Walk At Least 10 Minutes a Day for Adults With Knee Osteoarthritis: Recommendation for Minimal Activity During the COVID-19 Pandemic

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Earl Silverman (ES): Hi, I’m Earl Silverman, Editor-in-Chief of The Journal of Rheumatology. I hope you are all doing well and are healthy during the coronavirus pandemic.

Today, I am pleased to be speaking to Dr. Daniel White from the University of Delaware. Dr. White along with co-authors Jason Jakiela and Esther Waugh wrote an editorial entitled, “Walk at Least 10 Minutes a Day for Adults With Knee Osteoarthritis: Recommendation for Minimal Activity During the COVID-19 Pandemic,” which is now available as an open access article on The Journal’s website at jrheum.org.

Dan, I want to thank you for writing your editorial, and for joining me and agreeing to discuss the editorial.

As somebody at my age with mild OA of the knee, I look forward to this discussion as I did reading your editorial.

No further ado, first question: What was the inspiration for writing this excellent editorial?

Daniel White (DW): Yeah, that’s a great question.

It’s something that the pandemic really has fundamentally changed life and how much we do, and the decline in activity overall with such changes in daily life, and me along with Jason Jason Jakiela and Esther Waugh were really concerned about adults with arthritis, since this group is really at risk for just poor future health outcomes associated with an activity.

And so we wanted to put forth just a simple recommendation to help strive to mitigate the sort of pandemic-related social distancing and subsequent changes in physical activity that are associated with that.

That’s basically our reasoning behind wanting to write editorial.

ES: Thanks. I didn’t give you this question, but I’m going to ask you another question — you didn’t put in getting a dog!

DW: You can get a dog.

ES: That would solve the problem!
DW: If it poops and pees in the house, that’s not on us, but it will make you go for a walk, that’s for sure.

There’s some research to show that, especially for older adults, having a pet or something that needs to be watched every day and has a tail and wags is a great way to get exercise.

ES: It is, I’m telling you. After having just returned from my walk and you hear the dog in the background on perfect note.

Going back on script, what are the important take-home messages of your editorial?

DW: Well, first, as the title implies, walk for 10 minutes a day, simple as that.

And we also recommend that the walking be at a purposeful or brisk pace. And this is basically at an intensity where you are building up a sweat eventually, but you’re still able to have a conversation.

Most people, if you’re walking from here to the bus stop or some place at your usual pace, that’s enough to be a brisk or moderate intensity.

So, it’s really not super intense.

The next thing is don’t stop at 10 minutes either. You don’t have to say 10 minutes, that’s it. For some people, just give me the minimum. Well, there’s your minimum, but that is no way a maximum, and the more you do, the more benefit you have.

And lastly, walking is actually a really potent and powerful and simple way to manage osteoarthritis, or for arthritis of the knees, and it is indeed beneficial.

So those are our basic take-home messages we wanted people to have from the editorial.

ES: So it leads right into my next question: As a physician, and I tell my patients this, that pain is an indication that you’re doing too much — your body’s trying to tell you something. Certainly, people with osteoarthritis, I’m sure with this brisk walk, especially if they push it longer, will develop some pain and you had actually mentioned that that’s okay.

So why is osteoarthritis different than, let’s say, an overused syndrome of a muscle where, you know, that’s telling you to stop?

DW: Yeah, that’s a great question. I’m glad you asked it, and certainly a fair question. I agree, pain is often a sign that something is wrong, but for arthritis, we now understand pain to be actually a little more complex than before and it’s not quite so straightforward.
There are different types of pain. There are differences, not only intensities, but the quality of pain, and when it comes on and comes off. It is actually much more complex than we originally understood it to be.

The good news is that there’s been countless studies that have been done that consistently show that exercising, and specifically walking, actually has the same magnitude for reducing pain as taking normal drugs like NSAID.

So in addition to that, walking, or being physically active, has other benefits to health that range from just feeling better, all the way to reducing your risk of future diseases, such as cardiovascular disease, some types of cancer, and dying early.

Initially, as a medical community, we didn’t expect this result, but physical activity, if you can put that in a pill, that’s the best blockbuster drug you could ever come up with.

Knowing walking is a potent treatment that can reduce pain for arthritis is a key message.

Now, I will say, when you first start, you will have pain afterwards, and that’s not going to feel good. But the key thing is to consistently get up to walking and to try it again.

Now, if it’s pain that is that sharp pain that’s in your knee that lasts, then we’ve done too much. But if it’s that dull aching pain that you kind of always have, you’re good. And walk again and it should get better, and countless studies have shown that.

So, I hope that answers your question, and again, that is a really good question.

ES: Perfect answer! Not all pain is equal.

How can we overcome, again, this idea of walking on something that has some damage to it? How do we overcome that misconception that I’m actually harming by walking, especially when I’m feeling pain when I walk. So now, it was these two things that are coming to me that go intuitively against what I think.

DW: That’s a great question.

For patients that are listening to this right now or people who have arthritis, you are listening to this, you are already there. You’re hearing the message that walking does not lead to future damage. There’s just no evidence for that.

There are countless studies, large randomized controlled trials that have measured damage to the joint looking at X-rays or MRI, and there’s just no evidence to say about being more active increases the rate at which people’s damage occurs.

And then, for providers, I think the main thing is, we just need to consistently work on recommending walking with the knowledge that it is an effective and potent treatment. It’s not just feel good, content free thing we’re saying to our patients, but in fact, saying to somebody, “you should walk for 10 minutes
a day” is actually a very potent thing that they will take in to their daily lives, most likely, and to realize that is an effective way to help manage their osteoarthritis in.

I understand for physicians, you have a limited time with your patient, and behavioral change is very challenging. So, recognizing that there’s this group of health professionals that are, I would argue, almost overly trained, called physical therapists, that are excellent, and helping people overcome their challenges that they have in life, and walking is a definite goal.

Walking more, especially for people with osteoarthritis, is definite goal physical therapist had, and so consider referring your patient to see a physical therapist to improve their function and their ability to walk, is certainly a resource that health providers can consider.

**ES:** I think that’s great. I think any physician who deals with osteoarthritis, even inflammatory arthritis, and doesn’t have a physiotherapist involved, is not really looking at what we now call patient-centric care.

I think we have to make use of allied health professionals and that’s what they’re good at. I mean, I know what I’m good at, and I still go to my physiotherapist, and I’ve been doing this for 35 years. I think I’m pretty good at what I do, but they’re very good at what they do also, so let’s all work together.

Just like my nurse has her own clinic, my physiotherapist has her own clinic, and I think, even more so, to be honest, in osteoarthritis. This condition has a management issue in the broader sense, but on a day to day and the problems come up, you got to get a physiotherapist — I endorse it 100%.

And as editor, we have a physiotherapist on our board, so we really believe in physiotherapists.

So, after a nice pat on the back for each other, I want to ask you, do you have any other final thoughts that I may have missed that you’d like to leave the audience with?

**DW:** Yeah, I just think that with this opportunity to speak about this editorial, my doctoral student Jason Jakiela, and Esther Waugh, we’ve worked hard to really cull down all the information out there just into a simple recommendation. And we just want people to know that walking 10 minutes a day is a realistic goal for most people with knee osteoarthritis.

I just put out the challenge to people who are trying to manage their osteoarthritis or their arthritis of the knees to try to reach that goal and maybe even go beyond that, especially during this pandemic.

It is critical to try to be as active as possible and you’ll be likely very surprised, and not only that, you’ll feel better.

So that’s all I have to say.

**ES:** I agree. You know, those endorphins with exercise really do make you feel better. And I just want to tell everybody, I endorse it, not only for osteoarthritis, but for everybody who needs their outdoor exercise, particularly as we’re sitting in the house in the pandemic.
So I really want to thank you for writing the editorial and agreeing to speak with me. And it really is an excellent editorial, really for simple people like me — easy to read, succinct, summarizes everything, I don’t have to go to the literature, so I think that’s a great idea. And again, it is available as an open access article.

Again, I want to thank you and your co-authors or writing the article and for taking the time to speak to me. To the audience I advise everybody to please read the full editorial entitled, “Walk at Least 10 Minutes a Day for Adults With Knee Osteoarthritis: Recommendation for Minimal Activity During the COVID-19 Pandemic” by Jakiela, Waugh, and White, as well as other special editorials about SARS-CoV-2 infection and COVID-19 and its effects and implications for rheumatologists and rheumatology practice at www.jrheum.org/covid19.

If you have any comments or questions, please message us on Twitter @jrheum or email us at manuscripts@jrheum.com.

And I want to thank everybody for joining us and please continue to follow the guidelines of your regional and national health authorities. Wear a mask as prescribed by your health authorities, and be sure to maintain social distancing in order for all of us to stay safe.

Thank you.