	OA	RA
Patho	A localized, nonsystemic disorder that is generally noninflammatory and is a gradual breakdown of articular cartilage. It was considered to be solely a wear-and-tear disease of aging, but is now understood as a process where new tissue forms in response to cartilage damage within the joint, though the rate of destruction surpasses repair. This leads to the erosion of cartilage and the underlying bone, along with the development of osteophytes (bone spurs), which narrow the joint space. These joint changes result in pain, stiffness, reduced mobility, muscle spasms, and occasional inflammation.	Autoimmune disease that causes WBCs to attack synovial tissue. WBCs cause the synovial tissue to become inflamed and thickened. Inflammation can extend to the cartilage, bone, tendons, and ligaments that surround the joint.
Risk Factors	Aging, genetic factors, joint injury due to acute or repetitive stress on joints, obesity, metabolic disorders (diabetes and blood disorders [sickle cell disease]), female sex	Female sex, age 30-60, genetic predisposition, bacterial or viral infection, stress/smoking, environmental factors, older age
S&S	Pain with activity that improves at rest	Morning stiffness, swelling, redness, warmth, pain at rest or after immobility, pleuritic pain, xerostomia, anorexia/weight loss, fatigue. Paresthesia's, lack of function, muscle weakness,
Dx	Xray, CT, MRI, ESR, CRP, ANA	Xray's and positive rheumatoid factor, anti-CCP, ANA, ESR, CRP, synovial fluid analysis, tissue biopsy to confirm early inflammatory changes, arthrocentesis
Tx	Pain management, physical therapy, weight management, assistive devices, NSAIDS, steroids, injections, Arthroplasty	Drug therapy: Methotrexate (DMARDs), NSAIDSs, steroids, Nutritional Therapy, PT/OT. Assistive devices
NI	Pain management, use of heat/ice therapy	Reduction of inflammation, manage pain, maintenance of joint function, prevention or correction of joint deformity