Management Example: A young child with arthritis.

Sasha is a nearly 3 year old girl who had developed a limp initially and then a reluctance to walk.

Prior to Sacha coming to the clinic, her parents had noticed that her knee was bent when she stood in the morning. She was very wobbly in the mornings and would often cry when first getting up. The parents felt the knee was painful as she did not like it being touched. They felt that Sacha's ankles were also not right and she could no longer go up and down stairs as easily as she did before. They had been to the GP initially who recognised the knee swelling and had arranged blood tests looking for infection and then subsequently referred Sacha to a Paediatric Rheumatologist.

A diagnosis of Juvenile Idiopathic Arthritis (JIA) was made by the Paediatric Rheumatologist. The initial management was to have steroid injections into both of Sacha's knees and ankles and she was started on a medication called Methotrexate. Because of the joint stiffness and reduction in her activities Sacha was referred for physiotherapy and podiatry. This was made as an NHS referral, but due to the parents' work commitments, the parents sought a private appointment in the first instance.

The parents primary concern was that Sacha had regressed in her physical development since the onset on the arthritis and was not improving as well as they had hoped. A full joint assessment was undertaken, gait was observed and foot posture assessed. Leg length was measured. On assessment, Sacha had lost range of movement and strength in her knees and ankles and had some joint swelling present. The parents felt that the steroid injections had helped greatly but Sacha was still sore when the joints were moved towards the end of their range, and she had developed some habitual holding of her joint positions which was making her walking less efficient and affected her balance and confidence.

The importance of exercise to reduce pain and stiffness was explained to her parents, that the muscles needed to be very strong to protect the joints. Foot orthoses and correct footwear were also important in order to stabilise the foot and ankle position and improve the walking pattern. A small leg length difference was identified occurring due to overgrowth associated with the joint inflammation. Sasha was given three exercises and her family we shown how to do them so they could be undertaken daily at home. The leg length difference was reduced with a small in-shoe raise.

Over a two month period Sacha and her parents worked on her exercises and she regained full movement in all her joints. Her muscle strength was excellent and her walking returned to normal and she was able to continue developing appropriately. The paediatric rheumatologist continued to see Sacha regularly to oversee her condition and monitor the medications. The physio appointments were planned to be continued on a four monthly basis and the podiatrist would review the leg length and orthoses on an eight-monthly basis.

At subsequent appointments further education was provided about the condition. Liaison with the pre-school was undertaken to provide key information about JIA and the parents

were given information about support groups allowing them to link with other parents with JIA.