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The Role of Physiotherapist in the management of Osteoarthritis

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Abstract

Osteoarthritis is a degenerative disease mainly affecting the cartilage of the joints and represents the most common type of arthropathy. The disease generates a progressive damage and erosion of the cartilage lining, until its rupture with consequent exposure of the subchondral bone, which causes the rubbing of the articular heads. Besides the pain, which can be very intense in the acute phases of the disease, other characteristic clinical signs are swelling and functional impotence. Small bone neo-formations called osteophytes develop within the joint and bone and cartilage fragments can remain free within the joint space, causing further pain and joint damage. Over time the joint can deform up to lose its natural shape. The management of osteoarthritis can be conservative or surgical. Conservative treatments require a good collaboration of the patient who must integrate different therapeutic modalities : dosed and specific physical exercise, avoidance of heavy stress with high impact sports, maintenance of an adequate body weight, meditation to manage the stress of the disease, physical therapies, orthosis, mobilization and pharmacological therapy. These therapeutic modalities serve for relieve pain and disability and slow the progression of the disease. Surgical treatments involve the replacement of the damaged joint with prosthetic components made of alloys metal, materials plastics and / or ceramics in materials that replace joint components. Sometimes the surgical treatment allows to correct also the deviation of the alignment that can arise. Surgical management would also include pre and postoperative physiotherapy. In the preoperative phase the goals are to obtain a good muscles tone-trophism, tissue mobility, cardio-pulmonary function and a person already educated on what will be the acute and post-acute phase following the intervention. Post-operative physiotherapy involves the management of pain in the very first phase, in collaboration with the other health figures (orthopedist, nurse, socio-health worker). An interesting method for osteoarthritis of the hip and knee is the “Fast-track = accelerated care management program”, a care model based on scientific evidence. This method was developed to reduce the complications and to optimize the best recovery after surgery. This is best achieve through a particular anesthesia, specific materials and an high team collaboration thet allows to reduce the need of transfusions, to the patient to ambulate from the operating room to the hospital room, to early mobilisation and to be discharged from the operating structure in 3-4 days, reducing hospital infection. The goals of day 0 post-operative patient are to feed independently, urinate spontaneously and to be autonomy in transfers with supervision; of 1 day post-operative patient to reach autonomy in the bathroom and in the ward; of the discharge to have BADL autonomy (basic daily life activity), to be autonomy with bed-chair transfer, to be indipendent in the bathroom and with crutches for

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70 meters. The goal for the joint range relative to the knee IS to reach 0 extension and 90 flexion, whereas with regard to the hip the goal is the same for extension and flexion but 30 of abduction.

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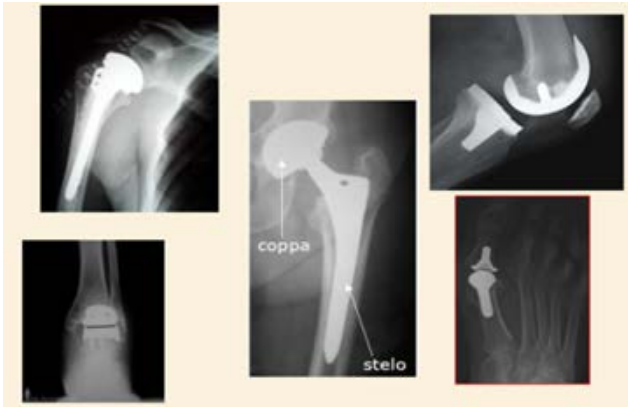

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