

# FACT SHEET: ROLE OF PT/OT AND OA/RA

By: Maggie Haas, P.T.

Osteoarthritis (OA) and rheumatoid arthritis (RA) can lead to debilitation and decreased functional mobility due to the progressive degeneration of cartilage and bone; joint inflammation; joint deformity; pain; swelling; and decreased range of motion. Physical therapy and occupational therapy have been found to be effective treatments in the management of OA and RA. Physical therapists and occupational therapists use strategies that focus on improving motion in arthritic joints and reducing pain.

The following is a list of treatment techniques employed by both physical therapists and occupational therapists when treating individuals with arthritis. The interventions are customized to meet each patient's personal goals.

**Therapeutic Exercise:** Patients may be instructed in exercises focusing on improving the flexibility, range of motion, and strength around joints affected by arthritis. A basic aerobic exercise program to improve their general conditioning may also be beneficial in improving the patient's functional mobility and activity tolerance. Patients may be given home exercises as a follow up to continue to improve these areas of weakness.

**Manual Therapy Combined with Exercise:** Manual therapy includes techniques to address key joint restrictions at the arthritic joint and associated musculoskeletal structures. Examples of manual therapy techniques are soft tissue massage/mobilization and low-grade joint mobilizations. As with therapeutic exercise, patients may be given exercises as a follow up to the manual techniques to further improve the joint restrictions.

**Bracing and Adaptive Equipment:** There are wide varieties of braces on the market designed specifically to decrease load and provide support to the arthritic joint. Adaptive equipment is designed to assist the patient in performing activities of daily living. Physical therapists and occupational therapists will assess the need for braces or adaptive equipment to decrease pain and inflammation around the joint during functional activities.

**Aquatic Therapy:** Buoyancy of the water helps to decrease weight bearing on arthritic joints. The water is used as a medium to perform range of motion exercises as well as provide resistance to working muscle groups. Exercise in water allows some patients to improve their balance and work on stretching and strengthening exercises that they might not otherwise be able to do on land without pain.

**Patient Education:** Educating patients regarding management of their pain level through activity modification is also effective in improving a patient's functional mobility. Joint protection, work simplification, and energy conservation are all examples of ways to modify a patient's activity while performing activities of daily living.

Joint protection includes measures to protect joints, conserve energy, and preserve function. Techniques that modify or change the forces placed on an arthritic joint will decrease pain around that joint.

Work simplification and energy conservation techniques allow the patient to reduce the amount of effort and energy needed to complete a task.

**How to refer to PT/OT:** Patients who may benefit from PT and OT services can be referred through a written prescription, which states the diagnosis, and any specific treatment techniques the physician would like addressed. Simply stating the diagnosis and "evaluation and treatment" allows the PT or OT to assess for any physical impairment and to determine the appropriate treatment techniques to treat the specific impairments. It is beneficial to the treating therapist if the physician states on the scripts any recommended precautions or restrictions to treatment. It is common practice for the PT or OT to send a written or dictated plan of care to the referring physician including the assessment, interventions, frequency/duration of treatment, and goals.

## About the Author

### Maggie Haas, P.T.

Maggie Haas' eight years of experience in the field of Physical Therapy include working with individuals in both the outpatient orthopedic and acute inpatient settings. She enjoys assisting her patients in overcoming their disabilities through exercise and techniques to improve their functional mobility.

Maggie received her Bachelor of Science degree in Exercise Physiology from the University of Wisconsin - Madison in 1994 and continued on to receive an Entry Level Masters Degree in Physical Therapy from Concordia University - Wisconsin in 1997. She resides in Milwaukee, Wisconsin and when she is not working or pursuing her Doctorate in Physical Therapy she enjoys spending time with family, friends, and her dog Polo.

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