





Comprehensive Exercise Program for Patients with Fibromyalgia

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Introduction/Problem

The PT department in Chelsea had been seeing an increase in referrals with Fibromyalgia diagnoses from Rheumatology. We decided that our patients could be provided best care with a Fibromyalgia Group, where they would be provided a comprehensive home exercise program, as well as support from other patients who have the same diagnosis. The Fibromyalgia Group Exercise Program is based on the EULAR revised recommendations for the management of fibromyalgia by MacFarlane, et al (ref. Ann. Rheum. 2017). This supports a comprehensive cardiovascular conditioning and strengthening program as being beneficial for the management of fibromyalgia. Shantelle designed the evaluation and treatment process based on the review of the literature previously cited. I selected a standardized set of measures that have not only been validated and recommended by the by the American College of Rheumatology (ACR), but are also functional and drive selection of treatment interventions. These included the following: the numeric pain rating scale, the Fibromyalgia Impact Questionnaire, tender points, Six Minute Walk Test, Five Times Sit to Stand, Arm Curl Test, Chair Stand Test, and grip dynamometry. In addition to vital signs, the Borg Scale was included because patients with fibromyalgia often have poor exercise tolerance, so a rating of perceived exertion may be more helpful in determining appropriate exercise prescription. Manual muscle testing was not included because functional strength is more meaningful in these patients.

Aim/Goal

Our goal for the Fibromyalgia Group is to help patients manage their widespread pain through a comprehensive program of both cardiovascular and strengthening exercise, as this has been shown to be most beneficial by the American College of Rheumatology. Within 8-10 visits, patients should be independent with their HEP and able to manage their symptoms independently.

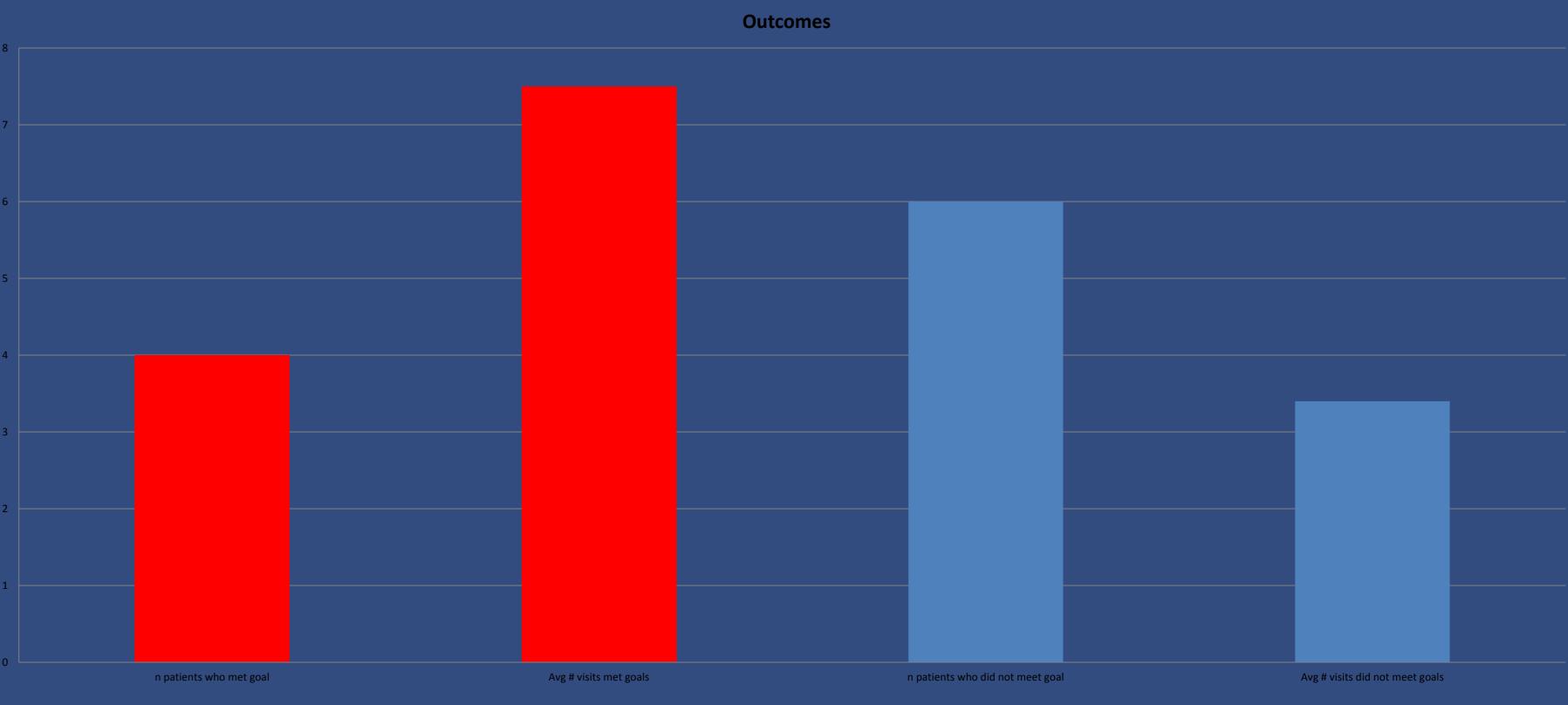
The Team

- Shantelle Cyr, PT, DPT
- Gina Berrettoni, PTA
- Lisa Azzam, PT, DPT
- Caleb Hintz, PT, DPT

The Interventions

Patient to attend Fibromyalgia Group 2x/week for 4 weeks before being re-evaluated by primary PT. Fibromyalgia Group is run four times a week, and patients can schedule between any sessions. Each group session is limited to a maximum of 4 patients, and is scheduled for an hour. Group sessions consist of a 5 minute cardio warm up, followed by a circuit of 7 exercises to target both upper and lower body strength and endurance lasting for 60 seconds of activity followed by 60 seconds of rest. Circuit is completed 3 times before a 5 minute cool down period of deep breathing.

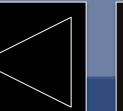
Results/Progress to Date



Representation of patients who have met goals set at initial evaluation vs patients who did not meet goals set at initial evaluation, and average number of visits to achieve set goals.

For more information, contact:







Lessons Learned

> While having a set treatment protocol in place for patients with fibromyalgia is beneficial, not every patient will respond positively to the set protocol. Adjustments with resistance, interval time, and/or number of rounds of exercise completed may need to be made, which is important for both treating therapists and patients to understand. As with any comprehensive exercise program, patient education and accountability is important, since the patient performing their HEP consistently will ultimately be what manages their symptoms in the long term Patient education is also extremely important, but has not been adequate for most patients with fibromyalgia, nearly all of whom have poor health literacy, inexperience with exercise, and/or a language barrier. Most of these patients ended up self-discharging within a few visits. A patient who does not understand his or her diagnosis and/or the rationale of treatment interventions is very unlikely to believe in the process and follow-through. Education can be just as impactful, if not more impactful, than active treatments. As Physical Therapists, or 'movement specialists,' we often overlook this.

Next Steps

- Reach out to Primary Care and Rheumatology about Fibro Group
- > Provide more in-depth education regarding the Fibromyalgia diagnosis and difference between pain and muscle fatigue
- > Aim for better patient participation in Fibro Group through the steps above