

Physiotherapy & Exercise: Psoriatic Arthritis



A positive approach

to psoriasis and

psoriatic arthritis



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What are the aims of this leaflet?

This leaflet has been written to help you understand more about the role of physiotherapy and exercise in the treatment of psoriatic arthritis. It will cover the following points.

- About psoriasis and psoriatic arthritis
- Why should I exercise?
- What happens if it hurts?
- What is a physiotherapist and how can I get to see one?
- Could I see an osteopath or a chiropractor instead?
- What is hydrotherapy?
- How do I start?
- How can I stay motivated?
- What type of exercise should I do?
- Fingers and hands
- Neck and back
- Feet and toes
- Hips and knees
- Jaw
- Recreational exercise
- What else can I do to help myself?
- Useful contacts
- No excuses!
- Summary and evidence.

Introduction

Living with a long-term condition can be hard. Understanding what you can do to help yourself can make it easier to cope. There are many simple things you can do over time which may make life easier, including regular exercise. This leaflet will help you get started by giving you some examples of good exercises for the joints most commonly affected by psoriatic arthritis. It also tries to answer some common questions about exercise and physiotherapy.

About psoriasis and psoriatic arthritis

Psoriasis (sor-i'ah-sis) is a long-term (chronic) scaling disease of the skin that affects around 2% of the UK population. It usually appears as red, raised, scaly patches known as

plaques. Any part of the skin surface may be involved but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy but is not usually painful. It is not contagious; you cannot catch it from another person.

Nail changes, including pitting and ridging, are present in 40-50% of people with psoriasis. Around 30% of people with psoriasis will develop psoriatic arthritis. See our leaflet ***Nail Psoriasis***.

Psoriatic arthritis can occur with or without obvious psoriasis and may occur before psoriasis ever becomes apparent, which is why your healthcare professional will ask about family history of skin conditions when assessing you.

There does not seem to be any link between the severity of the psoriasis affecting the skin and the severity of psoriatic arthritis. For more detailed information on the conditions, see our leaflets ***What is Psoriasis?*** and ***What is Psoriatic Arthritis?***

Why should I exercise?

Psoriatic arthritis can lead to pain, swelling and stiffness in any joint(s). You can prevent stiffness in a joint by putting it through a full range of movement on a daily basis. Regular exercise can also help maintain strength in the muscles, which makes daily tasks easier and can help you to maintain good posture. It has also been shown to reduce stress and improve mood, maintain bone density and reduce fatigue. So it is important to have an exercise programme you perform daily, to ensure you remain as fit and healthy as possible.

What happens if it hurts?

You must try to do some exercise every day. On days when your joints are swollen or painful you should aim to move the affected joints through as great a range as you can without aggravating your pain, regularly throughout the day. Strength and cardiovascular exercise should be performed at least three times a week but may need to be modified if a joint is painful. For example, you may choose to go swimming rather than take a walk if your knees or ankles are painful.

Exercise can lead to some discomfort. Strengthening exercises may sometimes lead to muscle ache, stretching exercises to joint ache, but neither should give rise to acute pain. If exercise leads to swelling or sharp pain, stop and make sure you are doing the exercise correctly. If discomfort lasts longer than a couple of hours you may be working too hard – slow down or reduce your repetitions. It can be difficult to get started with an exercise programme. If you are unsure about any aspect of exercise, ask for advice from your doctor or a physiotherapist.

What is a physiotherapist and how can I get to see one?

Physiotherapists work both in the NHS and privately. They are experts in the examination and treatment of muscles and joints. Some departments may have a physiotherapist with a special interest in rheumatological conditions like psoriatic arthritis and who will work closely with the local consultant rheumatologist. Your GP or consultant can refer you to see a physiotherapist in the NHS or you can self-refer to a private clinic.

Could I see an osteopath or a chiropractor instead?

Osteopaths and chiropractors are also experts in the treatment of musculoskeletal problems. If you choose to see an osteopath or chiropractor, discuss your condition with them before making your appointment, as it is important that they have a clear understanding of it and how it will affect the treatment they can offer you. It's worth noting that they rarely work in the NHS and so are unlikely to have close links with your rheumatology consultant.

Whichever professional you see, they should be able to help ease the pain of arthritis and improve joint range and function. It is, however, important to recognise that arthritis is a long-term condition and experts in the treatment of arthritis will place the focus of treatment on the teaching of self-management strategies.

What is hydrotherapy?

Hydrotherapy is exercise in a warm pool. It is supervised by a physiotherapist, who uses the properties of water to help ease stiff joints and strengthen weak muscles. Unfortunately many pools have been closed and you may not find one locally.

Psoriasis is not usually affected by the water but if you have any concerns you should discuss them with your doctor or physiotherapist. Bring a supply of your usual creams to apply after the treatment. Exercises taught in the hydrotherapy pool can be continued at your local swimming pool.

How do I start?

Everyone has different levels of fitness depending on the lifestyle they lead. Which joints does your arthritis affect? Choose a selection of exercises that will work these joints. Consider what you can currently do (sit for 20 minutes without

pain in your back or walk round the park with your dog) and decide on what you would like to be able to do. You can then set yourself goals to work towards, for example you may aim to participate in a local charity walk, learn to swim or be able to walk to the local shop.

How can I stay motivated?

- Be realistic – set yourself achievable goals
- Keep a diary or schedule – record what exercises you have done and plan how you are going to progress them
- Join a class or exercise with someone else – recruit family or friends to help you stay on track
- Reward yourself from time to time – treat yourself if you reach a goal or complete a week without missing a day
- Make exercise fun where you can – try exercising to music or outside
- Try to work exercise into your daily routine – eg walk the kids to school; even doing the dusting can exercise the shoulders.

What type of exercise should I do?

There are two main types of exercise: therapeutic and recreational.

Therapeutic exercises

Therapeutic exercises are activities based on your exact needs. They are designed to achieve a certain goal, eg to increase muscle strength. There are two types used for arthritis: range of motion and strengthening.

Range of motion exercises help to maintain joint movement, relieve stiffness and restore flexibility. To increase or maintain range and flexibility you need to take your joints and muscles to their limits. Range of movement exercises should be carried out daily.

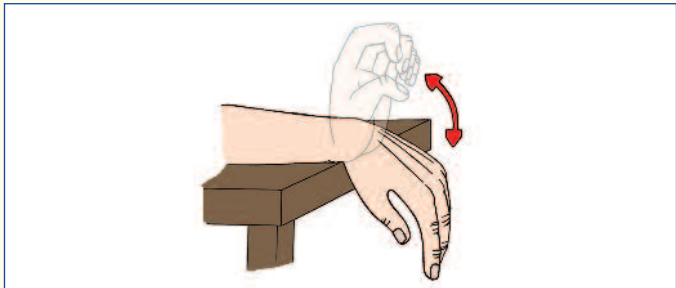
Strengthening exercises help maintain or increase muscle strength. To strengthen a muscle you need to apply resistance to the movement. This can be done using your own body weight, weights or resistance bands. Strengthening exercises should be performed on alternate days and not when a joint is hot (feels warm when touched) and painful unless you are supervised by a physiotherapist.

The following exercises are just some examples to get you started. A health professional can design a programme for your specific needs.

Fingers and hands

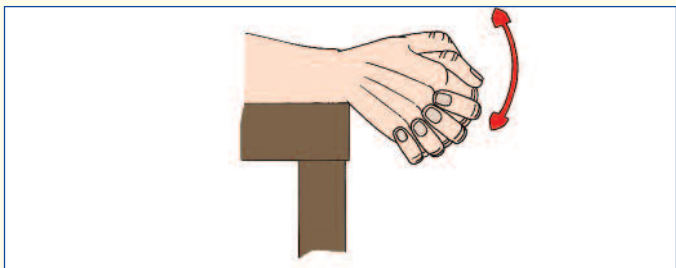
1. Forearm supported on a table, hand relaxed over the edge. Extend the wrist and clench your fist - relax and let your hand relax.

Repeat ten times.



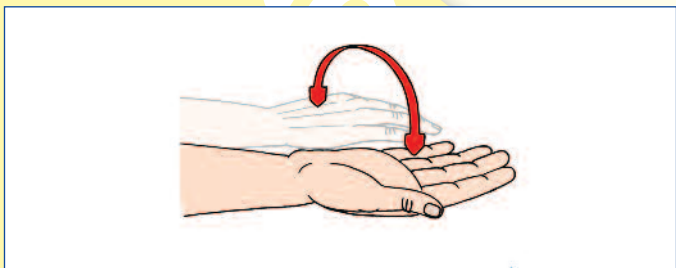
2. Clasp your hands together and support your forearms on a table with your hands over the edge. Bend your wrist up and down.

Repeat five times.



3. Forearm on a table, elbow tucked in to your side and palm turned down. Turn your palm to face up, then back down, keeping the elbow still.

Repeat ten times.



4. Elbow on table with hand up. Straighten your fingers out then bend them to touch your fingertips to the base of your fingers.

Repeat ten times.



5. Palm on table. Lift each finger individually off the table.

Repeat five times.



6. Elbow on table with hand up. Bring the tip of the thumb to the tip of the little finger, repeat so the thumb meets the other fingers in sequence.

Repeat five times.



Neck and back

For the first three exercises sit up straight in a supportive chair, ie one with back support.

1. Tilt your head towards one shoulder until you feel the stretch on the opposite side. Hold for approximately ten seconds.

Repeat to the other side.



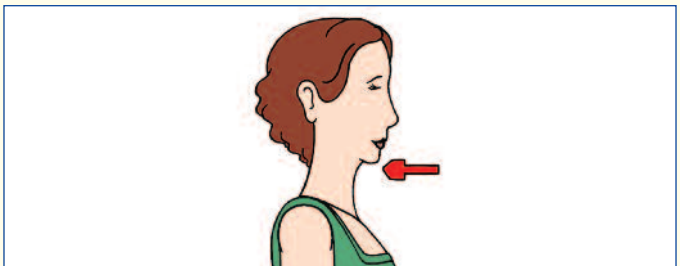
2. Turn your head to one side until you feel the stretch. Hold for approximately ten seconds. Repeat to the other side.

Repeat five times to each side.



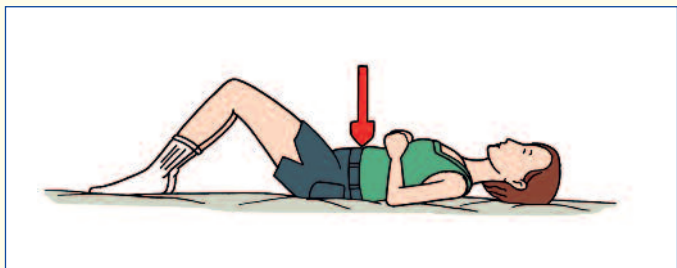
3. Pull your chin in, keeping your neck and back straight (not tipping your head forwards). Hold at the end position and feel the stretch in your neck. Hold this stretch for 10 seconds.

Repeat five times.



4. Lie on your back with your hands on your stomach, legs bent at the knee, feet flat on the bed or floor. Tighten your stomach muscles to flatten your lower back against the bed.

Hold for ten seconds, repeat ten times.



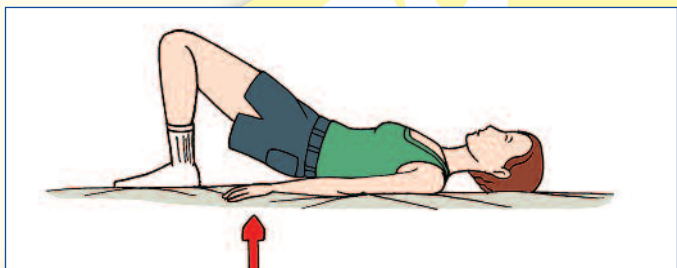
5. Lie on your back as with the previous exercise. Keeping your shoulders down flat, slowly roll your knees from side to side.

Hold for ten seconds, repeat ten times.



6. Lie on your back as before. Keeping your stomach muscles tight push down through your heels to lift your bottom and lower back off the bed.

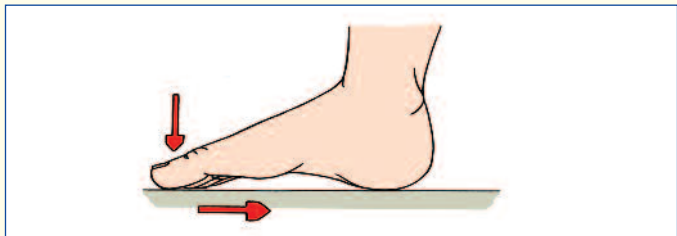
Hold for ten seconds, repeat ten times.



Feet and toes

1. Press your toes down and shorten your foot by pulling up the arch on the inside of the foot.

Repeat on the other foot.



2. Lie with your legs out straight and pull your feet up, then push your feet down.

Repeat ten times



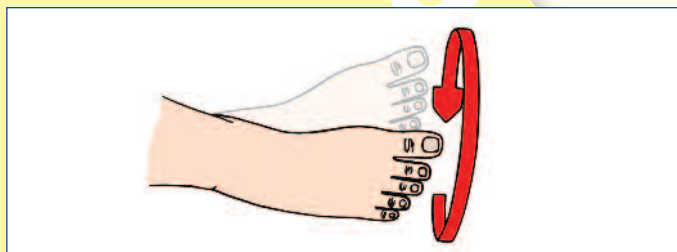
3. Wiggle your toes.

Repeat ten times.



4. Circle your feet around one way, then the other way.

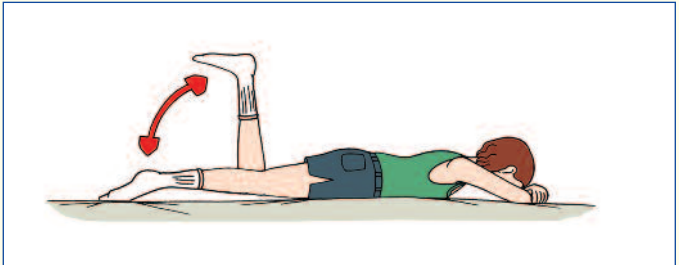
Repeat ten times.



Hips and knees

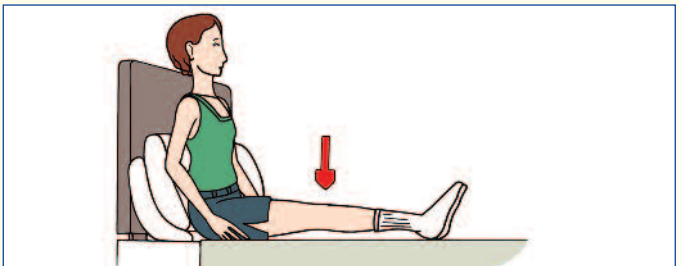
1. Lie face down with both legs outstretched for five minutes. Then gently bend each knee to its limit, then relax with your legs straight.

Repeat five times with 30-second breaks.



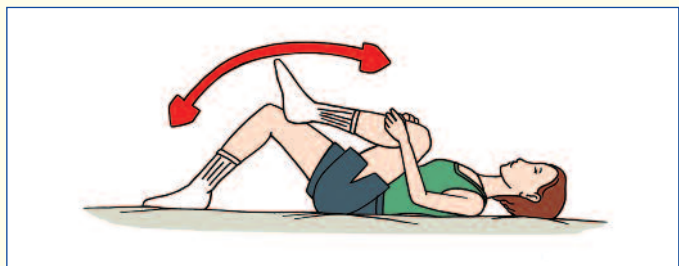
2. Sit with your legs outstretched on a firm bed. Press each knee down onto the bed to straighten it. Hold for ten seconds. Relax.

Repeat ten times.



3. Lie on your back with your knees bent and feet flat on the bed. Lift each knee in turn to meet your stomach, straighten the leg and then lower it to the bed.

Repeat five times.



Jaw

Gently open the mouth to its full width. Stretch a little and hold for five seconds. Then close your mouth completely.

Repeat five times.



Recreational exercise

This type of exercise includes any form of movement or relaxation that refreshes the body and mind. Recreational exercises or activities improve your fitness and help maintain or improve joints' range of motion and muscle strength. They add to a therapeutic programme but do not replace it.

- Swimming is a good all-round exercise that does not stress your joints. Psoriasis is not generally affected by the chlorine in swimming pool water, but if you find it becomes itchy when dry, apply some barrier cream before you swim and after your shower at the end.
- Walking is another good way of exercising. If your arthritis affects your feet, make sure you wear a well-fitting, comfortable pair of shoes, and insoles if they have been prescribed for you.
- Cycling is an alternative to walking and often more comfortable on the feet.
- Going to the gym is popular, but it is important to know your limitations and needs. A physiotherapist should be able to advise on appropriate activities for you; usually a mixture of cardiovascular (bike, cross trainer etc) and specific exercise (floor, machine, ball etc) according to your particular condition and fitness levels.
- Activities such as yoga, pilates and other complementary therapies may be beneficial for people with arthritis. Contact your local council offices or community centres for further information and details of classes or events.

What else can I do to help myself?

Ice packs - you can buy special ice packs from a chemist or they can be made from a packet of frozen peas wrapped in a damp towel. If you use frozen peas remember to label them not to be eaten as they will have defrosted and refrozen if you

use the same pack each time and could lead to food poisoning! Ice packs can help reduce the heat and swelling in an inflamed joint. Apply for about ten minutes every two hours. If you have poor circulation, check with your doctor first. Never apply ice directly to the skin.

Rubbing or massaging an area of swelling can help improve the circulation. Ask your doctor about the use of anti-inflammatory gels available at pharmacies.

Splints to help a painful joint can be supplied by a doctor, physiotherapist or occupational therapist. All splints should be prescribed and fitted by a health professional, who will give you advice on when and how long to wear them.

Heat may also be useful to relieve pain and stiffness. The simplest forms are a hot bath or shower, or a hot water bottle or microwave heat packs. These can be useful to relieve morning stiffness. Do not purchase wax baths except on the advice of a doctor or physiotherapist.

A **TENS** machine gives low voltage, intermittent currents to painful areas and has been shown to help manage pain very effectively. The machines are inexpensive and can be bought or hired. Your doctor or physiotherapist can give you more information.

Look after your health in general and follow the latest recommendations about diet, weight, alcohol, exercise and stopping smoking.

Before undertaking any self-help you may wish to speak to your consultant, GP or healthcare provider to make sure that the activity is appropriate for your needs.

NO EXCUSES!

No time to exercise

You don't have to stop to exercise. Work your exercises into the day, eg while in the shower do your neck exercises; use your whole shoulder range when wiping over the table; when going up the stairs stop at the top and stretch your ankles.

In too much pain

Do your exercises when your tablets are working best. Ask your doctor to review your medication.

Exercise is boring

Keep changing your exercise programme and consider what will motivate you to put in the effort.

Too hard

These exercises are only examples. There are plenty of others that may be better for you. Ask a health professional for help.

Too easy

As above!

Summary

- Regular low-impact routine exercise is best
- Little and often is best, especially for weak muscles
- Mix your exercises to avoid boredom
- Ease out stiffness - do not force your joints
- Accept the odd setback
- No excuses – regular, gentle activities will help you feel empowered and keep you mobile and fit!

If you have any views or comments about this information or any of the material PAPAA produces you can contact us via the details on the back page or on line at www.papaa.org/user-feedback

Useful contacts:

For information about health matters in general and how to access services in the UK, the following websites provide national and local information.

- NHS Choices (England): www.nhs.uk
- NHS 24 (Scotland): www.nhs24.com
- Health in Wales: www.wales.nhs.uk
- HSCNI Services (Northern Ireland): <http://online.hscni.net>

These are the official sites for the National Health Service and provide links and signposting services to recognised organisations and charities.

Evidence

There is a large body of evidence for the benefits of exercise in inflammatory arthritis. It has usually been studied using rheumatoid arthritis (RA). NICE guidelines 2009 state that exercise is beneficial for most individuals with RA.

Evidence for exact prescription, modes of exercise delivery and improving compliance with an exercise programme are limited. The current knowledge is summarised in:

Cooney JK et al. Benefits of exercise in RA. *Journal of Aging Research* 2011; 1-14 (article ID 681640).

Hakkinen A et al. A randomised two-year study of the effects of dynamic strength training on muscle strength, disease activity, functional capacity, and bone mineral density in early rheumatoid arthritis. *Arthritis Rheum* 2001; 44:515.

About this information

This material was produced by PAPAA. Please be aware that research and development of treatments is ongoing.

For the latest information or any amendments to this material please contact us or visit our website www.papaa.org. The site contains information on treatments and includes patient experiences and case histories.

Original text written by Catherine Buckley, MCSP, chartered physiotherapist, St Albans City Hospital, Hertfordshire, UK, 1995. Reviewed/revised August 2004, January 2008, August 2009; fully reviewed, revised and updated by the original author in May 2012 and May 2014.

A peer review has been carried out by Diane Ellis, MCSP, SRP, rheumatology clinical specialist physiotherapist, St Albans City Hospital, Hertfordshire, UK, in 2014 and in June 2016.

A lay review panel has provided key feedback on this leaflet. The panel includes people with or affected by psoriasis and/or psoriatic arthritis.

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The charity for people with psoriasis and psoriatic arthritis

PAPAA, the single identity of the
Psoriatic Arthropathy Alliance and the
Psoriasis Support Trust.

The organisation is independently funded and is a
principal source of information and educational
material for people with psoriasis and psoriatic
arthritis in the UK.

PAPAA supports both patients and professionals by
providing material that can be trusted (evidence-
based), which has been approved and contains no
bias or agendas.

PAPAA provides positive advice that enables
people to be involved, as they move through
their healthcare journey, in an informed way
which is appropriate for their needs and any
changing circumstances.

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