

PHYSIO-FUNCTIONAL REEDUCATION IN JOINT STIFFNESS

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Background. Joint stiffness means limited movement caused by inflammation, immobilization, or degenerative disorders. It lowers quality of life and daily function. Physical therapy helps restore joint mobility, reduce pain, and improve physical performance through targeted interventions.

Objective(s). To evaluate the effectiveness of physio-functional reeducation on joint mobility and pain in a female patient with knee osteoarthritis and stiffness.

Materials and methods. A 54-year-old female with grade II left knee osteoarthritis and joint stiffness followed a 4-week rehab program: passive and active mobilizations, stretching, isometric exercises, PNF, and functional training. She was evaluated using VAS, goniometry, TUG, and SPPB.

Results. Pain in the left knee decreased from 6/10 to 2/10 on the VAS scale. Joint mobility improved, with active flexion increasing from 90° to 125°, and full extension achieved without pain. The time in the TUG test improved from 14 seconds to 10 seconds, indicating better mobility and a lower risk of falling. The SPPB test score increased from 7 points to 10 points, reflecting improved function of the affected lower limb.

Conclusion(s). Physio-functional reeducation reduced stiffness and pain, improving motor function in a 54-year-old woman with knee osteoarthritis, highlighting the essential role of physical therapy in enhancing quality of life.

Keywords: joint stiffness, osteoarthritis, physical therapy, limits

AXIAL SPONDYLOARTHRITIS: CLINICAL AND PARA CLINICAL FEATURES

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Background. Axial spondyloarthritis is a chronic inflammatory rheumatic disease predominantly affecting the axial skeleton and is a high burden on patients and health systems worldwide. Its prevalence ranges between 0.2 and 0.9%, and its diverse presentations and diagnostic delays highlight its ongoing relevance.

Objective(s). To describe the main clinical symptoms and paraclinical markers of axial spondyloarthritis, focusing on inflammation, pain features, and laboratory tests that aid in diagnosis and treatment.

Materials and methods. Materials were collected from databases including Elsevier, ResearchGate, ScienceDirect, PubMed, and Google Scholar. The review analyzed peer-reviewed articles, clinical cohorts, and trials focusing on clinical and paraclinical features of axial spondylarthritis. Emphasis was placed on HLA-B27 status and inflammatory markers.

Results. Literature revealed clinical features include inflammatory back pain in nearly all patients, peripheral arthritis (~30%), enthesitis (~40%), dactylitis (~6%), anterior uveitis (25–35%), psoriasis (~10%), and inflammatory bowel disease (4–6%). Paraclinically, HLA-B27 positivity occurs in 70–90% of White patients. Acute phase reactants such as CRP and ESR are elevated in 50–60% of radiographic and 30–40% of non-radiographic axSpA. Physical exams often lack sensitivity, emphasizing the role of laboratory tests and clinical evaluation. Progression from non-radiographic to radiographic axSpA occurs in 5–10% at 2 years and up to 30% at 10 years.