Introduction

Rheumatoid arthritis is a chronic, symmetrical inflammatory polyarthritis involving the diarthroidal joints and exhibiting, in a proportion of patients, a variety of extra-articular features such as vasculitis and nodules (*Panayi*, 1986).

While pain and stiffness are the main symptoms of RA, they are closely followed by weakness, particularly of grip strength (Helliwell et al., 1987).

Patients often complain that their limbs seem to have lost bulk and it is known that systemic disease and disuse lead to a reduction in fibre diameter and hence in muscle bulk (Bruce et al., 1989).

Although there is significant muscle wasting in rheumatoid arthritis, it is likely that reduction in strength is also attributable to joint deformity and pain leading to inhibition of grip directly and indirectly by arthrogenous muscle inhibition. Doubts remain about the quality of muscle in rheumatoid arthritis (Helliwell and Jackson 1994).