

**Module 1:** Disease and recognition of rheumatoid arthritis (RA)**Key concepts**

- RA is more than a musculoskeletal condition. It is a systemic, progressive autoimmune condition that affects synovial joints and other body systems.
- RA is associated with substantial personal and societal burden. People with RA may experience substantial disability and increased mortality.
- Early diagnosis and appropriate medical treatment reduces disease activity, improving long-term outcomes.
- As primary contact practitioners, physiotherapists have an important role in identifying the early features of RA and referring individuals for diagnosis and medical management.

Symptoms	Signs
Insidious onset of joint pain, swelling and stiffness.	Joint swelling, tenderness, heat and/or redness.
Fluctuating pattern of joint pain, swelling and stiffness.	Symmetrical pattern of joint involvement.
Symmetrical pattern of joint involvement.	Signs predominantly presenting in small joints in hands and feet plus or minus larger joints.
Symptoms predominantly presenting in the small joints in hands and feet, plus or minus larger joints.	Decreased active and passive joint range of movement.
Pain worse at night.	Functional impairment in hands and feet (fine and gross motor skills).
Prolonged morning joint stiffness (>30 minutes) and stiffness after inactivity.	Joint deformity (postural, subluxation, dislocation).
Feeling of heat in the joints.	Joint instability (e.g. disruption of ligamentous support).
Symptoms of malaise, fatigue and/or weight loss.	Joint degeneration - joint erosion may only be identifiable on MRI or CT.
Reports of a decline in functional ability.	Bursitis.
Triggers to onset. For example, a major life stress event.	Tenosynovitis.
(Occasionally) fever.	Skin lumps (nodules), eye dryness or redness.

**What to do if you suspect a patient has rheumatoid arthritis**

- Recognise: Physiotherapists are often the first point of contact for individuals presenting with features consistent with RA. Early recognition of RA and on-referral to a medical practitioner is critical to optimise clinical outcomes.
- Assess and refer: Undertake a thorough musculoskeletal assessment and record findings as a baseline. Take into account the relevant biopsychosocial factors.
- Co-manage: in partnership with the person with RA and other members of the person's healthcare team. The physiotherapist's role is:
  - to adopt best practice principles of management. This should include education, exercise and self-management.
  - communicate with the healthcare team about a co-operative management plan.

**Useful Assessment and Diagnostic tools:**

Tool	Use of the Tool
<a href="#">Early Inflammatory Arthritis (IA) Detection Tool</a>	<p>This is a quick patient administered tool with Yes/No answers. The higher the score, the higher the index of suspicion that early IA is possible. If a high score immediate on-referral to the GP recommended.</p> <p><a href="http://www.biomedcentral.com/1471-2474/11/50/figure/F4">http://www.biomedcentral.com/1471-2474/11/50/figure/F4</a></p>
<a href="#">European League Against Rheumatism (EULAR) Definition Criteria</a>	<p>Score <math>\geq 6/10</math> required for a definite classification of RA (Physiotherapists can complete parts A &amp; B, parts C &amp; D relate to blood testing/serology)</p> <p><a href="http://rap-el.com.au/documents/RAP-eL-EULAR-guidelines.pdf">http://rap-el.com.au/documents/RAP-eL-EULAR-guidelines.pdf</a></p>
<a href="#">Joint Count</a>	<p>Current active joint count – useful for baseline disease activity, monitoring disease activity, communicating with medical practitioners. Can be used as part of CDAI, EULAR and DAS28 scoring</p> <p><a href="http://rap-el.com.au/documents/RAP-eL-joint-count-form.pdf">http://rap-el.com.au/documents/RAP-eL-joint-count-form.pdf</a></p>
<a href="#">Clinical disease activity index (CDAI)</a>	<p>Joint count plus disease activity scoring (one patient-scored VAS, one physician-scored VAS). Maximum score = 76. Max 28 for joint swelling, 28 for joint tenderness, 10 for VAS patient and 10 for VAS physician.</p> <p><a href="http://rap-el.com.au/documents/RAP-eL-EULAR-guidelines.pdf">http://rap-el.com.au/documents/RAP-eL-EULAR-guidelines.pdf</a></p>
<a href="#">DAS 28</a>	<p>The most commonly used RA assessment tool in Australia. Combines joint count, ESR/CRP levels and VAS disease activity. Used to monitor improvement over time. Improvement <math>&gt; 1.2</math> = good response, improvement <math>&lt; 0.6</math> = no response.</p> <p><a href="http://rap-el.com.au/documents/RAP-eL-disease-activity-score-in-28-joints.pdf">http://rap-el.com.au/documents/RAP-eL-disease-activity-score-in-28-joints.pdf</a></p>