Is exercise as effective as previously thought?

- It is uncertain whether exercise meaningfully improves clinical outcomes
- Effects may arise from placebo and contextual effects, regression to the mean, and natural history

How does exercise work, and who might benefit most?

- The mechanisms by which exercise improves clinical outcomes are largely unknown
- Treatment effects are similar across most patient factors. Patients with more severe pain, poorer function, and shorter symptom duration may benefit more.

Is there an optimal exercise dose and type?

- Exercising at higher dosages may not lead to greater improvements in pain or function
- No type of exercise appears more effective than any other type

Can patient adherence be improved — and does it matter?

- Targeted strategies may improve patient adherence to exercise
- Increasing adherence does not appear to improve clinical outcomes

Do patients need to be seen in person to deliver exercise?

- Physiotherapy exercise delivered by telehealth is not less effective or less safe than when provided in person
- Digital exercise programs (e.g., websites and apps) with/without physiotherapy support can reduce pain and improve function

How does communication about osteoarthritis influence patient beliefs about exercise?

- Framing knee OA as structural changes, such as ‘wear and tear’, leads to beliefs that exercise is harmful
- To support patients to participate in exercise, focus on what patients can do, address patient beliefs/needs, and provide practical support alongside theory