

PAIN & DISABILITYSM

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Arthritis - CLINICAL

History:

- RA is usually a disease of insidious onset, although it can be abrupt. The diagnosis is typically made when four out of seven qualifying criteria established by the American Rheumatism Association are met. These qualifying criteria are as follows:
 - Morning stiffness lasting greater than one hour before improvement
 - Arthritis involving three or more joints
 - Arthritis of the hand, particularly involvement of the proximal interphalangeal joints (PIP), the metacarpophalangeal joints (MCP) or wrist joints
 - Symmetric involvement of the same joint areas bilaterally (i.e., both wrists, symmetric PIPs and MP joints)
 - Positive serum rheumatoid factor
 - Rheumatoid nodules
 - Radiographic evidence of rheumatoid arthritis
- Other contributing history includes the following:
 - General malaise
 - Weakness
 - Fever of undetermined etiology
 - Weight loss
 - Myalgias
 - Tendonitis
 - Bursitis

Physical:

- Joint involvement is typically polyarticular and symmetrical, usually sparing the distal interphalangeal (DIP) joints. Joint involvement and inflammation is evidenced by the following:
 - Edema
 - Effusion
 - Warmth
 - Tenderness to palpation
 - Destruction (a late finding)
 - Subcutaneous rheumatoid nodules, "swan neck" deformities, "Boutonniere" deformities, ulnar deviation of fingers at MCP joints (late findings)
 - Bursitis
- RA is a diffuse systemic disease involving many areas of the body. The presenting complaint may be remote from a joint or may involve inflammatory symptoms at a joint.

Causes:

- The cause of rheumatoid arthritis has not been elucidated.
- Associated factors may include:
 - Genetic predisposition
 - Female sex
 - Psychological stress
 - Immune response
 - Hormone interaction

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