

Rheumatoid Arthritis in Physiotherapy Sandhya Kille*

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Commentary

The goal of RA treatment is to relieve discomfort while also preventing joint deterioration and loss of function. Physiotherapy and rehabilitation applications greatly improve the management of RA and reduce handicaps in everyday life for individuals with RA, complementing medicinal therapy.

The most often utilized physical agents in arthritis treatment are cold and heat modalities. Cold application is commonly utilized in acute stages of RA, whereas hot application is commonly used in chronic stages.

RA is a chronic and progressive disease that causes significant physical impairment and disability. Because there is currently no cure for RA, patients are subjected to a variety of life-long treatment options. As a result, educating patients and informing them about the intended treatment modalities is a vital part of successful disease management. Preventing impairment, increasing functional capacity, providing pain relief, and providing patient education are all goals of physiotherapy and rehabilitation applications in patients with RA.

Patients' physiotherapy needs are assessed before they begin therapy based on their incapacity, impairment, and handicaps. The following elements should be included in a physical examination:

- Functional evaluation (i.e., transfer status, gait analysis, activities of daily living).
- Range of joint mobility (ROM) (for all joints).
- Muscle strength test (manual or by isokinetic equipment).
- Postural evaluation.
- Respiratory function evaluation.

It's important to keep in mind that inflammation, instability, and contractures can all alter the outcomes of these exams and testing. Functional assessment can be done using scales such as the Arthritis Impact Measurement Scale I and II, the Health Assessment Questionnaire, and the Functional Independence Measure.

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Physiotherapy modalities and rehabilitation treatment strategies for RA patients are evaluated in this review.

Physiotherapy Modalities

In the treatment of RA, physiotherapy methods are frequently used. Cold/hot applications, electrical stimulation, and hydrotherapy are examples of these.

Controlled studies evaluating various physiotherapy and rehabilitation approaches in RA with sufficient numbers of cases and validated objective measures are uncommon. This is because the illness process might be influenced by a variety of circumstances, making it difficult to identify the actual effectiveness of the drugs under investigation. Physiotherapy agents, on the other hand, are frequently employed in daily practice; most of the time, their use is based on personal experiences.

Patients with RA can benefit from physiotherapy treatment to help them control their disease. Patients are educated on joint protection techniques, the use of assistive equipment, and the performance of rehabilitative exercises by physiotherapists in collaboration with occupational therapists.