Arthritis Rehabilitation and Education Program

Karen Gordon PT
Dec 2010
Our Founders

- Mary Pack
- Dr Wallace Graham
- Founded in 1948

Mary Pack founded the Canadian Arthritis and Rheumatism Society in 1948 (now known as the Arthritis Society). Mary Pack was a school teacher in Vancouver. Motivated by her students with juvenile arthritis, she fought for improved care for arthritis in Canada.

Dr Wallace Graham, a Toronto rheumatologist was the first president of the Arthritis Society.
Mary Pack helped to choose The Arthritis Society British Columbia mountain blue bird- symbol of hope and freedom. Small but strong, it represents the strength and determination that patients with arthritis need to take control of their pain and quality of life.
## Impact of Arthritis

- Most common cause of long-term disability
- 4.5 Canadians over age 15
- Number of seniors with arthritis expected to double by 2030 (Dunlop 2006, US, CDC 2005)
## Prevalence with age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Men (%)</th>
<th>Women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>28.6%</td>
<td>43.7%</td>
</tr>
<tr>
<td>70-74</td>
<td>33.2%</td>
<td>47%</td>
</tr>
<tr>
<td>75-79</td>
<td>35.4%</td>
<td>54.7%</td>
</tr>
<tr>
<td>80-84</td>
<td>41.6%</td>
<td>55.3%</td>
</tr>
<tr>
<td>85+</td>
<td>45.2%</td>
<td>61.0%</td>
</tr>
</tbody>
</table>

*ARThritis FIGHT IT!*
Arthritis is a term that includes over 100 disorders of the joints and structures that surround them such as ligaments, tendons and muscles. Because a big part of our treatment involves around patient education it is important to us that which kind of arthritis diagnosis is clarified on the referral.
Mission

“To search for the underlying causes and subsequent cures for arthritis, and to promote the best possible care and treatment for people with arthritis.”

Mission of the Arthritis Society hasn’t changed since the days of Mary Pack.
### How

- Fund training
- Fund research
- Increase public awareness
- Provide education and support to people with arthritis

---

The Arthritis Society carries out its mission in several ways: Non-profit organisation hence fund raising is an important part of the Arthritis Society.

- It funds the training of Canadian rheumatology residents and their supervising rheumatologists.
- It funds Canadian researchers who are working in rheumatology and arthritis care.
- Programs and events to increase public awareness and community engagement.
- It supports programs for people with arthritis.
Service is available across the province
Treatment based on research evidence
New therapists take Arthritis Society Inflammatory Arthritis Training program. We refer to one another as needed.
Funded by Ontario ministry of health so no charge for our services
Arthritis Rehabilitation and Education Program

- Individual consultations
- Splint clinics
- Groups

In Ontario: Individual appointments can be arranged with our therapists and social workers as well as organised group sessions. Examples of individual consultation process and groups to follow
The Arthritis Society borrows space from Family Health Teams, CCAC offices and hospital physiotherapy departments all over the province of Ontario.
In Ottawa, each therapist is assigned a region. For information regarding over 40 clinic locations your community call our 1-800-321-1433 (and handout).
Because increased public awareness is one of our mandates, public presentations can be made on request.
Back in Mary Pack’s days, home visits were the mainstay of the Arthritis Society. Today we still make home visits for our patients who are not mobile and in order to do home modification / equipment assessments.
These are examples of 2 kinds of group sessions: Taking Charge groups:

4 informative sessions for patients with either Osteoarthritis or Inflammatory Arthritis such as Rheumatoid Arthritis or Lupus or Psoriatic Arthritis.

Information regarding treatment options, latest research, assistive devices and equipment and social and emotional impact of arthritis.

Very popular and an excellent way for our patients to meet others with similar diagnosis.
Patients who have been assessed at a Total Joint Assessment unit and are then referred for conservative management.

Information regarding managing hip and knee osteoarthritis symptoms
Community Programs

- Arthritis Self-Management Program (ASMP)
  - 6 weekly sessions
  - Led by trained volunteers
  - The Arthritis Helpbook: Kate Lorig


- Validated program, 6-week health promotion program (2 hrs. / week) Problem solving skills / active role in managing their arthritis
- Helps you help yourself $35 includes book
<table>
<thead>
<tr>
<th>Community Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Pain Management Workshop</td>
</tr>
<tr>
<td>One single 2 hour workshop</td>
</tr>
<tr>
<td>Based on ASMP model</td>
</tr>
<tr>
<td>Supported by Pfizer</td>
</tr>
</tbody>
</table>

Chronic Pain Management Program (one 2 hr. session)
Referrals

- Referral form
- Fax or mail
- Self-referrals (telephone or online)
- 1-800-321-1433
www.arthritis.ca

Informative bilingual resource
Rheumatoid Arthritis

- What is rheumatoid (room-a-toid) arthritis?
- How common is rheumatoid arthritis?
- What are the warning signs of rheumatoid arthritis?
- What causes rheumatoid arthritis?
- What can you do about rheumatoid arthritis?
- Cochrane Reviews of Treatments
- Outcome
- Additional Tips for Living Well

What is rheumatoid (room-a-toid) arthritis?
Publications and Resources

From printed publications to online video presentations to the Ask an Expert feature, there is a growing number of publications and resources to help people with arthritis, their caregivers, as well as their family and friends.

Thanks to the support of our donors and volunteers, The Arthritis Society is able to provide access to this varied collection of insightful information and useful resources of benefit to people living with arthritis.

Select and click on any of the resources on the left to learn more.
Numerous printed pamphlets are available for download or can be ordered from our website.
Case example:
Primary complaint:
Osteoarthritis knees

This is to provide you with a more concrete example of what we do when someone with OA knees comes to see us. We picked a knee assessment as this is quite common and allows us to outline what we do.
OA Knee Assessment

- History
- Current meds
- Alignment and gait assessment
- ROM and strength assessment
- Functional tests (transfers, squat, balance)

History: a summary of how the arthritis started and has been progressing, how has it been interfering with activities of daily living.
Meds: other health issues, this can give me insight into reason for flare i.e. are they taking meds properly/at all, if not why and does the Dr. know.
From the physical exam I can ask them more specifically what they may be struggling with. I will also find out what strategies they already have in place.
Joint protection: footwear, moderation, weight loss, cane, learn aggravating factors
Equipment: cane, walker, raised toilet, grab bars. Specific equipment and assistive devices are recommended and a list of vendors can be provided.

Application for funding for equipment (ODSP / Ottawa EHSS) can be made.

Pain Management: heat vs cold, braces, topicals, TENS unit can be loaned
OA knees and exercise

• Quadriceps strengthening as tolerated
• ROM / stretching exercises as needed
The importance of regular / daily exercise is emphasized with patients and we help them to choose one which will fit into their lifestyle.
We have a pair of urban walking poles in our Ottawa office for our patients to try. A cane or walking poles can reduce stress on knees by 10 to 20%
Recommendation of community resources: walking clubs, cit of Ottawa community programs
We always discuss the benefits of pool exercise with our patients and we refer to local pool programs in their area.
Case example:
Primary complaint:
Hands

This is to provide you with a more concrete example of what we do when someone with RA comes to see us. We picked a hand assessment as this is quite typical and allows us to outline what we do.
RA Hand Assessment

- History (disease, social)
- Current Medications
- Joint Count
- Damage, deformities
- ROM, grip strength
- Function

**ARThRITIS** FIGHT IT!

**History:** a summary of how the arthritis started and has been progressing, how has it been interfering with activities of daily living.

**Meds:** other health issues, this can give me insight into reason for flare i.e. are they taking meds properly/at all, if not why and does the Dr. know.

From the physical exam I can ask them more specifically what they may be struggling with. I will also find out what strategies they already have in place.
RA Education

- Rheumatoid Arthritis
- Medications
- Joint protection
- Energy conservation
- Pain management (heat, cold, exercise)

ARThRITIS FIGHT IT!
Splints for RA

- Ulnar drift splint
- Resting splint
Splints for RA

• Ring splint
• Working wrist
Social Work Role

- Psychosocial assessment
- Counseling support (listen, validate, normalize, goal setting)
- Assist with communication / advocacy (family, employers, health professionals)
- Community referrals

Assessment undertaken to identify at risk areas
Counseling techniques vary – CBT, brief-solution focused therapy, crisis intervention -based on issues and client need
Communication - Advocacy people do not always want others to know about their condition, may fear they will feel pitied or “less than”
Some people will not ask questions of their health care team and leave feeling confused
Community referrals – wide vary – about as much as you could think of, again, dependent on client issues/need
Housing – mobility and changes in income may necessitate housing move.

Access to necessities of daily living refers to things such as grocery shopping buses or delivery options, homecare or homemaking supports, telephone assurance, reducing isolation, medical call buttons, medic alert

Future planning – for that move if waitlisting may apply; planning for living on a reduced income or pension, info. on options for home modification.
For Example...

**Financial**
- Ability to earn income reduced
- Client can’t afford meds
- **Social Work role:**
  - Support navigating government financial programs – ODSP, CPP Disability, Trillium
  - Connection to other community resources as needed – housing, CCAC

---

Often our new clients have never been in a position to have to access the options available to them and so they are unsure where to start to even look for what might be available.

The application processes can be exhausting, frustrating and time-consuming. Some assistance with completing the forms, can go a long way to give clients the sense that they are moving forward.
### Emotional Support

- Depression – a natural part of the grieving process
- Usually not clinical in nature
- No/little motivation for treatment; little joy in daily life
- May be unable to absorb medical advice or explanation

---

Depression – not usually clinical but some instances of suicidal ideation requiring intervention

- Presents with flat affect, emotionally labile, no eye contact, unfocused, unable to see future
- I will ask people...are you doing anything that is fun?
### In Conclusion…

**Main Goal**

Work with people with arthritis as they learn to adapt to living with a chronic illness

---

- incumbent on sw to do with and not for – we work with to empower clients to take an active role
- people can do very well, but may need some help with the bumps along the way and we give a great deal of recognition that reaching out and accepting help can be hard
• Questions?
<table>
<thead>
<tr>
<th>Clinical Practice Guidelines for Knee Osteoarthritis and Exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Philadelphia Panel (2001)</td>
</tr>
<tr>
<td>• EULAR (2003)</td>
</tr>
<tr>
<td>• MOVE Consensus (2004)</td>
</tr>
<tr>
<td>• Ottawa Panel (2005)</td>
</tr>
<tr>
<td>• OARSI (2008, 2010)</td>
</tr>
</tbody>
</table>
Summary of Guidelines for Knee Osteoarthritis and Exercise

• All relevant guidelines strongly support strengthening and aerobic exercise
• Individual, group and home programs show similar benefits
Aquatic Exercise for the treatment of knee and hip osteoarthritis

- Cochrane systematic review and meta-analysis
- 6 studies
- Small to moderate effect on function & quality of life
- Small effect on pain

(Bartels et al 2009)
Lack of physical activity
modifiable risk factor

- Vigorous Activity Cuts Arthritis Disabilities
- Inactivity Nearly Doubles Loss of Physical Function Among Seniors With Arthritis
- Decreasing weight by five kilograms reduces your odds of requiring total joint replacement by 25% (Hunter 2002)

What is vigorous physical activity? It is ensuring healthy aerobic capacity as well as strength and ROM. It takes innovative strategies to ensure aerobic capacity in a disabled population. Pool programs are an ideal fit, with a strong evidence base as are Yoga and Tai Chi.

Interventions aimed at healthy weights can have a significant impact on health care costs, like this statistic above on joint replacement. Did you know that 9/10 people needing a joint replacement are overweight or obese?

The question is, are they overweight because they can’t access healthy activity in a safe environment with supervision to ensure adequate pain control or did the excess weight exacerbate the arthritis accelerating or increasing the impact?

For every one pound of weight a person holds, there is a translation to the force on the knee of four pounds.

10-year study done at the Arthritis Centre at Stanford University looked at the effect of running thousands of kilometers on the joints of the knees and legs.

The study found that deteriorating and disabling problems in the knees were actually five times as likely to occur in sedentary individuals, compared to runners.