This KNGF Guideline applies only if the diagnosis of RA was established by a rheumatologist.

**Methodic approach**

- **without referral**
  - If a patient presents without referral, contact the patient’s rheumatologist before initiating treatment, to obtain essential details such as:
    - extent of joint damage
    - co-morbidity
    - current and expected disease activity under present medical management

- **after referral**
  - Relevant referral details on patient’s health status:
    - extent of joint damage
    - co-morbidity
    - current and expected disease activity under present medical management
    - activities and participation (individually assessed),
    - functional and structural body features: pain, stiffness, fatigue, mobility, swelling, redness, stability of joints, muscle power / endurance, muscle coordination and exercise tolerance
    - personal and environmental factors
    - other factors: RA-specific red flags and concerns (see below); general red flags, medication use, need for information, patient’s views on health, expectations for physical therapy, compliance expectations

**History-taking**

- **(supplementary) history-taking**
  - RA-specific red flags:
    - redness of a joint (whether or not associated with fever)
    - central nervous system symptoms:
      - neck pain, combined with paresthesias and/or dysesthesias, motor deficits, jumpy legs and/or grainy sensation in hands
      - incontinence and tremors
    - peripheral nervous system symptoms:
      - sensory deficits, whether or not combined with motor deficits, in upper extremities
      - motor (paresis or paralysis), sensory or circulatory deficits in lower extremities
    - acute exacerbation or increase in complaints
    - unexplained persistent severe pain and inflammatory signs in one or more joints
    - recent tendon rupture

- **exam**
  - Swelling, redness, tenderness, pain on movement, range of motion (mobility), deformity, instability and activities of daily living
  - possibly: neurologic symptoms, such as sensory deficits and reduced muscle power

- **analysis**
  - Presence of factors that can or cannot be modified (directly or indirectly) by physical therapy
  - Presence of favorable or unfavorable prognostic factors
  - Is physical therapy indicated in view of the treatment goal(s)?
Therapeutic process

treatment modalities

exercise therapy
• intensity: high-intensity exercise program to improve aerobic performance and muscle power / muscle endurance (including patients with high disease activity)
• frequency: assess suitable initial frequency for each individual patient, as well as the amount of therapist supervision required
• supplementary exercises: ROM and/or stability/coordination exercises (depending on treatment goal)
• exercise setting: individual and/or group sessions, on floor or in water

reduced intensity:
• prosthetic joints or severe radiographic damage to joints
• severe physical impairments precluding high-intensity exercises
• patient afraid to move

duration of treatment:
• depending on (SMART) treatment goal(s)

information and advice
• learning to cope with consequences of RA
• keeping up physical activity level in everyday life
• increasing physical activity level in everyday life

other interventions for individual cases and short-duration interventions*
• physical modalities
• manual techniques
• passive hydrotherapy
• manual cervical mobilization

* The use of interventions that may raise the intra-articular temperature of the relevant joint is discouraged for patients with high disease activity. Cervical mobilization is also discouraged (in view of the possible cervical instability).