Beebe Healthcare
Margaret H. Rollins School of Nursing
N101 – Foundations of Nursing

	OA	RA
Patho	Slowly progressive noninflammatory disorder of the diarthrodial/synovial joints that involves the gradual loss of articular cartilage with formation of bony spurs at the joint margins. It starts to affect adults as early as 40 years old but by age 65 almost 50% of adults have reported having arthritis. With OA the normal smooth, white, translucent articular cartilage becomes dull, yellow, and granular as OA progresses. With that the effect of cartilage will slowly become softer and less elastic, which leads to cartilage being less able to resist wear and tear with heavy usage.	A chronic, systemic autoimmune disease caused by inflammation of connective tissue in the diarthrodial/synovial joints. In other words, your body's immune system attacks its own tissue and it is most common in the hands and feet. In some people that condition can damage the body systems such as the skin, eyes, lung, heart, and blood vessels. It is considered one of the most disabling arthritis and symptoms vary between people. Without adequate Tx patients my need mobility aids or join reconstruction, as well as they may eventually lose their independence and self-care ability.
Risk Factors	- Joint instability. - Trauma - Competitive sports (running, soccer, hockey) - Obesity - Occupation - Hip Fx - Age - Previous Injury	- Smoking - Obesity - Family Hx of RA or any other autoimmune diseases - Exposure to air pollution - Viral infections - Female and over the age of 60 (females more at risk) - Male and over the age of 70-80
S&S	- Pain at affected joint or during movement - Limited ROM - Stiffness - Mobility limitations - Joint deformities - Swelling - Bone spurs (bone growth on a surface of bone) - Crepitus	- Joint pain and stiffness - Tenderness at the joint - Swelling of the joint - Joint pain more often in the morning in the hands and feet - Impaired muscle strength, ROM and functional mobility
Dx	- Full H and P - X-ray - CT scan - MRI - Bone scan	- **Full H and P** - **X-ray** - **MRI** - **Ultrasound** Labs:

	- Ultrasound Labs: - CBC - CRP (C-Reactive Protein) (detects inflammation) - ESR (erythrocyte sedimentation rate) (measure high levels of inflammation)	- ESR - CRP - CBC
Tx	Non surgical: - Ice therapy to reduce swelling for acute inflammation - Heat therapy for stiffness. - ROM - Rest of the joint - Use of splints to help stabilize where there is pain or inflammation in joints. Surgical: - Total joint arthroplasty - Osteotomy (transferring weight away from the damaged compartment of the joint to the undamaged compartment). - Arthrodesis (done on smaller joints. Fuses two or more bones in a joint together).	Non-surgical: - ROM - Therapeutic exercise - Rest of the joint - Heat and cold application Surgical: - Synovectomy (removal of joint lining) - Arthroplasty (total removal of joint)
NI	- Assist and educate with ROM exercises. - Help manage pain with an analgesic. - Ice and heat therapy. - Educating and encouraging a balanced nutrition	- NSAIDS - Ice and heat therapy - Educating and encouraging a balanced nutrition - Assist and educate with ROM exercises