Practice summary sheet



Module 2: The early stage of rheumatoid arthritis (RA) (< 2 years post diagnosis)

- Early symptoms of RA may be severe as some drug treatments take up to 12 weeks to take effect. Patients may be prescribed several different medications regimens until an effective agent(s) is identified.
- Take all reasonable measures to ensure the patient has seen a **rheumatologist** and **started treatment early**. Early intervention is **critical** for an improved prognosis.
- Listen and look for stress, anxiety, depression, hopelessness. On-refer if required.

What are the physiotherapist's key roles in the early stage of RA?

Key Roles	Specific things to do
Communication	Listening is key – understand the impact of RA on that individual and their specific concerns
	Advocate for the patient with e.g. workplace, community support agencies
	Communication with other health professionals and family
Patient education	Align patient and therapist expectations of management:
	What to expect: pain, functional impairments, flares
	How to use a therapeutic window
	Where to seek <i>further information</i> e.g. community organisations, peer support groups, community exercises classes e.g. hydrotherapy, RA specific education programmes, websites, assistive devices
	The association between pain, fatigue, flares and impaired function and feelings of depression, anxiety, hopelessness and stress
	Pacing
Self- management support	Assisting patients with "actively participating in their healthcare". Including:
	Accessing the right information
	Making decisions about one's healthcare (e.g. setting goals)
	Taking action to address one's healthcare (e.g. attending a course)
	 Taking a central role in managing their health as a partner with their healthcare team
	Making healthy behaviour choices (e.g. quitting smoking)
Patient-centred management plan	Identifying the patient's main physical, functional and psychosocial issues
	Assessing and re-assessing
	Providing patient-centred home exercise programme
	Supporting patient self-management strategies e.g. goal setting, understanding the disease and identifying needs.
Respond to	Flares - this may mean current pharmacology may not be appropriate for the stage of the disease. Review by rheumatologist is recommended.
	Changing priorities of the patient as their disease develops

Practice summary sheet

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Fractice Summary Sheet — — — — —		
	Extra-articular features and adjust management as required.	
Manage signs and symptoms	Aim to minimise effects on ADL's and maximise function	
	Address pain and inflammation	
	Implement joint protection strategies (see joint protection techniques summary) Improve joint stability	
	Strength and aerobic training, functional rehabilitation, hydrotherapy	
Monitor disease activity and severity	Several tools are available including:	
	Clinical Disease Activity Index (CDAI); Disease Activity Score; Patient Activity Scale; Routine Assessment of Patient Index, Simplified Disease Activity Index (See Anderson et al) for a systematic review of RA disease measures	

Useful Patient Resources:

Arthritis Foundations; Australian Rheumatology Association;

Safety Issues

- Avoid high intensity exercise or manual techniques during a flare. Instead, manage pain, fatigue and inflammation
- Avoid use of joint mobilisation/manipulation, especially in the upper cervical spine (see Module 4)
- Avoid techniques that may put increased stress on areas where *skin* is *fragile* due to age or corticosteroid use, for example high-pressure manual therapy or use of kinaesthetic taping
- Assess skin status (sensory perception) before applying electro-physical agents

Relevant Clinical Guidelines

- http://www.rheumatology.org.uk/includes/documents/cm_docs/2009/m/management_ of_rheumatoid_arthritis_first_2_years.pdf
- http://hej.sagepub.com/content/71/4/397
- http://ptjournal.apta.org/content/84/10/934.full.pdf+html
- http://ptjournal.apta.org/content/84/11/1016.full.pdf+html
- http://www.ncbi.nlm.nih.gov/pubmed/19945896