

Staying Active for Joint Health



Regular movement keeps joints, tendons and muscles healthy and aids recovery —
motion is lotion.

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What it is

Staying active for joint health means using specific movements to keep your joints working well. This approach is not just for people with severe wear-and-tear arthritis. It includes aerobic exercise, strength training, and flexibility routines. Your doctor may recommend these activities to help manage pain and improve how you move.

You can start these exercises soon after joint replacement surgery. If you begin within 12 weeks after a total knee replacement, you will likely see better daily function. If you continue exercising for more than 12 weeks, you will gain greater muscle strength and joint flexibility. This long-term effort helps your body heal and stay strong.

Exercise works by improving your heart and lung fitness. It also helps your brain understand pain signals better. This pain science education is most effective when combined with physical movement, rather than used alone. While wearable trackers do not change how you feel about your joint health, the movement itself does. For conditions like trigger finger or wrist arthritis, exercise can reduce symptoms and may help you avoid surgery over time.

Does it work?

Exercise is a key part of your recovery and long-term joint health. If you have had a total knee replacement, starting exercise within 12 weeks helps you move better. Waiting longer than 12 weeks to start can still help, but it may take more time to build muscle strength and flexibility.

For knee osteoarthritis (wear-and-tear arthritis), exercise can lower pain and improve function. However, the evidence is not strong enough to say exactly how much better you will feel. Aerobic exercise improves your heart and lung fitness. Mind-body exercises like Pilates and Tai Chi may offer the best relief for pain and daily function. Tai Chi might also improve your overall quality of life.

Adding whole-body vibration to your exercise routine can boost results for severe knee arthritis. For thumb issues, using a mobile game for home exercises may help you stick to your routine better than standard instructions. Ankle pump exercises are vital after lower limb surgery to prevent blood clots.

Results vary by condition. For hand, wrist, or elbow problems, scapular (shoulder blade) exercises often do not lead to noticeable changes in function. Wearable activity trackers do not seem to improve how you feel or your joint health. For trigger finger, orthoses and exercise help in the short term, but we cannot prove they are better than other conservative treatments.

Prehabilitation (pre-surgery exercise) matters. A supervised, personalized program before anterior cruciate ligament reconstruction leads to better knee function than a self-guided plan. After wrist osteoarthritis, exercise helps manage symptoms over two years, with few patients needing surgery.

Some findings are mixed or limited. We do not yet know if total hip replacement should only be for severe cases. More trials are needed to confirm this. While animal studies show that moderate treadmill use aids healing after short rest, prolonged immobilization harms recovery.

In short, exercise works for many conditions, but the degree of benefit depends on the specific joint and type of activity. Your doctor will guide you toward the right program.

Is it right for you?

You are likely to benefit if you are ready to start moving soon after joint replacement. Starting exercise within 12 weeks of total knee replacement helps you regain function. If you continue for more than 12 weeks, you will see greater gains in muscle strength and joint flexibility. This applies to hip and knee replacements alike.

You may also benefit if you have wear-and-tear arthritis in your knee. Aerobic exercise improves your heart and lung fitness. For end-stage knee arthritis, adding whole-body vibration to your routine can boost results further. Exercise may also help manage symptoms in wrist arthritis, with few patients needing surgery within 24 months.

However, this approach is not for everyone. Using wearable activity trackers to monitor your movement does not improve how you feel or your quality of life. Exercise might not provide clinically important pain relief for knee arthritis, even if it helps slightly. Similarly, specific exercises for hand, wrist, or elbow issues often do not reach the threshold for meaningful improvement. Trigger finger treatments show short-term gains but lack proof they are better than other conservative options.

Recovery varies greatly between patients. This is why your doctor should tailor a plan to your specific needs. Do not assume that severe hip arthritis symptoms automatically mean you need surgery right away. Discuss your goals and limitations openly. A shared decision ensures the plan fits your life and health status.

The bottom line

Exercise is a practical way to manage joint health and improve function. You can expect better strength and flexibility if you stay active for more than 12 weeks after knee replacement. Aerobic activity also helps your heart and lungs. While exercise often reduces pain, the exact benefit varies for each person. Your doctor may recommend specific programs, like Pilates or Tai Chi, to help you feel your best.