Arthritis Foundation Exercise Program℠

Safe and Effective: Outcomes Summary

Program Overview

The Arthritis Foundation (AF) Exercise Program is a community-based group recreational exercise program that was originally developed by the AF in 1987 and revised in 1999 and 2005. Class levels can be modified to accommodate the different capabilities of people with arthritis. An advanced level may contain more aerobic conditioning activities. The instructors are usually health or fitness professionals who have attended a 1½ day training workshop. To accommodate different group needs, instructors select from 72 different exercises performed while participants are seated, standing, or lying on the floor. Activities also include endurance-building activities, socialization games, relaxation techniques and health education topics.

Arthritis Foundation Exercise Program Evaluation Studies At-A-Glance

Anderson, 1991	Pretest – posttest comparison, six-week follow-up (n=176).	■ ↓depression, decreased by 19% ■ ↑functional ability, increased by 17% ■ ↑perceived self-efficacy, increased by 10%
AF, 1987	Pretest – posttest comparison, four-month follow-up (n=43).	■ ↓pain, reduced 24% ■ ↑self care behaviors ■ ↑belief that self-help is efficacious, increased 17% ■ ↑confidence in ability to continue activities, increased 22%
AF, NY Chapter/ HIP Health Plan, 2001	Quasi-experimental, pre-post test with wait list control (n=551)	■ ↓pain, reduced 60% and 48% decrease in stiffness ■ ↑knowledge and use of pain management techniques ■ ↑self-efficacy, increased 20% ■ ↑functional ability, increased 35% ■ ↓depression, decreased 14%
Callahan et al, 2007 [Also see Callahan, 2004 & 2005 and Schoster, 2005 references regarding same research study]	Randomized, controlled trial, eight week and six month follow-up (n=346)	■ ↓pain ■ ↑arthritis self-management self-efficacy ■ ↑lower extremity strength Completers (who attended ≥ 9 out of 16 classes) had significant improvements in pain, fatigue, stiffness, upper & lower extremity strength, and arthritis management self-efficacy
Doyle et al, 1992	Pretest – posttest comparison (n=45)	■ ↓depression ■ ↑SE for pain, ADLs, and heat and cold
Kennedy et al, 1992	Randomized, pretest – posttest (three months) posttest design (six months). (n=74).	■ ↑social activity, increased by 27% ■ ↑health status, increased by 10%
Quitoni, 2000	Pretest – posttest (six weeks) comparison (n=119).	■ ↑arm function, hand and finger function ■ improved mood for those who attended two times or more per week
Hinchman, 2001	Health care utilization analysis (n=178).	**Since starting program:** ■ 13% had ↓number of visits to ER ■ 70% had better self-reported health

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