Looking after your joints when you have arthritis

This booklet provides information and answers to your questions about looking after your joints.
If you have arthritis, it makes sense to start looking after your joints as soon as you’ve been diagnosed. This booklet will be useful for people with inflammatory arthritis and osteoarthritis. 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 in the booklet.
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**What is joint protection?**

Joint protection is about using your joints in ways that will help to reduce pain and strain and allow 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, e.g. 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.

**When should I start looking after my joints?**

You should start as soon as you notice your joints are affected by arthritis, i.e. 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.

**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 work in
• becoming better organised
• getting a good night’s sleep.

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

Who can help?
You’ll probably have some ideas of your own about reducing the strain on your joints, but if you’re in any doubt, you could seek advice and discuss your ideas with an occupational therapist (OT) or hand therapist. Some rheumatology occupational therapy departments run joint protection education programmes to help you make practical changes, make these beneficial changes permanent and swap ideas with others.
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 tire 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 identify 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.

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, and 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.
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.

Bursa
The bursa helps to reduce friction in the joint.

Tendon

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.
Why do joints ache and hurt?
There are many reasons why joints ache and hurt, including:

**Inflammation inside the joints**
This 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. Although walking puts pressure on your knee joints and feet, being overweight or carrying a heavy load will further 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 tire more quickly. Also, when joints are affected by arthritis the ligaments may become slack, which means that the muscles have to work harder to keep the bones in place.

**Inflammation in the structures around the joint**
Inflammation may occur:
- in a bursa, which normally allows the muscles and tendons to run smoothly over our joints – inflammation often occurs in bursas in the shoulder and hip joints
- in the ligaments that hold joints together – this frequently happens around the knee joint.

**Referred pain**
Sometimes we feel pain in one part of the body when the problem is somewhere else. An example of this is sciatica, where a nerve is injured in the back but the pain is often felt in the leg.

Your doctor or therapist will try to work out the cause of the pain and 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 slip out of shape and deformities develop.

In rheumatoid arthritis, which is caused by inflammation in the lining of the joint, the ligaments are stretched and can 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. Hands are particularly vulnerable as we place a lot of strain on them during the course of the day. These deformities can cause problems with activities that require a good grip.
Figure 3
Typical hand deformities in rheumatoid arthritis

- Ulnar drift
- Knuckle subluxation (partial dislocation)
- Wrist subluxation
- Finger swan neck
- Finger boutonniere
- Z-shaped thumb

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)
- 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 5 years, so have a look at your own hands carefully and see if any of them have started to happen (see Figure 3). If you notice early that any of your joints are becoming deformed, you can change the way you do things to reduce the strain on them.

In osteoarthritis, which is a wear process, knobbly fingers (Heberden’s nodes and Bouchard’s nodes) are common types of deformity (see Figure 4). There may also be reduced movement and pain at the base of the thumb. This is often associated with buckling of the main thumb joint. If you notice early 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 so tired.
- Try to get a good night’s sleep.
- Keep to your ideal weight to reduce pressure on the hips, knees and feet.
- Try to keep as fit as possible and build up muscle stamina through regular exercise.
- Do exercises most days to improve your strength. A hand therapist 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 the 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?
- 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 joint protection.

Figure 4

Typical hand deformities in osteoarthritis

- Heberden’s nodes
- Squaring of the thumb joint
Looking after your joints when you have arthritis
Healthcare professionals often use the term 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 – it can serve 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. Some people find that compression (isotoner) gloves are also helpful in reducing pain and swelling and are easier to wear (see Figure 5).

See Arthritis Research UK booklets
Gardening and arthritis; Splints for arthritis of the wrist and hand.
(a) An elastic wrist splint gives support while you’re working
(b) An elastic thumb splint
(c) A resting splint
(d) A compression glove
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 forearm.

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, which can be found at many department stores or supermarkets. 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 help you find these.
• Reduce the weight of what you lift.
• If you can’t reduce the weight, shift, not 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
• use padding to enlarge the grip on things such as your pen, knife, toothbrush or spanner.
Figure 6
Use stronger joints for simple tasks.

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

Figure 7
Spread the load across more joints.

Instead of using one shoulder, try using two shoulders to spread the load.
Figure 8
Reduce the risk of deformity.

(a) Instead of this...

(b) A cup with a small curved handle pushes the fingers into an awkward position...

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

...try this (pouring with two hands).

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

...try using both hands.
How can I avoid positions that push my joints towards deformity?

By becoming aware of how you use your hands, you can identify 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 so it’s supported evenly through both legs, standing with your hips square and facing forward.
- Use a grip that keeps the wrists straight and the fingers in line with the wrist when carrying things (see Figure 9). 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:

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 bad 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.

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.
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.

See Arthritis Research UK booklet _Fatigue and arthritis._

**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:
Looking after your joints when you have arthritis

- 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?
- Can you say no to yourself when your own expectations are too high?
- 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 at the end of the week ask yourself if it’s made a difference.

**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

![Figure 10](Image)

**Figure 10** Make sure that work surfaces are at the right height.
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. Your local Jobcentre Plus office can put you in touch with Disability Employment Advisers who can do the assessment. They can advise you on changing the way you work and on equipment that may help you to do your job more easily. If necessary, they can also help with retraining for more suitable work.

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.*

<table>
<thead>
<tr>
<th>If pain and stiffness during the night are affecting your sleep:</th>
<th>If you’re having difficulty winding down:</th>
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<tbody>
<tr>
<td>• Take some painkillers before bed.</td>
<td>• Avoid eating a big meal late in the evening.</td>
</tr>
<tr>
<td>• Have a warm bath or shower to help you relax.</td>
<td>• Avoid drinking tea, coffee or alcohol for a couple of hours before bedtime. Try a hot, milky drink instead.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• Get into a bedtime routine. Try to go to bed at the same time every night.</td>
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<tr>
<td>• Use fewer pillows if you have neck pain, or ask your doctor for a soft surgical collar to wear while you sleep.</td>
<td>• Do a few gentle stretching exercises, have a warm bath or shower and listen to some relaxing music. Take time for yourself.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• Make your bedroom a relaxing place with low lighting, relaxing colours and no clutter, computer or TV.</td>
</tr>
<tr>
<td>• If your hands are painful, resting splints may help.</td>
<td>• Concentrate on your breathing and work through a relaxing technique.</td>
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Looking after your joints when you have arthritis

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 the joint capsule and ligaments. These can become slack if you have arthritis, and straining them can make this worse.

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 or hand therapist for extra exercises to suit your particular needs.

Should I follow a special diet?
Being overweight puts an extra burden on the 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 5–6 times your body weight when you walk. For this reason, it’s important to maintain 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 the 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 be critical of 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 things 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. The 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) is also developing 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.

**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 therapist who helps you to get on with your daily activities (for example dressing, eating, bathing) by giving practical advice on aids, appliances and altering your technique.

**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 therapist 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 state-registered, having followed a 3-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.

Where can I get more information?

**Further reading**


This book is published in the US but can be ordered via a good book store or from online booksellers in the UK. You can also order direct from the Arthritis Foundation, PO Box 932915, Atlanta, Georgia 31193-2915, USA. Telephone orders: 001 800 283 7800, or order via the ‘Store’ then ‘Books’ section of the web site: www.arthritis.org.

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**
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- Complementary and alternative medicines for the treatment of rheumatoid arthritis, osteoarthritis and fibromyalgia (80-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
- 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**
PO Box 177
Chesterfield
Derbyshire S41 7TQ
Phone: 0300 790 0400
www.arthritisresearchuk.org

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

**Arthritis Care**
18 Stephenson Way
London NW1 2HD
Phone: 020 7380 6500
Helpline: 0808 800 4050
www.arthritiscare.org.uk

**Assist UK** (Disabled living centres)
1 Portland Street
Manchester M1 3BE
Phone: 0161 238 8776
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
You can try out tools and equipment designed to make everyday tasks easier at Disabled Living Centre branches across the UK.

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

The Ask SARA website can provide practical advice on gadgets/equipment to make everyday activities easier.

**NHS Expert Patients Programme**
For details of courses in your area, visit: www.expertpatients.nhs.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
www.nras.org.uk

**Royal Association for Disability & Rehabilitation (RADAR)**
12 City Forum
250 City Road
London EC1V 8AF
Phone: 020 7250 3222
www.radar.org.uk
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 of our booklet

Please send your views to: feedback@arthritisresearchuk.org or write to us at: Arthritis Research UK, PO Box 177, Chesterfield, Derbyshire S41 7TQ.

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 senior occupational therapist in hand therapy Kirsty Bancroft, rheumatology specialist occupational therapist Debbie Fletcher and Tracy White. 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 Houghton, is responsible for the content overall.
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 gifts from our catalogue

To get more actively involved, please call us 0300 790 0400 or e-mail us at enquiries@arthritisresearchuk.org

Or go to:
www.arthritisresearchuk.org

Providing answers today and tomorrow