The Global Alliance for Musculoskeletal Health
Bone and Joint Decade 2010 - 2020

Call for Action
and
Plan for Implementation

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Need for Action

• Musculoskeletal conditions are common in all countries and cultures and a major burden on health and social care.

• Disability due to musculoskeletal conditions is increasing due to ageing of the population, increased obesity and lack of physical activity.

• Musculoskeletal disability will have an increasing impact on the work capacity of an ageing workforce.

• Disability due to musculoskeletal conditions can be effectively prevented by currently available interventions, such as physical activity, avoiding obesity, accident prevention, modern treatment of arthritis and injuries, and by rehabilitation.

• The growing burden can be controlled if priority and resources are given to ensure access to these interventions.
The Call for Action

We call for explicit plans by governments, health policy makers at regional level and the WHO to deal with the large and growing burden of musculoskeletal conditions on individuals and society.
Specific actions needed to control the burden

- Promotion of a lifestyle that will **optimise musculoskeletal health** at all ages
- Preventing musculoskeletal disorders and injuries
- **Identify** and treat those who are **at highest risk**
- Accessible, timely, safe, appropriate **treatment to control symptoms and prevent unnecessary disability**
- Accessible and appropriate **rehabilitation to reduce any disability**, including self management
- **Equity** for all sectors of society
- Enabling people to be **economically independent**
- **Education and research** to advance knowledge and care
Supporters of the Call for Action

http://bjdonline.org/

Have you signed the Call for Action?

We call for explicit plans by governments, health systems and industry to tackle the large and growing burden of musculoskeletal conditions.

To see our supporters explore the map below.

Click on the following link to sign our e-petition.

European Federation of National Associations of Orthopaedics and Traumatology (EFORT)
European League Against Rheumatism (EULAR)
The European Society for Clinical and Economic aspects of Osteoporosis (ESCEO)
Rheumatology Section of the UEMS and European Board of Rheumatology
Bone and Joint Decade - National Action Network, Czech Republic
Bone and Joint Decade - National Action Network, Hungary (Hungarian Foundation of the BJD)
The Norwegian Association for Women with Pelvic Girdle Pain (JKB)
The Norwegian Chiropractors Association
Bone and Joint Decade - National Action Network, Norway – Muskel- og Skjelett Tiltret i Norge
Bone and Joint Decade - National Action Network – Portugal
NOVA Medical School, NOVA University of Lisbon
Bone and Joint Decade - National Action Network – Slovenia
Bone and Joint Decade - National Action Network – Sweden
Reumatiskaforbundet (Swedish Rheumatism Association)
Bone and Joint Decade - National Action Network, Turkey
Arthritis and Musculoskeletal Alliance (ARMA)
Bone Research Society (BRS)
British Orthopaedic Association (BOA)
National Ankylosing Spondylitis Society

KEEP PEOPLE MOVING

What is needed to make this happen? An opportunity to add your voice to the call for action
Supporters of the Call for Action

http://bjdonline.org/

We support the Call for Action!

- American Academy for Orthopaedic Surgeons (AAOS)
- American College of Rheumatology (ACR)
- American Orthopaedic Association
- American Society for Bone and Mineral Research (ASBMR)
- Bone and Joint Decade - National Action Network, USA (U.S Bone and Joint Initiative)
- Pan American League of association for Rheumatology (PANLAR)
- Bone and Joint Canada
Supporters of the Call for Action

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Oceania

- University of Sydney
- Bone and Joint Decade—National Action Network, Australia
- Bone and Joint Decade - National Action Network, New Zealand
What is needed to close the gap?

• Health promotion
  – inclusion of musculoskeletal health as a benefit for healthy lifestyles

• Case-finding strategies
  – early onset polymyalgia
  – previous fragility fracture

• Access to appropriate management at the right time
  – disease modifying drugs with monitoring e.g. methotrexate
  – surgery e.g. fracture management, arthroplasty, trauma
  – rehabilitation to restore function

• Resources
  – trained health professionals / health workers
  – availability of interventions – drugs, prostheses, …
  – research funding

• Surveillance
  – measurable quality indicators
What is most important to you?

- What do you think will make a difference
- What is achievable
Prioritise what has high impact but is easy to do
Who is your target audience?
Who is your mobilising audience?
Physicians, health professionals, patients organisations

Scientists

Orthopaedics
Partnership

A combined rheumatology & orthopaedic clinic, Bath, UK
The Global Alliance Promoting Musculoskeletal Health

The Bone and Joint Decade

“Keep people moving”