

Best Practices for Physical Therapists Treating Patients with Rheumatoid Arthritis

Advances in drug treatments for rheumatoid arthritis (RA) have significantly improved disease control, yet many adults with RA continue to experience functional limitations that impact daily life and difficulty staying physically active. **Physical therapy plays a vital role** in addressing these challenges and optimizing movement to **preserve independence and participation in valued life activities**. The information below highlights the best physical therapy practices for RA, integrating current evidence to **support effective rehabilitation strategies to improve quality of life**.

Per treatment guidelines for adults with RA:



Exercise is strongly recommended for patients with RA.

Physical therapy is recommended for patients with RA to achieve and maintain an adequate level of function, independently.



Passive mobilization of joints and muscles is generally **not recommended** for adults with RA.



Cervical manipulation and mobilization are contraindicated due to high prevalence of upper cervical instability in adults with RA.

Consider the following strategies to tailor your approach for each patient to help optimize daily function and promote regular exercise

Provide individualized education on:

- Importance of exercise and healthy lifestyle (including managing stress & fatigue)
- RA and its possible implications
- Effective self-management
- PT treatment options

Strategies

Pain Management

1



- Listen to pain signals
- Carry out activities only up to the point of fatigue or discomfort

Pacing Strategies

2



- Take short breaks during activities
- Promote adequate sleep for body restoration

Load Management

3



- Modify load, as needed
- Change technique
- Distribute load across larger, stronger joints

Positioning and movement

4



- Maintain good posture
- Use joints in their most stable anatomic positions
- Avoid prolonged static positions

Assistive Strategies

5



- Use adaptive equipment like jar openers
- Consider splints or braces
- Utilize tools that reduce joint stress

Exercise Guidelines for RA

Strength Training (min. 2 days/week)

- Focus on large muscle groups around knee and hip (also UE and hand strengthening if joints are involved)
- Perform exercises bilaterally
- Include combinations of functional (body weight) and resisted exercises

Training Parameters

- 60-80% of 1 repetition maximum (1RM) (Borg score 14-17)
 - For beginners: 50-60% of 1RM (Borg score 12-13)
- 2-4 sets of 8-15 repetitions, 30-60 seconds rest between sets

Aerobic Training (min. 5 days/week, 30 min/day)

- Start with low joint load activities (e.g., walking, cycling, swimming)
- Incorporate high intensity as able

Training Parameters

- >60% of maximum heart rate (Borg score 14-17)
 - For beginners: 40-60% of max heart rate (Borg score 12-13)

Functional Training (min. 2 days/week)

- Practice activities hindered in daily life
- Consider balance and coordination training if needed

Key Resources

Clinical practice guideline for physical therapist management of people with rheumatoid arthritis¹



2022 American College of Rheumatology guideline for exercise, rehabilitation, diet, and additional integrative interventions for rheumatoid arthritis⁴



REFERENCES

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