Managing Arthritis

October 20, 2025
Bolton Total Rehabilitation [Bolton]
Courtwood Total Rehabilitation [Brampton]















Agenda

Clinic Introduction



Osteoarthritis Vs Rheumatoid Arthritis

Diagnostic Criteria

Phases

Treatment Protocols

GLAD Program



Meet the team

Dr. Alidina Chiropractor Neha

Physiotherapist

LauraReg. Massage Therapist

Joong Yul Song (Rich)
Traditional Chinese

Medicine Practitioner

Neal Andrews
Chiropodist
(Foot Specialist)

Nina Ahluwalia

Reg Social Worker Psychotherapist

Overview





Osteoarthritis (OA):

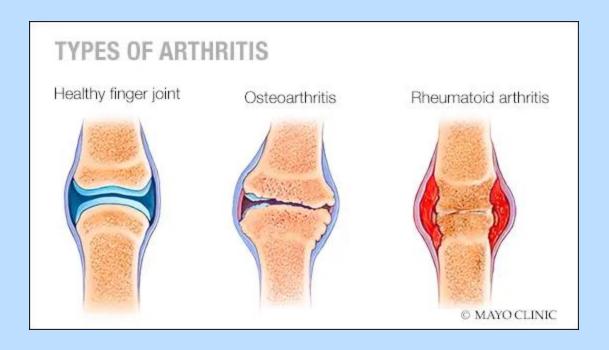
- Most Common
- Degenerative
- Synovial Joints
- Affecting Weight bearing Joints & Older Adults

Rheumatoid Arthritis (RA):

- A chronic autoimmune disease
- Can affect people of any age, often starting between 30–50 years
- Symmetrical joint involvement (both sides of body).



Finger Comparison - OA vs RA





Quick Test - OA vs RA

A B











Osteoarthritis (OA)

Clinical:

- Gradual onset, worse with activity, relieved by rest.
- Morning stiffness < 30 minutes.
- o Crepitus,

• Imaging:

X-ray shows asymmetric joint space narrowing, osteophyte formation,







Rheumatoid Arthritis (RA)

• Clinical:

- Morning stiffness > 1 hour.
 - Symmetrical joint swelling (especially small joints of hands and feet).
 - Fatigue, malaise, low-grade fever.

Labs:

- ↑ ESR and CRP.
- Positive Rheumatoid Factor (RF) and/or Anti-CCP antibodies.

• Imaging:

X-ray shows symmetric joint space narrowing

Stages of OA



	_
n	Л
u	\boldsymbol{H}

Symptoms: No or very mild pain; little to no

uiscomiori dun use

Stage 1 - Minor

Changes: Minor wear of cartilage. Bone spurs may start

Treatment: Lifestyle changes, exercise, weight management.

Stage 2 - Mild

Symptoms: Noticeable stiffness, especially after inactivity; mild joint

Changes: More noticeable bone spurs. Cartilage starts thinning.

Treatment: Physical therapy, joint-friendly exercises (e.g., swimming).

Stage 3 - Moderate

Symptoms: Frequent joint pain with activity, some swelling, joint stiffness.

Changes: Significant cartilage erosion.
Joint space narrowing visible on X-rays.

Treatment: Pain medications, corticosteroid injections bracing, lifestyle

Stage 4 - Severe

Symptoms: Constant pain, limited mobility, possibly joint deformity.

Changes: Cartilage almost or completely gone. Bones may rub directly against each other.

Treatment: Stronger pain relief, joint replacement surgery often recommended.

changes.

Stages of RA



RA

Stage 1 - Early

Symptoms: Mild joint stiffness (especially in the morning), slight swelling, and fatigue.

Changes: Inflammation of the synovial membrane begins. No visible joint damage on X-rays.

Treatment goal: Early diagnosis and start of **DMARDs** to prevent damage.

Stage 2 - Moderate

Symptoms: Increased pain, swelling, and reduced range of motion.

Changes: Synovial inflammation continues. Cartilage damage begins. X-rays may show joint space narrowing.

Treatment: Adjust medications (DMARDs, possibly biologics).

Stage 3 - Severe

Symptoms: More intense pain, visible joint deformities, significant loss of mobility.

Changes: Bone erosion visible on X-rays. Joint deformities begin. Function: Loss of joint function and strength.

Treatment: Aggressive drug therapy, possibly physical therapy or

Stage 4 - End

Symptoms: Pain may lessen due to joint destruction, but function is severely impaired.

Changes: Joints become fused or non-functional.

Treatment: Pain management, joint replacement, assistive devices

surgery.



Co-Management

Team Approach

Chiropractic \rightarrow OA vs. RA

Physiotherapy \rightarrow OA vs. RA

Acupuncture \rightarrow OA vs. RA

Chiropodist \rightarrow OA vs. RA

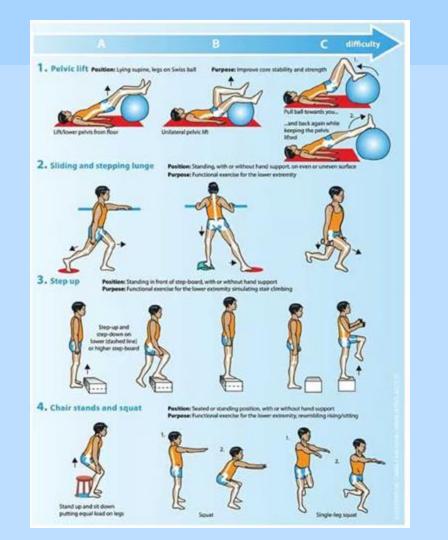
Massage Therapy \rightarrow OA vs. RA



Our Approach

PHYSIOTHERAPY APPROACH TO CARE/MANAGEMENT According to Systematic reviews

- Exercise, particularly neuromuscular exercise- reduces pain and improves function in osteoarthritis (OA), stabilization exercises
- Patient education
- Weight management
- Acupuncture, transcutaneous electrical nerve stimulation (TENS), and low-level laser therapy (reducing the need for analgesic medications)
- Manual Therapy: joint mobilization





Prevention and Maintenance of OA

While you can't always prevent osteoarthritis - especially if it's related to age or genetics - you can **delay its onset**, reduce severity, and **manage** symptoms effectively through **lifestyle** changes and targeted care.



5 Prevention Strategies

These aim to reduce risk & protect joints before OA develops



1. Maintain a Healthy Weight

- Excess weight puts extra stress on weight-bearing joints (knees, hips, spine)
- Losing just **5–10**% of your body weight can reduce OA risk significantly



2. Stay Physically Active

- Regular low-impact exercise strengthens muscles around joints and maintains mobility.
 - Swimming
 - Cycling
 - Walking
 - Yoga or stretching



3. Avoid Joint Overuse & Injury

- Use proper technique when lifting or exercising
- Avoid repetitive strain (e.g., in sports or work)
- Protect joints with braces or ergonomic tools if needed



4. Healthy Diet

- Eat anti-inflammatory foods: fruits, vegetables, omega-3 fats (e.g., fish)
- Ensure adequate calcium and vitamin D to support bone health



5. Early Treatment of Joint Injuries

 Prompt care for sprains, dislocations, or fractures helps prevent future joint degeneration



Maintenance Strategies for OA

Once diagnosed, OA management focuses on slowing progression, relieving symptoms, and preserving joint function



1. Exercise Therapy

- Keeps joints flexible and strengthens support muscles
 - Range-of-motion stretches
 - Strength training
 - Aerobic activity (low-impact)
 - Balance exercises



2. Anti-Inflammatory Diet

- Focus on eating an anti-inflammatory diet
- This includes: Leafy greens, berries, fatty fish, nuts
- Limit processed foods, refined sugar, saturated fats



3. Medications

- Pain relief:
 - Paracetamol (acetaminophen)
 - NSAIDs (ibuprofen, naproxen)
- **Topical creams** (capsaicin, diclofenac)
- Corticosteroid injections for severe flare-ups



4. Physical & Occupational Therapy

- Learn proper body mechanics
- Use supportive devices (cane, shoe inserts, braces)
- Therapists can teach joint-sparing techniques for daily activities



5. Lifestyle Modifications

- Avoid prolonged sitting or standing
- Break up repetitive movements
- Use ergonomic furniture or tools



6. Advanced Interventions

- Viscosupplementation: injections of hyaluronic acid into joints (mostly knees)
- Surgery: total or partial joint replacement in severe OA cases



Proactive vs Reactive



GLA:D Program

- Good Life With Arthritis: Everyday
- History of Program
- Who is it for?
- What does it entail?



Contact Us



COURTWOOD TOTAL REHABILITATION

197 County Court Blvd, Suite 204 Brampton, Ontario (905) 874 - 8440



BOLTON TOTAL REHABILITATION

22 Simona Drive, Unit 4 Bolton, Ontario (905) 951 - 0883

