

Occupational Therapy's Role in Managing Arthritis

An estimated 1 in 5 adults (46 million) and 1 in 250 children (294,000) are diagnosed annually with arthritis in the United States.¹ Further, the Centers for Disease Control and Prevention projects that the prevalence of arthritis will increase to 67 million adults by 2030. More than 100 inflammatory and noninflammatory conditions are categorized as arthritis and affect joints and the tissue surrounding them.¹ The most common arthritic conditions are osteoarthritis (degenerative joint disease), childhood arthritis, fibromyalgia, general arthritis, gout, rheumatoid arthritis, and systemic lupus erythematosus (SLE or lupus). These conditions present with symptoms such as joint and muscle pain, morning stiffness, swelling, and fatigue. Occupational therapy practitioners treat individuals with arthritic conditions to increase or preserve mobility so they are able to perform activities that are necessary or desired in areas such as self-care, home management, work, and leisure and social participation.



Who Are Occupational Therapy Practitioners?

Occupational therapists and occupational therapy assistants are health care professionals who are committed to empowering individuals with arthritis to live life to its fullest. Occupational therapy practitioners have specialized knowledge and skills to create or modify environments that enable people to do those things they want and need to do. They have a thorough understanding of anatomy, pathology, and the physical and emotional demands that daily activities place on the body. Occupational therapy practitioners engage clients in programs that increase their knowledge about the disease process, show them how to manage pain and related manifestations, and promote their ability to participate in meaningful activities (occupations).

Occupational Therapy's Role in Managing Arthritis

The occupational therapy process begins with an evaluation to determine what the client wants and needs to do, and how these activities are being affected by arthritis. It includes a thorough analysis of the client's performance abilities in order to establish an intervention plan. The evaluation may include assessment of joint range of motion, muscle strength, pain and sensation, and activity endurance. An occupational therapist evaluates a client's need for orthotics/splints, adaptive equipment, and home and work environmental modifications. If a client undergoes surgery, appropriate postsurgical protocols are incorporated into the evaluation process and intervention planning.

Intervention strategies may include:

- Physical agent modalities (e.g., heat, cold) to assist with pain management, enhancing the client's ability to perform daily tasks
- Techniques to manage or control edema and inflammation, including limb elevation, compression garments, exercise, and splinting
- Therapeutic activities and exercises to promote gross and fine motor control, range of motion, endurance, and strength, thereby improving functional abilities with daily tasks such as self-care, home management, and work and leisure activities
- Provision of custom or prefabricated orthotic devices to assist with controlling pain, maintaining functional positions of the hand, and enhancing function

- Training in the use of joint protection and energy conservation techniques, including the use of adaptive and assistive devices and modified daily routines to ensure adequate rest and to avoid overuse
- Ergonomic assessment and activity modifications in home, work, and school settings

These approaches educate clients to plan, simplify, and pace tasks as a way of protecting joints; reducing strain, fatigue, and pain; and avoiding joint and tissue overuse while participating in activities. Modification and adaptability go hand in hand with energy conservation and joint protection. Easy-grip handles, adjustable shelves, grab bars, a raised toilet seat, a chair with arms, and removal of clutter are examples of adaptive equipment and approaches that can be used to positively influence a client's independence in the environment. These combined strategies address clients' functional needs and maintain or increase their participation in home, work, leisure, and community activities by accommodating for decreased joint motion, strength, and endurance.

Self-Management and Psychosocial Factors of Arthritis

Occupational therapy practitioners are skilled in the behavioral health education of persons and families living with chronic illness. Decreased physical ability and mobility, and everyday stressors require practitioners to acknowledge and support the importance of stress management and coping strategies through exercise, relaxation techniques, and nutrition. Self-management and engagement in therapeutic activities and exercise programs decrease pain and depression and increase functional abilities, improve sleep, and enhance overall health.² Self-management is one of the most important aspects of arthritis care because arthritis is a chronic condition; occupational therapists collaborate with clients to find effective strategies to manage and control symptoms by addressing specific goals that target purposeful activities that are meaningful to them.

Value of Occupational Therapy With the Elderly

Aging with arthritis means coping with change. Approaching each person as a unique individual, occupational therapy practitioners create client-centered care. They understand the physiological and psychosocial changes that come with aging and the challenges of managing a chronic condition. Collaborating with occupational therapy practitioners will help to maximize performance abilities and promote independence in self-care, work, family, and community activities regardless of limitations.

Where Are Occupational Therapy Services Provided?

Occupational therapy practitioners are employed by private and community outpatient clinics, hospitals, and home-care services. Medicare, HMOs, and other health insurance policies cover their services. A physician's prescription is generally required for occupational therapy services for insurance reimbursement, and insurance authorization must be obtained prior to treatment.

References

1. Centers for Disease Control and Prevention. (2010). *Arthritis: Meeting the challenge: At a glance 2010*. Retrieved December 27, 2010, from <http://www.cdc.gov/chronicdisease/resources/publications/aag/arthritis.htm>
2. Boutaugh, M. L. (2003). Arthritis Foundation community-based physical activity programs: Effectiveness and implementation issues. *Arthritis Care and Research*, 49(3), 463–470.

Developed by Lenore Frost, PhD, OTR/L, CHT, and Fran Harmeyer, OTR/L, for the American Occupational Therapy Association. Copyright © 2011 by the American Occupational Therapy Association. This material may be copied and distributed for personal or educational uses without written consent. For all other uses, contact copyright@aota.org.

Living Life To Its Fullest™
O C C U P A T I O N A L T H E R A P Y

Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client's psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.

