How To Discuss

Patients with arthritis often find themselves in a cycle of pain, inactivity, depression, and social isolation. Your patient will appreciate that you are familiar with and empathetic to this struggle. Many patients with arthritis also often have fears about whether exercise is safe which you may need to explore and correct. When discussing the program specifically, it is important to emphasize that it is safe and tailored to the individual needs and ability of the participant. It may also be helpful to highlight the social benefits of the program. Most importantly, your patient will be excited and relieved to know that the program helps many people improve function and reduce limitations.

WHAT IS IT?

A group-based, recreational exercise program originally developed by the Arthritis Foundation in partnership with a multidisciplinary team in 1987 and revised in 1999, 2005, and 2009. Known in the literature as the People With Arthritis Can Exercise (PACE) Program. The program is facilitated by a trained lay or professional leader and may be delivered via weekly sessions over a few months or in an ongoing fashion. The program is designed to be adapted to the level of participant need and ability. Leaders select from a set of 90 different exercises to be done in seated, standing, or lying positions and that focus on endurance-building, balance, relaxation, or health education. When appropriate, an advanced level is employed that includes more aerobic exercise and the use of resistance bands and weights. View video here.

WHO IS IT FOR?

The program is ideal for any older adults (although any adult is eligible) with rheumatoid or osteoarthritis that suffers from general stiffness, fatigue, arthritis, or pain. Especially appropriate for individuals that feel isolated, lonely, or depressed and that could benefit from increased physical activity. An excellent intervention for patients that are functionally and socially limited.

WHAT DOES IT DO?

The Original Arthritis Foundation pilot study (unpublished) showed pre-post reductions in pain, and improvements in functional ability and self-efficacy at 6 weeks. Subsequent quasi-experimental evaluation confirmed reduction in pain, stiffness, and depression and improvements in functional ability, and knowledge and use of pain management techniques among 550 health plan members. Landmark RCTs in 2007 and 2008 confirmed benefits at 6 months follow-up among completers who attended at least 9 of 16 sessions. All studies have been conducted among OA and RA patients with average ages >60. Benefits to individuals outside of these populations are unknown.