

EULAR recommendations for physical activity (PA) in rheumatoid arthritis (RA). Adapted from Rausch Osthoff et al (2018)².

Recommendations	Category of evidence*	Strength of recommendation [#]
1. Promoting PA consistent with general PA recommendations should be an integral part of standard care throughout the course of disease in people with RA. Cardiovascular exercise has a moderate positive effect on cardiovascular fitness; muscle strength exercises have a positive effect on strength in RA; neuromotor exercises have a positive effect on neuromotor performance in RA. Public health recommendations for physical activity in RA are considered safe ¹ .	1B	A
2. All healthcare providers involved in the management of people with RA should take responsibility for promoting PA and should cooperate, including making necessary referrals, to ensure that people with RA receive appropriate PA-interventions.	4	D
3. PA interventions should be delivered by healthcare providers competent in their delivery to people with RA.	4	D
4. Healthcare providers should evaluate the type, intensity, frequency and duration of the people's actual PA by means of standardised methods to identify which of the four domains of general PA recommendations (cardiorespiratory fitness, muscle strength, flexibility and neuromotor performance) can be targeted for improvement.	3	C
5. General and disease-specific contraindications for PA should be identified and taken into account in the promotion of PA.	4	D
6. PA interventions should have clear personalised aims, which should be evaluated over time, preferably by use of a combination of subjective and objective measures (including self-monitoring when appropriate).	4	D
7. General and disease-specific barriers and facilitators related to performing PA, including knowledge, social support, symptom control and self-regulation should be identified and addressed.	3	C
8. Where individual adaptations to general PA recommendations are needed, these should be based on a comprehensive assessment of physical, social and psychological factors including fatigue, pain, depression and disease activity.	4	D
9. Healthcare providers should plan and deliver PA interventions that include the behavioural change techniques self-monitoring, goal setting, action planning, feedback and problem solving.	1A	A
10. Healthcare providers should consider different modes of delivery of PA (e.g., supervised/not-supervised, individual/group, face-to-face/online, booster strategies) in line with people's preferences.	4	D

* **Categories of evidence** ([based on Oxford Levels of Evidence hierarchy](#))

1a:	Systematic reviews (with homogeneity) of randomized controlled trials
1b:	Individual randomized controlled trials (with narrow confidence interval)
1c:	All or none randomized controlled trials
2a:	Systematic reviews (with homogeneity) of cohort studies
2b:	Individual cohort study or low quality randomized controlled trials (e.g. <80% follow-up)
2c:	"Outcomes" Research; ecological studies
3a:	Systematic review (with homogeneity) of case-control studies
3b:	Individual case-control study
4:	Case-series (and poor quality cohort and case-control studies)
5:	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"

Grades of Recommendation ([based on Oxford Levels of Evidence hierarchy](#))

A	consistent level 1 studies
B	consistent level 2 or 3 studies <i>or</i> extrapolations from level 1 studies
C	level 4 studies <i>or</i> extrapolations from level 2 or 3 studies
D	level 5 evidence <i>or</i> troublingly inconsistent or inconclusive studies of any level

References

1. Garber CE, Blissmer B, Deschenes MR, et al. American College of Sports Medicine position stand. Quantity and quality of exercise for developing and maintaining cardiorespiratory, musculoskeletal, and neuromotor fitness in apparently healthy adults: guidance for prescribing exercise. *Med Sci Sports Exerc* 2011; 43: 1334-59.
2. Rausch Osthoff AK, Niedermann K, Braun J, et al. 2018 EULAR recommendations for physical activity in people with inflammatory arthritis and osteoarthritis. *Ann Rheum Dis* 2018; 77: 1251-1260.