

[Advocating for physical activity at the National Association of Orthopedic Nurses.](#)

[Featuring Doreen Johnson.](#)

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As a practicing orthopedic nurse, teacher, and the president of the New York chapter of the National Association of Orthopedic Nurses, Doreen Johnson, MSN, RN, ONC brings many years of experience to her patients, students and colleagues. In this episode of the Health Disparities Podcast she discusses the importance of work done by the Movement is Life Caucus and Steering Committee in developing resources designed to reduce MSK disparities. Doreen believes it is vital to remind arthritis patients that “sitting is the new smoking”, and that physical activity is key to breaking the vicious cycle of health conditions worsening each another, particularly arthritis pain, diabetes, heart disease and depression. With Dr. Rose Gonzalez.

Dr. Gonzalez: Hello, you are listening to the Health Disparities Podcast from Movement is Life, a series of conversations about health disparities with people who are working to eliminate them. I'm Dr. Rose Gonzalez and today I'm discussing health disparities with Doreen Johnson, a nurse educator involved with professional development and a member of the National Association of Orthopedic Nurses. Hello Doreen, how are you?

Doreen Johnson: I'm good, how are you today?

Dr. Gonzalez: Great, thank you for joining me today.

Doreen Johnson: Very glad to be here.

Dr. Gonzalez: So, I know you're a nurse and a nurse educator so tell me a little bit about yourself, your background and then some of the work that you do.

Doreen Johnson: Yes, I am in professional development like you said and my main role is to orient nurses that come to the hospital to learn how to take care of patients with musculoskeletal anomalies. Osteoarthritis is a very big part of what I teach and I teach actually the whole orthopedic curriculum to the nurses when they come to the hospital for training. This includes bedside practice as well as education and with the education piece we talk about many of the things that Movement is Life really focuses on to break the Vicious Cycle that we all know about. Comorbid conditions such as diabetes, hypertension are some of the diseases that we actually see in orthopedic patients. And although our nurses are very, very focused on the orthopedic problem, I make sure that they understand that we need to look at the other comorbid conditions that the patients may have as well, osteoporosis, cardiac disease, inability and so that has to become some of their education while the patient is in the hospital.

Dr. Gonzalez: Now are these nursing students or individuals who have completed their education and going into practice?

Doreen Johnson: So, I actually teach both, I teach nursing students and I teach professional nurses that are already licensed. They could be novice nurses as new grads coming in to work in the hospital or they could be experienced nurses that come either with or without orthopedic education or experience at the bedside. With the student nurses, I introduce orthopedics to their curriculum so that they understand that we're looking at the whole patient not just the total joint or the spine anomaly or surgery but some of their other education deficits; community involvement or lack of, family support or lack of and the need to reach out to their primary care physicians when many of them don't so it depends. And certain hospitals have the resources and then some of the other hospitals that I teach in don't have the resources, so that gives me a broad variety of patient types to interact with.

Dr. Gonzalez: So, you're teaching the nurses to, let's say the patient comes in for a procedure or whatever care because of musculoskeletal anomaly, and you teach them to look beyond that and then they are to look at their patients and help them to better understand, is that it?

Doreen Johnson: Absolutely, yes. We also can involve other people in the medical team to collaborate, it could be the case manager, it could be a nurse practitioner and it could be a specialty physician. If we can get that

collaborated with the attending physician that would be great if we do that before they go home and we do try to do that.

Dr. Gonzalez: Are you seeing more patients coming in with musculoskeletal disorders? Are you seeing a rise as you are teaching the nurses and you're meeting the patients coming to the institutions, are you seeing that there's kind of an increase in the past few years or has it stabilized? What are you seeing?

Doreen Johnson: Interesting question and we have seen an increase and I think a lot of it has to do with the younger person today being so active in sports. Sports in the community, sports in the school so that they are doing what you call the overuse syndrome and maybe tearing a meniscus or tearing an ACL ligament. So that sports injuries also play a very big part of the stabilization of a joint and their future with eventually having early osteoarthritis. So, there's a big piece of education that goes into the younger population and their families and their parents and so that in addition to the baby boomers, who are also very, very active has increased the amount of musculoskeletal patients that come in for surgery.

Dr. Gonzalez: So, do you see patients who are inactive, who because of we now call sedentary lifestyle equivalent to smoking, so are you seeing more

individuals coming in due to a sedentary lifestyle and maybe negative behaviors of inactivity and possibly overeating?

Doreen Johnson: That's another good question because now sitting is the new smoking and so if you're sitting all the time as you know, being a part of Movement is Life, is really detrimental to the whole body. This whole phenomenon of movement brings about a big change in the patient's life and many of the patients, as we know in the vicious cycle, don't move because of their pain. And it really becomes very complex because you have patients that don't want to take medications and then you have those that take a lot of medication and then they can't move, or they can't work, or they have children or grandchildren to care for. So, it really becomes another social determinant piece of that the nurse has to look into and manage and that's when we call for case management or social work to help us as well.

Dr. Gonzalez: So, it sounds like you have resources. In the old days, it was the bedside nurse who had to do a lot of that Intel or maybe work with a social worker to kind of address some of those social determinants to see, but now we have case managers. Is there a team approach to the care and the nurses appreciate the case managers who tend to be nurses too?

Doreen Johnson: Yes, they are nurses to the case and that wasn't always the case but now they are, yes and we do have an interdisciplinary collaborative team. We meet daily, if not more, and everyone speaks from the pharmacist to the physical therapist to the PA to the nurse and this collaboration is nurse driven. So, the things that the nurse assesses in that patient can be brought out into the forefront so that the rest of the team can work collaboratively with the nurse to solve that problem.

Dr. Gonzalez: It really shines a light on the work that nursing does to improve the patient health and health outcomes, almost in guiding the team to look at the whole patient which...

Doreen Johnson: Absolutely, which can get lost, so the nurse really holds those reins.

Dr. Gonzalez: Pivotal in that situation, pivotal. So, I know that you are a new member to our steering committee but not foreign to the work that we do. So, talk to me about the organization you're representing and how you believe they're working to address healthcare disparities.

Doreen Johnson: I belong to the National Association of Orthopedic Nurses. I've been a member for a very long time. I've been on the board of directors and the president of the New York Chapter and so I'm really very dedicated to the work that NAON does and brings forward for

musculoskeletal care, nursing and patient care. Disparities have been addressed in NAON over many, many years, but I think the education, what I would like to see is the actual education be brought forward to the main group in a congress, to our main members in a congress setting, bring Movement is Life and the Vicious Cycle to the forefront of a group of nurses from all over the nation and that would really bring more disparities to the forefront. I think sometimes across the country it's not as evident and in small towns maybe they don't have the resources, but movement is life, if you can walk, if you can move, at least you can do that. Go up a flight of stairs, walk around the corner, walk to the grocery store, these are the things that we need to get out in our organization to our members.

Dr. Gonzalez: You know we've even heard one young woman tell us that when they watch TV because they don't live in a safe neighborhood, but when they're watching their programs, they get up and march in place or move around during the commercials.

Doreen Johnson: That's wonderful.

Dr. Gonzalez: And commercials tend to last now three minutes, I remember the way they were thirty second spots and they only lasted a minute or so.

Doreen Johnson: That's true.

Dr. Gonzalez: But now they're like three minutes of commercials before you get to the program. So, I think making activity or movement realistic for individuals whether they live in unsafe neighborhoods or whether they have city streets and blocks like you do in New York City to walk around, though some areas may not be safe, but that's a wonderful thing. Do you think that the Movement is Life steering committee can help to bring that education to NAON to deal with more health disparities and become more familiar with disparities whether they're in rural or urban or black or white?

Doreen Johnson: Absolutely and that's very important, whether it's black or white or Asian or whatever, that's what we need to bring out because NAON is multicultural and people work in very multiple diverse areas. And so, therefore, bringing Movement is Life to our membership would be a very wonderful thing, part of education for our members because we could do a workshop in addition to a formal podium presentation, and I would love to be a part of that.

Dr. Gonzalez: That sounds exciting and I think something to look forward to and to plant the seed among the leadership which you have served in a leadership position.

Doreen Johnson: Absolutely.

Dr. Gonzalez: We talked a little bit about the vicious cycle and the comorbid conditions leading to it. I know you actually come from New York City and New York tends to be a more and with full disclosure I was born and raised in New York City, so it's a very mobile kind of community where we have lots of sidewalks and city streets to walk. Do you believe that those city dwellers tend to have a more active lifestyle or do they fall into the same pitfalls as the people in the rural communities more sedentary?

Doreen Johnson: I think it could be both, safety is always a big piece, but in addition it's the number of hours that many people work and the other responsibility, family responsibilities, child care and things like that. I think most of the people in the city, the younger population anyway would belong to a gym and they would do that type of exercise. And then you have the weekend warriors who come out after the week is done with work and they begin to exercise in your parks. Central park is a beautiful place.

Dr. Gonzalez: Central Park, beautiful.

Doreen Johnson: Yes and some of the other neighborhood parks as well. Dog walking is also another big thing you'll see in the city, a lot of people have dogs and that has gotten a lot of people out that never walked before. I see people in the street, and they tell me this, "You know I've got this dog

and I'm really walking more and I'm feeling better" and it's really great to hear.

Dr. Gonzalez: So, one of the things that also come out of the Vicious Cycle due to inactivity, obesity and pain is that depression that seeps in that's so insidious. Before you know it has hit you, it's really kind of taken over. We saw a huge increase in depression among African American women who were inactive, obese and started to become isolationist, the isolation that occurs, do you think there's..., and I just lost my train of thought, but do you think that the activity in Movement is Life and using activity can help to alleviate some of that?

Doreen Johnson: I think your question is wonderful because African Americans for the most part are very social people. And if they are not able to be like someone else, go to a party, go to a dinner, go out shopping with their friends because they have pain, they can become depressed. Depression is not something that someone is going to say I am depressed, in the African American culture it's frowned upon. You get up, you do what you have to do and keep it moving and those that are depressed might not admit that they are depressed. Other family members might think it, see it, but it can often be denied, it can often be denied. So, what Movement is Life is doing and the literature that is put out to break the Vicious Cycle is so important to this group of people because it tells them that there's help

there, that they can find something to help them. Pain medications, as we learned earlier today and I've talked about in my pain management class, is that many minorities don't get the same medication that other people get, and they're not believed too that they really are in pain. Females have that same problem, they are not believed that they are in pain as much as a male person might or patient might, so this brings about another depression when people are not believed. And so, what Movement is Life does is say that everyone's issue is equal and is true and it gives them a place to socialize, gives them a place to talk and to be believed. Many patients say that their child is busy, or their spouse is busy, and no one listens to me but with group activities, walking outside or Girl Trek or any of those kinds of things brings about a level of socialization. But there has to be a point where patients are made to feel comfortable so that they can partake in this activity.

Dr. Gonzalez: We've actually had some success in Movement is Life with a program that we call Operation Change and we're still just starting those programs and really kind of learning as we go along. But what we found was that social support in those groups and we do motivational interviewing so people talk about their issues, share their problems and come to the realization, some of them, "Oh, I am depressed," but that social support that they gain and that encourages them to move and amazing, the results show that their stiffness is decreased, their joint pain

has decreased because they're moving their joints, they're getting up and that movement alone and that social support so their depression, they start to realize they have the depression and the depression starts to leave them. And they almost develop an action plan for themselves that is not like the doctor coming to you saying, "You're going to do this," but that they say they want for themselves. So, some of those programs that we're developing through Movement is Life demonstrate that that social support is key to addressing depression and isolation.

Doreen Johnson: It breaks the isolation, absolutely.

Dr. Gonzalez: So, I want to ask you, I'd like to ask you, for our listeners, if you had some healthcare pearls of wisdom to share with our listeners, you know after talking about musculoskeletal diseases and movement and depression and all those comorbid conditions, if you had some pearls of wisdom from your experience and knowledge base, what would they be?

Doreen Johnson: I would say that everyone should pick one person, whether it's a friend or a family member or colleague who might be suffering with osteoarthritis, who might have pain, who might be isolated, who might have depression and work with that person continuously to get that person into the realm of movement, medical treatment or workup, dietary consultation, the whole realm, 360 degrees, the whole Vicious Cycle, each

element of that cycle could be addressed with one-on-one. And if we go from one person to another person to another person, it will exhibit an element of caring, that's what nursing is all about. Caring is also what Movement is Life is all about; caring for another person and that would be something that I think could work.

Dr. Gonzalez: Well, thank you for sharing that with us today and I thank you for joining us on the Movement is Life.

Doreen Johnson: My pleasure.

Dr. Gonzalez: Happy to have you and sharing in your expertise and your wisdom. So, I'm going to ask our listeners to just check out our website at movementislifecaucus.com and join us and join the nurses that are on the Movement is Life steering committee in moving the needle towards health equity in the musculoskeletal arena. Thank you so much.

Doreen Johnson: My pleasure.

(End of recording)