improve muscle strength should follow the same basic principles as for healthy people. These are the principles of overload, sufficient frequency, progressive increase in the amount of training, specificity and individualisation. The safety components need to be emphasised. The patient should be tutored to know how to interpret the symptoms of the disease and how to adapt the exercise programme flexibly to the changes taking place in the disease activity. RA is a chronic disease, which seems to need continuous physical exercise to prevent the loss of muscle strength and functional capacity.

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SP0120 OCCUPATIONAL THERAPY IN PATIENTS WITH RHEUMATIC DISEASE: OCCUPATIONAL THERAPY AS PART OF A MULTIDISCIPLINARY STANDARD PROGRAMME FOR PATIENTS RECENTLY DIAGNOSES WITH RHEUMATOID ARTHRITIS

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Rheumatic disease has considerable influence on the patient's functional level. Using the WHO-Classification (ICIDH 2) the patient's problems can be classified in several dimensions:

In the Body Functions and Structure dimension the consequences of a rheumatic disease are mostly pain and disorder in joint and muscle functions. In the dimension of Activity the consequences may be in the areas of attending to one self and in everyday activities. Regarding the dimension of Participation the consequences may be reduced participation in everyday life for example mobility, social relations, participating in education, attending to one's work and participation in the life of the community.

Working in multidisciplinary teams, the occupational therapist focuses on Activities of Daily Living (ADL)-related problems. The aim of treatment is to enable the patient to function as well as possible in their daily life, and to prevent functional deterioration as a result of inappropriate strain.

Patients with a variety of rheumatological diagnoses are treated. However, rheumatoid arthritis (RA) patients make up the largest group, as ADL-related problems are significant consequences of this disease.

For patients with RA occupational therapy is one of the treatments in the interdisciplinary team. Each group in the team has its fields of responsibility.

The fields of occupational therapy are:

- evaluation of ADL-functions and solutions to the ADL-problems
- instruction in and testing of joint protection
- maintaining and training the functions of the hands
- evaluation of the need for wrist splints including fitting of the splints

These are the main treatments irrespective of the progress of the disease, the difficulties of the disease or the demands the patient meets in everyday life.

On 1 September 1999 at the Department of Rheumatology at Aarhus University Hospital a standard programme for patients recently diagnosed with RA was introduced by the interdisciplinary team. The background for this early effort is the considerable attention in recent years from a medical point of view, that has been placed on improving the quality of treatment of RA-patients. The main emphasis for improving quality is: 1) Early diagnoses; 2) Early intensive medical treatment; and 3) extensive information to the patient, for example that joint protection is initiated to guard against the loss of function.

For many years occupational therapists have taught joint protection to RA patients. Typically these patients have already experienced ADL-problems when referred to occupational therapy. However this does not apply to all recently diagnosed patients. The main challenge has therefore been to direct the efforts towards patients who are at some point of their disease where the need primarily is prophylactic information.

We have described a standardised program where the goal of occupational therapy is to support the patients in living a normal, active life, in which the body is used appropriately and the necessary precautions are taken.

The content includes instruction of ergonomics primarily concerning the hands, and guidance in maintaining the function of the hands. The patients also try ergonomically shaped utensils and they are offered wrist splints.

It is standard to use 2 h of instruction and testing in the OT Department. If the patients need further treatment than the above-mentioned preventative program the treatment is extended to include these needs.

As part of the improvement of the quality of the treatment written information material has been prepared and is given to the patients.

SP0121 OCCUPATIONAL THERAPY IN PATIENTS WITH RHEUMATIC DISEASES

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Action for health is a central concept in occupational therapy and assuming that the individual is an active person with his or her own resources. Activity encompasses all such situations as personal care, living conditions, work, leisure, and relations to other people, referred to as activities of daily living (ADLs).

Individuals with arthritis have problems conducting their daily lives because of pain, muscle weakness, stiffness, fatigue, reduced grip force and hand deformities. They are often unable to perform daily activities in what is considered a normal manner. When analysing the situation of patients, the occupational therapist may find the ICIDH, 2000 helpful, since it clarifies the different levels in the disablements process as; Body Functions Structure -Impairments, Activity - Activity Limitations, Participation - Restrictions analysing the problems an individual may experience in life situation and Environmental Factors.

Most patients experience chronic pain. The frustration over the inability to perform tasks, dependence upon others and difficulties in adjusting routines, have been identified.

The benefit of using assistive devices has been described as decreased pain and increased ability in performing daily activities. Research has shown that costs of these interventions related to their effectiveness have been considered rather low. Pain and reduced strength in the wrist and fingers, has a strong impact on the person's daily activity. It has been shown that hand exercise reduce pain and have a positive effect on the finger joints. Research has also shown that an elastic wrist orthosis used in ADL situations decrease pain and stabilise the inflamed joints.

ADL assessments are used by the occupational therapist to describe patients' problems, identify suitable intervention measures, establish goals, follow changes in ADL and evaluate treatment. The ADL instruments can also be used to measure whether the individual can perform the activity in a way that is satisfactory to the individual with assistance, or after special interventions. Research has revealed a significant reduction of patients' difficulties when they use assistive devices and altered working methods. The policy regarding assistive technology is based on two concepts: integration and normalisation. In recent years, the development of devices with good function and aesthetic design has become an area of increasing interest.

Patient education such as the Joint Protection Programme have been developed to influence the patient's knowledge, emotion and behaviour and the patient's own activity is in focus. In occupational therapy for individuals with arthritis a combination of assessments and treatments of grip force, pain, hand function and the subjects' perceived ability/difficulty and needs in performing daily activities is to be recommended.

The use of adaptive occupation, introducing alternative strategies, or modifying social environments are other aspects of the occupational therapists intervention process. Both the benefit of assistive technology in relation to the individual's goals and their own solutions should be identified and described. In order to understand why a person is more, or less, able to do the activities, it is important to consider both the person's physical capacity and the person's mental ability to perform in relevant situations.

The role of an occupational therapist entails the ability to switch between the role of "efficient professional" and that of a caring fellow human being and have the ability to see the person/patient with arthritis as both healthy and sick. The most important goal is to build a basis for the individual's creative thinking that will enable them to find their own solutions to their problems.

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SP0122 PLANNING SURGERY FOR PATIENTS WITH RHEUMATIC DISEASES

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Patients with rheumatic diseases often present with several problems amenable to orthopaedic surgical treatment. These problems are usually progressing at different rates, and the best surgical treatment for one may conflict with the treatment of the

others. Each patient presents with a unique set of problems, but some patterns tend to emerge. The crucial question is; what to do and when? I will be discussing how to make this decision logically in patients in whom several orthopaedic problems co-exist.

SP0123 PRE/POST SURGICAL INTERVENTIONS, POST-OPERATIVE CARE

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Aim of the study Strategies for rehabilitation following arthroplasty have been well described. However, these methods are not fully suitable for patients with rheumatologic diseases. We at the Institute of Rheumatology have worked out and practice principles of rehabilitation tailored to the special needs of these patients.

Subject and methods An optimal rehabilitation plan includes pre-operative and post-operative care. We recommend that rehabilitation treatment be commenced early in post-operative care. Care should be taken to accommodate differences typical of these patients: e.g., anatomical changes in joint systems, neurophysiological changes in muscles, deformities, changes in psychological area, general weakness, less tolerance for loading, changed pain threshold, and long-term pharmacotherapy.

Patients in the study ranged in age from 21 to 70 years old. Their average time of hospitalisation was 17 days. Rehabilitation therapy was administered two times per day.

Patient evaluations were performed at the beginning and end of the therapy regime. The pre-therapy evaluation was essential to prescribing an effective a comprehensive rehabilitation program. The physiatrist obtained functional and vocational information (including activities typical of the patient's daily life) and evaluated the patient's range of motion, muscle strength, short muscles, weak muscles, and basic movement stereotypes.

Results The knowledge of these differences leads as to specification rehabilitation technique. We changed conditions: length exercises, loading intensity, and daily time. The rehabilitation treatment in principle reduces insufficiency causes of arthroplasties.

Conclusions A comparison of the pre- versus post-therapy evaluations indicates that our modified technique can be successfully employed with rheumatology patients following arthroplasty of load bearing joints. Objective confirmation of this thesis is found in two different venues: the length of acute hospital stay is materially shorter and the occurrence of admissions for re-treatment after surgery is materially less frequent.

SP0124 PRE-POST OPERATIVE CARE/JOINT REPLACEMENT

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The aim of surgical treatment of patients with rheumatic diseases is to provide pain relief and to improve the ability to function.

The surgical offers of today are replacement of the joints, stiffening of the joints, synovectomy and various joint and tendon – correctioning operations.

According to the shared care model the professional, contribution can be described as follows: