# EFFICACY OF PULSED MAGNETIC FIELD ON BONE DENSITY IN JUVENILE RHEUMATOID

## ARTHRITIS

## A Thesis

# Submitted in Partial Fulfillment for the Requirements of Doctoral Degree in Physical Therapy

# By

## MOHAMED AHMED MAHMOUD EID

## M.Sc. in Physical Therapy

### **Supervisors**

## Prof. Dr. Faten Hassan Abd-Elaziem

Professor and Chairperson, Department of Physical Therapy for Growth and Development Disorders in Children and its Surgery Faculty of Physical Therapy Cairo University.

## Dr. Manal Salah El-Din Abdel-Wahab

Lecturer, Department of Physical Therapy for Growth and Development Disorders in children and its Surgery Faculty of Physical Therapy Cairo University. **Prof. Dr. Hala Salah El-Dein Mohamed Talaat** Professor of Pediatric Medicine Faculty of Medicine Cairo University

**Dr. Rokia Abd El-Shafy Soliman El- Banna** Department of Biological Anthropology National Research Center

### **Faculty of Physical Therapy**

### **Cairo University**

2009

فاعلية المجال المغناطيسى المتقطع على كثافة العظام فى الروماتويد المفصلى عند الأطفال/ محمد أحمد محمود عيد- المشرفون / أ.د. فاتن حسن عبد العظيم ، أ.د. هالة صلاح الدين محمد طلعت ، د. منال صلاح الدين عبد الوهاب ، د. رقية عبد الشافى سليمان البنا- جامعة القاهرة، كلية العلاج الطبيعى القسم: العلاج الطبيعى لاضطرابات مراحل النمو والتطور وجراحتها عند الأطفال، ٢٠٠٩ . ١٤٧ صفحة فى ترتيبات متعددة.

#### المستخلص

يهدف هذا البحث إلى دراسة فاعلية المجال المغناطيسى المتقطع منخفض التردد والشدة على كثافة العظام فى الروماتويد المفصلى عند الأطفال وقد أجرى هذا البحث على ٣٠ مريض تم تقسيمهم عشوائيا إلى مجموعتين متساويتين وهما المجموعة الحاكمة وتضم ١٥ مريض والمجموعة التجريبية وتضم ١٥ مريض أيضاً وشمل البرنامج العلاجى لمرضى المجموعة الحاكمة مجموعة من التمارين العلاجية المختارة وهى(تمرينات الإطالة – تمرينات التقوية). اما المجموعة التجريبية فقد شمل البرنامج العلاجي نفس مجموعة التمارين المختارة التى خضعت لها المجموعة الحاكمة بالاضافة الى المجال العلاجي نفس مجموعة التمارين المختارة التى خضعت لها المجموعة الحاكمة بالاضافة الى المجال المغناطيسى المتقطع منخفض التردد والشدة على منطقتى اسفل الظهر والحوض. وقد أجريت القياسات لهاتين المجموعتان قبل وبعد الفترة العلاجية والتى امتدت إلى ستة أشهر وقد أثبت التحليل الإحصائي وجود تحسن ذو دلالة إحصائية واضحة لمرضى المجموعتين ولكن ذو دلالة إحصائية عالية في نتائج المجموعة التجريبية عند مقارنة نتائج ما قبل وبعد العلاج لكل مجموعة.

الكلمات الدالة : المجال المغناطيسي – الروماتويد المفصلي عند الأطفال – كثافة العظام.

Efficacy of Pulsed Magnetic Field on Bone Density in Juvenile Rheumatoid Arthritis/ Mohamed Ahmed Mahmoud Eid\*; **Supervisors**: Prof. Dr. Faten Hassan Abd Elaziem\*. - Prof. Dr. Hala Salah El- Din Mohamed Talaat\*\*.- Dr. Manal Salah El-Din Abdel-Wahab\*.- Dr. Rokia Abd El-Shafy Soliman El-Banna\*\*\*, Faculty of Physical Therapy, Cairo University, Doctoral Thesis. \* Faculty of Physical Therapy- Cairo University \*Faculty of Medicine - Cairo University

\*\*\*National Research Center

#### Abstract

The purpose of this study was to examine the effect of low frequency and low intensity pulsed magnetic field (LFLIPMF) therapy on bone mineral density in children with polyarticular JRA. Thirty children with polyarticular JRA were assigned randomly into two groups of equal number. Each patient of the two groups was evaluated before and after six months of treatment by using dual energy x-ray absorptiometry (DEXA). The evaluation procedure involved measurement of bone mineral density of the femur, lumbar spine, arms and total body. Control group (n = 15) that were treated by the selected physical therapy program (stretching exercises and strengthening exercises in the form of bicycle ergometer and treadmill training) for one hour. Study group (n = 15) that were treated by the same exercise program given to the control group in addition to low frequency and low intensity pulsed magnetic field therapy with a frequency of 33 Hz, intensity of 20G for 30 minutes duration, three sessions were conducted per week (each session lasted one and half hour) for successive six months (24 weeks). **Results:** The collected data was processed and statistically analyzed using paired and unpaired t-test. The results showed a statistically significant improvement in all parameters in both control and study groups but still significant difference were recorded in favor of study group. Conclusion: it is possible to conclude that (LFLIPMF) is an effective modality in increasing bone mineral density in juvenile rheumatoid arthritis (JRA).

### Key words: Magnetic Field, Juvenile Rheumatoid Arthritis, Osteoporosis.

# Acknowledgment

First and foremost, thanks God, the most gracious, the most Merciful.

I wish to express my sincere gratitude and deep appreciation of *Professor Dr. Faten Hassan Abd-Elaziem* Professor and Chairman of Physical therapy Department for Growth and Development Disorders in Children and its Surgery, Faculty of Physical Therapy, Cairo University. She gave me a great deal of her valuable time and effort for completing this work. Her comments and guidance were very helpful to me.

I am truly grateful to *Dr. Manal Salah El-Din Abdel-Wahab*, Lecturer in the Department of Physical Therapy for Growth and Development Disorders in Children and its Surgery, Faculty of Physical Therapy, Cairo University, For her valuable help, support, advice, guidance and effort throughout this work.

It is a great honor to me to express my most sincere and thanks to **Professor Dr. Hala Salah El-Dein Mohamed Talaat** Professor of Pediatric Medicine, Faculty of Medicine, Cairo University, for her valuable supervision and kind advices throughout the whole work.

I can not find the words to express my special thanks to *Dr. Rokia Abd El-Shafy Soliman El-Banna*, Professor in the Department of Biological Anthropology, National Research Center for her guidance and support from the first step of this study.

I wish to express my gratitude and special thanks also to my professors and Colleagues in Physical therapy Department for pediatrics faculty of physical therapy, Cairo University, for their unlimited help, and support.

# Mohamed Ahmed Mahmoud Eíd

2009

# Contents

Title	pages
Chapter I	
Introduction	1
Statement of the problem	3
Purpose of the study	3
Significance of the study	4
Delimitations	5
Limitations	5
Hypothesis	5
Basic assumptions	5
Definition of terms	6
Chapter II	
Review of Related Literature	
Juvenile Rheumatoid Arthritis	8
Definition	8
Classification of juvenile rheumatoid arthritis	8
Characteristics of different types of JRA	9
Etiology and pathogenesis	10
Pathophysiology	11
Characteristics of joint inflammation	12
Clinical manifestations	12
Polyarticular JRA	15
DiagnosisLaboratory examinations	17
Radiological investigations	17
Physical therapy assessment	18
Treatment of JRA	19
Physiotherapy for JRA	23
Bone Density	25
Function and composition of bone	31
Normal bone growth during childhood	31
Bone metabolism in juvenile rheumatoid arthritis	32
Measurement of bone mineral density	33
	37
Magnetic therapy	40
Magnetic phenomenon: history and practice	40
Magnetism and Electricity	40
Magnetism and Biology	41
Concept and component of magnetic Field	43
Extremely low frequency magnetic field	43

Mechanisms of Interaction of Extremely Low Frequency (ELF) magnetic Fields	44
Pulsed Magnetic Field	45
Biological Effects of Pulsed magnetic Fields	46
Bone	47
Osteoporosis	48
Orthopedic Disorders	51
Rheumatological Disorders	52
Neurological Disorders	54
Pain	56
Chapter III	
Subjects, Materials and Procedures	
Subjects	58
Instrumentation used for evaluation	60
Instrumentation used for treatment	62
Evaluation procedures	65

Treatment procedures Statistical analysis

# Chapter IV Results

Chapter V Discussion	105
Chapter VI	

68

75

76

125

Summary	123
Conclusion and Recommendations	124

Chapter VII References Appendix Arabic Summary

# List of Abbreviations

Α	:	Ampere
ACR	:	American College of Rheumatology
ANA	:	Anti Nuclear Antibodies
BAP	:	Bone-specific Alkaline Phosphatase
BMC	:	Bone Mineral Content
BMD	:	Bone Mineral Density
CBC	:	Complete Blood Count
CRP	:	C- Reactive Protein
СТ	:	Computed Tomography
DEXA	:	Dual Energy X-ray Absorptiometry
DPA	:	Dual Photon Absorptiometry
DPD	:	Deoxypyridinoline
EF	:	Electric Field
ELF		Extremely Low Frequency
ELFMF	:	Extremely Low Frequency Magnetic Field
EMF	:	Electromagnetic Field
ESR	:	Erythrocyte Sedimentation Rate
F	:	Frequency
G	:	Gauss

Hgb	: Hemoglobin
Hz	: Hertz
JCA	: Juvenile Chronic Arthritis
JRA	: Juvenile Rheumatoid Arthritis
KV	: Kilo Volt
LFLIPMF	: Low Frequency and Low Intensity Pulsed Magnetic Field.
Lymph	: Lymphocytes
mA	: Milli Ampere
MF	: Magnetic Field
mG	: Milli gauss
MD	: Mean Difference
MRI	: Magnetic Resonance Imaging
NS	: Non Significant
NSAID	: Non-Steroidal Anti-Inflammatory Drugs
PEMF	: Pulsed Electromagnetic Field
PMF	· Pulsed Magnetic Field
PGE2	: Prostaglandin
PROM	: Passive Range of Motion
P value	Probability value
RA	: Rheumatoid Arthritis

RF	: Rheumatoid Factor
ROM	: Range Of Motion
SEF	: Static Electric Field
SD	: Standard Deviation
SMF	: Static Magnetic Field
SPA	: Single Photon Absorptiometry
Т	: Tesla
TENS	: Transcutaneous Electrical Nerve Stimulation
VAS	: Visual Analogue Scale
WHO	: World health organization

# List of Figure

Figure (1):	The "therapeutic pyramid" of JRA medical treatment	24
Figure (2):	The effect of osteoporosis on bone.	36
Figure (3):	Dual energy x-ray absorptiometry (NORLAND).	61
Figure (4):	ASA Magnetic field (Automatic PMT Quatro pro)	62
Figure (5):	Bicycle ergometer	63
Figure (6):	Treadmill apparatus (En Tred)	64
Figure (7):	Measurement of bone mineral density using DEXA	68
	technique.	
Figure (8a):	Stretching of hip flexors.	70
Figure (8b):	Stretching of tendoachillis.	70
Figure (8c):	Stretching of culf muscles.	70
Figure (9a):	Stretching of wrist and fingers flexors.	70
Figure (9b):	Stretching of forearm pronators	70
Figure (10):	Bicycle ergometer training	71
Figure (11):	Treadmill training	72
<b>Figure (12):</b>	Application of magnetic field.	74
<b>Figure (13):</b>	Represents age in years for both control and study	77
	groups.	
Figure(14a):	Represents sex distribution in control group.	78
Figure(14b):	Represents sex distribution in study group.	78
Figure (15):	Represents average of onset in years for both groups.	79
Figure (16):	Represents weight in kilograms for both control and	80
	study groups.	
Figure (17):	Represents height in centimeters for both control and	81

study groups.

- Figure (18):The mean values of pre-treatment results of bone mineral82density of the femur in control and study groups.
- **Figure (19):** The mean values of pre and post-treatment results of 84 bone mineral density of the femur in control group.
- Figure (20): The mean values of pre and post-treatment results of 85 bone mineral density of the femur in study group.
- Figure (21):The mean values of post-treatment results of bone86mineral density of the femur in control and study groups.
- Figure (22):The mean values of pre-treatment results of bone mineral87density of lumber spine in control and study groups.
- Figure (23):The mean values of pre and post-treatment results of89bone mineral density of lumber spine in control group.
- **Figure (24):** The mean values of pre and post-treatment results of 90 bone mineral density of lumber spine in study group.
- Figure (25): The mean values of post-treatment results of bone 91 mineral density of lumber spine in control and study groups.
- Figure (26):The mean values of pre-treatment results of bone mineral92density of total body in control and study groups.
- **Figure (27):** The mean values of pre and post-treatment results of 94 bone mineral density of total body in control group.
- Figure (28): The mean values of pre and post-treatment results of 95 bone mineral density of total body in study group.
- Figure (29): The mean values of post-treatment results of bone 96

mineral density of total body in control and study groups.

- Figure (30): The mean values of pre-treatment results of bone 97 mineral density of arms in control and study groups.
- Figure (31): The mean values of pre and post-treatment results of 99 bone mineral density of arms in control group.
- Figure (32): The mean values of pre and post-treatment results of 100 bone mineral density of arms in study group.
- Figure (33): The mean values of post-treatment results of bone 101 mineral density of arms in control and study groups.
- Figure (34): Correlation between BMD for femurs and BMD for 102 arms in control group before treatment.
- Figure (35): Correlation between BMD for femurs and BMD for 103 arms in control group after treatment.
- Figure (36): Correlation between BMD for femurs and BMD for 104 arms in study group before treatment.
- Figure (37): Correlation between BMD for femurs and BMD for 104 arms in study group after treatment.

# List of Tables

Table (1)•	Characteristics of IRA by type of onset	9
		1.1
Table (2):	Frequency ranges of electromagnetic fields.	44
<b>Table (3):</b>	Age in years for both control and study groups.	76
Table (4):	Sex distribution of both control and study	77
	groups.	
Table (5):	Average of onset in years for both control	79
	and study groups.	
<b>Table (6) :</b>	Weight in kilograms for both control and	80
	study groups.	
<b>Table (7):</b>	Height in centimeters for both control and study	81
	groups.	
<b>Table (8):</b>	Comparison between mean values of pre-	82
	treatment results of bone mineral density of the	
	femur in control and study groups.	
<b>Table (9):</b>	Comparison between mean values of pre and	83
	post-treatment results of bone mineral density	
	of the femur in control group.	
<b>Table (10):</b>	Comparison between mean values of pre and	85
	post-treatment results of bone mineral density	
	of the femur in study group.	
Table (11):	Comparison between mean values of post-	86
	treatment results of bone mineral density of	
	the femur in control and study groups.	

- **Table (12):** Comparison between mean values of pre-87treatment results of bone mineral density oflumber spine in control and study groups.
- **Table (13):** Comparison between mean values of pre and88post-treatment results of bone mineral density of<br/>lumber spine in control group.
- **Table (14):** Comparison between mean values of pre and90post-treatment results of bone mineral density oflumber spine in study group.
- **Table (15):** Comparison between mean values of post-91treatment results of bone mineral density oflumber spine in control and study groups.
- **Table (16):** Comparison between mean values of pre-92treatment results of bone mineral density of totalbody in control and study groups.
- **Table (17):** Comparison between mean values of pre and93post-treatment results of bone mineral density of<br/>total body in control group.
- **Table (18):** Comparison between mean values of pre and95post-treatment results of bone mineral density of<br/>total body in study group.
- **Table (19):** Comparison between mean values of post-96treatment results of bone mineral density of totalbody in control and study groups.
- **Table (20):** Comparison between mean values of pre-97treatment results of bone mineral density of armsin control and study groups.

- **Table (21):** Comparison between mean values of pre and98post-treatment results of bone mineral density of<br/>arms in control group.
- **Table (22):** Comparison between mean values of pre and 100post-treatment results of bone mineral density of<br/>arms in study group.
- **Table (23):** Comparison between mean values of post-101treatment results of bone mineral density of armsin control and study groups.
- **Table (24):** Correlation of BMD for femurs and BMD for 102arms pre and post treatment in control group.
- **Table (25):** Correlation of BMD for femurs and BMD for 103arms pre and post treatment in study group.