

Prevention
Policy position paper

ARAMA Suspension of Suspension

Prevention



Introduction

The Arthritis and Musculoskeletal Alliance (ARMA) is the umbrella organisation representing the collective voice of the UK musculoskeletal (MSK) community.

Bringing together patient charities, professional bodies, and research organisations, ARMA works to improve the prevention, treatment, and management of MSK conditions.

This is part of a series of ARMA papers on key aspects of policy.

This paper, published in November 2025, outlines ARMA's position, strategic priorities, and policy recommendations on prevention to realise our vision of better MSK health for everyone.



Let's unite against the silent epidemic of MSK conditions.

Personal action matters - being active, eating well and caring for our health - but so do the systems that shape our choices. By designing communities, workplaces, and services that support good MSK health, we can empower everyone to live longer, healthier lives, free from chronic pain and disability.

Adrian Bradley
Chief Executive
ARMA

Executive summary

Musculoskeletal (MSK) conditions are the leading cause of pain and disability in the UK and have a profound impact on individuals, families, and society. They encompass a wide range of disorders, including arthritis, back pain and osteoporosis, affecting people of all ages.

MSK conditions are the most common cause of sickness absence, costing the UK economy billions each year in lost productivity.

They also place a significant strain on the NHS, accounting for around 30% of GP consultations and a substantial proportion of outpatient and surgical services.

Beyond the economic and health service impact, MSK conditions severely affect quality of life, limiting mobility, independence, and participation in work, family, and community life. Many conditions are chronic and progressive, creating long-term health and social care needs.

Addressing the impact requires emphasis on prevention, timely access to treatment, and effective self-management support.

Not all MSK conditions are preventable, but many can be avoided, and the progress of others can be slowed through timely interventions.

We have defined prevention as the implementation of measures to reduce the incidence and impact of MSK conditions, promote physical and mental health, and detect early signs of disease to enable timely intervention and prevent progression or recurrence.

ARMA calls for system wide transformation that places far greater emphasis on primary and secondary prevention to reduce the burden on individuals and health services.

Prevention must be treated as an investment, not a cost.

While ARMA welcomes the ambitious vison in the 10 Year Plan for England, we call for adequate funding, workforce development, more cross-sector collaboration and better cross government working, to make the shift to prevention happen.

MSK health is shaped by the places we live, study, work and connect. We must identify and address structural determinants of health inequities such as deprivation, ethnicity, rurality and employment.

We need a wide ranging whole life course approach that addresses both individual behaviours and wider social and environmental factors.

Our recommendations are set out below in section 1.



1. Recommendations

ARMA calls for urgent and coordinated action to reduce the burden of MSK conditions through primary and secondary prevention. Our key recommendations are:

1. Public policy

- Make MSK health a national priority alongside cardiovascular disease, mental health, and cancer.
- Launch public education campaigns to raise awareness of MSK health, prevention strategies, and myths.
- Integrate the Chief Medical Officer's physical activity guidelines into all relevant public health, education, employment, transport and urban planning policies.

2. Physical activity

- Ensure all children have access to high quality physical education, inclusive school sport, and safe opportunities for daily active play that supports bone strength, muscle development, coordination, and flexibility.
- Sustain the We Are Undefeatable campaign and expand its influence beyond the Richmond Group of Charities.
- Invest in evidence based programmes that get people moving and help to prevent and treat MSK conditions.
- Leverage Sport England's targeted place based investments to create connections between physical activity provision and MSK services.

3. Healthier weight

- Strengthen population health approaches to food security and healthier weight.
- Invest in evidence based weight management services.

 Avoid BMI cut-offs as barriers to orthopaedic surgery or treatment; provide holistic, non punitive interventions including behavioural support and, where clinically appropriate, weight loss medications.

4. Early identification and intervention

- Train primary care and community clinicians to identify MSK risk factors and co-morbidities early to ensure every contact counts.
- Build MSK screening tools and risk checkers into NHS programmes and apps.
- Expand rapid access community diagnostic hubs and direct access community MSK services.
- Integrate supported self-management into routine pathways.

5. Workplace

- Encourage employers to adopt active workplace programmes and ergonomic assessments.
- Include MSK prevention in occupational health standards.
- Promote workplace education on posture, safe lifting, and early symptom reporting.

6. Mental health

- Implement collaborative care models that embed psychological support within MSK services and easy to access pathways to specialist mental health services.
- Train MSK clinicians to recognise and manage mental health conditions.
- Prioritise mental health screening and referral pathways in routine MSK care.

7. Digital

- Scale up effective digital interventions for physiotherapy, rehabilitation, and self-management.
- Address digital exclusion to prevent inequitable access to MSK services.

8. Workforce

- Invest in multi-disciplinary training, including behavioural change, exercise prescription, and co-morbidity management.
- Recognise and utilise allied health professionals, chiropractors, and sport, leisure, and fitness professionals in prevention and rehabilitation.
- Strengthen workforce planning through research, data collection, and monitoring of MSK service demand and outcomes.

9. Neighbourhood

- Integrate rapid access clinics, community based therapy, and social prescribing into local care networks.
- Ensure collaboration between primary care, specialist MSK services, mental health services, voluntary sector organisations, therapists working in private practice, and other public sector services.
- Publish a plan setting out the steps and timetable for delivering universal fracture liaison services across England by 2030.

10. Health equity

- Focus prevention and rehabilitation resources in areas of higher deprivation where MSK conditions are more prevalent.
- Ensure equitable access to physical activity programmes, supported selfmanagement, and specialist services.
- Implement the recommendations in ARMA's Act Now report.

11. Research, data & public involvement

- Invest in research on MSK prevention, treatment outcomes, and health inequalities.
- Collect and monitor population level data on MSK prevalence, service use, and outcomes.
- Involve people with lived experience in designing services, interventions, and policies to ensure relevance and effectiveness.



2. The challenge

Prevalence

MSK conditions include over 200 disorders affecting bones, joints, muscles, and connective tissues. Common MSK disorders such as osteoarthritis, rheumatoid arthritis, back and neck pain, fibromyalgia, and osteoporosis have a profound impact on individuals and healthcare systems.

- Over **20 million people** in the UK currently live with one or more MSK condition.⁽¹⁾
- Osteoarthritis affects **8.5 million** adults.⁽²⁾
- Over **3.5 million** people live with osteoporosis. (3)
- Rheumatoid arthritis affects approximately 450,000 adults.⁽⁴⁾
- Back and neck pain remain the leading cause of disability worldwide. (5)

The impact of MSK conditions can be lifelong. Some conditions are progressive, others are episodic, with acute flares impacting function and wellbeing. Chronic pain, stiffness, swelling and fatigue reduce mobility and independence, diminishing quality of life.

Economic impact

MSK conditions impose a financial burden on the NHS, social care, and the economy.

- NHS spending on MSK conditions is estimated at £5 billion annually.⁽⁶⁾
- Lost productivity due to MSK related conditions cost the UK economy approximately £12 billion in 2023.⁽⁷⁾
- MSK conditions account for around 30.6 million lost working days annually.⁽⁸⁾
- People with MSK conditions are more likely to retire early due to ill health, exacerbating workforce shortages.⁽⁹⁾

Investing in prevention and early intervention is crucial to stemming these rising costs.



3. Policy context

MSK health is recognised globally as a vital component of healthy ageing, functional ability, and economic participation.

The World Health Organization's Decade of Healthy Ageing 2021–2030⁽¹⁰⁾ prioritises integrated care to improve mobility and prevent disability. This includes action on MSK conditions across the life course – from promoting healthy development in childhood to preventing falls and fractures in older age.

ARMA welcomes the vision and aspirations set out in the 10 Year Health Plan for England (2025)⁽¹¹⁾ but is disappointed that MSK health, given the breadth and societal impact, is not highlighted as a priority.

To fully realise the potential of prevention and early intervention, MSK health must be explicitly included in Integrated Care Board priorities and local authority public health strategies. This is essential for effective allocation of resources and commissioning of services.

4. Primary prevention

Overview

Primary prevention is key to reducing the incidence of MSK conditions.

The UK Chief Medical Officer's Physical Activity Guidelines (12) emphasise that regular movement is essential for maintaining and improving MSK health across the life course. Adults should do strength and balance activities at least twice weekly, alongside 150 minutes of moderate or 75 minutes of vigorous aerobic activity. For older adults, reducing sedentary time and prioritising strength, flexibility and balance exercises helps preserve function and mobility, prevent falls and maintain independence.

The 2023–24 Physical Literacy Consensus Statement for England⁽¹³⁾ defines physical literacy as a lifelong relationship with movement and activity, shaped by motivation, confidence, enjoyment, and environment. ARMA supports this. It is now important there is shared understanding across education, health, and community sectors to promote sustained participation in physical activity, supporting MSK health and reducing health inequalities.

This requires lifelong investment in enabling people to maintain healthy joints, bones, and muscles.

Key elements include:

- Promoting the benefits of physical activity across all ages.
- · Maintaining healthier body weight.
- Access to affordable and healthier food and nutrition.
- Injury prevention, particularly in workplaces and sporting environments.
- Smoking cessation and alcohol moderation.

Maintaining a healthy weight is an important part of ageing well, giving older people enough energy to stay well, socialise and be active. (14)

Active travel – walking, cycling, and other human powered transport – is highlighted as a practical, low cost way to integrate regular physical activity into daily life in the World Health Organisation's Global Action Plan on Physical Activity 2018 – 2030⁽¹⁵⁾. It not only improves MSK health, cardiovascular fitness, and mental wellbeing but also reduces sedentary behaviour, obesity, and the risk of chronic diseases. Integrating physical activity into everyday routines is a key strategy for sustainable, population wide health improvement.

National campaigns and resources

We Are Undefeatable⁽¹⁶⁾ is a national movement supporting people with long term conditions, including MSK, to engage in physical activity in ways that suit their abilities and lifestyles. The campaign addresses common myths about pain and activity, promoting confidence and motivation, and re-framing how people can move more in their daily lives.

Flippin' Pain⁽¹⁷⁾ is a public health campaign that reframes understanding of persistent pain. Using community events, storytelling, and evidence based education, it challenges misconceptions, emphasises biological, psychological, and social influences, and empowers self-management. Its aim is to reduce stigma and improve outcomes.

National public health campaigns like Better Health⁽¹⁸⁾, Couch to 5K⁽¹⁹⁾ Active 10⁽²⁰⁾, and Healthier Families⁽²¹⁾ can play important roles in MSK prevention by encouraging healthier lifestyles that reduce MSK risk factors such as obesity, physical inactivity, and poor diet.

However, it is important national campaigns put greater emphasis on muscle and bone strengthening that better protect our joints and can help to prevent conditions such as osteoporosis and sarcopenia.

Evidence shows these campaigns raise awareness, but sustained behaviour change remains challenging. Long term adherence to physical activity and healthy habits often declines without ongoing support. Their impact could be enhanced through better integration with healthcare services and targeted support for high risk groups.

Moving Medicine⁽²²⁾ provides healthcare professionals with evidence based resources and conversation guides to encourage physical activity tailored to specific MSK conditions. This supports brief interventions in busy clinical settings.

We welcome Sport England's 10 year Uniting the Movement⁽²³⁾ strategy that encourages active lives by investing in inclusive, community led sport and physical activity, particularly in underserved areas. By creating active environments, strengthening connections between health and movement, and championing lifelong participation, it targets resources at areas with higher levels of deprivation and health inequalities.

Screening tools and risk checkers

Early identification of risk factors, symptoms, and red flags is important. It can support pro-active case finding in primary and community care, guide timely referral, and empower individuals to assess their own risk. Used effectively, these tools, such as the osteoporosis risk checker⁽²⁴⁾ and rheumatoid arthritis symptom checker⁽²⁵⁾ can help prevent progression, reduce avoidable disability, and support targeted interventions for those most at risk.

Falls and fracture prevention

Falls and related injuries are a major cause of morbidity and mortality in older adults, often linked to MSK decline.

Fracture Liaison Services offer a proven model to identify patients after fragility fractures and ensure osteoporosis assessment and treatment, reducing risk of repeat fractures.

Strength and balance training, medication reviews, and home environment assessments reduce falls risk, preserve independence, and reduce healthcare costs.

5. Secondary prevention

Importance

Secondary prevention targets those who have developed MSK conditions, aiming to reduce disease progression, prevent complications, and minimise impact on quality of life.

Early diagnosis, especially for inflammatory arthritis and other rapidly progressive conditions, is essential to prevent irreversible joint damage and disability. Delays in diagnosis often span years, reflecting low public awareness and variable access to specialist services. These delays cause distress and disruption to work, social and family life. (26)

Identification and stratification

Integrated Care Boards should employ population health management tools to identify individuals at high risk of MSK deterioration. Case finding approaches can enable targeted interventions such as rapid referral to rheumatology or physiotherapy. (27)

Rapid access and assessment

Reducing waiting times for treatment is vital to prevent avoidable harm and improve quality of life. Delays leave people in pain, reduce mobility, and risk conditions worsening, making them harder and more costly to treat.

Timely access to assessment and treatment enables earlier intervention, helping people to remain active, independent, and in work, while also easing pressure on primary care and emergency services.

ARMA believes the NHS must take a system wide approach: invest in community based services and diagnostic capacity, expand multidisciplinary teams, and strengthen links across primary, community, and secondary care.

Digital tools for triage and self-management can also help, but above all, services must be properly resourced and prioritised so people with MSK conditions receive effective treatment without unnecessary delay.

Expanding community diagnostic hubs with MSK assessment capacity can reduce waiting times and enables early treatment. Self-referral to physiotherapy and direct access to MSK triage services empower patients and improve flow through the system.

Workplace health

Workplace health is essential for both employees and organisations, as it directly impacts wellbeing, morale and productivity. Work environments that prioritise ergonomics, safe movement, active meetings and breaks, and access to support, reduce the risk of MSK injuries, chronic pain, disability and sickness absence.

6. Rehabilitation

Role of rehabilitation

Rehabilitation plays a critical role in restoring function, reducing pain, and supporting mental wellbeing. Evidence supports tailored exercise interventions, including aerobic, resistance, and flexibility training. (28)

Physical activity promotion

Physical activity should be promoted as safe and beneficial for almost everyone living with MSK conditions, counteracting myths that rest or inactivity is preferable.

ARMA supports the consensus statement developed by the Moving Medicine consortium including the Faculty of Sport and Exercise Medicine UK, Public Health England, Sport England, and the Royal College of General Practitioners.

Moving Medicine resources enable clinicians to provide personalised advice and build patient confidence in brief consultations.

Healthcare professionals are encouraged to engage in person-centred conversations, considering individual preferences, symptoms, and functional capacity, to support patients in becoming more physically active.

The Richmond Group's Bridging the Gap⁽²⁹⁾ report highlights that pain and low energy are significant barriers to physical activity for individuals with long term health conditions. These factors often prevent them from engaging in exercise, even though they recognise its importance for managing their health.

There is an "empathy gap" between professionals and policymakers who focus on issues such as cost and motivation, and people with lived experience who cite pain and fatigue as the primary obstacles. The report emphasises the need for a more nuanced understanding of these barriers and calls for tailored support that addresses the specific challenges faced by individuals with long term health conditions.

Digital innovation

The Covid-19 pandemic accelerated adoption of digital physiotherapy and remote rehabilitation. These platforms can reduce geographic and accessibility barriers, particularly for rural or mobility limited populations.

However, ARMA's report into MSK related health inequalities⁽³⁰⁾ warns of the potential for digital exclusion to exacerbate poor access to services for some people.

7. Healthy weight

Excess body weight increases mechanical stress on weight bearing joints and is a risk factor for osteoarthritis progression. Obesity also contributes to systemic inflammation exacerbating some inflammatory MSK conditions.

The NHS Digital 12 Week Weight Management Programme is an effective tool for many people. Tier 2 and 3 weight management programmes integrated with MSK care are vital. Effective interventions combine dietary advice, behavioural support, and physical activity, tailored to patients' capabilities and pain levels. However, the reality is that the availability and quality of weight management services are variable. (32)

ARMA echoes the voice of sector partners in strongly supporting a holistic approach to obesity management medications, such as GLP-1 receptor agonists, which can produce significant short-term results when paired with diet and physical activity. They must not replace lifestyle behaviour change interventions or compete with funding for obesity prevention strategies. An active lifestyle remains central to achieving sustainable health outcomes.

ARMA firmly opposes the use of body mass index (BMI) as an arbitrary barrier to accessing orthopaedic surgery, particularly for joint replacements. Not only does BMI poorly reflect individual health risks, but enforcing strict thresholds can lead to unreasonable delays or denials, disproportionately impacting those with obesity and widening health inequities. The use of BMI as a criterion for surgery is contrary to NICE guidelines. (33)

8. Supported selfmanagement

ARMA believes supported self-management is essential for improving outcomes for people with MSK conditions. This approach empowers individuals to take an active role in managing their health, through personalised information, skills, and confidence building, alongside access to appropriate support from healthcare professionals and community resources.

Supported self-management includes education, physical activity guidance, pain management strategies, and signposting to peer or voluntary sector services.

ARMA advocates embedding it throughout MSK pathways, ensuring equitable access and tailoring to diverse needs. When effectively implemented, supported self-management reduces symptom burden, improves quality of life, and supports more sustainable, personcentred MSK care.

Primary care providers should proactively provide condition specific education and signpost to quality assured voluntary sector resources.

Many ARMA members provide specialist advice and guidance to patients and carers.

ARMA welcomes the commitment in the 10 Year Health Plan for England to be a better partner to the voluntary sector and to create a clearer pathway from the point of diagnosis to the support offered by specialist charities.



We welcome the launch of Diagnosis
Connect as an important step towards
making it easier for patients to reach
specialist charities. By supporting people at
the point of diagnosis with clear, accessible
information and resources, it could empower
people to better understand their condition,
engage in shared decision making, and
access support for self-management and
ongoing care. We look forward to ARMA
members becoming involved.

Our membership also includes organisations representing professionals working in private practice who have an important role to play. There is capacity in the independent sector which can and should be better utilised.

Access to medicines

Variations in formulary policies, GP knowledge gaps, and lack of regional clinical leadership exacerbate variations in treatment for conditions such as osteoporosis. We call on UK and devolved governments to integrate primary and secondary care, and ensure patients can access the medicines they need. (34)

9. Co-morbidities and complexity

MSK conditions rarely occur in isolation. People living with MSK disorders often experience multiple co-morbidities, including mental health conditions, cardiovascular disease, diabetes, and respiratory illnesses. Some MSK conditions, like inflammatory arthritic conditions, increase the likelihood of co-morbidities. These overlapping health challenges compound disability, complicate treatment, and increase healthcare utilisation.



MSK health and mental health are inherently linked, with each profoundly impacting the other. Chronic pain, functional limitations, and fatigue arising from MSK conditions significantly contribute to poor mental health outcomes such as anxiety and depression. Conversely, untreated or poorly managed mental health conditions worsen MSK symptoms and inhibit rehabilitation efforts.

Despite this two way relationship, MSK health and mental health are rarely addressed together in current service models. The result is fragmented care, poor outcomes, and preventable disability.

The integration of mental health support within MSK services is essential. This includes routine screening for depression and anxiety in MSK patients, referral pathways to psychological therapies, and training MSK clinicians in recognising and managing mental health issues. Collaborative care models that include mental health professionals alongside MSK specialists improve outcomes and patient satisfaction.

10. Workforce

A skilled, multi-disciplinary workforce is fundamental to delivering integrated MSK health care.

Shortages exist across all disciplines. For example, the British Society for Rheumatology's 2021 workforce report⁽³⁵⁾ highlights significant staffing shortages in the UK rheumatology sector, including consultants, specialist nurses, and allied health professionals. This imbalance leads to increased waiting times, regional disparities in care, and worsened patient outcomes. The report urges urgent investment in workforce expansion and training to meet growing demand and ensure high-quality care for patients with chronic musculoskeletal conditions.

The situation is not getting better. Our members report shortages and workforce pressures across all disciplines and in all settings.

Training must encompass MSK clinical knowledge and behavioural change skills to support physical activity promotion and self-management.

Allied Health Professionals, chiropractors, sports therapists, pharmacists, nurses, social prescribers and community based clinicians all play vital roles.

Cross-professional collaboration is essential to provide holistic, person-centred care. Sport, leisure, and fitness professionals trained in MSK health can contribute importantly to prevention and rehabilitation outside clinical settings.



References

- Office for National Statistics (2025) Musculoskeletal health profile: statistical commentary, April 2025. London:
 ONS. Available at: https://www.gov.uk/government/statistics/musculoskeletal-health-profile-april-2025-update
- 2. NHS England (n.d.) Musculoskeletal health. Available at: https://www.england.nhs.uk/elective-care/best-practice-solutions/musculoskeletal/
- 3. International Osteoporosis Foundation (2019) Broken bones, broken lives: A roadmap to solve the fragility fracture crisis in Europe. Nyon: IOF. Available at: https://www.osteoporosis.foundation/broken-bones-broken-lives
- **4.** Arthritis UK(2025) The State of Musculoskeletal Health. London: Versus Arthritis. Available at: https://www.arthritis-uk.org/media/flpbvm2m/arthritisuk_state_of_msk_health_-report_2025.pdf
- **5.** Department of Health and Social Care (n.d.) Musculoskeletal health: applying All Our Health. London: DHSC. Available at: <a href="https://www.gov.uk/government/publications/musculoskeletal-health-applying-all-our-heal
- 6. Public Health England/Department of Health and Social Care (2019) Musculoskeletal Health: 5 Year Strategic Framework for Prevention Across the Life Course. London: PHE. Available at: https://assets.publishing.service.gov.uk/media/5d0b44eded915d0939f84803/Musculoskeletal Health 5 year strategy.pdf
- 7. Zurich UK (2023) Work absences due to long-term sickness could cost the economy £66.3bn a year by 2030 in lost productivity. Available at: https://www.zurich.co.uk/media-centre/work-absences-due-to-long-term-sickness
- 8. Office for National Statistics (2024) Sickness absence in the UK labour market. London: ONS. Available at: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabse nceinthelabourmarket/latest
- 9. UK Health Security Agency (2016) Preventing musculoskeletal disorders has wider impacts for public health. London: UKHSA. Available at: https://ukhsa.blog.gov.uk/2016/01/11/preventing-musculoskeletal-disorders-has-wider-impacts-for-public-health/
- **10.** World Health Organization (2021) Decade of Healthy Ageing (2021–2030). Geneva: WHO. Available at: https://www.who.int/initiatives/decade-of-healthy-ageing
- 11. Department of Health and Social Care (2025) Fit for the future: 10 Year Health Plan for England. London: DHSC. Available at: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future
- 12. UK Chief Medical Officers (2019) Physical activity guidelines: report. London: Department of Health and Social Care. Available at: https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report
- 13. Sport England (2023) Physical literacy consensus statement for England. Available at: https://www.sportengland.org/news-and-inspiration/physical-literacy-consensus-statement-england-published
- **14.** British Dietetic Association (n.d.) Eating, drinking and ageing well. Available at: https://www.bda.uk.com/resource/eating-drinking-ageing-well.html

References

- **15.** World Health Organization (2018) Global action plan on physical activity 2018–2030: more active people for a healthier world. Geneva: WHO. Available at: https://www.who.int/publications/i/item/9789241514187
- **16.** We Are Undefeatable (n.d.) Homepage. Available at: https://weareundefeatable.co.uk/
- 17. Flippin' Pain (n.d.) Homepage. Available at: https://www.flippinpain.co.uk
- 18. NHS (n.d.) Better Health Homepage. Available at: https://www.nhs.uk/better-health/
- 19. NHS (2023) Better Health Get running with Couch to 5K. Available at: https://www.nhs.uk/better-health/get-active/get-running-with-couch-to-5k/
- 20. Yerrakalva, D., Hajna, S., Brage, S. and Griffin, S. J. (2025) Evaluation of the NHS Active 10 walking app intervention through time-series analysis in 201,668 individuals. npj Digital Medicine, 8(1), p.441. doi:10.1038/s41746-025-01785-x. Available at: https://www.nature.com/articles/s41746-025-01785-x
- 21. NHS (2023) Healthier Families Home. Available at: https://www.nhs.uk/better-health/healthier-families
- 22. Moving Medicine (n.d.) Homepage. Available at: https://movingmedicine.ac.uk
- 23. Sport England (n.d.) Uniting the Movement. Available at: https://www.sportengland.org/about-us/uniting-movement
- **24.** Royal Osteoporosis Society (n.d.) Osteoporosis Risk Checker. Available at: https://thegreatbritishbonecheck.org.uk/
- **25.** National Rheumatoid Arthritis Society (NRAS) (n.d.) RA Symptom Checker. Available at: https://nras.org.uk/rasymptomchecker/
- **26.** British Society for Rheumatology (2023) National Early Inflammatory Arthritis Audit (NEIAA). Available at: https://www.rheumatology.org.uk/practice-quality/audit-research/NEIAA
- **27.** NHS Confederation (n.d.) A community-centred approach to musculoskeletal care. Available at: https://www.nhsconfed.org/case-studies/community-centred-approach-musculoskeletal-care
- 28. Nayab S, Elahi MB, et al. The Impact of Exercise Interventions on Pain, Function, and Quality of Life in Patients With Osteoarthritis: A Systematic Review and Meta-Analysis. PMC11669877. 2024. Available at: https://pubmed.ncbi.nlm.nih.gov/39726491/

References

- **29.** We Are Undefeatable (2024) The Bridging the Gap report. Available at: https://weareundefeatable.co.uk/campaign-hub/latest-from-us/the-bridging-the-gap-report/
- **30.** Arthritis and Musculoskeletal Alliance (2024) Reduce health inequalities in musculoskeletal health. Available at: https://arma.uk.net/msk-health-inequalities-equality/
- 31. NHS England (n.d.) Digital Weight Management Programme. Available at: https://www.england.nhs.uk/digital-weight-management/
- 32. Obesity Health Alliance (2024) OHA Treatment Position Statement and Evidence Review. London: OHA. Available at: https://obesityhealthalliance.org.uk/wp-content/uploads/2024/10/OHA Treatment 2024.pdf
- 33. National Institute for Health and Care Excellence (NICE) (2022) Osteoarthritis in over 16s: diagnosis and management (NG226). London: NICE. Available at: https://www.nice.org.uk/guidance/ng226
- 34. The All-Party Parliamentary Group on Osteoporosis and Bone Health (2024) Available at: https://strwebprdmedia.blob.core.windows.net/media/spgeznil/appg-on-osteoporosis-and-bone-health-review-equal-access-to-strong-bones.pdf
- 35. British Society for Rheumatology (2021) Rheumatology workforce: a crisis in numbers. London: British Society for Rheumatology. Available at: https://www.rheumatology.org.uk/Portals/0/Documents/Policy/Reports/BSR-workforce-report-crisis-numbers.pdf

© November 2025 Arthritis and Musculoskeletal Alliance

While we try to make every attempt to ensure that the information in this report is correct, we do not give any express or implied warranty as to its accuracy. We do not accept liability for any error or omission.

Any part of this publication may be freely reproduced for non-commercial purposes and with the appropriate acknowledgement.



Our current members

Arthritis Action, Arthritis UK, BackCare, British Association of Sports & Exercise Medicine, British Association of Sport Rehabilitators, British Chiropractic Association, British Dietetic Association, British Orthopaedic Association, British Society of Physical & Rehabilitation Medicine, Chartered Society of Physiotherapy, CCAA Kids with Arthritis, Cornwall Arthritis Trust, Ehlers Danlos Support UK, Faculty of Sport and Exercise Medicine (UK), Fibromyalgia Action UK, Hypermobility Syndrome Association, Institute of Osteopathy, Lupus UK, McTimoney Chiropractic Association, Musculoskeletal Association of Chartered Physiotherapists, National Axial Spondyloarthritis Society, National Rheumatoid Arthritis Society, National Spine Network, Orthopaedic Research UK, Physiotherapy Pain Association, Primary Care Rheumatology Musculoskeletal Medicine Society, Psoriasis Association, Rheumatology Pharmacists UK, Royal College of Chiropractors, Royal Osteoporosis Society, Scleroderma and Raynaud's UK, Society of Musculoskeletal Medicine, The Society of Sports Therapists, UK Gout Society.

Our associate members

Apos Health, getUBetter, Good Boost, National Orthopaedic Alliance, PhysioFast Online, UCB.

Get in touch

If you want to join us please get in touch. We would love to hear from you. Visit our website for more information.



projects@arma.uk.net



020 3856 1978



www.arma.uk.net



ARMA LinkedIn



@WeAreARMA

Better MSK health for everyone.

c/o International House 109 - 111 Fulham Palace Road London W6 8JA

Email: projects@arma.net.uk Visit: www.arma.uk.net Follow: @WeAreARMA AR A Nuscella Musch

Registered Charity in England and Wales: No 1108851