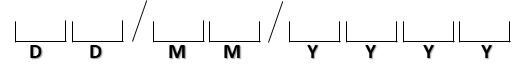
******Todays Date:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Core Treatments** | | | | | | | |
| **Treatment Option** | **Did you trial this treatment?** | **Approximate length of trial…** | | | | | **Provide specific details or examples of the treatment.** |
| **Education** | | | | | | | |
| Group Classes | * Yes * No | * 0 – 3 weeks | | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| Online Support | * Yes * No | * 0 – 3 weeks | | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| Counselling | * Yes * No | * 0 – 3 weeks | | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| **Exercise & Physical Activity** | | | | | | | |
| Land based physical activity | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | | * 6 – 12 weeks | * More than 12 weeks |  |
| Water based physical activity | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | | * 6 – 12 weeks | * More than 12 weeks |  |
| Strength Exercises | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | | * 6 – 12 weeks | * More than 12 weeks |  |
| **Weight Management/Nutrition** | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | | * 6 – 12 weeks | * More than 12 weeks |  |

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| **Adjunct Treatments: Non-Pharmacological** | | | | | | |
| **Supports** | | | | | | |
| Joint Protection | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| Walking aids | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| **Adjunct Treatments: Pharmacological** | | | | | | |
| **Non-Prescription Treatments** | | | | | | |
| Topical NSAIDs | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| Oral NSAIDs | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| Complementary Supplements | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| **Prescription Treatments** |  | | | | | |
| Topical NSAIDs | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| Oral NSAIDs | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| Complementary Supplements | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| **Injectables** | | | | | | |
| Cortico-steroid | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |
| Hyaluronic Acid | * Yes * No | * 0 – 3 weeks | * 3 – 6 weeks | * 6 – 12 weeks | * More than 12 weeks |  |