



Program Overview

The Arthritis Foundation Exercise Program is a community-based group recreational exercise program that was originally developed by the Arthritis Foundation in 1987 and revised in 1999, 2005 and 2009. Class levels can be modified to accommodate the different capabilities of people with arthritis. An advanced level contains more aerobic conditioning activities and use of resistance bands and weights. The instructors are

usually health or fitness professionals who have attended an 8-hour training workshop. To accommodate different group needs, instructors select from 90 different exercises performed while participants are seated, standing, or lying on the floor. Activities also include endurance-building activities, balance exercises, relaxation techniques and health education segments.

Arthritis Foundation Exercise Program Evaluation Studies At-A-Glance

Anderson, 1991	Pre-post test comparison, six-week follow-up (n=176 participants from national sample)	<ul style="list-style-type: none"> ■ ↓ Depression decreased by 19% ■ ↑ Functional ability increased by 17% ■ ↑ Perceived self-efficacy increased by 10%
Arthritis Foundation, 1987	Pre-post test comparison, four-month follow-up (n=43)	<ul style="list-style-type: none"> ■ ↓ Pain reduced by 24% ■ ↑ Belief that self-help is efficacious increased by 17% ■ ↑ Confidence in ability to continue activities increased by 22% ■ ↑ Increased self-care behaviors
Arthritis Foundation, New York Chapter/ HIP Health Plan, 2001	Quasi-experimental, pre-post test with wait list control (n=551 participants in 25 classes)	<ul style="list-style-type: none"> ■ ↓ Pain reduced by 60% ■ ↓ Stiffness decreased by 48% ■ ↑ Self-efficacy increased by 20% ■ ↑ Functional ability increased by 35% ■ ↓ Depression decreased by 14% ■ ↑ Increased knowledge and use of pain management techniques
Callahan et al, 2008 (Also see Callahan 2004 and 2005 and Schoster 2005 references regarding same research study)	Randomized, controlled trial, eight-week and six-month follow-up (n=347 residents from 18 rural and urban North Carolina communities)	<ul style="list-style-type: none"> ■ ↓ Decreased pain ■ ↑ Increased arthritis self-management, self-efficacy, upper extremity strength ■ ↑ Completers who attended at least 9 out of 16 classes had significant improvements in pain, fatigue, stiffness, upper and lower extremity strength, and arthritis management self-efficacy
Doyle et al., 1992	Pre-post test comparison (n=45 participants with OA or RA at 3 Minnesota sites who attended classes twice/ week for 7-8 weeks)	<ul style="list-style-type: none"> ■ ↓ Decreased depression ■ ↑ Increased self-efficacy for pain, activities of daily living, and use of heat and cold
Hinchman, 2001	Health care utilization analysis (n=178 participants from national sample)	<p>Since starting program:</p> <ul style="list-style-type: none"> ■ ↓ 13% had fewer visits to emergency room ■ ↑ 70% had better self-reported health

Arthritis Foundation Exercise Program Evaluation Studies At-A-Glance

Kennedy et al., 1992	Randomized, pre-post test design, six-month follow-up (n=74 women with RA, 3 classes/week for six months)	<ul style="list-style-type: none">■ ↑ Social activity increased by 27%■ ↑ Health status increased by 10%
Minor, 2007	Randomized controlled trial, 8-week, 16-week and 6-month follow-up (n=174 participants in Missouri)	<ul style="list-style-type: none">■ ↑ Increased self-reported and measured function and arthritis self-management self-efficacy■ ↓ Decreased pain and fatigue■ ↑ Increased self-care behaviors
Quitoni, 2000	Pre-post test (six weeks) comparison (n=119 participants from seven states)	<ul style="list-style-type: none">■ ↑ Increased arm, hand and finger function■ ↑ Improved mood for those who attended two times or more per week

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