

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

- The early stage of RA is usually described as the first two years after diagnosis.
- The disease course varies between people. Most people experience a slowly progressive disease, with intermittent exacerbations (flares).
- Early recognition of RA and on-referral to a medical practitioner is critical to optimise clinical outcomes.
- Symptoms may be severe in the early stage of the disease, with some drug treatments taking up to 12-16 weeks to take effect.
- Both the diagnosis itself and the disease process can have a substantial impact upon the person's psychological and social well-being.
- Physiotherapists play an important role in the early stage of the disease course, particularly in the development of flexible and tailored management plans that include education, exercise and self-management support.
- Co-management is important, with health professionals working in partnership with the person with RA and the other members of the person's healthcare team.
- Physiotherapists need to be aware of safety issues when treating individuals with RA.

**Important issues in the early stage of rheumatoid arthritis**

Physiotherapists need to consider a number of important issues, including:

- Varied disease course
- Early medical treatment is critical
- Response to drug therapy
- Psychosocial impact of diagnosis
- Person-centred care
- Co-morbid conditions

**Physiotherapy in the early stage of RA**

Core components	
<b>Assessment</b>	Assessment should take into account the relevant biological, psychological and social factors affecting the person's function and quality of life.
<b>Education and Communication</b>	Consider the following: <ul style="list-style-type: none"> <li>• Disease specific factors impacting on current status</li> <li>• Flare management</li> <li>• Activity management</li> <li>• The role of physiotherapy</li> <li>• Therapeutic window</li> <li>• Joint protection and functional strategies</li> <li>• Sources of further information</li> <li>• Liaison with other members of the healthcare team</li> </ul>

Core components	
<b>Self-management support</b>	Self-management is a critical component of management in all chronic health conditions. The role of the health professional is to provide self-management support.
<b>Exercise</b>	Exercise is an essential part of management for all people with chronic health conditions. It reduces disability and increases life expectancy, and is a part of all RA clinical guidelines.

Possible adjuncts	
<b>Taping, splinting and compression</b>	Taping and splinting may assist pain relief and improved grip strength. Taping and splinting should not be used as an isolated treatment, but incorporated into an active management plan.
<b>Electrophysical agents</b>	Electrophysical agents can assist pain relief. Electrophysical agents should not be used as an isolated treatment, but incorporated into an active management plan.

### Safety Issues

- Avoid high intensity exercise or manual techniques during a flare. Instead, manage pain, fatigue and inflammation.
- Be aware of presenting limitations (symptoms and signs).
- Avoid use of joint mobilisation/manipulation, especially in the upper cervical spine or where the person with RA has secondary and advanced bone fragility (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 taping.
- Assess neurological integrity before applying electro-physical agents.