**Poll Questions**

**What is OA?**

1. Osteoarthritis can be classified as:

1. Simply a wear and tear disease from increased load leading to loss of cartilage
2. Complex multifactorial condition that affects the whole joint

2. Are x-ray findings an accurate predictor of a person’s pain and/or disability levels?

* Yes
* No

3. Cartilage needs load to stay healthy

1. No, rest is best for cartilage health
2. Yes, as much load as possible
3. Yes, but the amount of load varies for individuals and at different points in their life

4. Are conditions and injuries that are typically diagnosed earlier in an individual’s life, such as ACL rupture, traumatic menicscal tears and FAI, associated with OA later in life?

1. No, as OA only occurs later in life
2. Yes, as early trauma and structural changes can influence joint health later in life

5. Accurate diagnosis of OA requires which of the following?

1. X-ray
2. MRI
3. Blood test
4. Thorough clinical examination
5. Assessment of a person’s pain and/or symptoms
6. Assessment of a person’s risk factors

**First-Line Treatments**

1. Select all the components of first-line treatment for OA:

1. Exercise
2. Panadol
3. NSAIDs
4. Cortisone and other injectables (PRP, Synvisc, etc.)
5. Supplements (Glucosamine, Chondroitin, Turmeric, etc.)
6. Education
7. Weight loss, if indicated
8. Manual therapy or dry needling
9. Taping or brace
10. Walking aid

2. Is pain ok during exercise for those in the GLA:D Program?

1. No, try and avoid pain as it’s a sign of damage
2. Yes, pain has nothing to do with damage
3. Yes, but only if it’s below an acceptable level and goes back to “pre-exercise” level with 24hrs

3. The education sessions are:

1. To tell individuals that they should be exercising more and probably losing weight
2. To allow time to address patient’s questions, fears and possible knowledge gaps related to OA and best management
3. Not compulsory and allow extra time that you can basically do whatever you want

4. What forms of exercise are beneficial for individuals with OA?

1. Aerobic (walking, swimming, stationary bike, etc)
2. Resistance (weights, TheraBand, machines, etc)
3. Functional (Step-ups, sit to stand, etc)
4. Static stretching (Quads, hamstrings, calves, etc)
5. Anaerobic (Sprints, HIIT, etc.)
6. Neuromuscular (Sliders, alignment focussed, etc.)

**Second and Third-Line Treatments**

1. Select all the components of second-line treatment for OA:

1. Exercise
2. Panadol
3. NSAIDs
4. Cortisone and other injectables (PRP, Synvisc, etc.)
5. Supplements (Glucosamine, Chondroitin, Turmeric, etc.)
6. Education
7. Weight loss, if indicated
8. Manual therapy or dry needling
9. Taping or brace
10. Walking aid

2. Yes or No: Opioids can be useful for those with OA.

1. Yes, they are strong analgesics and can be used for short term relief
2. No, they are ineffective for OA, have possible serious side effects and are not recommended by the RACGP guidelines

3. Yes or No: RACGP Guidelines support the use of cortisone, PRP and Synvisc.

1. Yes, they are all supported for people with OA
2. No, none are supported for people with OA
3. No, there are conditional recommendations for cortisone, neutral for PRP and recommend against Synvisc

4. Yes or No: RACGP Guidelines support the use of stem cells.

1. Yes, they can be beneficial for people with OA
2. No, they strongly recommend against their use for people with OA

5. Yes or No: Current research supports the use of arthroscopy for the treatment of knee osteoarthritis.

1. Yes, research supports it if people are too young to have a TKR
2. No, it is no better than placebo and is associated with known risks

6. Current research for Total Knee Replacement suggests:

1. Every patient will experience a good result
2. Almost all patients experience a good result and those who don’t will be no worse off
3. 80-90% of patients will experience a good result, meaning 10-20% will experience a poor result

**Physical Performance Tests**

1. When are the physical performance tests carried out?

1. At the first exercise session and last exercise session
2. Before the start of the exercise program, and three months after the initial testing
3. Before the start of the exercise program, and three months after the end of the exercise program

2. What tests are part of the mandatory objective assessment for the GLA:D® Program?

1. 40m walk test, timed up and go test and 30sec chair stand test
2. 40m walk test and 30sec chair stand
3. 40m walk test and 30sec chair stand; the single hop test is an optional test for those with higher function

3. Results from the tests can be used for: (select all that apply)

1. Measuring progress
2. Goal setting
3. Are added to the database by the patient during the online questionnaire

**Exercise progression and modification**

1. True or False: All participants start at Level 1, doing 2 sets of 8 for each exercise

* True: it’s a standardised program and they must all do the same thing
* False: the program must be individualised for every person

2. True or False: There are 4 levels for each exercise, and they can’t be progressed/regressed any further

* True: it’s a standardised program and they must all do the same thing
* False: it’s a standardised program but it must be individualised for every person

3. True or False: When doing the GLA:D® Program, individuals can only do the 8 different exercises

* False, the 8 exercises are just a guide
* False, although it’s a standardised program, further exercises can be prescribed according to an individual’s needs or goals
* True, it’s a standardised program and you can’t add or subtract any exercises for each person

4. True or False: Participants can only do 2 GLA:D® sessions per week

* True: it’s a standardised program and they must all do the same thing
* False: some people may benefit from an additional session depending on their capacity

**Data collection and registry**

1. Outline the standard procedure for entering a participant into the database:

1. Get the person to register themselves on the GLA:D® Australia website
2. Go to GLA:D® Australia website, click “Participant Registry” tab, click “Enter new patient” and complete the form
3. There isn’t a standard procedure for registering patient

2. Do you register someone on the database if they do not wish to contribute to the data collection?

1. No, that’s their choice
2. Yes, everyone has to be registered even if they don’t consent
3. Yes, if they consent to sharing their name and email address; they must be given the opportunity read the Participant information and Consent Form (available on the first page of the questionnaire) and select “no, I do not want to continue” in the database

3. What is the purpose of the 3-month review?

1. To review goals and progress, conduct physical outcomes and progress/regress exercises
2. Optional appointment to do physical outcome measures
3. Sign them up to another program
4. Refer them for an orthopaedic review

4. Certified clinicians use the withdrawal of consent form for:

1. Any participant that stops the program, e.g., no longer attending, had joint replacement surgery, seeks alternative treatment, etc
2. To withdraw participants who aren’t benefiting from the GLA:D Program
3. To withdraw participants who wish to no longer share their data

5. Select all exclusion criteria for the database:

1. Not good with computers
2. Unable to understand English
3. Primary joint problem other than osteoarthritis (e.g., tumour, inflammatory joint disease, sequelae after hip fracture)
4. Other symptoms that are more pronounced than osteoarthritis (e.g., fibromyalgia or chronic generalized pain)