



Joint Protection

- Occupational Therapists use joint protection as a core component in the management of people with arthritis.
- The focus of JP tends to be with inflammatory conditions
- However it can be applied with people with OA, to reduce the 'wear and tear' on joints.

Why do we?

- The functional activities we engage in on a daily basis places strain and stresses on our joints.
- However, the joints of people who have an underlying inflammatory condition can be even more vulnerable.

The aim of joint protection

- Enhance an individual's quality of life
- Reduce pain
- Reduce early morning stiffness
- Reduce flare-ups
- Help limit the development and/or progression of deformities.

To Achieve this

- ADL's are assessed to identify whether any of these activities are encouraging deformities and/or causing pain.
- For there to be any improvements advice and techniques need to be take on board, and changes to their behaviour/routines need to be made.

The emphasise is doing activities differently and not having to give them up

Difficulties in Making Changes

- Recalling advice given correctly
- Feeling the advice is inappropriate to them at this stage
- Difficulty in changing lifelong habits

JP Include Various Strategies

- Exercise
- Splinting
- Rest
- Energy conservation
- Reducing Forces on Joints
- Gadgets

Splinting

Resting Splints

Reduce pain/inflammation
Rest hands in a 'normal' position

Working Splints

Correct deformity/ Facilitate function
Reduce pain
Support weak structures

Reduce Forces on Joints

- Make changes to grips
- Reduce or avoid any weight on small joints
- Use larger joints when possible
- Avoid staying in one position for too long
- Avoid positions of deformities and forces in their direction

Gadgets

- Tap levers
- Can/jar openers
- Chunky cutlery
- Mesh baskets
- Kettle tipper/travel kettle

and many more...

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