



Εαρινές ημέρες  
Ρευματολογίας

13-15 Μαΐου 2022

Xenia Poros Image Hotel  
ΠΟΡΟΣ



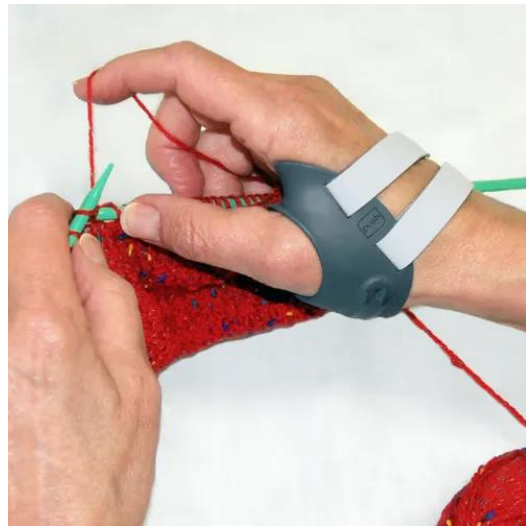
## Ο ρόλος της Εργοθεραπείας στην αποθεραπεία – αποκατάσταση των μυοσκελετικών - ρευματολογικών παθήσεων καρπού – άκρας χείρας

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Πρόεδρος Πανελληνίου Συλλόγου Εργοθεραπευτών, ΠΣΕ-ΝΠΔΔ

# Ορισμός Εργοθεραπείας

Η Εργοθεραπεία ως επιστήμη ασχολείται με την προώθηση της υγείας και της ευημερίας μέσω της εμπλοκής στο έργο, σε όλες εκείνες τις καθημερινές δραστηριότητες που κάνουν τα άτομα, είτε μόνα τους, είτε μαζί με άλλους, οι οποίες γεμίζουν το χρόνο τους, δίνουν σκοπό και νόημα στη ζωή τους και αντανακλούν την ταυτότητά τους.

*World Federation of Occupational Therapists, 2008*



# Ταξινόμηση έργων και δραστηριοτήτων

- Δραστηριότητες Καθημερινής Ζωής
- Ανάπαυση και ύπνος
- Εκπαίδευση
- Εργασία
- Παιχνίδι
- Ελεύθερος χρόνος
- Κοινωνική συμμετοχή



*Occupational Therapy Practice Framework: Domain and Process, 3rd Edition) (2014) In: Κουλουμπή, Μ. (2016). Τομείς έργου σύμφωνα με το Πλαίσιο Πρακτικής Εργοθεραπείας: Πεδίο & Διαδικασία. Εργοθεραπεία 62, 6-21*

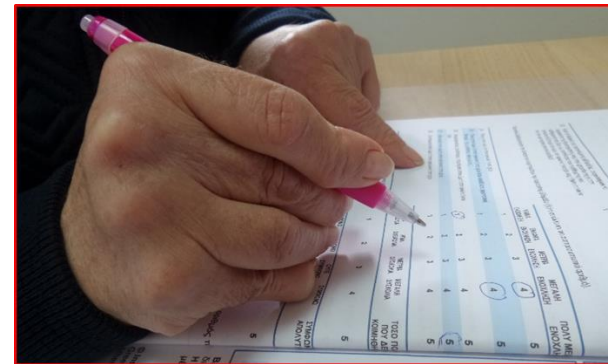
# Βασικά χαρακτηριστικά ρευματικών παθήσεων

- Κόπωση
- Πόνος στις αρθρώσεις
- Δυσκαμψία (συνήθως πρωινή, διαρκεί 30' έως και μια ώρα)
- Οίδημα
- Ερυθρότητα
- Δυσκολία στον ύπνο



# Βασικά χαρακτηριστικά ρευματικών παθήσεων

- Περιορισμός στο εύρος κίνησης (ROM) στον καρπό, στον αγκώνα και στα δάκτυλα
- Ελάττωση της μυϊκής δύναμης
- Ελάττωση της μυϊκής αντοχής
- Παραμορφώσεις στην άκρα χείρα και στον καρπό
- Διόγκωση-εξογκώματα, θερμότητα (αίσθημα καύσου)
- Ρήξη συνδέσμων
- Δημιουργία ρευματοειδών οζιδίων
- Εξαρθρώσεις των οστών



# Στόχοι Εργοθεραπείας

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- Μείωση πόνου
- Μείωση φλεγμονής
- Διατήρηση/αύξηση εύρους κίνησης
- Αύξηση μυϊκής δύναμης και αντοχής
- Πρόληψη/μείωση παραμορφώσεων
- Μετεγχειρητική αποκατάσταση
- Διατήρηση/βελτίωση λειτουργικότητας



# Τομείς παρέμβασης Εργοθεραπείας

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- Εκπαίδευση προστασίας αρθρώσεων και εξοικονόμησης ενέργειας
- Εκπαίδευση σε εναλλακτικές μεθόδους εκτέλεσης ΔΚΖ και χρήση βοηθημάτων
- Τροποποιήσεις περιβάλλοντος για ανεξάρτητη λειτουργικότητα
- Εργονομικές διευθετήσεις
- Εφαρμογή ναρθήκων
- Πρόγραμμα ασκήσεων για το άνω άκρο

## 2016 update of the EULAR recommendations for the management of early arthritis

Bernard Combe,<sup>1</sup> Robert Landewe,<sup>2</sup> Claire I Daien,<sup>1</sup> Charlotte Hua,<sup>1</sup> Daniel Aletaha,<sup>3</sup> Jose María Álvaro-Gracia,<sup>4</sup> Margót Bakkers,<sup>5</sup> Nina Brodin,<sup>6,7</sup> Gerd R Burmester,<sup>8</sup> Catalin Codreanu,<sup>9</sup> Richard Conway,<sup>10</sup> Maxime Dougados,<sup>11</sup> Paul Emery,<sup>12</sup> Gianfranco Ferraccioli,<sup>13</sup> Joao Fonseca,<sup>14,15</sup> Karim Raza,<sup>16,17</sup> Lucía Silva-Fernández,<sup>18</sup> Josef S Smolen,<sup>3</sup> Diana Skingle,<sup>5</sup> Zoltan Szekanecz,<sup>19</sup> Tore K Kvien,<sup>20</sup> Annette van der Helm-van Mil,<sup>21,22</sup> Ronald van Vollenhoven<sup>23</sup>

### Box 1 2016 update of the EULAR recommendations for management of early arthritis: final recommendations based on evidence and expert opinion

#### Overarching principles

- A. Management of early arthritis should aim at the best care and must be based on a shared decision between the patient and the rheumatologist
- B. Rheumatologists are the specialists who should primarily care for patients with early arthritis
- C. A definitive diagnosis in a patient with early arthritis should only be made after a careful history taking and clinical examination, which should also guide laboratory testing and additional procedures

#### Recommendations

1. Patients presenting arthritis (any joint swelling, associated with pain or stiffness) should be referred to, and seen by, a rheumatologist, within 6 weeks after the onset of symptoms
2. Clinical examination is the method of choice for detecting arthritis, which may be confirmed by ultrasonography
3. If a definite diagnosis cannot be reached and the patient has early undifferentiated arthritis, risk factors for persistent and/or erosive disease, including number of swollen joints, acute phase reactants, rheumatoid factor, ACPA and imaging findings, should be considered in management decisions
4. Patients at risk of persistent arthritis should be started on DMARDs as early as possible (ideally within 3 months), even if they do not fulfil classification criteria for an inflammatory rheumatologic disease
5. Among the DMARDs, methotrexate is considered to be the anchor drug and, unless contraindicated, should be part of the first treatment strategy in patients at risk of persistent disease
6. NSAIDs are effective symptomatic therapies but should be used at the minimum effective dose for the shortest time possible, after evaluation of gastrointestinal, renal and cardiovascular risks
7. Systemic glucocorticoids reduce pain, swelling and structural progression, but in view of their cumulative side effects, they should be used at the lowest dose necessary as temporary (<6 months) adjunctive treatment. Intra-articular glucocorticoid injections should be considered for the relief of local symptoms of inflammation
8. The main goal of DMARD treatment is to achieve clinical remission, and regular monitoring of disease activity, adverse events and comorbidities should guide decisions on choice and changes in treatment strategies to reach this target
9. Monitoring of disease activity should include tender and swollen joint counts, patient and physician global assessments, ESR and CRP, usually by applying a composite measure. Arthritis activity should be assessed at 1-month to 3-month intervals until the

**10. Non-pharmacological interventions, such as dynamic exercises and occupational therapy, should be considered as adjuncts to drug treatment in patients with early arthritis**

11. In patients with early arthritis smoking cessation, dental care, weight control, assessment of vaccination status and management of comorbidities should be part of overall patient care
12. Patient information concerning the disease, its outcome (including comorbidities) and its treatment is important. Education programmes aimed at coping with pain, disability, maintenance of ability to work and social participation may be used as adjunct interventions

ACPA, anticitrullinated peptide antibodies; CRP, C reactive protein; DMARD, disease-modifying antirheumatic drug; ESR, erythrocyte sedimentation rate; EULAR, European League Against Rheumatism; NSAIDs, non-steroidal anti-inflammatory drugs.



## 2018 update of the EULAR recommendations for the management of hand osteoarthritis

Margreet Kloppenburg,<sup>1,2</sup> F line PB Kroon,<sup>1</sup> Francisco J Blanco,<sup>3</sup> Michael Doherty,<sup>4</sup> Krycia S Dziedzic,<sup>5</sup> Elsie Greibrokk,<sup>6</sup> Ida K Haugen,<sup>6</sup> Gabriel Herrero-Beaumont,<sup>7</sup> Helgi Jonsson,<sup>8</sup> Ingvild Kjeker,<sup>6</sup> Emmanuel Maheu,<sup>9</sup> Roberta Ramonda,<sup>10</sup> Marco JPF Ritt,<sup>11</sup> Wilma Smeets,<sup>1,2,3</sup> Josef S Smolen,<sup>12</sup> Tanja A Stamm,<sup>13</sup> Zoltan Szekanez,<sup>14</sup> Ruth Witloek,<sup>5</sup> Loreto Carmona<sup>16</sup>

**Table 1** 2018 Update of the EULAR recommendations for the management of hand OA

### Overarching principles

- A. The primary goal of managing hand OA is to control symptoms, such as pain and stiffness, and to optimise hand function, in order to maximise activity, participation and quality of life.
- B. All patients should be offered information on the nature and course of the disease, as well as education on self-management principles and treatment options.
- C. Management of hand OA should be individualised taking into account its localisation and severity, as well as comorbidities.
- D. Management of hand OA should be based on a shared decision between the patient and the health professional.
- E. Optimal management of hand OA usually requires a multidisciplinary approach. In addition to non-pharmacological modalities, pharmacological options and surgery should be considered.

### Recommendations

1. Education and training in ergonomic principles, pacing of activity and use of assistive devices should be offered to every patient.
2. Exercises to improve function and muscle strength, as well as to reduce pain, should be considered for every patient.
3. Orthoses should be considered for symptom relief in patients with thumb base OA. Long-term use is advocated.
4. Topical treatments are preferred over systemic treatments because of safety reasons. Topical NSAIDs are the first pharmacological topical treatment of choice.
5. Oral analgesics, particularly NSAIDs, should be considered for a limited duration for relief of symptoms.
6. Chondroitin sulfate may be used in patients with hand OA for pain relief and improvement in functioning.
7. Intra-articular injections of glucocorticoids should not generally be used in patients with hand OA†, but may be considered in patients with painful interphalangeal joints§.
8. Patients with hand OA should not be treated with conventional or biological disease-modifying antirheumatic drugs
9. Surgery should be considered for patients with structural abnormalities when other treatment modalities have not been sufficiently effective in relieving pain. Trapeziectomy should be considered in patients with thumb base OA and arthrodesis or arthroplasty in patients with interphalangeal OA.
10. Long-term follow-up of patients with hand OA should be adapted to the patient's individual needs.

# 2017 EULAR recommendations for the health professional's approach to pain management in inflammatory arthritis and osteoarthritis

Rinie Geenen,<sup>1</sup> Cécile L Overman,<sup>1</sup> Robin Christensen,<sup>2,3</sup> Pernilla Åsenlöf,<sup>4</sup> Susana Capela,<sup>5,6</sup> Karen L Huisinga,<sup>7</sup> Mai Elin P Husebø,<sup>8</sup> Albère J A Köke,<sup>9</sup> Zoe Paskins,<sup>10,11</sup> Irene A Pitsillidou,<sup>12</sup> Carine Savel,<sup>13</sup> Judith Austin,<sup>1</sup> Afton L Hassett,<sup>14</sup> Guy Severijns,<sup>15</sup> Michaela Stoffer-Marx,<sup>16,17</sup> Johan W S Vlaeyen,<sup>18,19</sup> César Fernández-de-las-Peñas,<sup>20</sup> Sarah J Ryan,<sup>11</sup> Stefan Bergman<sup>21</sup>

**Table 4** EULAR recommendations for the health professionals' approach to pain management in inflammatory arthritis and osteoarthritis

	Level of evidence	Strength of recommendation	Level of agreement task force: mean (SI)
1. Assessment by the health professional should include the following aspects (the assessment is brief or extensive depending on factors such as available time, whether it is a first or regular consultation, and the needs of the patient):	4	D	9.3 (0.8)
Patient's needs, preferences and priorities regarding pain management and important activities, values and goals in daily life.			
Patient's pain characteristics including severity, type, spread and quality.			
Previous and ongoing pain treatments and the perceived efficacy.			
Current inflammation and joint damage as sources of pain, and whether these are adequately treated.			
Pain-related factors that might need attention: (a) the nature and extent of pain-related disability, (b) beliefs and emotions about pain and pain-related disability, (c) social influences related to pain and its consequences, (d) sleep problems and (e) obesity.			
2. The patient should receive a personalised management plan with the aim of reducing pain and pain-related distress and improving pain-related function and participation in daily life. This plan is guided by shared decision-making, the expressed needs of the patient, the health professional's assessment and evidence-based treatment options. A stepped-care approach may include, in step 1, education and self-management support (recommendation 3); in step 2, one or more treatment options by a specialist if indicated (recommendations 4 to 9); or, in step 3, multidisciplinary treatment (recommendation 10).	4	D	9.0 (0.8)
3. The patient should receive education.	1A	A	9.7 (0.6)
* All patients have easy access to (1) educational materials (such as brochures or links to online resources with encouragement to stay active, sleep hygiene guidelines and so on), (2) psychoeducation by the health professional and (3) online or face-to-face self-management interventions.			
4. If indicated, the patient should receive physical activity and exercise.	1A	A	9.8 (0.8)
* The health professional and patient appraise whether advice to stay active, supervised physical exercise or multidisciplinary treatment is needed.			

## 5. If indicated, the patient should receive orthotics.

\* If a patient has pain during activities of daily living which impedes functioning, orthotics (such as splints, braces, gloves, sleeves, insoles and shoes), daily living aids (such as a tin opener), an assistive device (such as a cane or rollator) or ergonomic adaptation (at home, workplace) can be offered. If the patients wants to use this assistive support, then consider referral to the occupational therapist, who can proceed with several actions: offer education about appropriate ways to use joints and ergonomic principles, appraise the need for the use of an orthotic or assistive device, give advice about how to acquire it, fit the customised aid to the patient, offer training in the use of it, refer to the appropriate specialist who will do this, eg, orthopaedic shoemaker.

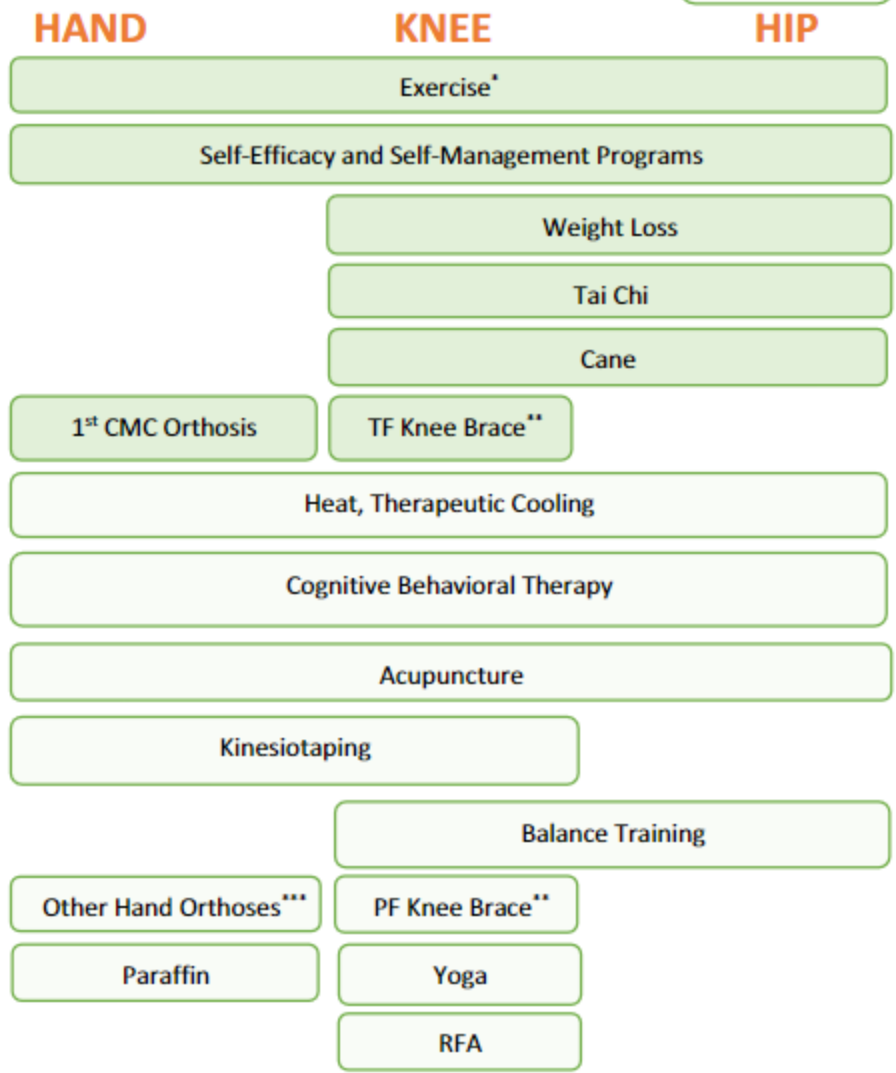
Strongly recommended

Conditionally recommended

# 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee

Sharon L. Kolasinski,<sup>1</sup> Tuhina Neogi,<sup>2</sup> Marc C. Hochberg,<sup>3</sup> Carol Oatis,<sup>4</sup> Gordon Guyatt,<sup>5</sup> Joel Block,<sup>6</sup> Leigh Callahan,<sup>7</sup> Cindy Copenhaver,<sup>8</sup> Carole Dodge,<sup>9</sup> David Felson,<sup>2</sup> Kathleen Gellar,<sup>10</sup> William F. Harvey,<sup>11</sup> Gillian Hawker,<sup>12</sup> Edward Herzig,<sup>13</sup> C. Kent Kwoh,<sup>14</sup> Amanda E. Nelson,<sup>7</sup> Jonathan Samuels,<sup>15</sup> Carla Scanzello,<sup>1</sup> Daniel White,<sup>16</sup> Barton Wise,<sup>17</sup> Roy D. Altman,<sup>18</sup> Dana DiRenzo,<sup>19</sup> Joann Fontanarosa,<sup>20</sup> Gina Giradi,<sup>20</sup> Mariko Ishimori,<sup>21</sup> Devyani Misra,<sup>2</sup> Amit Aakash Shah,<sup>22</sup> Anna K. Shmagel,<sup>23</sup> Louise M. Thoma,<sup>7</sup> Marat Turgunbaev,<sup>22</sup> Amy S. Turner,<sup>22</sup> and James Reston<sup>20</sup>

PHYSICAL, PSYCHOSOCIAL, and MIND-BODY APPROACHES



Scientific/Clinical Article

# A Systematic Review of Conservative Interventions for Osteoarthritis of the Hand

Kristin Valdes OTD, OTR, CHT  , Tambra Marik OTD, OTR/L, CHT

21 studies

## Results

- There is high to moderate evidence to support the use of CMC orthotics to decrease hand pain and improve hand function and moderate evidence to support the use of CMC orthotics to increase grip strength
- There is moderate evidence supporting hand exercises for increased grip strength, for improved function, for improved ROM and pain reduction



SYSTEMATIC REVIEW | ONLINE DECEMBER 08 2016

## Effectiveness of Occupational Therapy Interventions for Adults With Rheumatoid Arthritis: A Systematic Review

Patricia Siegel; Melissa Tencza; Beverly Apodaca; Janet L. Poole

+ Author & Article Information

*The American Journal of Occupational Therapy*, 2017, Vol. 71(1), 7101180050p1–7101180050p11.

<https://doi.org/10.5014/ajot.2017.023176>

51 studies

Strong evidence supports the use of patient education, self-management, multidisciplinary approaches, and joint protection.



SYSTEMATIC REVIEW | ONLINE DECEMBER 19 2016

# Effectiveness of Occupational Therapy Interventions for Adults With Musculoskeletal Conditions of the Forearm, Wrist, and Hand: A Systematic Review

Shawn C. Roll; Mark E. Hardison

+ Author & Article Information

*The American Journal of Occupational Therapy*, 2017, Vol. 71(1), 7101180010p1–7101180010p12.

<https://doi.org/10.5014/ajot.2017.023234>

59 studies


The strongest evidence supports postsurgical early active motion protocols and splinting for various conditions

RESEARCH ARTICLE

Open Access

# Person-centred care in osteoarthritis and inflammatory arthritis: a scoping review of people's needs outside of healthcare



Jessica L. Fairley<sup>1</sup>, Maheeka Seneviwickrama<sup>1,2</sup>, Sabrina Yeh<sup>1</sup>, Shane Anthony<sup>1</sup>, Louisa Chou<sup>1</sup>, Flavia M. Cicuttini<sup>1</sup>, Kaye Sullivan<sup>3</sup>, Andrew M. Briggs<sup>4</sup> and Anita E. Wluka<sup>1\*</sup> 

31 studies [12 OA, 20 IA (RA, SLE, PsA)]

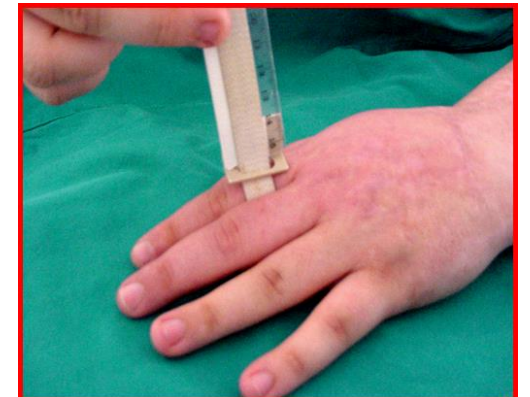
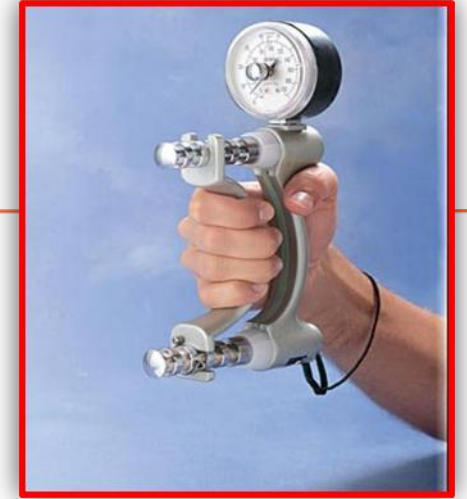
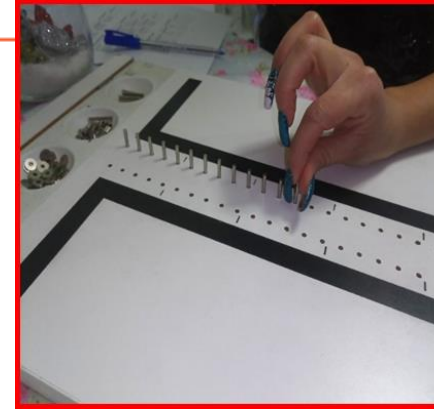
## Results

Six areas of need emerged and these were similar in both groups

- 1) Assistance with activities of daily living especially related to a lack of independence;
- 2) Social connectedness: need for social participation;
- 3) Financial security: worry about financial security and increased costs of health-seeking behaviours;
- 4) Occupational needs: desire to continue work for financial and social reasons, facilitated by flexibility of workplace conditions/environment;
- 5) Exercise and leisure: including limitation due to pain;
- 6) Transportation: limitations in ability to drive and take public transport due to mobility concerns

# Αξιολόγηση

- Αξιολόγηση ασθενή
- Αξιολόγηση οικίας
- Αξιολόγηση εργασίας και χώρου αυτής





# Προστασία αρθρώσεων και μείωση του πόνου

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- Διατήρηση ενέργειας
- Συχνή αλλαγή θέσεων
- Αποφυγή παραμορφώσεων
- Χρήση βοηθημάτων για μείωση του stress των αρθρώσεων π.χ.
  - βοηθήματα κουζίνας
  - ανύψωση λεκάνης
  - ανύψωση κρεβατιού, καναπέ κ.λ.π
  - νάρθηκες

# Διατήρηση ενέργειας

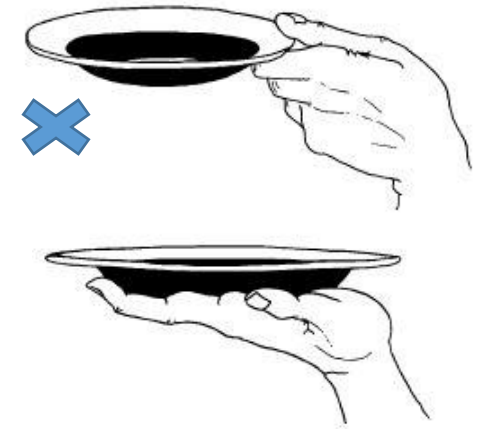
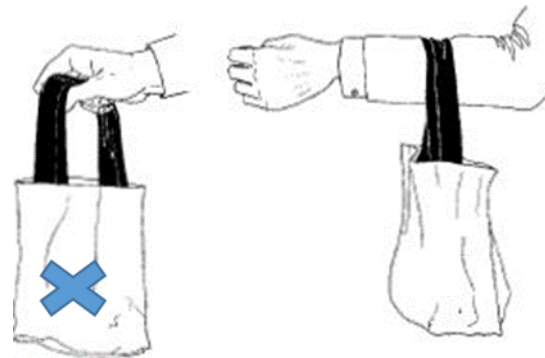
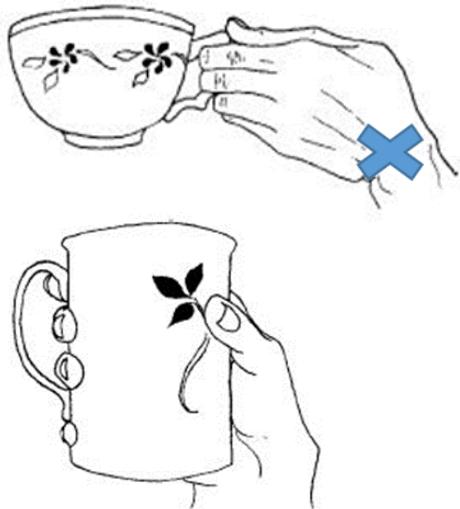
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- Προγραμματισμός και προτεραιότητες
- Πολλά διαλείμματα και εναλλαγές
- Αλλαγή θέσεων κάθε 20-30 min
- Εναλλαγή δραστηριοτήτων



# Αποφυγή παραμορφώσεων

- Αποφυγή θέσεων που προάγουν παραμορφώσεις
- Αποφυγή μικρών λαβών
- Χρήση μεγάλων και πολλών αρθρώσεων
- Επιλογή κατάλληλου εξοπλισμού



# Χρήση βοηθημάτων

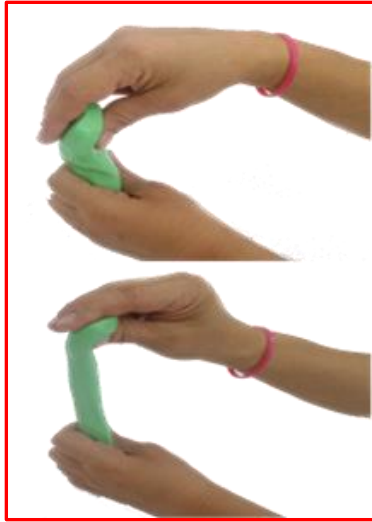


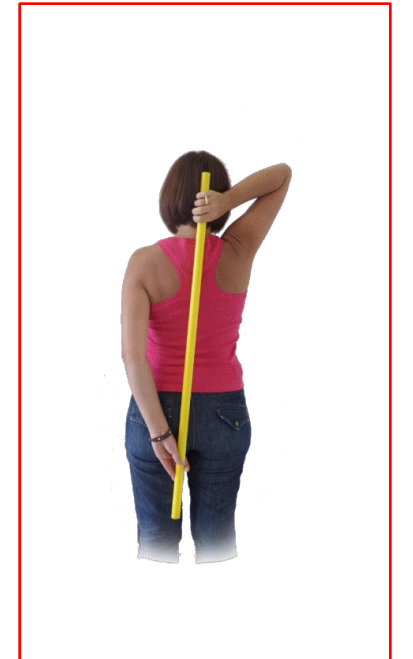
# Πρόγραμμα ασκήσεων για το άνω άκρο

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- Ασκήσεις Ενδυνάμωσης
- Διατατικές ασκήσεις

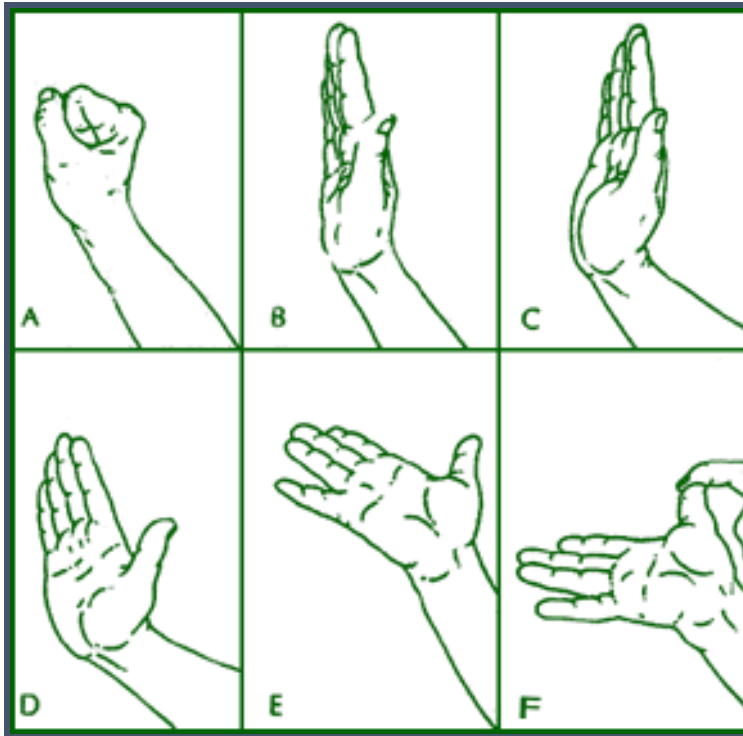








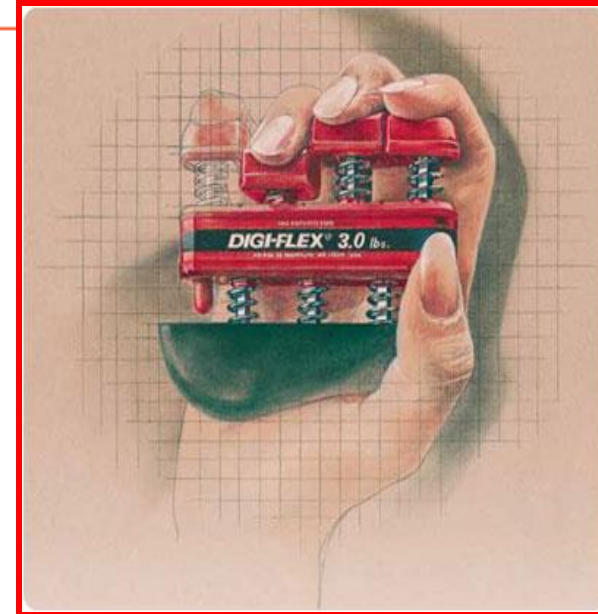
# Ασκήσεις ολίσθησης



# Ασκήσεις με θεραπευτική πλαστελίνη



# Ασκήσεις ενδυνάμωσης με αντίσταση



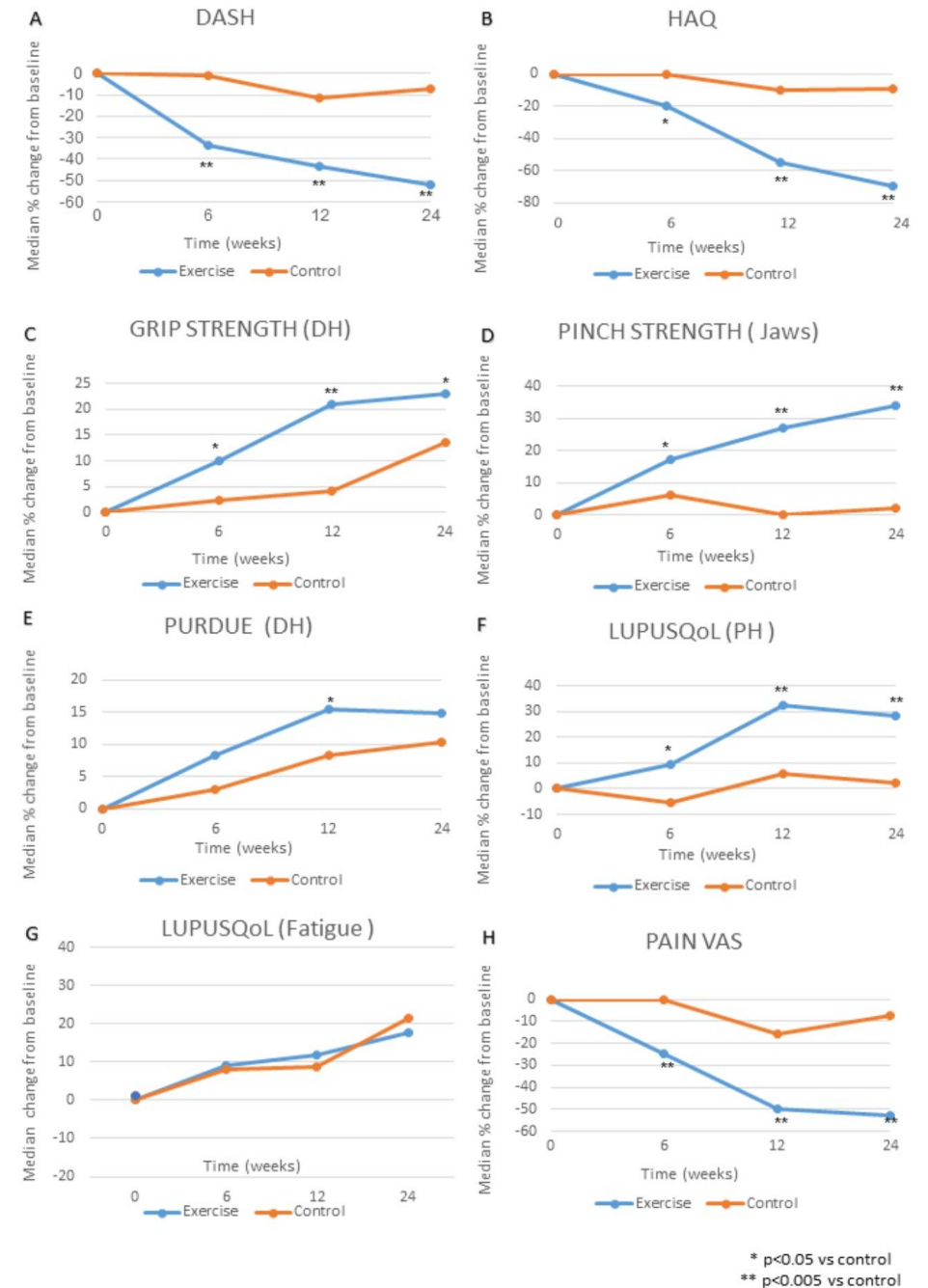
# RMD Open

## Rheumatic & Musculoskeletal Diseases

Lupus  
Original research

### The impact of upper limb exercise on function, daily activities and quality of life in systemic lupus erythematosus: a pilot randomised controlled trial

 Kyriaki Keramiotou<sup>1, 2</sup>, Christos Anagnostou<sup>2</sup>, Evangelia Kataxaki<sup>2</sup>, Antonios Galanos<sup>3</sup>, Petros P Sfikakis<sup>1</sup> and  Maria G Tektonidou<sup>1</sup>



\* p<0.05 vs control  
\*\* p<0.005 vs control

# Ασκήσεις ενδυνάμωσης

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- Ασκήσεις Εργοθεραπείας

<https://www.youtube.com/watch?v=H26igfldVW8>

- Ασκήσεις για την ψωριασική αρθρίτιδα

<https://www.youtube.com/watch?v=1cSi1kMXKs8>

- Ασκήσεις για την ρευματοειδή αρθρίτιδα

<https://www.youtube.com/watch?v=MX3hr-hzyg8&t=63s>

- Ασκήσεις για την Αγκυλοποιητική Σπονδυλαθρίτιδα

<https://www.youtube.com/watch?v=Y6x4jL-TvBE>

- Αναπνευστικές ασκήσεις για την Αγκυλοποιητική Σπονδυλαθρίτιδα

<https://www.youtube.com/watch?v=Y7Mb0FLBwtA>

# Στόχοι εφαρμογής ναρθήκων

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- Μείωση του πόνου και της φλεγμονής
- Ανάπαυση και υποστήριξη αδύναμων αρθρώσεων
- Επαναφορά των αρθρώσεων σε φυσιολογική θέση
- Πρόληψη ή μείωση παραμορφώσεων
- Βελτίωση λειτουργικότητας

# Νάρθηκες ηρεμίας



# Νάρθηκες περιορισμού ωλένιας απόκλισης





# Νάρθηκες αντίχειρα



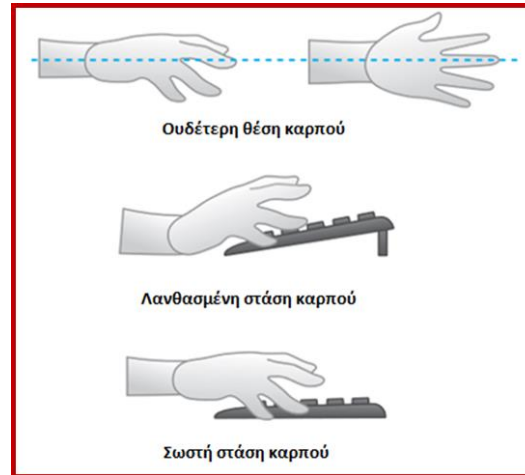
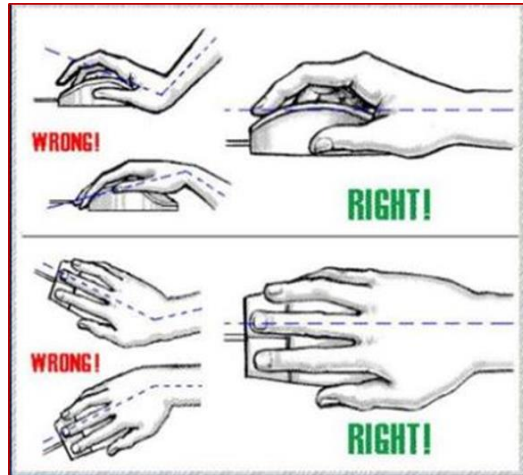
# Νάρθηκες παραμορφώσεων swan neck και boutonniere



# Νάρθηκες παραμορφώσεων swan neck και boutonniere



# Εργονομικές συμβουλές



# Messages to take home

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- Οι δυσκολίες που συναντά ο ασθενής στην εκτέλεση των δραστηριοτήτων καθημερινής ζωής τον απασχολούν ιδιαίτερα. Απώτερος στόχος της Εργοθεραπείας όλοι οι άνθρωποι, ασχέτως διάγνωσης να είναι λειτουργικοί και ανεξάρτητοι
- Οι ασθενείς με μυοσκελετικά – ρευματολογικά προβλήματα μπορούν να βοηθηθούν από την Εργοθεραπεία με πολλούς τρόπους
- Η πολυεπιστημονική προσέγγιση στη θεραπεία των μυοσκελετικών – ρευματολογικών παθήσεων είναι σημαντική για το μέγιστο όφελος των ασθενών.



Ευχαριστώ για την προσοχή σας!!!