PAEDIATRIC RHEUMATOLOGY EUROPEAN ASSOCIATION

PReS Health Professionals Meeting

Community of Practice and Science: ComPaS

May 13, 2026

RIANa Study

Sophia Meister (Germany)

Registry for a prospective multi-center cohort comparing post-intraarticular-steroid injection treatment protocols in J**IA**-associated go**na**rthritis

- The study collects data on **weight-bearing versus reduced weight-bearing** protocols for the knee after intra-articular corticosteroid injection (**IACI**) in a prospective registry, aiming to evaluate their impact on the occurrence and timing of **flares**, as well as on clinical and/or laboratory markers of **inflammation**.

Deutsches Zentrum für Kinder- & Jugendrheumatologie
Zentrum für Schmerztherapie junger Menschen
Sozialpädiatrisches Zentrum
Lehrkrankenhaus der LMU München

RIANa

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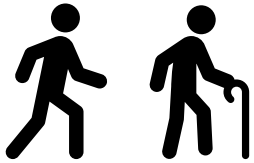
Registry for a prospective multi-center cohort comparing post-intraarticular-steroid injection treatment protocols in J**IA**-associated go**na**rthritis

Sophia Meister, MSc.
Physiotherapist, research assistant

Introduction

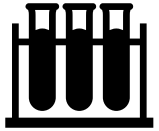
- Survey results: various recommendations for joint-loading in post-treatment after knee IACI in German pediatric rheumatology centers [1] [2]
- Limited evidence exists if weight un-/loading maximizes the therapeutic effect of IACI.

Objectives



- **weight-bearing** vs. **reduced-weight-bearing** protocols after knee IACI

- **occurrence** and **timepoint** of flares



- **clinical** and/or **laboratory** based markers of inflammation

Population

- All common contraindications and indications for IACI (according to EULAR) as well as the following:

Inclusion Criteria	Exclusion Criteria
- Age **6–18** years	- **Additional IACI** in other joints of the lower extremity (**ankle/hip**)
- Diagnosis of **JIA**, oligoarthritis or polyarthritis category according to ILAR criteria	- **High-dose corticosteroid** treatment within **4 weeks** before/after the procedure
- **Knee IACI**	- **Structural bony** joint **damage**
-Therapeutic use of **crutches** and/or **knee scooter feasible**	- Previous knee **surgery**
- Informed consent	- Lack of comprehension

Design

- Prospective Multicenter study

	Bed rest	Non weight-bearing	Partial weight-bearing
Group A Reduced weight-bearing	1-3days	≥1d	≥ 0d
Group B Weight bearing	None	None	≤7d

Design

T0

- **Pre IACI**
  - Routine examination (blood, joints)

T1

- **12-20 weeks post IACI**
  - Routine examination (blood, joints)

T2

- **40-60 weeks post IACI**
  - Routine examination (blood, joints)

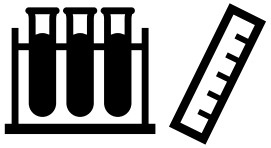
Design

Recording:

pain (NAS)

ROM, joint stiffness (NAS)

walking speed (50ft)


knee circumference, sonographic results, CRP, ESR, JADAS

questions about activity and physiotherapy

Current status

- 41 data sets
- 3 different centers
- Interim results are submitted for PReS

- Datacollection till July 2027

References

[1] Meister et al. (2023). Treatment of JIA subsequent to intraarticular steroid injection – a survey of german pediatric rheumatologists. In Proceedings of the 29th European Paediatric Rheumatology Congress. Pediatr Rheumatol 21 (Suppl 2), 122 (2023).

[2] Meister, S., Georgi, M., Hügle, B., Haas, J. P., & Participating Centers of the Society for Pediatric and Adolescent Rheumatology (GKJR) (2025). Treatment after intra-articular corticosteroid injection in juvenile idiopathic arthritis: a survey within the German Society for Pediatric and Adolescent Rheumatology. *Pediatric rheumatology online journal*, *23*(1), 96. https://doi.org/10.1186/s12969-025-01156-6

Thank you!

Any Questions?

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Quick survey during the meeting.

Do not edit
How to change the design

Are there any empirical observations or experience suggesting that reduced weight-bearing or unloading of the joint after an injection leads to better or more long-term outcomes?

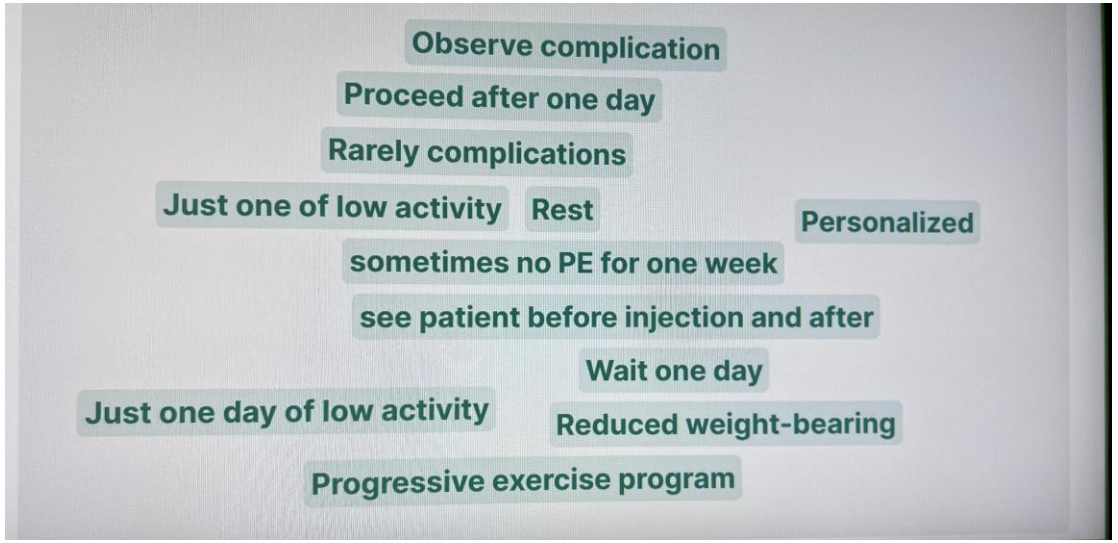
100 % NO

ⓘ The Slido app must be installed on every computer you're presenting from

slido

Do not edit
How to change the design

What is the procedure/protocol in your work setting after an injection?
Is there one?
What does it involve?



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Educational Course (Paediatric Rheumatology Academy)

Health Professionals in paediatric rheumatology

Course Structure

As agreed during the meetings of the Educational Working Group, the course will consist of:

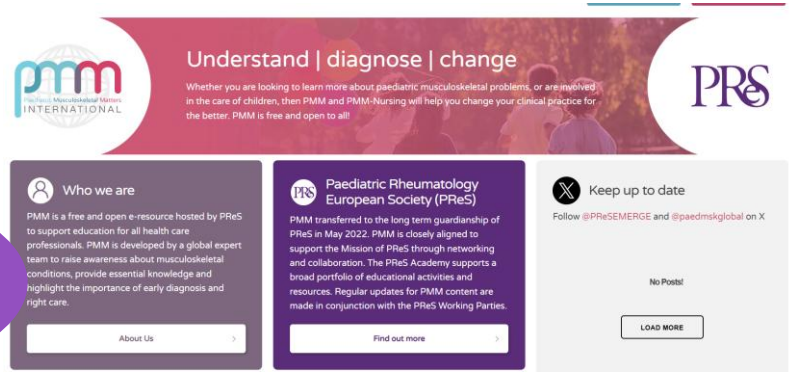
- **Module 1:** The healthy child and the child with a rheumatic disease
- **Module 2:** Assessment of the child with a rheumatic disease
- **Module 3:** Management of the child with a rheumatic disease

Every Module 3 hours

Online course on demand (no live sessions)

Slides and videos welcome!

- Nurse
- OT
- Physio
- Psychology
- PReS HP Course information.docx



We are using this as a general orientation.

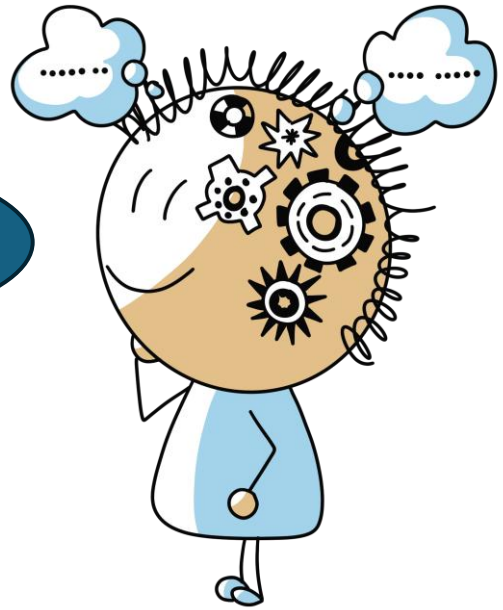
Now we „only“ have to bring everything together.

Why This Module Matters

Pediatric rheumatic disease affects more than joints

- **Key dimensions:**
  - Movement and physical function
  - Participation in everyday life
  - Emotional wellbeing
  - School and peer relationships
  - Family functioning
  - Identity and autonomy development
  - Long-term quality of life

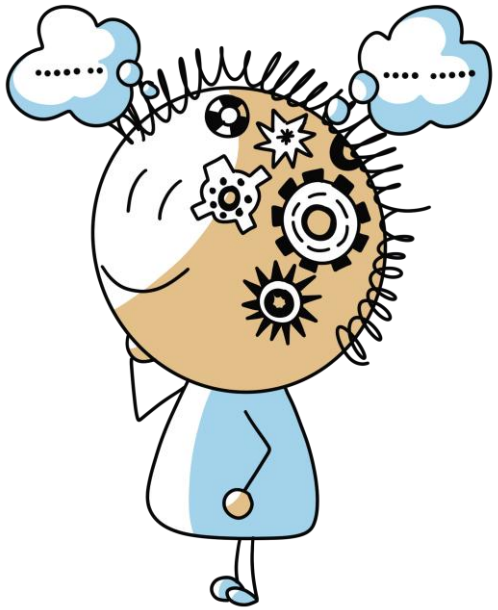
Short brainstorm before the meeting



- **Key message:**
  - Understanding the child developmentally and contextually is essential for effective care.

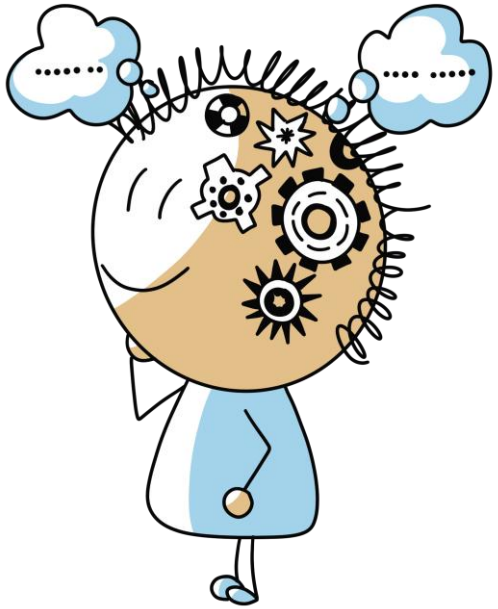
Shared Course Principles

- Biopsychosocial model
- ICF framework
- Developmental perspective
- Family-centred care
- Interprofessional collaboration
- Participation and quality of life as core outcomes



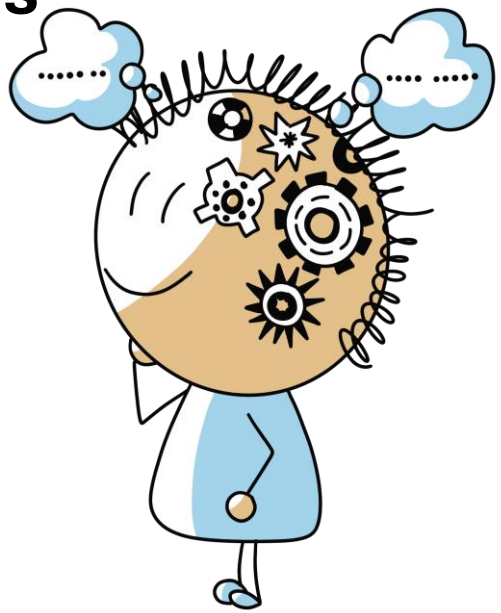
Interprofessional Structure of the Module

- **Shared sections:**
  - Child development
  - Impact of rheumatic disease
  - Participation and functioning
  - Family and psychosocial context
  - MDT collaboration
- **Profession-specific contributions:**
  - **Physiotherapy**
    - Movement, physical activity, fitness, participation
  - **Occupational Therapy**
    - Daily functioning, routines, school participation, adaptation
  - **Psychology**
    - Development, coping, pain mechanisms, emotional adaptation
  - **Nursing**
    - Symptom monitoring, continuity, support, health promotion



Running case throughout

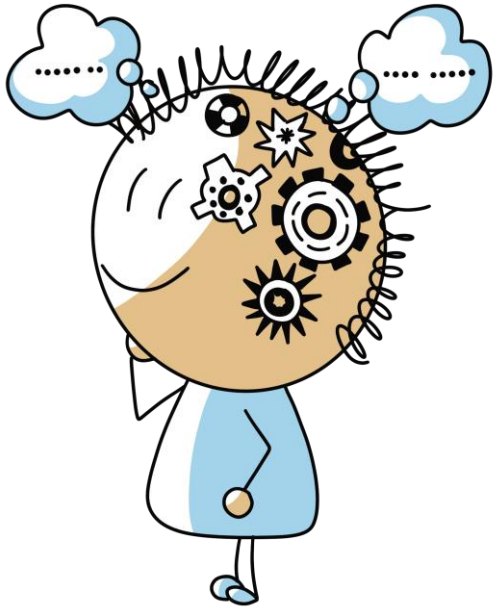
Emma, 13-year-old with juvenile idiopathic arthritis



- **Symptoms and challenges:**
  - Pain and stiffness
  - Fatigue
  - Reduced participation in PE
  - School absence
  - Social withdrawal
  - Family concerns
  - Fear of worsening symptoms
- **Goal:**
  - Understanding the child from multiple professional perspectives

Healthy Child

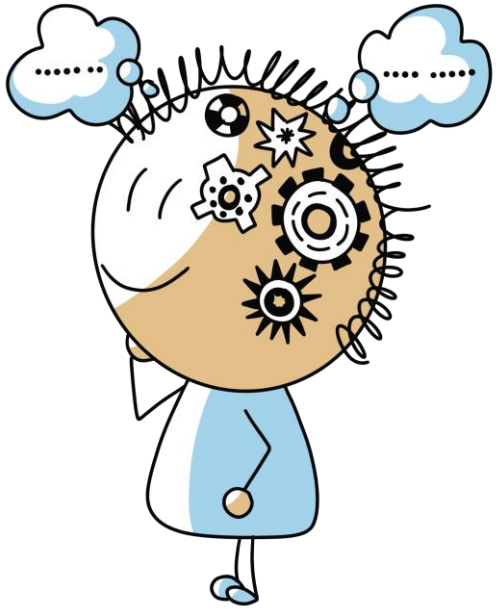
- **Psychology**
  - Cognitive and emotional development
  - Identity and autonomy
  - Developmental understanding of illness
- **Occupational Therapy**
  - Play and meaningful occupations
  - Routines and independence
  - School participation
- **Physiotherapy**
  - Motor development
  - Movement variability
  - Physical activity and fitness
- **Nursing**
  - Health promotion
  - Healthy routines
  - Developmental support



What changes with rheumatic disease?

- **Physical**
  - Pain
  - Stiffness
  - Fatigue
  - Reduced endurance
- **Functional**
  - Reduced participation
  - Difficulties in ADLs
  - School limitations
- **Psychological**
  - Fear avoidance
  - Uncertainty
  - Identity changes
  - Emotional distress
- **Social**
  - Peer isolation
  - Reduced sports participation
  - Family stress

Professions?



.. and so on?

Additional ideas from the meeting:

Shared decision making

Transition

Mental health

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I guess we need to talk ☺

Symptom–Function discrepancy

Family and environmental context

Emma's case through different lenses

Interprofessional collaboration

Would it be alright to process the material with AI for integration and editing?

Doodle for a meeting.

Questions

Quiz

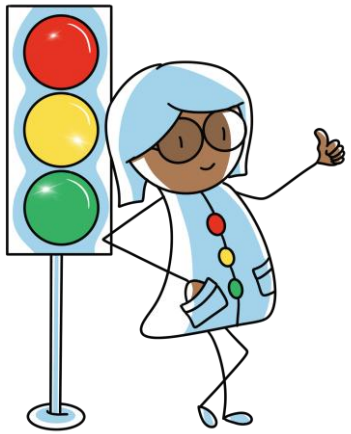
Tasks

Videos

Conference update

Health Professionals Kick-Off Session

- Pre-session survey to gather ideas
- Interactive exchange on research, clinical practice, and future directions within the HP community
  - Short scientific updates from:
    - Physiotherapy
    - Psychology
    - Nursing
  - World Café discussions on:
    - Past developments
    - Current challenges
    - Future perspectives
  - Opportunity to:
    - Share ideas
    - Connect across disciplines
    - Shape future collaborations and scientific priorities



Of course, members from all professions are welcome!

Conference update

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Session Type	Session Name	Session Date	Session Start Time	Session End Time
Health Professionals Session Networking	Introductions	17. Sep 26	08:30	08:45
	Networking meeting - Latest Scientific Insights for HP's (Nursing)		08:45	09:05
	Networking meeting - Latest Scientific Insights for HP's (Physio)		09:05	09:25
	Networking meeting - Latest Scientific Insights for HP's (Psychology)		09:25	09:45
	Networking / World Café (Past-Present-Future)		09:45	10:30
	Networking meeting - shared learning and wrap up		10:30	10:45
Health Professionals Session Great debate	Great debate - Does a longer admission improve outcomes?	17. Sep 26	13:00	14:00
Health Professionals Session Workshop	Rotational workshop Importance of Self-care - Mindfulness & Exercise	18. Sep 26	08:00	09:30
Joint Session: PReS / HP	Dietary manipulation for the immune system	18. Sep 26	09:45	10:10
			10:10	10:30
	Q&A panel		10:30	10:45
Joint session: HP/ENCA	Building Patient Networks	18. Sep 26	13:00	13:10
			13:10	13:30
			13:30	13:50
	Q&A panel		13:50	14:00
Health Professionals Session	Neurodiversity & Pain in Rheumatology	18. Sep 26	17:30	18:00
			18:00	18:30

Deadline for abstracts extended until next week!

Thank you for being here!

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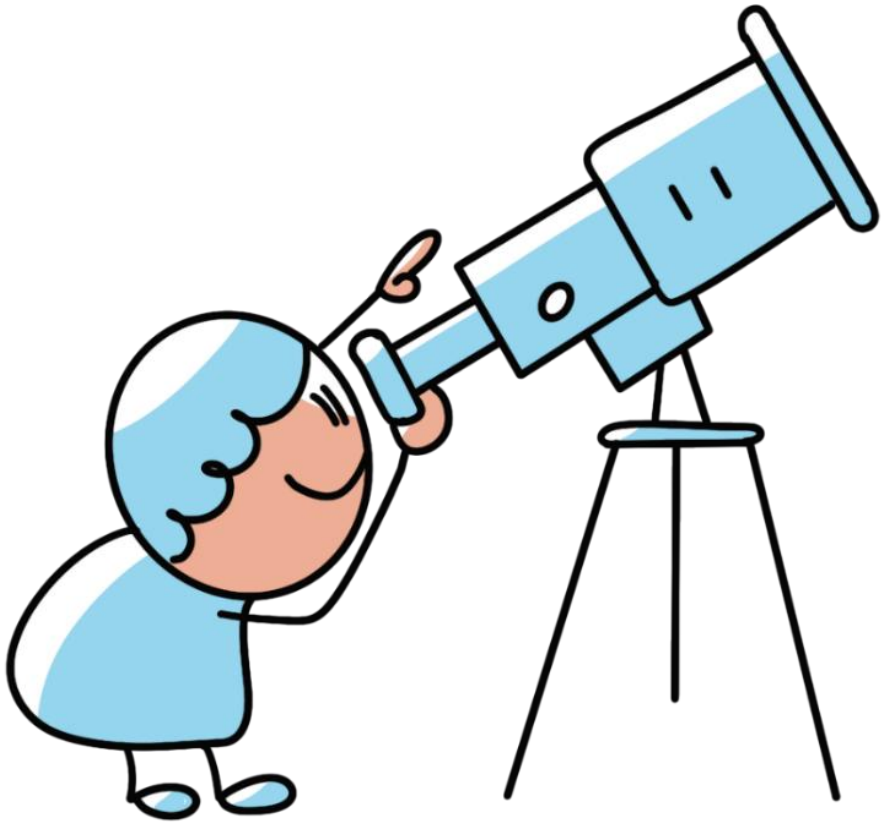

Next Meeting
July 8