Advice for Physiotherapists Suspecting Rheumatoid Arthritis



Stage 1

Diagnosing "Clinically	Suspected	Arthralgia"1
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- 1. Joint Symptoms of recent onset (<1 year)
- 2. MCPJs affected
- 3. Morning stiffness (>60 mins)
- 4. Symptoms worst in early morning
- 5. 1st degree relative with RA
- 6. Difficulty making a fist
- 7. Positive MCPJ or MTPJ squeeze test

A score of 3+/7 is consistent with "Clinically Suspected Arthralgia"1

Stage 2 (Optional. If strong suspicion progress to "Stage 3")

Assessing level of risk (patient scores 3+ on above or clinician retains high suspicion)

Leiden Clinical Prediction Rule.²

1.	What is the age in years? Multiply by 0.02			
2.	What	t is the sex?		
	a.	In case Female	1 point	
3.	What is the distribution of involved joints?			
	a.	In case small joints hands/feet:	0.5 point	
	b.	In case symmetric	0.5 point	
	c.	In case upper extremities	1 point	
	d.	In case upper and lower extremities	1.5 points	
4.	What	t is the score for morning stiffness on a 2	100-mm VAS?	
	a.	In case 26-90 mm	1 point	
	b.	In case >90mm	2 points	
5.	What is the number of tender joints?			
	a.	In case 4-10	0.5 points	
	b.	In case 11 or higher	1 point	
6.	What is the number of swollen joints?			
	a.	In case 4-10	0.5 points	
	b.	In case 11 or higher	1 point	
7.	What	t is the C-reactive protein level?		
	a.	In case 5-50 mg/litre	0.5 points	
	b.	In case 51 mg/lire or higher	1.5 points	
8.	Is the patient Rheumatoid Factor positive?			
	a.	If yes	1 point	
9.	Are t	he anti-CCP antibodies positive?		
	a.	If yes	2 points	
			Total score	

A score of 9+ is optimal prediction, 8+ is high risk.3





Stage 3

Clinical application.

If clinically suspected Arthralgia is present and/or score of 8+ on Leiden CPR further investigations are warranted.

If clinician retains suspicion but above scores are not met due to lack of investigations completed or other reasoning, commence further investigations.

Proceeding in presence of suspected RA risk:

- 1. Referral to Rheumatology must be completed as a matter of priority before requesting any other investigations.
 - a. Discuss with local Rheumatology department regarding procedure/access.
- 2. If able request following investigations
 - a. C-Reactive Protein blood test
 - b. ESR blood test
 - Rheumatoid Factor blood test
 - d. Anti-CCP blood test

Stage 4

Advise patient on modifiable risk factors. These can reduce likelihood of progression to RA

- a. Smoking
- b. BMI
- c. Diet

Note

Differential Diagnoses – other conditions can masquerade similar to Rheumatoid Arthritis. These may have differing onset, associated symptoms/conditions and presentations:

Gout, Other inflammatory arthropathy (Psoriatic Arthritis, Lupus, Axial Spondyloarthropathy, Reactive Arthropathy), Osteoarthritis, Persistent pain conditions.

This document is a guide only, it should not replace clinical reasoning or judgement.

If unsure seek further advice as appropriate.

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References

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- 3. Mcnally et al. Diagnostic accuracy of a clinical prediction rule (CPR) for identifying patients with recent-onset undifferentiated arthritis who are at a high risk of developing rheumatoid arthritis: A systematic review and meta-analysis. Seminars in Arthritis and Rheumatism 2014 43:498–507

