

Table. Site-Specific Recommendations for Exercise Programs in Arthritis Individuals.

Site	Condition	Presentation	Recommendations
Hip or knee	Hip OA, knee OA	<ul style="list-style-type: none"> • Gait deviation • Pain with weight bearing or stair climbing 	<ul style="list-style-type: none"> • Patellofemoral OA, hip or groin pain without gait deviation or balance problems: do rearward walking. • Patellofemoral OA: perform quadriceps and hamstring strengthening, manual therapy, and taping. • Hip or groin pain: do hip bridging, free-speed walking, and stationary cycling. • If gait deviation is caused by pain or decreased joint range of motion (ROM), the use of a cane or rolling walker in the hand opposite the affected limb may be necessary.
Shoulder	Shoulder pathology (bursitis or tendinitis, rotator cuff tear, adhesive capsulitis, OA)	<ul style="list-style-type: none"> • Pain with overhead activities, reaching, or end-range motion • This can lead to sleep disturbances 	<ul style="list-style-type: none"> • Perform targeted shoulder exercises to help improve strength and ROM. May perform shoulder ROM in pain-free range in the pool with upper extremity submerged. • If pain disturbs function or sleep, the patient should be evaluated by a physician. • Physical therapy is commonly prescribed to improve pain, ROM, strength, and function.
Hand	OA of the carpometacarpal joint of the thumb	<ul style="list-style-type: none"> • Pain in hand proximal to thumb 	<ul style="list-style-type: none"> • Avoid gripping activity during exercise. • Enlarge grips.
Hand	Ulnar deviation in RA	<ul style="list-style-type: none"> • Deviation of the body of the hand and fingers to the small-digit side of the hand 	<ul style="list-style-type: none"> • Avoid gripping activity during exercise. • Use large muscles and joints for functional activities.

<p>Cervical spine</p>	<p>Atlantoaxial subluxation in patients with RA</p>	<ul style="list-style-type: none"> • Facial sensory loss • Vertigo, ear pain, headache • Numbness or tingling of hands or feet • Difficulty walking • Loss of control of bowel or bladder • Transient loss of consciousness with extension of cervical spine • May be asymptomatic 	<ul style="list-style-type: none"> • Cervical spine symptoms in RA should be promptly diagnosed and treated because of potential neurological and lethal complications. • Avoid any passive or heavy resistive neck ROM. • Surgery is indicated if there is cord compression or progression of neurological symptoms.
<p>Cervical or lumbar spine</p>	<p>Nerve compression secondary to OA</p>	<ul style="list-style-type: none"> • Gradual, recurrent pain or pain after activity • Numbness, tingling, or pain in the extremities, sometimes only with certain movements 	<ul style="list-style-type: none"> • Avoid heavy lifting and activity that results in exacerbation of symptoms (pain, numbness or tingling in extremities). • Physiotherapy can strengthen the core and improve function and biomechanics.