



PHYSICAL THERAPY AND HYDROTHERAPY IN PATIENT DIAGNOSED WITH RHEUMATOID ARTHRITIS POST CHIKUNGUNYA

Caroline de Oliveira Viana (Unichristus, Fortaleza, CE, Brasil), Bruna Késsia Lopes Gomes (Unichristus, Fortaleza, CE, Brasil), Maria Fernanda Mendes Felismino (Unichristus, Fortaleza, CE, Brasil), Patricia Lino Fernandes (Unichristus, Fortaleza, CE, Brasil), Hillary Torres Nunes (Unichristus, Fortaleza, CE, Brasil), Karla Evangelina Fonseca Barreira (Unichristus, Fortaleza, CE, Brasil), Isabelle Jucá Ribeiro (Unichristus, Fortaleza, CE, Brasil), Liane Toscano Martins Pinheiro (Unichristus, Fortaleza, CE, Brasil), Maria Cymara Pessoa Kuehner (Unichristus, Fortaleza, CE, Brasil)

BACKGROUND

Chikungunya is an arbovirus caused by the Chikungunya virus (CHIKV). The symptoms are acute onset fever, joint and muscle pain, headache, nausea and fatigue. These symptoms usually disappear after two weeks, but a percentage of patients has joint involvement for months. It is precisely in these cases that point to the relationship between chikungunya and rheumatoid arthritis (RA). The inflammatory stimulus caused by chikungunya can act as a trigger in people with genetic predisposition for the development of RA.

CASE REPORT

Patient female, 18 years old, diagnosed with chikungunya in January 2017. Initially, she had severe pain in the knee joint, evolving generalized and disabling pain treated with analgesics. After 7 months, without improvement, the patient sought medical attention. In July of the same year she was diagnosed with RA post chikungunya. She then sought care in a physical therapy school clinic showing joint pain, muscular pain and ankle edema. During first evaluation patient reported severe pain in the right ankle, right shoulder and left wrist. Then a kinetic physical evaluation that consisted of soft tissue palpation, active and passive joint mobilization, muscle strength tests, goniometry and limb perimeter, reflex tests and Visual Analogue (EVA) scale evaluation was performed. The treatment consisted of the association of conventional physiotherapy and hydrotherapy. The conventional physical therapy treatment consisted of analgesic measures such as whirlpool, transcutaneous electrical nerve stimulation - TENS, manual therapy and dry needling for fascial pain. Then passive and active free form, joint traction, muscular release, inhibition of trigger points, and muscular, articular and circulatory pompages. The treatment session ended with lymphatic drainage and placement of therapeutic tapping at the ankles to drain residual edema. The hydrotherapy the treatment was initiated with 3 turns in the pool, exercises of plantar flexion, hip flexion and knee flexion using the force of floating of the water, use of steps for training of stairs and method bad ragaz in limbs. The aquatic treatment ended with muscular release and relaxation of the articular structures.

CONCLUSION

The association of conventional physical therapy and aquatic treatment was beneficial for the patient who reported improvement of 60% in the pain in the right ankle and 100% improvement in the symptoms of right shoulder and left wrist. This report also concludes that more studies on the effects of physical therapy in cases of joint dysfunctions and the development of rheumatoid diseases post Chikungunya.