[GERIATRIC FUNCTION]

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The Evidence for Treating Rheumatoid Arthritis

What fun to write about a topic area that has ample evidence to justify our care. The literature for the treatment of rheumatoid arthritis (RA) supports the role of rehabilitation. Efficacious treatments run from aquatic therapy to manual techniques to strength training. We'll start with the Ottawa Panel which examined the use of electrotherapy and thermotherapy and recommended the following for the treatment of RA: low-level laser therapy, therapeutic ultrasound, thermotherapy, electrical stimulation, and TENS.[1] Several studies show that aquatic therapy done twice a week for a minimum of four weeks is effective in improving function for people with RA.[2,3] In a study done by Dehondt, manual therapy improved pain thresholds after 12 minutes of gentle manual oscillations and was performed to a specified joint that, prior to the treatment, was extremely painful.[4]

Multidisciplinary classes also show improved outcomes for the attendees. The most dramatic improvement was found in a study by Schloten, which showed persistent functional and social benefits that continued five years after a nine-day program given by a rheumatologist, orthopedist, physical therapist and social worker.[5] The strongest evidence supports the use of intense strength training, but there is one caveat with strength training that must be considered. Munneke in 2005 conducted a study that showed, in a subgroup of patients with RA who already had extensive joint damage, that a high-intensity general circuit-type training program accelerates joint damage.[6]

This finding is very important in that general high-intensity strength training may not be the answer for this subgroup. What was not ruled out was a specific program designed for any asymmetrical weaknesses or deviations. This issue is addressed in the discussion section of this research article. Thus, the importance of an individually designed exercise program for more severely involved patients requires further research. With current evidence, this subgroup of the RA population may not be candidates for exercise in a gym-type setting. The RAPIT program was a long-term (two-year), high-intensity strength training program. This program, which consisted of bicycle training, exercise circuit and sport or game participation, showed improvement in the intervention group versus the usual care group.[6] Several other studies have highlighted a variety of intense strength training programs.[7-9] A sample exercise program is outlined in the chart. There are so many good ideas in the literature for treating our older patients with RA. The evidence is everywhere. We just need to use it. ■

References available at www.advanceweb.com/pt.

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Strength Programs for Patients with Rheumatoid Arthritis
Research-Based Practices

High-Intensity Progressive Resistive Training Program	
Mode of Resistance	• Keiser pneumatic resistance equipment
Exercises	• Chest press • Leg press • Leg extension • Back extension • Abdominal curl
Intensity	• 80% 1 RM
Repetitions	• 8
Sets	• 3
Frequency	• 2 minute rest between sets
Duration	• 1 Z weeks
Criteria for Advancing	• As per patient
Strength Gains	• 54-57% depending on muscle
Other Program Components	• Warm up (15 minutes) • Cool down and stretching
Time Required	• 60 minutes

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Low-Intensity Circuit Weight Training Program	
Mode of Resistance	• Free weights • Cuff weights
Exercises	• Overhead press • Toes raises • Hip flexion • Prone back extensions • Abdominal curl • Partial squats • Good morning • Supine chest press
Intensity	• 1-3 pounds
Repetitions	• 12-15
Sets	• 2 x 4 weeks • 3 x 8 weeks
Frequency	• Three times a week
Duration	• 12 weeks
Criteria for Advancing	• As per patient
Strength Gains	• 1-20% depending on muscle
Other Program Components	• Warm up (5 minutes) • Cool down and stretching
Time Required	• 20-27 minutes

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