

GUIDELINES FOR THE MANAGEMENT AND THE ROLE OF THE PRM SPECIALIST IN SPONDYLOARTHRITIS

Ilker Yagci

Marmara University School of Medicine, Department of Physical Medicine and Rehabilitation, Turkey
e-mail: drilker@yahoo.com

Abstract Spondyloarthritis (SpA) represents a group of chronic inflammatory diseases primarily affecting the axial skeleton, peripheral joints, and entheses. Early diagnosis and interdisciplinary management are essential for improving patient outcomes. Physical and Rehabilitation Medicine (PRM) specialists play a pivotal role in non-pharmacological and functional management strategies. This paper provides an overview of current management guidelines for SpA and emphasizes the multifaceted role of PRM specialists in assessment, rehabilitation, patient education, and long-term follow-up. Spondyloarthritis (SpA) encompasses a spectrum of inflammatory rheumatic diseases, including ankylosing spondylitis, psoriatic arthritis, reactive arthritis, and enteropathic arthritis. These conditions share clinical, radiologic, and genetic features, such as the presence of HLA-B27 and sacroiliitis. Given the progressive nature and functional impairment associated with SpA, comprehensive management that includes pharmacologic, physical, and rehabilitative interventions is critical. SpA is broadly classified into axial and peripheral types. According to ASAS (Assessment of SpondyloArthritis International Society) criteria, early diagnosis hinges on clinical presentation, imaging (MRI or X-ray), and laboratory markers.

Diagnostic delay is a known challenge; thus, PRM specialists should be vigilant in identifying early functional signs that may precede radiologic changes. Several national and international guidelines, including those by ASAS-EULAR and ACR, recommend a multidisciplinary approach (1,2). All guidelines recommend; Shared decision-making with patients. Use validated measures (e.g., ASDAS, DAPSA) to assess disease activity; Consider comorbidities when selecting therapies; Aim for remission or low disease activity (treat-to-target). Some key points about the guidelines for the management can be described as follows: Pharmacological Treatment (Based on EULAR Guidelines): 1. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs): First-line therapy for both axial and peripheral SpA. They are recommended to be used continuously or on-demand depending on symptoms and risk profile. 2. TNF- α inhibitors and IL-17 blockers for refractory cases 3. Janus Kinase Inhibitors (JAKi) 4. DMARDs primarily for peripheral arthritis 5. Glucocorticoids: Local injections can be used for enthesitis or sacroiliitis; systemic steroids are not routinely recommended for axial SpA; Non-Pharmacological Treatment: 1. Exercise and Physical Therapy: Regular exercise improves mobility, posture and reduces pain. 2. Patient Education: Empowering patients with knowledge about self-management and lifestyle modifications. 3. Psychosocial Support: Depression and anxiety are common comorbidities. The Role of the PRM Specialist PRM is an unique specialty that combines functional assessment with using several treatments in the management of SpA PRM do not only assess pain but also uses several invasive procedures in pain management such as local injections and physical

therapy, balneotherapy. PRM also focus on range of motion, functional status, muscle strength, and posture. In addition to pharmacological treatment, PRM provides rehabilitation strategies which is individualized to the patient. The rehabilitation strategies may include: Postural training; Breathing exercises; Stretching and strengthening; Hydrotherapy and aerobic conditioning; Use of assistive devices when necessary. Given the chronic nature of SpA, PRM specialists contribute to monitoring disease progression, adapting rehabilitation goals, and preventing secondary complications such as osteoporosis, spinal deformities, and cardiovascular risks. Advancements in imaging, biomarkers, and biologic therapies are changing the landscape of SpA management. PRM specialists must stay updated to integrate these innovations into holistic care plans. Tele-rehabilitation and digital health tools are emerging as valuable adjuncts. Effective management of spondyloarthritis requires a multidisciplinary approach in which PRM specialists play a central role. From early diagnosis and functional evaluation to tailored rehabilitation and long-term support, PRM intervention enhances quality of life, maintains function, and supports the overall therapeutic plan. The integration of physical and rehabilitative strategies with medical treatment is indispensable for optimal patient outcomes.

References

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