

Moving with Joint & Bone Conditions

Keep moving — exercise is the best medicine for your joints and bones.

NHS Aligned HSE Ireland Evidence-Based



YOUR PERSONALISED EXERCISE PRESCRIPTION · FITT FRAMEWORK · NHS / HSE ALIGNED

F	Frequency	OA: 3–5 days/week + strength 2–3x Low Back: Daily if tolerated Osteoporosis: 2–3 days/week weight-bearing + strength
I	Intensity	OA: Moderate, low-impact, muscle ache = OK Low Back: Sub-pain level, avoid sharp pain Osteoporosis: Moderate resistance, weight-bearing is key
T	Time	OA: 150 min/week aerobic + 2–3x strength Low Back: 20–40 min sessions, progress slowly Osteoporosis: 30 min sessions, 2–3 times per week
T	Type	OA: Cycling, swimming, water aerobics Low Back: Walking, yoga, McKenzie exercises Osteoporosis: Walking, resistance bands, stair climbing

What to Expect

- › Some aching after exercise is normal and OK
- › Sharp pain in a joint: rest and review with GP
- › Improvement takes 6–8 weeks — be patient
- › Physiotherapy may be recommended — worth it
- › Hydrotherapy (pool): excellent for painful joints

Daily Self-Care

- › Apply heat before exercise, ice after if swollen
- › Avoid bed rest — gentle movement is better
- › Supportive footwear reduces joint stress
- › Maintain a healthy weight — reduces OA load
- › Ask about ESCAPE-pain programme for OA

★ Exercise is the number one recommended treatment for osteoarthritis, low back pain, and osteoporosis (NICE 2022). Resting and avoiding movement makes most joint conditions worse over time. Move more — gently, regularly, and consistently.

[Physio Direct \(HSE\)](#)

[Versus Arthritis](#)

[BackCare — backcare.org.uk](#)

[OsteoporosisIreland.ie](#)

⚠ WHEN TO CONTACT YOUR GP OR SEEK URGENT HELP

- Bladder or bowel problems alongside back pain — seek urgent help today
- Sudden severe pain, swelling, or inability to weight-bear on a joint
- Back pain at night that wakes you, or unexplained weight loss with pain
- Pain that is getting significantly worse despite 4–6 weeks of exercise

EXERCISE PRESCRIPTION For completion by prescribing clinician

Date	Patient Name / Addressograph		
Prescriber Signature	IMC / GMC No.		