

## National Pain Week 2020: The effect of exercise on managing constant pain

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**TUESDAY, 28 JULY 2020**

**FOR IMMEDIATE DISTRIBUTION**

With one in five Australians living with pain and facing a daily struggle to manage their condition, Exercise & Sports Science Australia (ESSA) is today encouraging more Australians to explore the use of prescribed movement by an Accredited Exercise Physiologist to help manage pain and support a better quality of life.

“For those that live with chronic pain daily, it can be debilitating, exhausting and has an impact on all parts of a person’s life. Evidence is growing to show the positive impacts of exercise to help ease this burden,” explains ESSA CEO, Anita Hobson-Powell.

“Research clearly shows that exercise can reduce pain and improve function in people with musculoskeletal pain. Based on the exercise research findings, guidelines consistently recommend exercise as a primary treatment for chronic musculoskeletal pain,” says Dr John Booth, Accredited Exercise Physiologist and Senior Lecturer Faculty of Medicine, UNSW.

It is common for people with pain to lose their confidence with movement and reduce their activity levels. While this might seem like a good strategy to avoid pain, the longer-term effect is a further decrease in function and increased pain.

“Activity gets harder and more painful and previously non-painful areas can start to hurt. It’s not only safe to move and exercise with pain, it’s smart, and is essential on your road to recovery,” continues Dr. Booth.

“Whilst helping you to understand your pain and address fear-related movements, an Accredited Exercise Physiologist can also assist you with improving your general exercise tolerance and help you to resume the meaningful activities that you may have stopped since the onset of persistent pain,” says Anita.

“Please remember, exercise interventions need to be individualised, goal-orientated and graded; the emphasis is always on restoring movement confidence. Always get advice from an expert, like an Accredited Exercise Physiologist.”

More resources about exercise and pain can be found on the [Exercise Right website](#). To find an Accredited Exercise Physiologist to support you on your pain-free journey, visit the [ESSA search function](#).

### Case Study – Reducing Knee Pain with Exercise

Hashani was referred by her GP to an Accredited Exercise Physiologist (AEP) for right knee osteoarthritis. Hashani is aged 55 years and works as a nurse in aged care. Four months prior, she had an MRI and a specialist consultation and was advised she would need a knee replacement in the next 2-3 years. Since the consultation,

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Hashani has been taking Panadol Osteo twice daily. She also markedly reduced her walking, including avoiding stairs, and her daily active levels.

**Exercise treatment:** Based on the findings of an initial assessment, the AEP designed an exercise intervention that was best suited to Hashani's needs and goals. Hashani's primary goals were avoiding surgery and increasing her walking tolerance to reduce the impact on her work and daily life. Hashani had never engaged in regular exercise and was open to trying different types of exercise.

Hashani consulted with the AEP weekly in conjunction with a home exercise program involving walking, strengthening and flexibility exercise. The AEP also provided education to improve Hashani's understanding that it is safe to move and exercise with pain and the important role that physical activity has in reducing her pain and recovery.

To further develop her knowledge and understanding, the AEP had considerable discussion with Hashani to improve her understanding of osteoarthritis, effective self-management strategies and healthy lifestyle choices, and directed Hashani to additional online learning resources, which was Hashani's preferred way to learn.

**Treatment outcomes:** Through discussion with the AEP and their reassurance and guidance, Hashani's confidence with physical activity and movement improved. Her exercise program was paced up during treatment and after 6 weeks, Hashani transitioned to a self-managed home exercise program, which the AEP reviewed monthly for 3 months.

On her last review 4.5 months after commencing treatment, Hashani reported pain free periods with occasional low-level knee pain.

"It's not really giving me much trouble, I certainly don't need a knee replacement," said Hashani.

She had reduced her Panadol use to occasional and was enjoying her daily exercise walking for 30-40 minutes and she was gradually walking more hills. She was managing all her normal daily activities and her work, which included walking some stairs instead of taking the elevator.

"When I realised I was safe to exercise and started doing more, I stopped worrying and thinking about pain so much," said Hashani.

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