Arthritis Research UK

Self-help and daily living

Looking after your joints when you have arthritis

Looking after your joints when you have arthritis

This booklet provides information and answers to your questions about looking after your joints.

Arthritis Research UK produce and print our booklets entirely from charitable donations.

Why should I look after my joints?

We use our joints in every movement we make, so it's really important to look after them, especially if you have arthritis. In this booklet we'll explain how you can reduce the pain and strain in your joints and suggest where you can get further help and advice about joint protection.

At the back of this booklet you'll find a brief glossary of medical words – we've underlined these when they're first used.

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At a glance
Joint protection

What is joint protection?

Joint protection is about using your body in ways that reduce pain and strain, helping you to continue with your daily activities. It doesn't mean you shouldn't use your joints.

What are the main techniques?

You might find these techniques useful:

- Take notice of any pain you feel – think of it as a warning.
- Spread the load over several joints, for example by using two hands instead of one.
- Use labour-saving gadgets when possible.
- Don't grip things too tightly or for too long.
- Avoid actions that push your joints into awkward positions.
- Use your joints in stable positions.

There are many different ways that you can protect your joints to help prevent against damage in the future.

When should I start looking after my joints?

Looking after your joints is always important, but you should take particular care as soon as you notice your joints are affected by arthritis (they're painful during/after activity, weaker and/or changing shape). It may take some time to get used to doing things differently, but keep practising and it'll become part of your daily routine.

Looking after your joints information booklet

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What about tiredness (fatigue)?

Tiredness is often associated with arthritis. You can help to make your energy last longer by:

- pacing yourself
- planning ahead and setting priorities
- finding a less tiring position to do activities in
- becoming better organised
- getting a good night's sleep.

Who can help?

An occupational therapist (OT) or hand therapist will be able to advise you on joint protection techniques, and you might find it helpful to discuss your own ideas about reducing the strain on your joints with them. Some rheumatology occupational therapy departments run joint protection education programmes to help you make practical changes and swap ideas with other people in the same situation.

Should I exercise?

Joint protection and exercise work together. Joint protection reduces strain on your joints while exercise will strengthen the muscles that support them. Exercise can also help reduce feelings of fatigue.

Introduction

Arthritis can affect your ability to do your work, household tasks or leisure activities. Joint problems can cause pain, weaken your muscles and hand grip, and reduce your stamina so that you get tired more quickly. However, it's often possible to reduce the pain and strain in your joints by changing the way you do things.

In this booklet we'll look at some of the tasks that commonly cause pain, explain the principles of joint protection and give some examples of how to put them into practice. A short booklet like this can't cover every situation, but you can use it as a workbook to help you think about applying joint protection techniques to other jobs that you do. If in doubt, you might like to discuss your ideas with an occupational therapist or hand therapist.

We'll also look at what you can do to reduce the tiredness (fatigue) that's often associated with arthritis.

An occupational therapist can give advice on doing everyday tasks in ways that will protect your joints.

What sort of problems can arthritis cause?

Arthritis can cause a number of difficulties in your daily activities. The problems people most often mention are:

- joint pain and aching muscles
- extreme fatigue, especially at the end of the day
- frustration when simple, everyday tasks take longer to do
- worries about having to rely on other people for help.

By taking good care of your joints you can help to keep problems to a minimum. You should find that you can still manage most of the things that you want to do without feeling dependent on others.

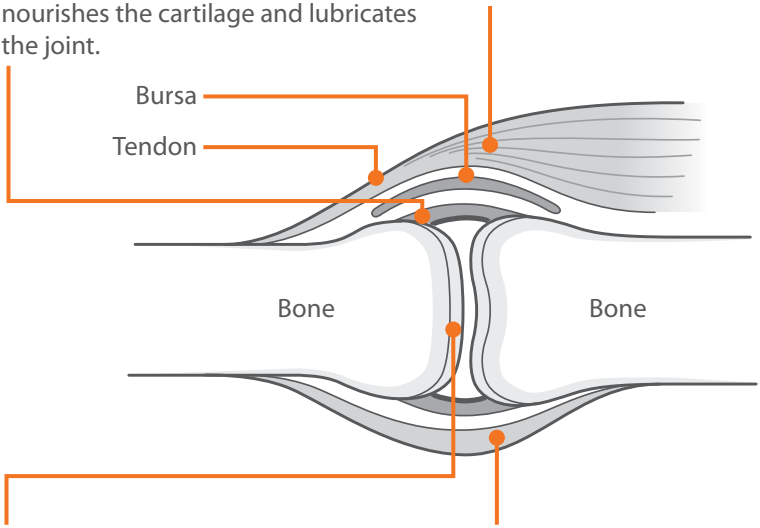
What is a joint and how does it work?

A joint is where two or more bones meet (see Figure 1). Most of our joints are designed to allow the bones to move only in certain directions. A joint is made up of a number of different parts that all work together so that we can bend, stretch, twist and turn easily, but within certain limits.

Figure 1
How a joint works

Capsule
Surrounding the joint is a tough, fibrous sleeve (the capsule) that stops the bones from moving too much. The inner surface of the joint capsule (synovium) produces a thick fluid that nourishes the cartilage and lubricates the joint.

Muscle
At either side of the joint, the muscles are attached to the bones by tendons. As the muscles contract, they pull on the bones to make the joint bend, straighten or rotate.



Cartilage
The ends of the bones are covered in a thin layer of cartilage. This cushions the joint and helps to spread the load evenly when you put pressure on it. Its smooth, slippery surface allows the bones to move freely, without friction.

Ligament
Within or just outside the joint capsule are ligaments that help to hold the joint together and prevent it dislocating. The bursa helps to reduce friction in the joint.

Doing too much at once can make joint pain worse – don't feel guilty about leaving some tasks for another time.

Why do joints ache and hurt?

There are many reasons why joints ache and hurt, including:

Inflammation inside the joints

Inflammation irritates the nerve endings and causes pain.

Worn or damaged cartilage

Cartilage has no nerve endings so you may not know if it's damaged. But if the cartilage is badly worn, the bone underneath may also begin to wear and change shape. This can be very painful because bone contains nerve endings.

Putting extra pressure on your joints

Not surprisingly, carrying heavy items can increase the pain in your hands, arms and shoulders, but you may also feel the effects in other joints. Being overweight will also increase the pressure on these joints.

Extra activity

Pushing yourself to complete a task can cause increased pain the next day. Arthritis can reduce the stamina of your muscles so you get tired more quickly. Also, when your joints are affected by arthritis your ligaments may become slack, which puts more strain on your joints and muscles.

Inflammation in the structures around the joint

Inflammation may occur:

- in a bursa, which normally allows the muscles and tendons to run smoothly over your joints – this frequently happens in your shoulder and hip joints
- in the ligaments that hold joints together – this frequently happens around the knee joint.

Referred pain

Sometimes you may feel pain in one part of your body when the problem is somewhere else. An example of this is sciatica, where a nerve in your back can cause pain in your leg.

Your doctor, nurse or therapist will try to work out the cause of the pain and can help you decide which treatments will help to ease the pain and/or control the condition. But there are lots of things that you can do for yourself to reduce the pain and strain on your joints and to improve your muscle stamina.

See Arthritis Research UK booklet *Pain and arthritis.*

Why do joints become damaged?

There are three main things that keep your joints stable. These are:

- the close fit of the bones
- the capsule and ligaments, which are like strong elastic and keep the bones together
- the muscles and tendons that make the joint move.

If you have arthritis, several parts of the joint can become damaged (see Figure 2). The bones and cartilage may be damaged and the muscles may weaken, causing the joint to become unstable. This means that joints may gradually change shape and deformities can develop.

If you have rheumatoid arthritis, which causes inflammation in the lining of your joint, your ligaments can be stretched and become slack due to repeated joint swelling. These changes may start quite early in the condition.

See Arthritis Research UK booklet *Rheumatoid arthritis.*

The way you use your joints can contribute to the development of deformities. Your hands are particularly at risk because of their many small joints and constant use. These deformities can cause problems with activities that need a good grip. Common deformities in people with rheumatoid arthritis include:

- the wrist or knuckles slipping downwards so that they partially dislocate (known as subluxation)
- the fingers bending over towards the little finger (known as ulnar drift)

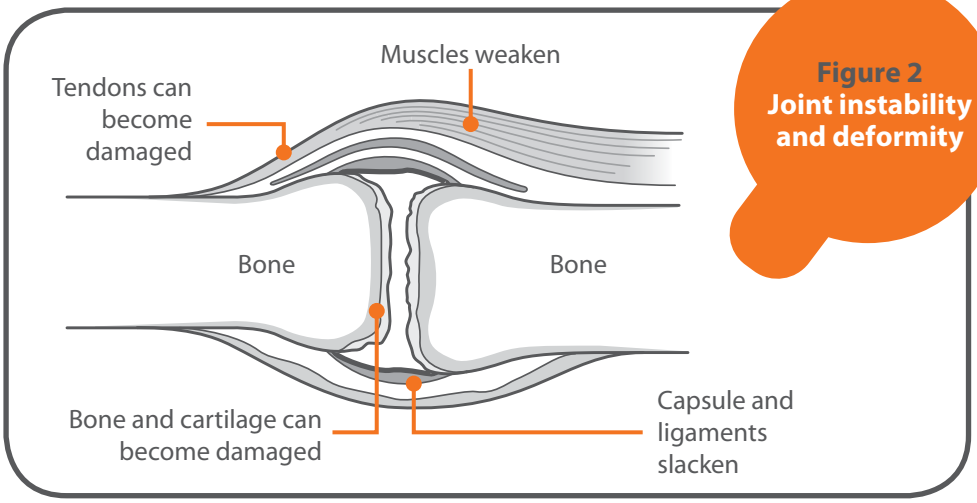


Figure 2 Joint instability and deformity

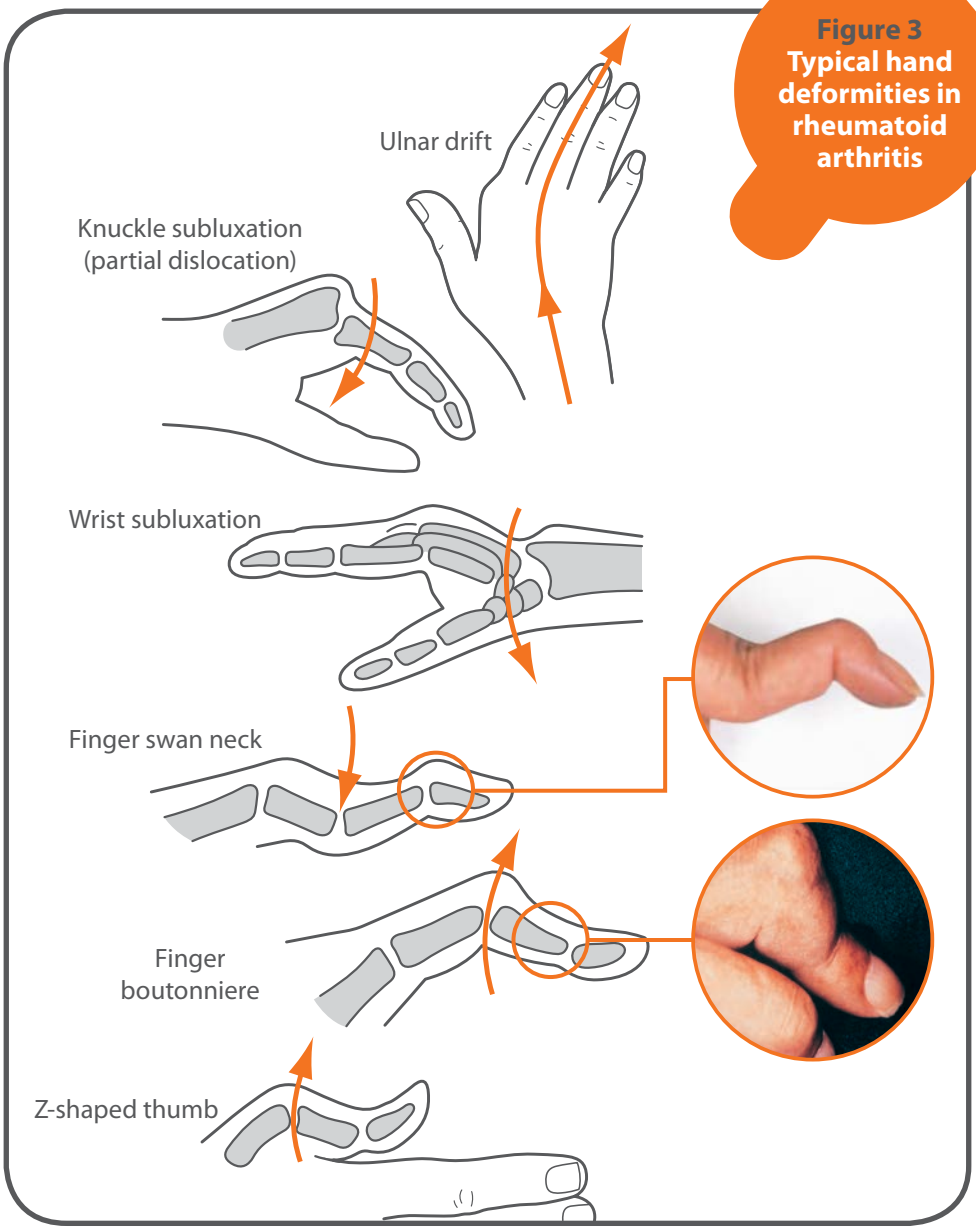


Figure 3
Typical hand deformities in rheumatoid arthritis

Photography used with kind permission of Elsevier. © Elsevier 2011. Taken from *Practical Rheumatology*, third edition.
Edited by Marc C Hochberg, Alan J Silman, Josef S Smolen, Michael E Weinblatt and Michael H Weisman.

- finger or thumb joints buckling (known as swan neck, boutonniere finger or z-shaped thumb deformities).

About half of all people who have rheumatoid arthritis will have developed some hand deformities after about five years, so look carefully at your own hands to see if they're beginning to look like the examples shown in Figure 3. If you notice that any of your joints are becoming deformed, you can change the way you do things to reduce the strain on them.

If you have osteoarthritis, which is a wear and repair process, knobbly fingers (Heberden's nodes and Bouchard's nodes) are common types of deformity (see Figure 4). You may also notice pain and reduced movement at the base of your thumb. This is often associated with buckling of the main thumb joint. If you notice that any of your joints are becoming deformed, you can change the way you do things to reduce the strain on them.

See Arthritis Research UK booklet *Osteoarthritis*.

Self-help and daily living

It makes sense to start looking after your joints as soon as you notice they're beginning to be affected by arthritis.

By making changes early on, you can help to avoid problems becoming worse in the future.

- Look after your joints – reducing the strain should ease aches and pains.
- Pace yourself, plan ahead and decide on your priorities to avoid becoming too tired.
- Try to get a good night's sleep.
- Keep to your ideal weight to reduce pressure on your joints, particularly your hips, knees and feet.
- Try to keep as fit as possible and build up muscle stamina through regular exercise. You may want to avoid contact sports, but swimming, cycling and low-resistance strengthening exercises in the gym are all useful.
- Do exercises most days to improve your strength. Occupational therapists, physiotherapists and hand therapists can help you with exercises to improve your grip.

Protecting your joints

The first thing to do is to become more aware of how you use the joints that ache, both at home and at work. Try, for example, watching your actions while you make a hot drink:

- What's happening to your fingers while you're turning the tap? Are they being pushed towards your little finger?
- What happens to your thumbs as you take the lid off the coffee jar? Is there pressure or aching at the base of your thumb?

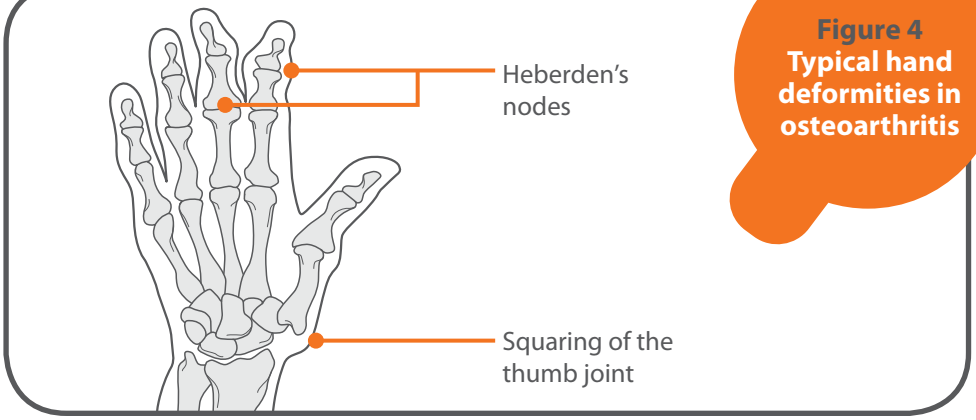


Figure 4 Typical hand deformities in osteoarthritis

- What's happening to your wrist and fingers as you lift the kettle? Can you feel any aching or pulling at these joints?

Can you think of another way of doing these things? You might already have tried picking up the kettle with two hands when your hands are painful, but it's important to do this all the time, not just when your hands are hurting. This is an example of what healthcare professionals often call 'joint protection'. This doesn't mean you should stop using your joints, just that you should use them differently.

There are many techniques you can use to protect your joints. Try the following:

- Take notice of any pain you feel and use it as a warning.
- Spread the weight over several joints when carrying things.
- Reduce the effort you have to put in – labour-saving gadgets can be a great help.
- Avoid gripping things tightly.
- Avoid positions that push your joints towards deformity.
- Use your joints in more stable positions.
- Stop to think if you could do something differently next time if it hurts you.

These techniques are explained in detail in the sections that follow, with some examples of how you can put them into practice.

Research has shown that joint protection methods really do help to reduce pain and make everyday activities easier. People have also reported less stiffness in the morning and fewer flare-ups when they use these techniques regularly.

What should I do when I'm in pain?

The way you use your joints can increase the aches, pain and strain that you feel, and, over time, it may also increase any deformity. This is why you should take notice of pain. Listen to your body – if you're still having more pain an hour after an activity, try taking more short breaks next time. Many people will give up an activity if it hurts (for example gardening), but it's better to do a little at a time, with plenty of rests, rather than give up something you enjoy.

Wearing splints can often help to ease the strain or pain in your joints. There are two types of hand and wrist splints – working and resting splints. A hand therapist can explore the options with you.

Working splints (elastic wrist and thumb splints) provide more flexible support to help reduce pain while you're working (see Figure 5).

Resting splints consist of a custom-made cradle with straps to hold it in place. These can help if you have pain at night which affects your sleep or if you need to rest your hands for a short time during the day (see Figure 5). Some people find that **compression (isotoner) gloves** are also helpful in reducing pain and swelling and

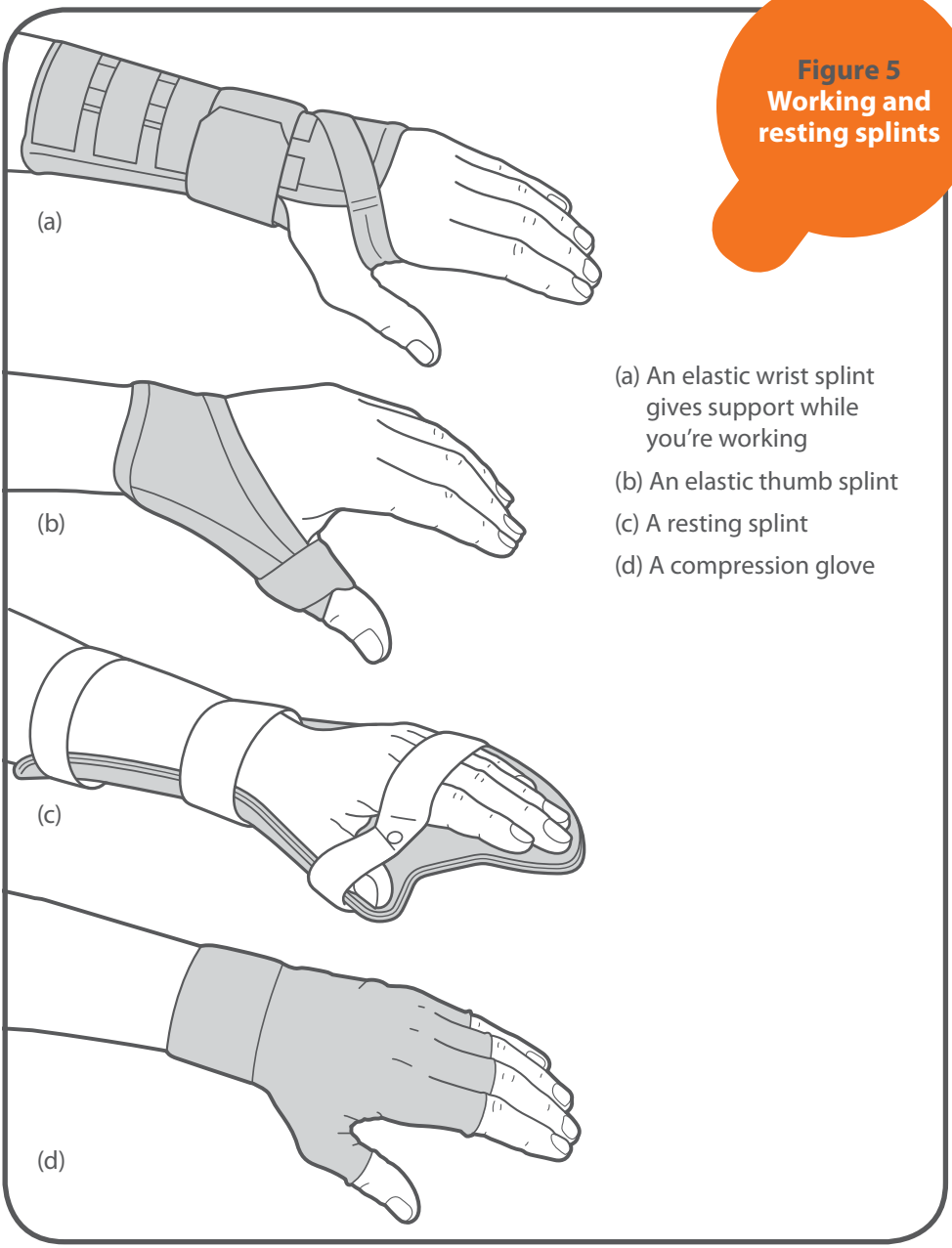


Figure 5
Working and resting splints

(a) An elastic wrist splint gives support while you're working

(b) An elastic thumb splint

(c) A resting splint

(d) A compression glove

are easier to wear (see Figure 5). These can be worn day or night, when working or resting.

See Arthritis Research UK booklets
Gardening and arthritis; Splints for arthritis of the wrist and hand.

How can I use stronger joints to do a job?

Try the following tips:

- Use your hip or shoulder instead of your hand to close a drawer or door.
- Hug larger objects close to your body as you carry them (see Figure 6).
- Carry bags on your forearms.

How can I spread the load over several joints?

Try these techniques:

- Use two hands.
- Keep as much of your hand as possible in contact with the object.
- Avoid gripping with your thumbs.

Figure 7 shows how you might apply this to carrying a backpack, but try it for other activities as well. Whenever possible, use two hands rather than one to lift pans and other items – but remember to protect your hands when lifting something hot.

How can I use less effort to do things?

You might want to try the following:

- Use labour-saving gadgets (for example vegetable peelers with thick, non-slip handles, battery/electric-powered can openers etc.), which can be found at many department stores, supermarkets or online shops. Many specialised aids and tools are also available. An occupational therapist or some of the organisations listed in the 'Who else can help?' section at the back of this booklet can advise you about these.
- Reduce the weight of what you lift.
- If you can't reduce the weight, 'shift, don't lift' – slide objects along a work surface or use a trolley or wheelbarrow.

How can I avoid gripping things tightly?

A tight grip puts a lot of strain on knuckles and thumb joints. You'll tend to use a tight grip when you do things like writing, knitting or using a screwdriver. To reduce the strain:

- take frequent breaks to rest your hands briefly
- reduce the length of time you spend doing these activities and try to relax your grip

Figure 6
Use stronger joints for simple tasks.

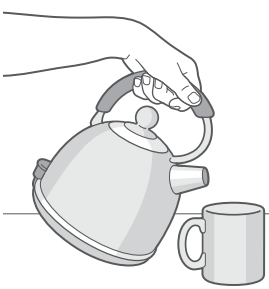
Hug large objects close to your body so the weight is supported by larger, stronger joints.

Instead of using one shoulder, try using two shoulders to spread the load.

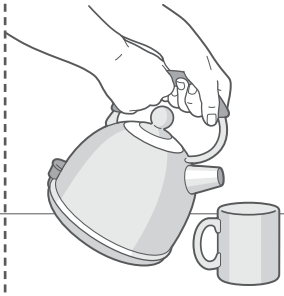
Figure 7
Spread the load across more joints.

Figure 8
Reduce the risk of deformity.

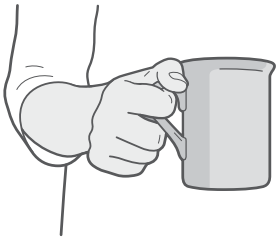
(a) Instead of pouring with one hand...



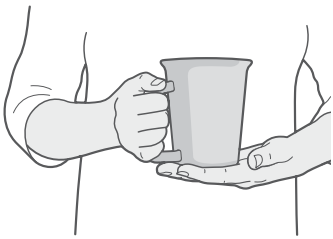
...try pouring with two hands.



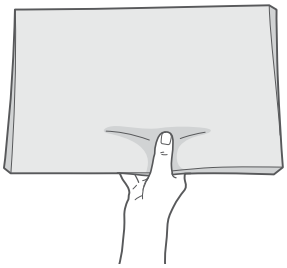
(b) Instead of using a cup with a small curved handle which pushes your fingers into an awkward position...



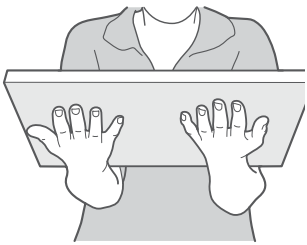
...try using a cup with a larger, straighter handle.



(c) Instead of carrying papers in one hand...



...try using both hands.



- use padding to enlarge the grip on things such as your pen, knife, toothbrush or spanner.

How can I avoid positions that push my joints towards deformity?

By becoming aware of how you use your hands, you can find out which movements push your joints in the direction of the deformities described earlier. The important things to avoid are:

- lifting heavy objects with your wrists bent downwards
- pushing your fingers over towards your little finger and putting pressure on your thumb
- twisting or over-straightening your fingers.

Figure 8 shows some examples of tasks that can gradually push your joints (if they're weaker) into deforming positions, along with better grips that you can try. See if they help to reduce the pulling feeling or pain in your joints.

Think about other tasks where you might be able to use a different grip.

If your arthritis affects your hands, avoid pushing down on your knuckles, for example when getting up from a chair.

How can I use joints in more stable positions?

Change position from one that puts strain on particular joints to one that spreads the weight evenly over several joints. Try the following tips:

- Sit or stand as close as you can when working at a table or bench – this reduces stretching and bending.
- Keep your weight supported evenly through both legs, standing with your hips square and facing forward.
- Use a grip that keeps your wrists straight and your fingers in line with your wrist when carrying things (see Figure 9).

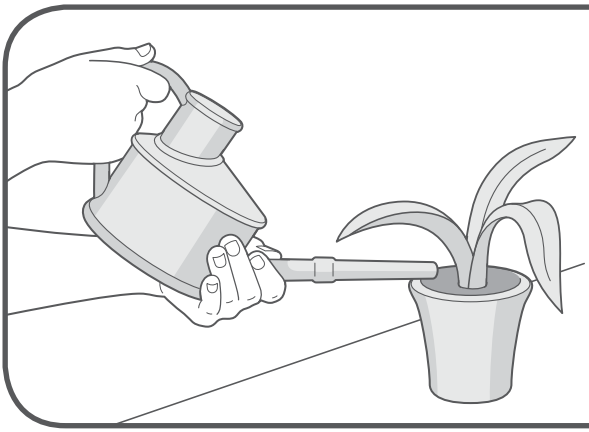


Figure 9 Use more stable positions.

Use a grip that keeps your wrist straight and your fingers in line with your forearm.

- When lifting objects, reduce the strain or pull on your shoulder by keeping your elbow bent and in front of your body, and keeping your palm facing the ceiling when reaching up. To lower your arm, bend your elbow, bringing your hand closer to your body.

For more tips, practical advice and information on adaptations you can make to your home and workplace, see Arthritis Research UK booklet *Everyday living and arthritis*.

Making changes

Following all the suggestions in this booklet would be a lot to change all at once, and changing the habits of a lifetime can be difficult to do. It's a good idea to change things bit by bit. You might find it helps to write down the benefit you'll get from making the changes. You could set yourself a goal each week to change two or three things – start with something that's causing you most pain and try following the steps below:

Work out another way of doing the task which causes less pulling or pain on joints.

Practise the new movements until you get them right and feel comfortable doing them.

Keep practising until the new movements become automatic and second nature.

If possible get a friend or a family member to remind you if you slip into old habits.

Avoiding tiredness (fatigue)

Many people feel tired, especially at the end of the day. This can also make your joints and muscles ache more. If you have rheumatoid arthritis, the condition itself is partly responsible for this tiredness. Living with pain caused by any kind of arthritis can make more demands on your energy.

Many people find that making changes to their lifestyle helps to make their energy last longer. This isn't always easy to do – it can be difficult to do a job less thoroughly than usual, even if the job does make you tired. But in the long run you'll find it's better to save your energy for the more enjoyable things, rather than being tired out by routine tasks.

There are several things you can do to make your energy go further. You may like to try some of them and see what works for you.

Pace yourself. → Plan ahead and set priorities. → Find the best position for the job you're about to do. → Get better organised. → Get a good night's sleep.

How can I pace myself better?

Try taking a break for a few minutes every half hour. Change activities regularly and switch between light and heavier jobs. For example, after vacuuming a room do some dusting, then sit down and have a rest. When mowing the lawn, take a break before you get tired, change to a lighter job and go back to mowing later when you feel rested. Use the same approach at work. Taking regular short breaks actually means you can keep going for longer.

How can I plan ahead and set priorities?

You may find you have more energy if you spread heavier jobs out over the week, planning to do a bit each day. Some people use up a lot of energy doing chores and are too tired to do the things they enjoy.

If you find this happens to you a lot, think about the things you have to do and the things you want to do. Set a balance between these when planning your week, making sure you'll have time to do things you like. You may find you need to cut some jobs out or ask someone else to help with them. If you plan to do more than you're actually able to do, it's time to start asking some hard questions:

- What benefits could you get from making the changes?
- Are there any activities you can do less often or drop entirely?
- Is there someone who can do the job for you or help you with it?
- Can you say no when someone's expectations of you are unrealistic?
- Are your own expectations are too high?
- Can you say no to yourself?
- Can you make any of the suggested changes to your lifestyle to conserve more energy (pace, plan, prioritise, position yourself better)?
- What will life be like if you don't make the changes?

You may like to try keeping a record or diary of your activities during the day. Every half an hour or so make a note of what you've done, how tired you felt, and whether you had any pain. If you were tired at the end of the day, ask yourself some of the questions above. Think about changes you can make so that you'll be less tired next time. Try out some of your ideas, and ask yourself if it's made a difference at the end of the week.

See Arthritis Research UK booklet *Fatigue and arthritis.*

How can I find a less tiring position to work in?

Standing for long periods or working in a cramped position can make you ache and feel more tired. Try changing positions more often. Stretch your arms and legs from time to time to help prevent them becoming stiff. Make sure that work surfaces are at the correct height and that you don't have to stoop or stretch as you work at them (Figure 10). A lot of tasks that you might normally

do in a standing position can be done just as well sitting on a stool. If you're sitting it's important to consider whether the seat is comfortable, supportive and the right height and depth for you. Your chair should be adjusted so your hips and knees are at right angles and you should have good support for your lower back.

If you need more advice on workplace adjustments, you and your manager can arrange a workplace assessment. An occupational therapist or a Disability Employment Advisor (DEA) can do this – you can get in touch with a DEA through your local Jobcentre Plus office. Both an occupational therapist and a DEA can advise you on changing the way you work and on equipment that may help you to do your job more easily. If necessary, a DEA can also help with retraining for more suitable work. If you haven't told your employer that you have arthritis, an occupational therapist can also give you advice about changes you could make without visiting your workplace.

See Arthritis Research UK booklet *Work and arthritis.*

How can I get a good night's sleep?

Think about why you're not sleeping well. Is it pain and stiffness during the night? Or are you having trouble winding down?

See Arthritis Research UK booklet *Sleep and arthritis.*

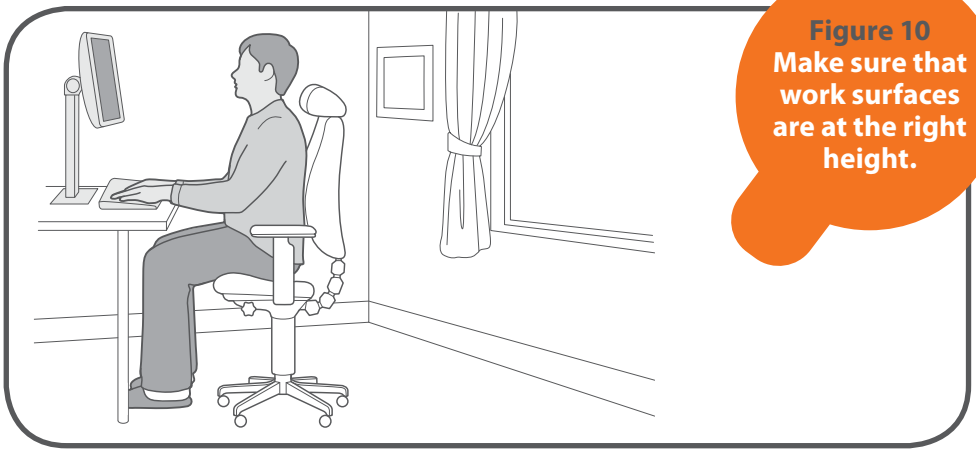


Figure 10 Make sure that work surfaces are at the right height.

If pain and stiffness during the night are affecting your sleep:	If you're having difficulty winding down:
• Take some painkillers before bed. • Have a warm bath or shower to help you relax. • Check your mattress is supportive and comfortable. If you decide to buy a new one, you don't have to go for the most expensive one – try before you buy. • Use fewer pillows if you have neck pain. • Rearrange pillows into a V-shape to support painful shoulders or try a specially shaped neck pillow. These are available from department stores. Although there's no evidence that they help with the causes of pain, some people find they help to keep the neck in a comfortable position. • If your hands are painful, resting splints may help.	• Avoid eating a big meal late in the evening. • Avoid drinking tea, coffee or alcohol for a couple of hours before bedtime. Try a hot, milky drink instead. • Get into a bedtime routine. Try to go to bed at the same time every night. • Do a few gentle stretching exercises, have a warm bath or shower and listen to some relaxing music. Take time for yourself. • Make your bedroom a relaxing place with low lighting, relaxing colours and no clutter, computer or TV. • Concentrate on your breathing and work through a relaxing technique.

How can I be better organised?

Look at how you're doing things and see if you can organise a job better. Ask yourself the following questions:

- Do you have all the things you need to hand before you start?
- Can any part of the job be cut out or done more efficiently?
- Can you sit rather than stand to work?
- Can you slow down a bit?

Store things where you can reach them more easily. Organise your cupboards with the things you use most often at the front. Get rid of things you don't use.

Keeping fit and healthy

Why should I exercise?

Exercising helps to keep your muscles strong and your joints moving. You can even exercise without putting strain on your joints. Joint protection and exercise work together. Joint protection reduces strain on your joint, while exercise strengthens the muscles around the joint so that they can help to support it.

See Arthritis Research UK booklet *Keep moving*.

What can I do to improve my grip?

Many people with hand arthritis find their grip weakens and their hands become stiffer. This can be very frustrating. Regular hand exercises will improve your grip. Do them most days for short periods a couple of times a day. Start slowly and build up the amount of exercise you do over several weeks. Ask to be referred to a rheumatology occupational therapist, physiotherapist or hand therapist for extra exercises to suit your particular needs.

Should I follow a special diet?

Being overweight puts extra burden on your weight-bearing joints (back, hips, knees, ankles and feet) when they're already damaged or under strain. Because of the way joints work, the pressure in your knee joints is five to six times your body weight when you walk. For this reason, it's important to keep to a healthy weight. You can do this by taking regular exercise, for example swimming, which is particularly good for people with arthritis because the water supports your joints. Eating a Mediterranean-style diet with lots of fruit and vegetables, oily fish, nuts, seeds and olive oil is good for providing all the nutrients and vitamins you need.

Some people take dietary supplements to help protect their joints, for example glucosamine sulphate and chondroitin, which can be found in some supermarkets and health food stores. Generally speaking supplements are relatively well tolerated, but you should speak to your doctor about taking them because some can interfere with other medication, for example St John's wort stops the contraceptive pill working properly. If you decide to try any supplement, you should question what they're doing for you, and base your decision to continue on whether you notice any improvement.

See Arthritis Research UK booklets and special report *Complementary and alternative medicine for arthritis; Diet and arthritis; Complementary and alternative medicines for the treatment of rheumatoid arthritis, osteoarthritis and fibromyalgia.*

How can I care for my feet?

Having painful feet can limit you getting out of the house for work, leisure, shopping and exercise. Good shoes help to protect your feet in the long term. Ask to be referred to a rheumatology podiatrist if you have rheumatoid arthritis and your feet are painful or starting to change shape.

See Arthritis Research UK booklet *Feet, footwear and arthritis.*

How can family and carers help?

Learning about the methods described here can help family and carers to understand some of the problems people with arthritis face. Some people find it very helpful if their family or friends

become involved as they practise some of the ideas mentioned in this booklet. If they're supportive, give you feedback on how you're doing and help you to find solutions to problems, you may find you're able to adopt the new movements or activities more quickly.

See Arthritis Research UK booklets
Caring for a person with arthritis; Everyday living and arthritis.

Who else can provide help and support?

The healthcare professionals attached to rheumatology units help support people in adapting their lifestyle. This can include nurses, occupational therapists and physiotherapists. Your occupational therapist will discuss this booklet with you and suggest more ways you can reduce aches, pain and strain, which may help to slow down the development of joint deformities.

Because changing the habits of a lifetime can be very difficult to do, many people find it helpful to get together with others who wish to do the same. Many occupational therapy departments offer joint protection programmes, where groups of people with arthritis support each other through learning and practising activities together. This may be part of an overall programme for people with arthritis.

If you find the self-help methods suggested here useful, you may like to join a local group. Arthritis Care, a national organisation with local branches, runs a programme called Challenging Arthritis, which teaches self-management techniques for people with any kind of arthritis. The National Rheumatoid Arthritis Society (NRAS) run a programme for people with rheumatoid arthritis. There are similar programmes available locally for people with long-term medical conditions like arthritis. Ask at your doctor's surgery or rheumatology unit about the NHS Expert Patient Programme.

See Arthritis Research UK booklets *Meet the team; Occupational therapy and arthritis; Physiotherapy and arthritis.*

Glossary

Bursa – a small pouch of fibrous tissue lined (like a joint) with a synovial membrane. Bursae help to reduce friction; they occur where parts move over one another, for example, where tendons or ligaments pass over bones. Others, however, form in response to unusual pressure or friction – for example, with a bunion.

Flare-up – periods where your joints become inflamed and painful, sometimes known as 'flares'.

Hand therapist – a trained occupational therapist or physiotherapist who restores hand function and can assist with emotional and psychological support. Hand therapists also treat other upper limb disorders that affect hand function.

Inflammation – a normal reaction to injury or infection of living tissues. The flow of blood increases, resulting in heat and redness in the affected tissues, and fluid and cells leak into the tissue, causing swelling.

Occupational therapist – a trained specialist who uses a range of strategies and specialist equipment to help people to reach their goals and maintain their independence by giving practical advice on equipment, adaptations or by changing the way you do things (such as learning to dress using one-handed methods following hand surgery).

Osteoarthritis – the most common form of arthritis (mainly affecting the joints in the fingers, knees, hips), causing cartilage thinning and bony overgrowths (osteophytes) and resulting in pain, swelling and stiffness.

Physiotherapist – a trained specialist who helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

Podiatrist – a trained foot specialist. The terms podiatrist and chiropodist mean the same thing, although podiatrist tends to be preferred by the profession. NHS podiatrists and chiropodists are registered with the Health Professions Council (HPC), having followed a three-year university-based training programme. The podiatrist or chiropodist can deal with many of the foot problems caused by arthritis.

Rheumatoid arthritis – an inflammatory disease affecting the joints, particularly the lining of the joint. It most commonly starts in the smaller joints in a symmetrical pattern – that is, for example, in both hands or both wrists at once.

Tendon – a strong, fibrous band or cord that anchors muscle to bone.

Where can I get more information?

Further reading

The Arthritis Helpbook: A Tested Self-Management Program for Coping with Arthritis and Fibromyalgia by Kate Lorig and James F Fries. 6th edition. Da Capo Press, 2006. ISBN: 978-0-738210-38-4

Tips for Good Living with Arthritis. Arthritis Foundation, USA, 2001. ISBN: 978-0-912423-27-2
This book is published in the USA but can be ordered via a good book store or from online booksellers in the UK. You can also order it from the Arthritis Foundation website: www.arthritis.org.

Arthritis: Improve your health, ease pain, and live life to the full by Howard Bird, Caroline Green et al. Dorling Kindersley, 2009. ISBN: 978-1-405344-18-0

If you've found this information useful you might be interested in these other titles from our range:

Conditions

- *Osteoarthritis*
- *Rheumatoid arthritis*

Therapies

- *Occupational therapy and arthritis*
- *Physiotherapy and arthritis*

Self-help and daily living

- *Caring for a person with arthritis*
- *Complementary and alternative medicine for arthritis*
- *Complementary and alternative medicines for the treatment of rheumatoid arthritis, osteoarthritis and fibromyalgia (63-page special report)*
- *Diet and arthritis*
- *Everyday living and arthritis*
- *Fatigue and arthritis*
- *Feet, footwear and arthritis*
- *Gardening and arthritis*
- *Keep moving*
- *Meet the team*
- *Pain and arthritis*
- *Practitioner-based complementary and alternative therapies for the treatment of rheumatoid arthritis, osteoarthritis, fibromyalgia, and low back pain (66-page special report)*
- *Sleep and arthritis*
- *Splints for arthritis of the wrists and hands*
- *Work and arthritis*

You can download all of our booklets and leaflets from our website or order them by contacting:

Arthritis Research UK
Copeman House
St Mary's Court
St Mary's Gate, Chesterfield
Derbyshire S41 7TD
www.arthritisresearchuk.org

Related organisations

The following organisations may be able to provide additional advice and information:

Arthritis Care
Floor 4, Linen Court
10 East Road
London N1 6AD
Phone: 020 7380 6500
Helpline: 0808 800 4050
Email: info@arthritiscare.org.uk
www.arthritiscare.org.uk

AskSARA (part of the Disabled Living Foundation)
www.asksara.org.uk
Ask SARA gives helpful advice on gadgets and equipment to make everyday activities easier. The website will ask you to select the topic you're interested in (for example cooking) and answer a few questions before giving a personalised report.

Assist UK (for information on Disabled Living Centres)
Redbank House
4 St Chad's Street
Manchester M8 8QA
Phone: 0161 832 9757
Email: general.info@assist-uk.org
www.assist-uk.org

British Association of Occupational Therapists and College of Occupational Therapists
106–114 Borough High Street
London SE1 1LB
Phone: 020 7357 6480
www.cot.org.uk

Disabled Living Foundation (DLF)
380–384 Harrow Road
London W9 2HU
Phone: 020 7289 6111
Helpline: 0845 130 9177
Email: info@dlf.org.uk
www.dlf.org.uk

Disability Rights UK (formerly Disability Alliance, RADAR and the National Centre for Independent Living)
12 City Forum
250 City Road
London EC1V 8AF
Phone: 020 7250 3222
Email: enquiries@disabilityrightsuk.org
www.disabilityrightsuk.org

NHS Expert Patients Programme
For details of courses in your area, visit:
www.expertpatients.co.uk

National Rheumatoid Arthritis Society (NRAS)
Unit B4 Westacott Business Centre
Westacott Way
Littlewick Green
Maidenhead SL6 3RT
Phone: 0845 458 3969
Helpline (freephone): 0800 298 7650
Email: helpline@nras.org.uk
www.nras.org.uk

Links to sites and resources provided by third parties are provided for your general information only. We have no control over the contents of those sites or resources and we give no warranty about their accuracy or suitability. You should always consult with your GP or other medical professional.

Notes

We're here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We're the UK's fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We're working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We'll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you'd like to receive our quarterly magazine, *Arthritis Today*, which keeps you up to date with current research and education news, highlighting key projects that we're funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers' hints and tips for managing arthritis.

Tell us what you think

Please send your views to:
feedback@arthritisresearchuk.org
or write to us at:
Arthritis Research UK, Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, Derbyshire S41 7TD

A team of people contributed to this booklet. The original text was written by Alison Hammond and Paula Jeffreson, who have expertise in the subject. It was assessed at draft stage by research occupational therapist Mary Grant and ESP physiotherapist Astrid Matts. An **Arthritis Research UK** editor revised the text to make it easy to read and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Sarah Ryan, is responsible for the content overall.

Arthritis Research UK

Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying products from our online and high-street shops.

To get more **actively involved,** please call us on **0300 790 0400**, email us at **enquiries@arthritisresearchuk.org** or go to **www.arthritisresearchuk.org**

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Tel **0300 790 0400**
calls charged at standard rate

www.arthritisresearchuk.org

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