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## Occupational Therapy and Psoriatic Arthritis

This information is produced by the  
Psoriasis and Psoriatic Arthritis Alliance

[www.papaa.org](http://www.papaa.org)



### Introduction

This leaflet aims to explain what occupational therapy is and the sort of help you might expect from an occupational therapist. It cannot be comprehensive and therefore does not claim to cover all the possible problems encountered by someone with psoriatic arthritis.

### About psoriasis and psoriatic arthritis

Psoriasis (sor-i-'ah-sis) is a long-term (chronic) scaling disease of the skin which affects around 1 in 50 people, which is about 1.3 million, or around 2% of the UK population. It usually appears as red, raised, scaly patches known as plaques. Any part of the skin surface may be involved but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy but is not usually painful. Nail changes, including pitting and ridging, are present in nearly half of all those who have psoriasis.

For those that have psoriasis around 1 in 3 may develop an associated psoriatic arthritis (PsA), which is about 400,000 people, or around 0.6% of the UK population. Psoriatic arthritis can cause pain, swelling and early morning stiffness in the joints and tendons. The most commonly affected sites are the hands, feet, wrists, ankles, lower back and neck. There is a spectrum of severity, with most people experiencing mild to moderate symptoms, but a few suffering more severe symptoms. If left untreated, psoriatic arthritis may result in long-term disability, reduced quality of life and employment difficulties. Psoriatic arthritis usually starts between the ages of 20 and 50, and affects men and women in equal proportion.

For more detailed information on psoriasis and psoriatic arthritis, see our leaflets ***What is psoriasis?*** and ***What is psoriatic arthritis?***

### What is occupational therapy?

“Occupational therapy is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in everyday life.”

WORLD FEDERATION OF OCCUPATIONAL THERAPISTS, 2010

Occupational therapy enables people to manage, to the best of their ability, all types of daily living skills which may have been affected by physical or mental illness. Occupational therapists may be employed in hospitals, social services departments, community rehabilitation teams and many other settings.

### **What can occupational therapy do to help people with psoriatic arthritis?**

When you have psoriatic arthritis, pain, stiffness and fatigue may make it more difficult to perform everyday activities such as dressing, making meals, driving, sleep, household chores, work, socialising and hobbies. An occupational therapist will work with you to help you find ways to overcome these difficulties. They will assess your physical restrictions, as well as listen to how you are coping with them emotionally, and together you will agree a treatment plan. You can expect to receive guidance on:

- ways to protect your joints from further pain and stress
- problem-solving to overcome difficulties with everyday tasks
- equipment if required, to make daily tasks easier
- splints or supports for your joints
- pacing yourself to save energy and manage your symptoms
- relaxation and ways of improving sleep
- fatigue management
- strategies to help you to stay in work
- exercises to maintain joint range of movement, strength and function

### **What can I do to protect my joints?**

Occupational therapists can teach you joint protection techniques; some departments offer this via individual sessions and sometimes as a joint protection group programme, which has the benefit that you meet others with a similar condition. In this next section you'll discover how to apply joint protection principles to everyday tasks:

#### **Avoid staying in one position for too long**

Some activities require you to maintain a single position and so restrict joint movement for long periods of time (eg sewing, driving, reading and even sitting in front of a computer screen). These activities tire your muscles and tired muscles are less able to support your joints, which may lead to pain and damage.

#### **Pace yourself**

Learn to take a break or change position you get too stiff and before pain increases. During breaks, move or rest your joints. Avoid standing or sitting for long periods of time. Use a timer to remind yourself to change position

regularly. If you use a computer for long periods, you can download software which will provide alerts on your screen at set intervals.

### **Avoid gripping tightly or pinching**

Some people with PsA experience problems with the joints in their hands. A tight grip puts a lot of strain on knuckles and thumb joints and may increase your pain. You'll tend to use a tight grip when you do things like writing, knitting, using a screwdriver and holding cutlery, a key or a toothbrush.

- Choose pens, cutlery, utensils, combs, keys and toothbrushes with thicker or padded handles. You can even buy foam to pad these items yourself. You will find it takes less effort to grip a large soft handle than one that is small and hard. Pen grips come in a various shapes and sizes.
- Do not struggle to open packages with your fingers – use scissors or a knife instead.
- Place your palm flat on top of the tap to turn it on and off.
- When washing windows, worktops or other flat surfaces, do not grip the cloth or sponge tightly. Use a flat hand to clean instead.
- Do not remove water from a cloth by twisting or wringing it out. Instead press the cloth or sponge against the side of the sink with your palm to squeeze out excess water.
- If you do have to use a pinching or gripping action, take frequent breaks to rest your hands briefly.

### **Use your joints in a good position**

Joints work best in certain positions. When they are used in the wrong position, such as when twisting, extra force is placed through the joint and the muscles are unable to work as well as they should, which may result in pain and, over time, deformity. Avoid actions which push your joints into unnatural positions.

- Try to avoid activities which encourage your fingers to drift towards your little finger, such as lifting a saucepan or plate with one hand. Use two hands instead or, where possible, slide these objects over the work surface rather than carrying them.
- Avoid resting your chin on your knuckles or pushing up from a chair using your knuckles. Try to use the heel of your hand instead.
- Use mugs with large, thick handles or place fingers around the mug, provided that it is not too hot. A cup with a small curved handle pushes the fingers into an awkward position.

- Use good posture and correct lifting and handling techniques. An occupational therapist can provide you with further information.

### **Use the strongest, largest joints possible**

Stronger, larger joints can manage greater forces than smaller, weaker joints.

- Use your hip or shoulder instead of your hand to push a door open or close a drawer.
- Use the palms of your hands under a plate or cup instead of taking all the weight through your fingers (only if the plate is not too hot). Carefully use oven-gloves if you are picking up a hot plate.
- Carry light bags from a strap on your arm or shoulder or across your body rather than using your hands.
- Push objects with your weight rather than pulling with your fingers. This uses your hip and leg joints to do the work instead of your arm and hand joints.

### **Use correct lifting and handling techniques**

- n Hold objects close to your body, hugging the object with both arms, rather than using your fingers. This way the larger shoulder and elbow joints take the stress rather than the smaller wrist and finger joints.
- Lift objects by bending the hips and knees instead of bending at the spine.
- Can you divide the load and carry less?

### **Spread the load over several joints where possible**

- Whenever you can, try to use two hands to carry objects rather than one.
- Carry a backpack on both shoulders rather than just one, or a cross body bag.
- Buy cooking pots and pans with two handles.

### **Respect pain**

If pain continues for more than an hour after an activity has stopped, this means that the activity was too much and should have been changed or stopped sooner. Learn to pace yourself by taking short breaks or changing position before you get too stiff and before pain increases.

## **Exercise for muscle strength and range of motion**

While too much activity can place excess stress on joints, a lack of movement can cause joints and muscles to stiffen. Exercise is an important part of strengthening the muscles around the joint and maintaining bone strength. Exercise can also assist in maintaining an ideal body weight, which is important as excess weight may add extra stress to joints. It is important to talk to a healthcare professional about an appropriate exercise routine tailored to your individual capabilities. Your occupational therapist (or physiotherapist) can provide exercises to maintain range of movement and strength. For general exercises see our **Physiotherapy and Exercise: Psoriatic Arthritis** leaflet.

## **Reduce the weight of objects you carry**

Not only is it important to keep your own weight down to reduce stress on your joints, it is also important to reduce the weight of the things you need to carry.

- Lightweight equipment can be purchased for kitchen, DIY or housework tasks. For example, travel kettles and travel hairdryers are normally much smaller and more lightweight than standard ones.
- Shopping bags should not be too heavy. Use a wheeled trolley for shopping and about the house to carry things.
- When making a hot drink, use only the amount of water necessary and fill the kettle and saucepan using a lightweight jug instead of having to lift the heavy kettle or saucepan.
- Slide pots and pans along the work surface rather than carrying them.
- Cook vegetables or pasta in a basket within a pan so you can drain them easily and leave the water to cool down.
- Wherever possible, delegate the task to someone else if the object is too heavy for you to carry without increasing your pain.

## **Furniture height**

If you struggle when getting up from your bed, chair or toilet, you have several options available. When you next replace your furniture, consider having slightly higher items, as this may make it easier and cause less strain on your knees and wrists. However, ensure that they are not so high that your feet are dangling. You should be able to place your feet flat on the floor when you are sitting on them. You could also ask to be referred to a physiotherapist, for leg-strengthening exercises which will make it easier to get up after sitting or lying down. Your table and chair should be at a comfortable height when working. An occupational therapist can provide further information about the ergonomics of workstations.

## Helpful equipment

If you find a particular activity painful, certain equipment can make a task easier by protecting joints and reducing the stress placed on smaller and weaker body parts. Occupational therapists can provide information and more specific advice on equipment and techniques which may assist in performing everyday tasks.

- Choose fittings that can be easily operated, like lever taps rather than knobs. Lever tap adaptors can be fitted onto your original tap fittings.
- When possible, put heavy or bulky objects on wheels. For example, kitchen and shopping trolleys, laundry baskets and suitcases can be very helpful.
- Use labour-saving electrical items such as food processors, dishwashers and tin openers.
- Kettle and teapot tippers are available to help lift and pour. Hot water dispensers can also be useful.
- Cutlery can be padded or you can buy special, adapted cutlery.
- You can also buy utensils designed to reduce physical effort and which help to keep your joints in good positions, eg large-handled vegetable peelers and angled knives.
- Adapted scissors can be purchased if you find it difficult to grip standard scissors.
- Long-handled versions of items such as dustpans, shoehorns and even sponges can reduce or even eliminate bending and stooping.
- Non-slip mats can help to stabilise plates, bowls, chopping boards etc.
- Equipment is available for the bath, shower and toilet, such as bath boards, shower seats, raised toilet seats and grab rails. An occupational therapist can advise you about this equipment and may be able to supply it. If larger adaptations such as a wet room or stair lift are required, your social services occupational therapist will assess you and advise you about funding.
- If you find it difficult to dress yourself, there is equipment available to make it easier, such as buttonhooks, reaching aids, long shoehorns, sock aids and hook and loop fasteners (Velcro®). This equipment may also reduce the effort needed to get dressed.
- If you struggle to move around in bed or get on and off your bed or chair, the furniture can sometimes be adapted. Some people find it helpful to have an adjustable bed, a rail, or a piece of equipment to help them raise their heads off the bed.

## **Splints**

Your occupational therapist may suggest the use of splints, such as wrist or thumb splints, during activities which are painful. However, these should only be used during particular tasks to provide support to painful joints, rather than being worn constantly, as this may affect your strength over time. Splints can also be recommended for night-time if you have difficulty sleeping due to hand/wrist pain. They should be used in conjunction with a prescribed exercise programme. It is important to discuss your needs with a trained healthcare professional before you use splints.

## **What about work?**

It may be that your condition makes it difficult to do your current job or to find suitable employment. If you have a long-term condition (12 months or more) which has a substantial effect on your ability to carry out normal day-to-day activities, then you may be entitled to certain help under the Equality Act 2010. An occupational therapist can advise you on what help is available and may provide advice to help you feel more confident when discussing “reasonable adjustments” with Your employer. They can also look at the activities you carry out at work and suggest ways of performing them which may reduce the strain on your body. If you have a desk-based job and use a computer, consider downloading free software to remind you to take breaks. If you are not working, an occupational therapist may also advise you on studying or retraining options. The disability employment advisor at your local job centre can advise you about programmes and support to get you back into work.

## **Plan and structure routine**

It is important that you keep active but do not try to push through pain. Your occupational therapist can help you look at how you plan and structure your time so that you avoid either long periods of rest, repetitive movements or excessive activity. A regular eating and sleeping pattern is very important and you should try to avoid prolonged exposure to stress.

## **Relaxation**

Relaxation is a key skill in managing long-term pain. Many occupational therapists spend time on fatigue and sleep management, particularly in specialist rheumatology services. In some settings, occupational therapists are able to teach this skill and advise you on how to incorporate relaxation techniques into daily life.

## Conclusion

Occupational therapy is about doing the tasks that you want to do, but maybe in a slightly different way. An occupational therapist can help you find ways of protecting your joints and avoiding pain, show you how to manage your condition and become your own expert, and advise you on equipment and general lifestyle changes.

### How can I be referred for occupational therapy?

- Specialist rheumatology / hand occupational therapy services: ask your rheumatology consultant / nurse if this is available in your area and ask for a referral.
- Community occupational therapy: these services can be accessed by your GP or self-referral; try searching online within your specific county.

If you have any views or comments about this information or any of the material PAPAA produces you can contact us via the details on the back page or online at [www.papaa.org/user-feedback](http://www.papaa.org/user-feedback).

### Useful contacts:

For information about health matters in general and how to access services in the UK, the following websites provide national and local information.

- NHS UK: [www.nhs.uk](http://www.nhs.uk)
- NHS England: [www.england.nhs.uk/](http://www.england.nhs.uk/)
- NHS Scotland: [www.scot.nhs.uk/](http://www.scot.nhs.uk/)
- Health in Wales: [www.wales.nhs.uk](http://www.wales.nhs.uk)
- HSCNI Services (Northern Ireland): <http://online.hscni.net>

These are the official sites for the National Health Service and provide links and signposting services to recognised organisations and charities.

### Useful websites

British Association of Occupational Therapists and The Royal College of Occupational Therapists: [www.rcot.co.uk](http://www.rcot.co.uk)

Government services and information: [www.gov.uk](http://www.gov.uk)

For references used in the production of this and other PAPAA information contact us or go to: [www.papaa.org/resources/references](http://www.papaa.org/resources/references)

### About this information

This material was produced by PAPAA. Please be aware that research and development of treatments is ongoing. For the latest information or any amendments to this material, please contact us or visit our website:

www.papaa.org. The site contains information on treatments and includes patient experiences and case histories.

This leaflet was originally written by PAPAA. Fully reviewed and revised by Ms Lucy Swift, senior occupational therapist, Royal National Orthopaedic Hospital, Stanmore, Middx, UK. May 2013. And by Lucy Blenkiron, clinical specialist and lead OT, Avon Orthopaedic Centre, Southmead Hospital, Bristol, in April 2014 and by Karen Merrison, occupational therapy, rheumatology and pain team lead, Addenbrookes Hospital, Cambridge, in June 2016.

A further review was undertaken by Pru Biddle, advanced therapy practitioner in rheumatology at Connect Health UK in July 2019. Updated with minor revisions by PAPAA editorial team July 2020.

A lay and peer review panel has provided key feedback on the content used in this leaflet. The panel includes people with or affected by psoriasis and/or psoriatic arthritis.

### **Quality and accuracy**

The standard by which we produce information is based on the PIF TICK criteria, which is the UK-wide Quality Mark for Health Information. PAPAA was awarded the PIF TICK after a thorough application and assessment process and has shown that it meets the health information production process 10 point criteria. For more information about the PIF TICK process and criteria visit <https://pifonline.org.uk/pif-tick>

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