

AXIAL SPONDYLOARTHRITIS

Axial Spondyloarthritis (axial SpA) is a type of spondyloarthritis – that is an arthritis that **most commonly affects the spine**. Axial SpA is an inflammatory condition that mainly affects the bones, joints and ligaments of the spine and pelvis, leading to pain, swelling, and stiffness. It can also cause tendon pain, inflammation of the eye (uveitis) and symptoms in other joints away from the spine. A common subset of axial SpA is ankylosing spondylitis (AS).

Axial SpA and AS usually start in the late teens or early 20s, it is equally common in males and females.

Symptoms of axial SpA

Pain in the pelvis and back are the main symptoms of axial SpA. It particularly affects the sites at which tendons and/or ligaments join onto bone. The most commonly affected region are the sacroiliac joints. Other symptoms and signs of axial SpA include:

- pain and stiffness at the **lower back**, buttocks, mid-back or neck
- pain and stiffness typically **worse at night** or after prolonged rest
- pain and stiffness which **improves with activity**
- **joint pain and swelling in the limbs**, which can be on different sides and may move around
- **swelling** of fingers and/or toes
- **waking at night** with symptoms, especially in the second half of the night



- symptoms that significantly **improve with anti-inflammatory medication** such as ibuprofen
- recurrent **tendon pain**, eg Achilles tendon pain, tennis elbow, patella (knee cap) tendinopathy, plantar fasciitis (base of heel pain)
- **decreased ability** to do daily activities including work, home and recreational interests
- **fatigue** or tiredness
- other **organs can also be affected** with ongoing inflammation, including the eyes (uveitis), the skin (psoriasis), and the digestive system (Crohn's disease, ulcerative colitis, and irritable bowel disease)

The role of physiotherapy

People with axial SpA should be **referred to a physiotherapist** to start an individualised, structured exercise programme, which should include:

- spinal and other **joint mobility** exercises, including stretching and postural exercises
- muscle **strengthening** exercises
- deep **breathing**
- **aerobic** exercise

A physiotherapist will also provide advice on:

- **education** about the condition
- how to **self manage**
- practical **pain coping** strategies
- activity **pacing**
- reintegration to **work and social** activities
- support to adopt **healthy behaviours**
- management of common **co-morbid conditions** – tendon pain, osteoporosis



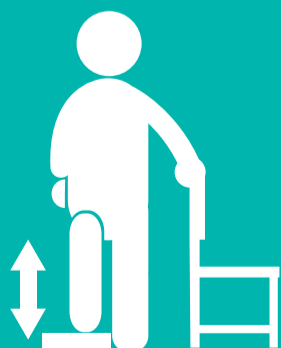
Prescribed exercise

A specific prescribed exercise plan that is tailored to you can help maintain spinal flexibility, whole body flexibility, and reduce pain. Even when you have pain, continuing to exercise at levels that suit you has significant benefits.

Why exercise with axial SpA

In addition to medication, regular exercise is important in the management of axial SpA. Exercise will:

- help you keep **moving**
- help you do the things that are **important**
- **reduce pain** and stiffness
- **strengthen** muscles and joints
- improve **heart and lungs**
- help manage **fatigue and sleep**



Physiotherapists play an important role in helping people with axial SpA manage pain and maintain participation in daily work, home, and recreational activities.



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