su Salud
- Toolkit for Active Living with Chronic Pain
- Toolkit for Active Living with Chronic Conditions
- Workplace Chronic Disease Self-Management Program

More information available at  
<https://oaaction.unc.edu/aaebi/>

## Welcome to the Self-Directed Walk With Ease Registration and Tracking Portal!

This portal will allow you to create a secure account to register for the Walk With Ease program AND track your program progress. The portal has been created by the Osteoarthritis Action Alliance and is utilized by various partners across the country. Please read all the directions carefully and contact [oaaction@unc.edu](mailto:oaaction@unc.edu) if you have any questions.

Already have an account?

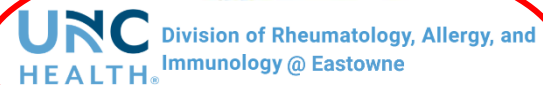
[LOGIN HERE](#)

Here for the first time?

Please select your partner by clicking their logo below.

If you do not have an organization you are registering under, please select Osteoarthritis Action Alliance.

[EN ESPAÑOL](#)



WALK WITH EASE

REGISTRATION & TRACKING PORTAL

brought to you by OA OSTEOARTHRITIS ACTION ALLIANCE



portal de CAMINE CON GUSTO

Osteoarthritis Action Alliance



**UNC** Division of Rheumatology, Allergy, and  
**HEALTH**® Immunology @ Eastowne

### Welcome to UNC Rheumatology's Walk With Ease Portal!

We're so glad you are here and ready to take the next step toward healthier living.

Walking is proven to reduce the pain of arthritis. Walk With Ease is a 6-week program that can help you make physical activity part of your everyday life. It is a great way to learn how to add walking into your life in a safe and comfortable way. Use this portal to:

- Register for Walk With Ease
- Get your **\*free\*** guidebook
  - Assess your needs
- Customize a program that fits YOU
- Keep track of your progress

Once you have completed the registration, you will be able to login to your portal anytime – from your phone, computer, or tablet. On the following 2 pages, you will set up your secure portal and answer a few registration questions.

You must complete STEP 1 & STEP 2 to be fully registered.

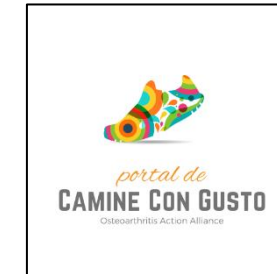
Scroll down and click the blue BEGIN button in the lower right corner to start or watch the videos linked below for more info.

Watch the Walk With Ease Overview [HERE](#)

Watch the welcome video [HERE](#).

Watch the portal tutorial [HERE](#).

**BEGIN**



## Registration

## Start Program

## Log Progress

## Success

- Create an account
- Select book format
- Complete registration
- Complete baseline survey

- Login to Portal
- Click 'Start Program'
- Access tools & resources
- Motivational email/text campaign begins



2-way texting

- Set goals each week
- Track days and minutes walked
- View and graph progress



- Finish 6-week program
- Complete post-program survey
- Receive completion certificate
- Print summary page
- Keep walking!
- Maintenance supports

# Walking Minute

- Walking Minutes
- Completion
- Walking Aggregate
- Demographic
- Questionnaires
- Subcategory Reports

Group

From ⓘ

To

Navigation icons: back, forward, close, refresh, first, previous, 1 / 1, next, last, print, download, email, share, search, zoom in, zoom out, full screen.

HCPs might be interested in:

- Which patients registered
- Individual patient walking data
- Individual patient completion data
- Walking aggregate for clinic
- Comparison of pre/post data (aggregate)

## Participant Weekly Walking

All Groups

Participant		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Test Testing	Walking						
	Days Minutes						



# 4

## Develop and implement resources/referral framework

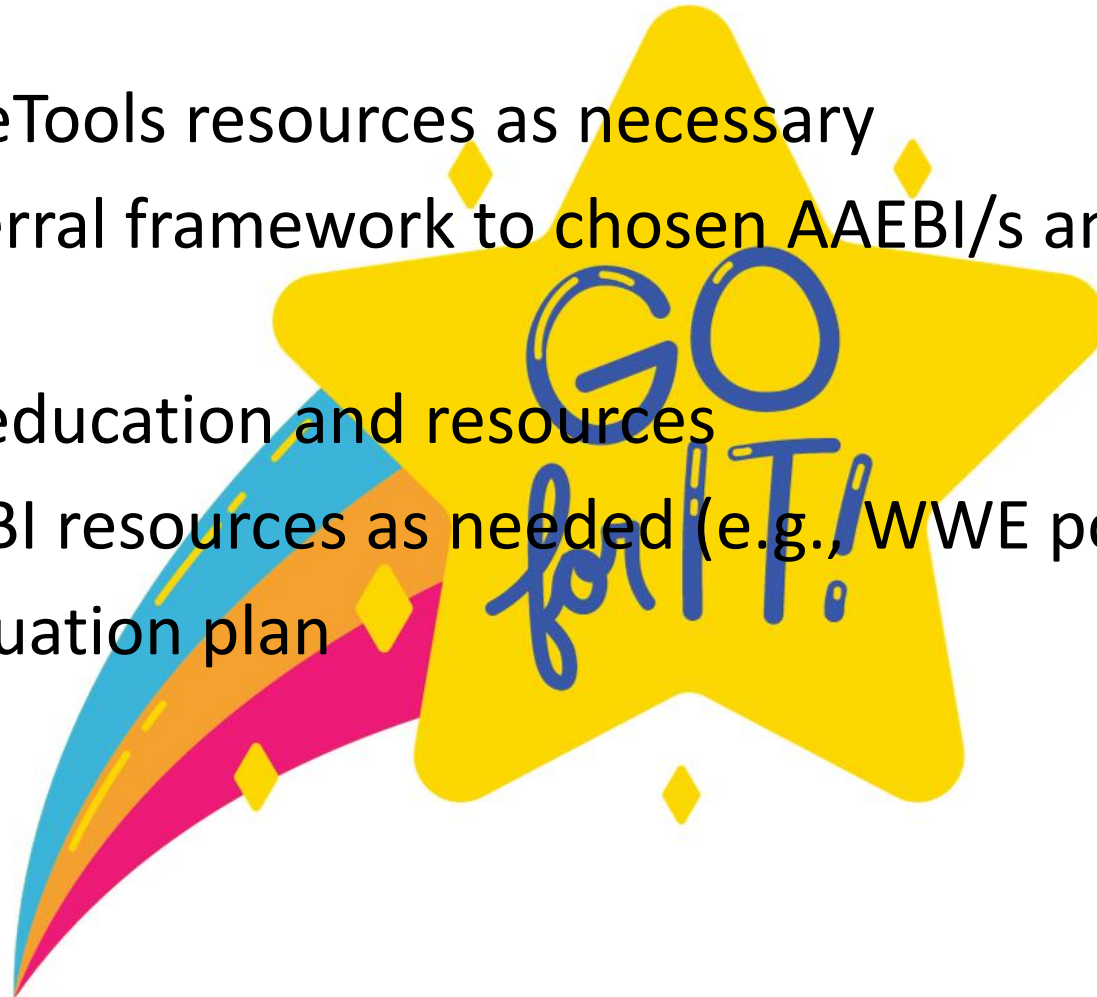
- HCP education components
- AAEBI referral framework
- Evaluation plan



# 4

## Develop and implement resources/referral framework

- Tailor OACareTools resources as necessary
- Establish referral framework to chosen AAEBI/s and develop collaterals
- Deliver HCP education and resources
- Prepare AAEBI resources as needed (e.g., WWE portal set-up)
- Develop evaluation plan





# 5

## Assess feasibility, acceptability, & uptake

- Assess and report on implementation metrics among HCPs & patients
- Assess and report on feasibility and acceptability metrics



# Assess feasibility, acceptability, & uptake

Implementation/Feasibility Metrics	
Healthcare Providers	Patients
<ul style="list-style-type: none"> <li>• Number of clinicians trained</li> <li>• Results from pre-post clinician training assessments (if applicable)</li> <li>• Number of clinicians who referred to AAEBI</li> </ul>	<ul style="list-style-type: none"> <li>• Number of referrals</li> <li>• Number of referrals by source (e.g., clinician, self-referral)</li> <li>• AAEBI registration rates</li> </ul>
Acceptability Measures	
Healthcare Providers	Patients
<ul style="list-style-type: none"> <li>• Usefulness of clinician training and patient resources</li> <li>• Acceptability of AAEBI referral process</li> <li>• Barriers to and facilitators of referrals</li> <li>• Suggestions for implementing and improving the intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Usefulness of patient resources</li> <li>• Usefulness of clinician referral to the AAEBI</li> <li>• Acceptability of the referral process</li> <li>• Barriers to and facilitators of AAEBI participation</li> <li>• Suggestions for implementing and improving the intervention</li> </ul>

## OACareTools CASE STUDY

**1**

**Identify healthcare provider (HCP) partner**

**2**

**Assess HCP & patient needs and availability of community resources**

**3**

**Choose OACareTools focus & AAEBI**

**4**

**Develop and implement education/resources and referral framework**

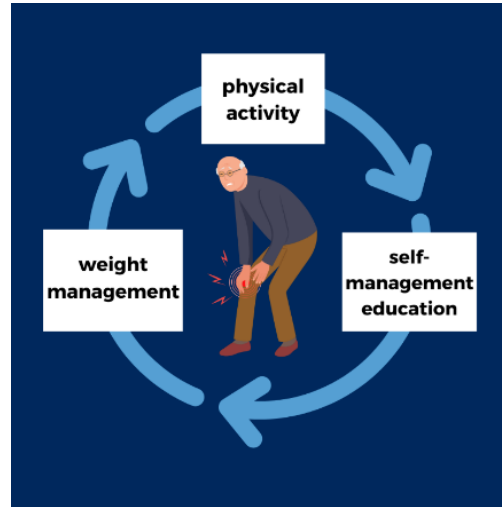
**5**

**Assess feasibility, acceptability, and uptake of education/resources and referral framework**

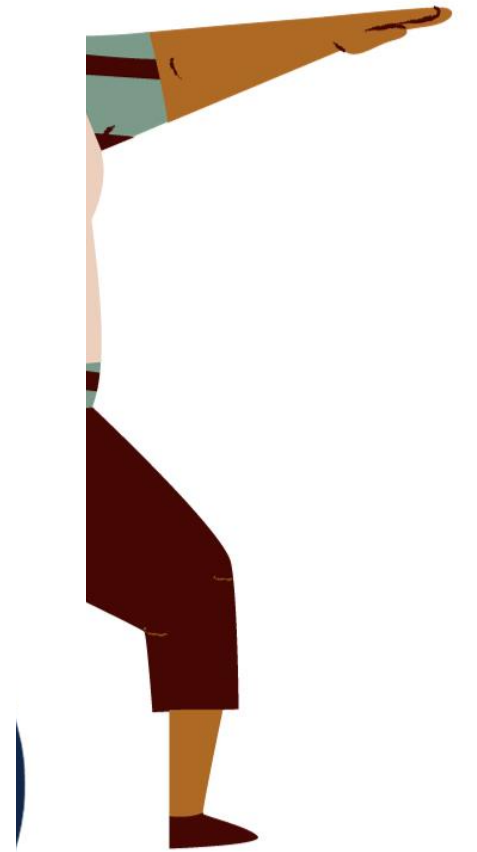
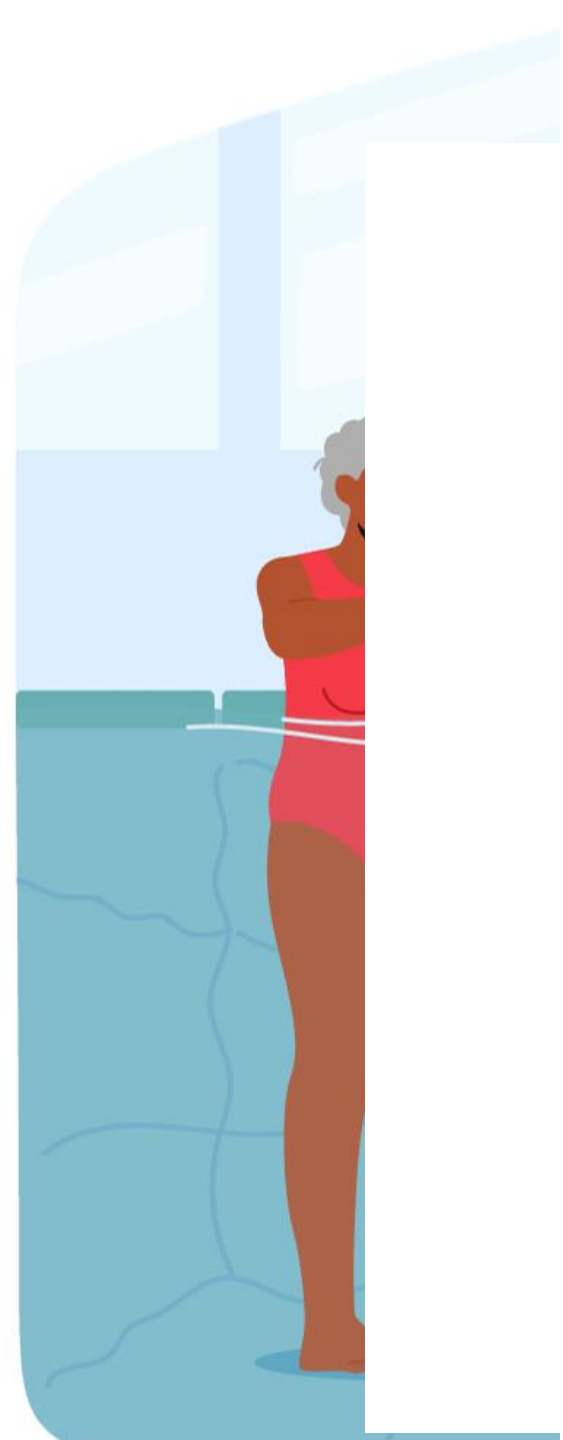
# Clinical Management of Osteoarthritis



	HAND	KNEE	HIP	
PHYSICAL, PSYCHOSOCIAL, and MIND-BODY APPROACHES		Exercise*		
		Self-Efficacy and Self-Management Programs		
		Weight Loss		
		Tai Chi		
		Cane		
		1 <sup>st</sup> CMC Orthosis	TF Knee Brace**	
		Heat, Therapeutic Cooling		
		Cognitive Behavioral Therapy		
		Acupuncture		
		Kinesiotaping		
		Balance Training		
		Other Hand Orthoses***	PF Knee Brace**	
		Paraffin	Yoga	
			RFA	
PHARMACOLOGIC APPROACHES		Oral NSAIDs		
	Topical NSAIDs	Topical NSAIDs		
	I-A Steroids	I-A Steroids (Imaging-Guidance for Hip)		
		Acetaminophen		
		Tramadol		
		Duloxetine		
	Chondroitin	Topical Capsaicin		



## RESOURCES



**Questions?**

**[katie\\_huffman@med.unc.edu](mailto:katie_huffman@med.unc.edu)**