

Experts *in* Arthritis

Presentation Guide

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Table of Contents

INTRODUCTION	3
Slide 1: Welcome	4
Slide 2: Video (optional)	
Theresa’s Story — Rheumatoid Arthritis: Take Control.....	4
Roberta’s Story — Osteoarthritis: Take Control	5
MODULE 1: WHAT IS ARTHRITIS? TYPES AND SYMPTOMS	
Slide 3: Types of Arthritis/What Form of Arthritis Do You Have.....	7
Slide 4: Joints 101/A Look at Arthritis	8
Slide 5: Arthritis Symptoms	9
MODULE 2: TAKING CONTROL — THE CONCEPT OF SELF-MANAGEMENT	
Slide 6: Taking Control.....	11
Slide 7: Team Captain	12
Slide 8: Self-Management	13
MODULE 3: DIFFERENT ASPECTS OF TAKING CONTROL	
Slide 9: Benefits of Self-Management	15
Slide 10: Pain Management/Take Control of Pain	16
Slide 11: Emotional Health	18
Slide 12: Coping with Fatigue	19
Slide 13: Benefits of Being Active	20
Slide 14: The Right Fit?	21
Slide 15: Professional Physical Activity/Exercise Advice	22
Slide 16: Diet and Nutrition/ Healthy Eating Reduces Arthritis Symptoms	23
Slide 17: The Do’s of Healthy Eating with Arthritis	25
Slide 18: The Don’ts of Eating with Arthritis	26
Slide 19: The Supplements Story.....	27
Slide 20: Alternative Treatments.....	28
Slide 21: Alternative Treatments/Staying Vigilant	29
Slide 22: Social Strategies/Helping Those Around You Understand	30
MODULE 4: TAKE-HOME MESSAGES	
Slide 23: You and Your Healthcare Provider	33
Slide 24: What Have You Learned?	34
Slide 25: Take-Home Messages.....	35
Closing Slides	36
Additional Information and References	37

Introduction

This presentation of *Experts in Arthritis* is designed for use at sessions organized with the United States Bone and Joint Initiative, NFP (USBJI). It may not be copied or reproduced without written permission from the USBJI.

The presentation consists of 25 slides. The Presentation Guide is organized in two parts. Pages 4-37 provide an overview of what should be covered under each slide. For those seeking more detail, pages 38-48 provide additional information and references for each slide.

The presentation is structured around four main modules:

- **Module 1:** What is Arthritis? Types and Symptoms
- **Module 2:** Taking Control—The Concept of Self-Management
- **Module 3:** Different Aspects of Taking Control
 - What Does Self-Management Look Like?
 - Finding Ways to Control Symptoms: Pain, Fatigue, Sleep, Emotion
 - Physical Activity and Exercise
 - Good Nutrition
 - Being Judicious with Supplements and Alternative Medicines
 - Educating Those Around You
- **Module 4:** You and Your Healthcare Provider, Treatment and Shared Decision-Making, Take-Home Messages

Module 1 is preceded by a brief **welcome** slide, with optional videos and slides.

These materials are designed to promote **interaction** between you (the presenter) and the audience, maximizing their engagement and thus their retention of take-home messages.

To help you accomplish these goals, each module includes:

- **learning objectives** for each module;
- **slides** with headings to help the presenter prompt discussion and interaction with the audience, with:



- **learning objectives** for each slide;
- **key points** to emphasize (with the logo shown here to identify them more easily),
- **discussion questions** to help transition to the next slide and/or test how well the audience is retaining new information;
- **additional information** and **references** on subject matter under each slide heading;
- **citations** that refer to a specific piece of information and appear as footnotes.

An **Evaluation Metrics Sheet** with suggested answers to key questions will be provided to presenters.

Please e-mail a summary of answers (tracked on a flip chart page) to usbji@usbji.org so that the USBJI can maintain accurate metrics about *Experts in Arthritis* and its delivery.

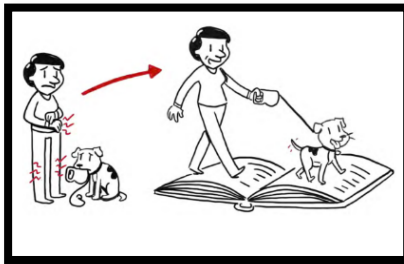
The information is offered to help patients and caregivers understand the condition and manage it more effectively, not to provide medical advice on their specific condition. **Audience members should be advised to always seek their healthcare provider's professional opinion about their joints and general state of health and treatment, and to seek their provider's advice before initiating any changes in lifestyle, diet, or exercise.**

Note: In this Guide, we use the term “healthcare provider” to apply to any healthcare provider, but “primary care provider (PCP)” or “doctor” to describe specific interactions with those members of a healthcare team.



Slide 1: Welcome

Welcome participants to *Experts in Arthritis*.



Slide 2: Videos (optional)

Options include:

- Showing one or both videos from www.ControlArthritis.org (or having them running as the audience arrives and settles in).
- Verbally presenting the storylines (e.g., if a projector, audio, or screen is not available). See below for talking points.
- Skipping this step altogether and launching directly into Module 1, after welcoming participants.

Theresa's Story — Rheumatoid Arthritis: Take Control

Theresa sits on her couch feeling sorry for herself, unable to take her dog Ginger for a walk and play fetch. Her joints are too swollen and painful to pick up the ball. She has RA – an inflammatory autoimmune disease.

Her rheumatologist prescribed medications but told her she must make lifestyle changes.

She searched social media for others with RA. Instead of the misery she expected to see, she found herself liking post after post from those with RA who had overcome challenges.

Inspired by her new friends, Theresa took her dog Ginger for a walk and posted a selfie with her dog. Physical activity helped her symptoms, including her emotions and general state of happiness. She and Ginger resumed daily walks, and she joined a weekly water aerobics class.

Theresa was motivated to eat more whole grains and vegetables. Her friend Darius' weight loss lessened pain and improved his mental health. He shared recipes for the Mediterranean Diet.

Theresa's new friends cautioned her about being fooled by ads for supplements promising a cure for RA and told her to check for scientific evidence and with her physician before trying supplements, especially because she was on medications.

Theresa and her new friend Maria exchanged tips and brainstormed ideas on ways to make everyday tasks easier and ways to handle challenges of RA. It felt good to catch up on neglected chores.

Another new friend Theresa encouraged Susan to talk to her physician about side effects of medications and get the right balance of medications.

She blogged about how consistently taking medications, using emotional strategies, changing diet and increasing physical activities were great approaches to reducing symptoms of arthritis. Simple lifestyle changes and right medications helped her regain control of her life, and she didn't have to do it alone.

Theresa became the leader of her RA health team, and works with physician and other healthcare specialists to get information and assistance she needs to take charge of RA.

Although arthritis can potentially be disabling, there are effective ways to regain function and independence. Like Theresa, you can alter the plot lines in your own story.

Roberta's Story — Osteoarthritis: Take Control

Roberta stared gloomily out the window, unable to tend her garden because kneeling to pull weeds is too painful. Both her knees hurt, but the pain in one knee is worse from damage from playing tennis as a teenager.

As a hairdresser, years of standing have made matters worse. Damage from the injury, and wear and tear of work caused OA in her knee.

Her knee is so painful, she spends evenings lying on couch with a snack and book. That feels better, but the pain and stiffness keep getting worse. Weight gain over the years has put more strain on her knee.

Roberta used to enjoy connecting with other gardeners on social media. Now, scrolling through their gorgeous photos makes her sad. Needing someone to understand her pain, Roberta searched social media for others with OA, and she found people who had overcome the challenges of OA.

She realized social media friends were learning to take control of their OA. She decided she would, too. She invested in a quality pair of shoes and took strolls around her garden, even taking selfies.

Roberta subscribed to Denise's blog with healthy recipes for people with OA. Her efforts to lose weight — helped by a healthier diet, a home-exercise program and more physical activity — lessened her pain and improved emotional health.

She relied on over-the-counter pain medications, until Martin's update on pain relief through physical therapy, injections and use of braces, prompted her to learn about these pain management methods.

Her social media friends cautioned her to check for scientific evidence and consult with her doctor before using supplements.

When her knee pain made her think about giving up her job, she considered a total joint replacement. While discussing pros and cons with her physician and specialists, she continued to lose weight, eat better and become stronger and more physically active. This would help ensure the best outcome if she chose to go ahead with the procedure.

She is now the leader of her OA health team, working with her primary care physician and healthcare specialists to get information and assistance she needs to take charge of her OA.

Although arthritis is common, you don't have to lose your ability to do what you love. Like Roberta, you can alter the plot lines in your story.

1

MODULE 1: WHAT IS ARTHRITIS? TYPES AND SYMPTOMS

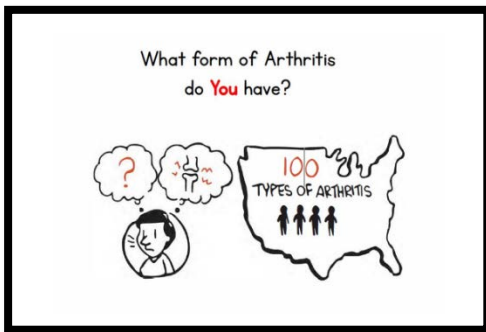
Learning Objectives

Module 1 Overall Learning Objectives

At the end of this **module**, participants will be able to:

- Identify which type of arthritis each audience member has or wants to know about
- Discuss how arthritis is a chronic disease, for which there is no cure, but that disease management can delay its onset and reduce symptoms such as pain, fatigue, and depressed mood
- Describe the basic structure of a joint and how arthritis occurs
- Describe the difference between osteoarthritis (OA) and rheumatoid arthritis (RA) and other forms of arthritis
- List the most common symptoms of arthritis
- Identify what to do if they think they have arthritis

Slide 3 — Types of Arthritis / What form of arthritis do you have?



Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Identify the different types of arthritis
- Explain that OA is the most common type
- Explain (to the presenter) which form of arthritis they want to know more about

Slide 3 is an “engagement” slide. Its purpose is to warm up the audience by finding out what forms of arthritis audience members may have (if they already know). This, in turn, will help the Presenter highlight disease management options for specific forms of arthritis during the course of the presentation, so the material will be as relevant as possible.

Key Points



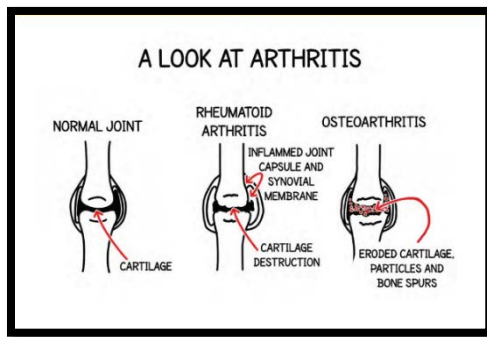
- Explain there are more than 100 types of arthritis.
- OA is the most common type.
- Each has different symptoms, but they are all considered arthritis because they involve the joints. The symptoms can be treated to reduce their effect, but to date there is no cure for arthritis. Approaches to treating symptoms involve self-management.
- To learn how many people in the room have arthritis or are there because a loved one has arthritis, the Presenter could ask for a show of hands as they list common types. Expect some participants not to know what they have (and explain that it’s fine to not know; that’s why they’re here — to learn more).

Questions for the Audience

Question	Answer
<i>What is the most common type of arthritis?</i>	OA
<i>Is there currently a cure for arthritis?</i>	No, but with self-management, individuals can still live well.
<i>How is arthritis impacting your quality of life? (Or, a friend or family member’s quality of life?)</i>	(Audience responses ...)

Additional Information and References

Slide 4 — Joints 101 / A Look at Arthritis



Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Identify the basic structure of a joint and explain how arthritis occurs

Slide 4 begins to present detailed information about joints and how damage to joints can cause symptoms of arthritis.

Key Points



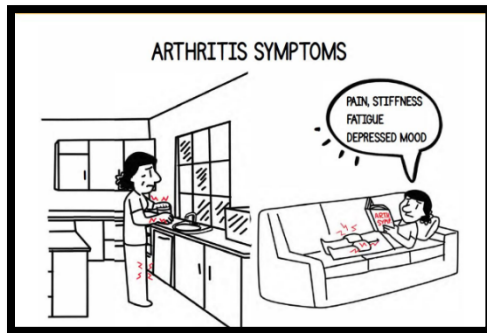
- Using the illustrations on the slide, briefly review the structure of a joint: Focus on the **cartilage** and the **synovium**.
 - **Cartilage** – is a firm tissue, softer and more flexible than bone, that pads and protects the ends of long bones at the joints.
 - **Synovium** – sometimes referred to as a membrane, is soft tissue lining the inner surface of the joint, except where it is lined with cartilage. It is where synovial fluid is produced, which lubricates the cartilage and bones.
- Provide a brief overview of the fundamentals of arthritis. It is likely that participants with RA will be somewhat to very knowledgeable about their condition. Focus on the differences between OA and inflammatory forms of arthritis (see Additional Information).

Questions for the Audience

Question	Answer
<i>What is the purpose of cartilage in a joint?</i>	To pad and protect the bones.
<i>What is the synovium of a joint?</i>	A joint's inner lining, which becomes inflamed when attacked by the immune system in RA.
<i>What is the difference between OA and RA?</i>	OA is caused by joint degradation ; RA is a disease in which your immune system attacks the lining of your joints.

Additional Information and References

Slide 5 — Arthritis Symptoms



Slide 5 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Describe symptoms of arthritis
- Describe which symptoms are associated with different types of arthritis
- Identify when to consult a primary care provider or specialist

Slide 5 explains the different types of symptoms that people with arthritis may experience. Some symptoms are common to all types of arthritis, while others are associated with specific types. Patients who have not been formally diagnosed with arthritis are encouraged to consult a primary care provider or specialist if they are experiencing joint symptoms.

Key Points



Explain that arthritis **comes in different forms** and **affects people in different ways**. It can be tricky to diagnose and requires a visit to a doctor (either a primary care provider or rheumatologist) to be diagnosed properly.

Review the signs and symptoms of arthritis:

- Symptoms **common to all types**:
 - Joint stiffness
 - Swelling/inflammation
 - Redness
 - Decreased range of motion
- Simple **differences in symptoms** between common forms of arthritis: OA, RA, SpA, etc. See Additional Information and References for more detailed information.
 - OA is caused by wear-and-tear damage to cartilage. When the damage causes bone-on-bone grinding, pain and restricted movement are the result.
 - RA is caused by the body's immune system attacking the membrane that surrounds the joint, which leads to inflammation and swelling. It can also damage or destroy cartilage and bone, leading to pain and restricted movement.

The rest of the presentation will address these symptoms and what you can do to alleviate them.

Questions for the Audience

Additional Information and References

Question	Answer
<i>What symptoms are the most difficult for you (or a loved one or friend) to manage?</i>	(Audience responses)
<i>What type of doctor specializes in the treatment of arthritis?</i>	A rheumatologist.
<i>Should you see a doctor if you have joint pain that lasts for more than a few days, or should you just ignore it as a sign of aging?</i>	See your PCP and they can help you decide what to do next.

2

MODULE 2: TAKING CONTROL - THE CONCEPT OF SELF-MANAGEMENT

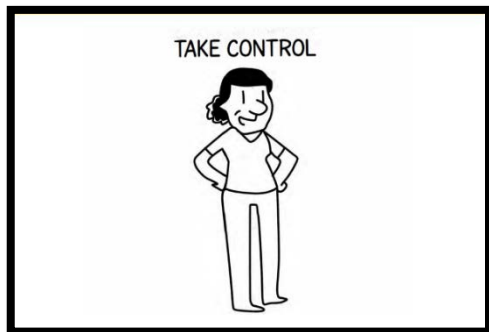
Learning Objectives

Module 2 Overall Learning Objectives

At the end of this **module**, participants will be able to:

- Define the concept of self-management
- Identify how self-management could help improve their health and quality of life
- Identify the members of their care and support team, and their various roles
- See themselves as the center of their team, with an active role to play
- Identify specific areas of self-management to try on their own, including:
 - Managing pain and other symptoms
 - Improving mood/emotions
 - Getting enough rest and sleep
 - Being physically active
 - Eating a healthy, balanced diet
 - Carrying out activities of daily living
 - Communicating effectively with healthcare providers

Slide 6 — Taking Control



Slide 6 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Define the concept of self-management
- Identify how self-management could help improve their health and quality of life

Slide 6 launches a key theme of EIA: that people with arthritis can take control of living with arthritis or manage some aspects of it themselves. That's why taking control is often referred to as "self-management."

Key Points



Important attributes of self-management include:

- Taking responsibility for making positive and healthy lifestyle choices to improve overall health and well-being
- Acknowledging and addressing the physical and emotional/mood effects of arthritis on your life
- Advocating for your needs as a person with arthritis by clearly communicating with your family, friends, and the medical community
- Realizing that every person's arthritis journey is different and that you will need to learn the best strategies for your situation.

Learning and applying strategies to better manage your arthritis can help you:

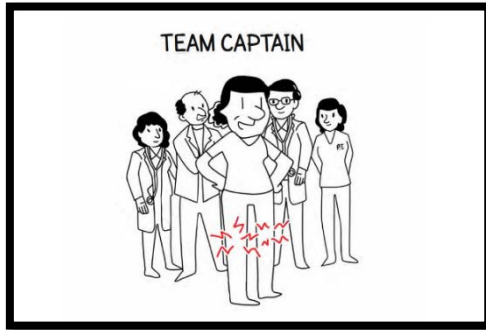
- Feel more in control of your health
- Manage pain and other symptoms
- Carry out daily activities, such as going to work and spending time with loved ones
- Reduce your stress

Questions for the Audience

Question	Answer
<i>How are you taking control of your arthritis?</i>	(Audience examples)
<i>Do you feel more or less in control now than when you were diagnosed?</i>	(Audience responses)
<i>What are some of the challenges you face(d) in taking control?</i>	(Audience responses)
<i>What advice would you have for others about taking control of their arthritis?</i>	(Audience responses)

Additional Information and References

Slide 7 — Team Captain



Slide 7 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Identify the members of their care and support team, and their various roles
- See themselves as the center of their team, with an active role to play

Slide 7 introduces the concept of a team of healthcare professionals and others (family, friends, colleagues) who can support the person with arthritis — but also emphasizes the role of the person with arthritis in activating the team.

Key Points



Ask the audience to list the kinds of professionals who might be part of the healthcare team for a person with arthritis to help manage the disease, such as:

- Primary care providers (PCPs) — initial contact with patients and referrals for further care
- Rheumatologists — experts in care for people with arthritis
- Nurses — provide overall care and follow case
- Physical therapists — improve movement
- Occupational therapists — help patients develop strategies so they can return to things they want, need, or have to do
- Dietitian — expert in nutrition and regulating diet

Explain that others around the person with arthritis may not understand what they are experiencing. These people could include family, friends, work colleagues, or others involved in their daily lives.

The arthritis management team is made up of all of these people — healthcare professionals as well as friends, family, and colleagues. **At the center of the team is the person with arthritis.**

People with arthritis need to be their own advocates and team leaders to address their condition and find ways to regain maximum function and mobility, working closely with their healthcare team (primary care provider and other specialists who can help them manage the disease).

Questions for the Audience

Additional Information and References

Question	Answer
<i>What healthcare professionals are currently part of your team?</i>	(Audience examples)
<i>What healthcare professionals might you want to add?</i>	(Audience responses)
<i>Do you feel people with whom you interact at home, work, in your community understand what you are experiencing?</i>	(Audience responses)

Slide 8 — Self-Management



Slide 8 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Identify at least two self-management strategies that could help them take control of living with arthritis.

Slide 8 makes the case for self-management strategies and begins introducing more specific self-management topics that will be explored in greater depth in Module 3.



Key Points

- Self-management is the ability of a person with arthritis to deal with symptoms, treatment, physical and social consequences, and lifestyle changes. With effective self-management, a person can monitor his or her condition and make cognitive, behavioral, and emotional changes to maintain a satisfactory quality of life.
- Note: If arranged beforehand, a patient could provide a **brief testimonial** here by explaining the principles of self-management, perhaps illustrated with examples. For example, discuss at what point they took control and how they have arranged their life to minimize pain. Explain how they maximize function and mobility and improve attitude. Blend in the concepts of self-management strategies highlighted below.
- **Self-management programs work.** Some ways to take control of the disease include:
 - **Understanding the disease.** By learning more about their arthritis symptoms, people with arthritis can make informed decisions about what strategies to use to better manage their symptoms and decide when to see a healthcare professional.
 - **Managing pain.** Pain wears you down physically and emotionally. Daily tasks can become monumental chores and can lead to irritation, short temper, feelings of isolation and frustration, blame, betrayal by your body, and feeling overwhelmed. Talk to your primary care physician about ways to help you manage your pain. Get further help if you need to, especially related to your emotional health.
 - **Being in control** means coming to terms with your arthritis and moving forward. Things you can control include taking your prescribed medications, dieting, exercising, and resting when you need to, as well as using assistive devices when needed.
 - **Managing emotions.** Negative emotions can make symptoms of arthritis worse. Coming to terms and accepting you have arthritis does not mean you must give in or give up. Living with a chronic condition such as arthritis, increases your chance of developing **depression**. Warning signs include constant fatigue, poor appetite, trouble making decisions, disrupted sleep and feeling worthless/helpless. Develop a network of family and friends who raise your spirits and can help you keep active and seek help from your healthcare team.

Questions for the Audience

Additional Information and References

Question	Answer
<i>What do you believe are the most important self-management strategies for you (or your loved one)?</i>	(Audience responses)
<i>What daily tasks wear you down – emotionally and physically?</i>	(Audience responses)
<i>What self-management strategies and skills do you currently use?</i>	(Audience response)

3

MODULE 3: DIFFERENT ASPECTS OF TAKING CONTROL

Learning Objectives

Module 3 Overall Learning Objectives

At the end of this **module**, participants will be able to:

- List at least three strategies for controlling arthritis pain
- List at least two self-care strategies for managing your emotional health when living with a chronic condition like arthritis
- List at least two ways to take control of feeling fatigued
- List at least three strategies for making physical activity and exercise safe
- Explain how physical activity and exercise can decrease pain and increase function
- Express the need to seek advice and assistance from healthcare professionals to start an exercise or physical activity regimen
- Identify healthy foods that promote nutrition and weight loss and may reduce inflammation
- Discuss the connection between weight and stress on joints
- Identify effective strategies for incorporating and maintaining healthy eating habits
- Know how to assess the benefits (or lack thereof) of dietary supplements and alternative treatments
- Advocate for their social and emotional needs with friends, family, and colleagues

SLIDE 9 — Benefits of Self-Management



Slide 9 Specific Learning Objectives

After viewing and discussing this slide, participants will be able to:

- Identify self-management categories

Slide 9 introduces the self-management topics to be covered in Module 3:

- Managing pain and other symptoms
- Improving mood/emotions
- Getting enough rest and sleep
- Being physically active
- Eating a healthy, balanced diet
- Carrying out activities of daily living
- Communicating effectively with healthcare providers

Key Points



Explain that each of the points listed above will be addressed with a brief overview, tips for incorporating them into daily life, and discussion how this could be achieved.

Suggest that members of the audience consider, as they are listening, which self-management strategies they are most interested in trying first.

Additional Information and References

Slide 10 – Pain Management / Take Control of Pain



Slide 10 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- List at least three strategies for controlling arthritis pain

Slide 10 shows various techniques for taking control of pain caused by arthritis. In some cases, a combination of techniques might be required, so people with arthritis may want to try different approaches and combinations. Note that each key point explains *why* specific approaches are helpful.

Note: These points are covered in a handout the participants should have received.

Key Points

General tips for controlling arthritis pain:



- Take the right type and dose of medications
- Appropriate exercise
- Get enough sleep
- Practice relaxation techniques such as meditation, guided imagery, deep breathing
- Understand that emotions play an important part in pain perception (and other aspects of disease management)
- Control trigger events (i.e., learn what these are)
- Be kind to your joints (i.e., identify activities that put your joints at risk and change whether or how you do them)
- Put out flares (i.e., learn ways to reduce sudden pain)
- Eat well (i.e., good nutrition is important; discussed in more detail later)
- Make yourself comfortable (i.e., take the time to make sure where you live and work are as comfortable as possible, fit your size and shape)

When to use heat and cold

- Heat treatments, such as heating pads or warm baths, tend to work best for soothing stiff joints and tired muscles.
- Heat enhances circulation, delivering nutrients to joints and muscles. It's good for getting your body limber and ready for exercise or activity.
- Heat therapy may include hot packs, heating pads, warm baths or showers, whirlpool or warm swimming pools.
- Moist heat therapy is good, but the temperature should not be too hot.
- Cold is best for acute pain – restricting blood vessels, slowing circulation and reducing swelling. It also numbs nerve endings, dulling pain.

10 – Pain Management-Cont.

Mind-body strategies for pain relief

- Move your body (walking, tai chi, yoga, etc.)
- Strike a pose (i.e., practice yoga); Breathe deeply
- Meditate
- Use visualization
- Try acupuncture (Note: may help those with OA; not proven effective for RA)
- Relax muscles
- Get support from family, friends, and/or counselors

Assistive devices: Reduce pain and stress on joints

- Self-help devices can make tasks easier on your joints and more efficient for you. These products – from simple to elaborate – can help keep joints in the best position for functioning, provide leverage when needed and extend range of motion. These self-help devices include jar openers, reachers and easy-grip utensils, which can be purchased at hardware or medical supply stores. An Occupational Therapist (OT) can help identify appropriate devices and show you how to use them.

Orthotics

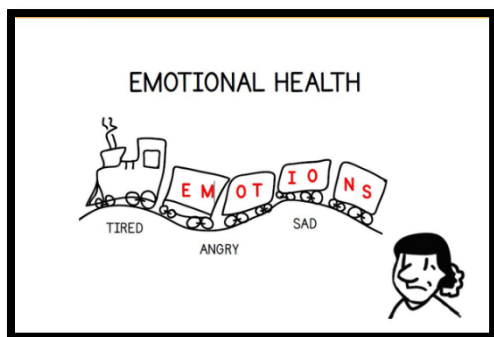
- Splints can help with activities at home and work. Contact a health professional, such as an OT, to determine the best device. (Splints and braces should not be self-prescribed.) Foot pain is common with arthritis. One in four will have problems with their feet. Orthotics – shoe inserts designed to ease foot pain and correct structural issues – may provide much-needed relief. Talk to a Physical Therapist (PT) to help you to identify the proper supports.

Questions for the Audience

Question	Answer
<i>Have you needed to make changes at work to accommodate your arthritis pain? If so, what has worked?</i>	(Audience examples)
<i>What is the most effective way for you to relieve pain – heat or cold?</i>	It depends ... heat for soothing stiff joints and tired muscles; cold for acute pain/swelling.
<i>Do you use an assistive or supportive device? If so, does it help?</i>	(Audience responses)
<i>Picture the rooms in your house (or your daily routine). Where specifically do you think you could apply these strategies?</i>	(Audience responses) Example: Bathroom – faucet levers/tap turners

Additional Information and References

Slide 11 – Emotional Health



Slide 11 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- List at least two self-care strategies for managing their emotional health living when living with a chronic condition like arthritis

Slide 11 introduces strategies for dealing with the emotions/mood that often accompany the stress of living with pain and chronic conditions. Negative emotions can affect physical symptoms, as well as the way you feel overall.

Key Points



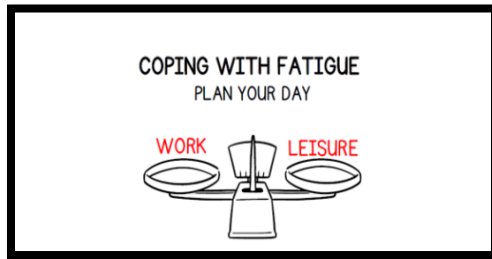
- Individuals may experience a range of emotions in response to living with arthritis: shock, relief, confusion, anger, frustration, anxiety, fear, isolation, depression, helplessness, sadness, shame, guilt, loss, and more.
- Emotional and physical health are linked; each can affect the other, and arthritis is no exception.
- Different strategies may work for you. Some to try (and try again, if at first they don't seem to make much difference) include mind-body practices such as meditation and breathing techniques to decrease anxiety or alleviate stress; enjoyable activities such as art or music; pampering and relaxation through activities such as massage; pacing activities to avoid becoming overly fatigued; and basic self-care of getting enough sleep, eating healthy meals, and incorporating physical activity into the day.
- If frustration and negative thoughts lead to isolation from others or no longer participating in events with family and friends, make an extra effort to seek support from this network or others.
- If emotional problems or negative thoughts persist and are not helped by these types of strategies, consider seeking counseling or support from mental health provider.

Questions for the Audience

Additional Information and References

Question	Answer
<i>What emotions have you (or the person you care for) felt during your journey with arthritis? How do you manage those feelings/emotions?</i>	(Audience responses)
<i>Have you/they had to eliminate certain hobbies and activities due to arthritis (which can be experienced as a loss)? Does this conversation make you/they reconsider whether you can return to them?</i>	(Audience responses)
<i>What types of social activities, hobbies or mind-body activities help improve your/their emotional well-being?</i>	(Audience responses)
<i>To whom do you/they already turn for support ... or could you/they turn to in the future?</i>	(Audience responses)

Slide 12 – Coping with Fatigue



Slide 12 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- List at least two strategies for taking control of symptoms of fatigue

Slide 12 covers ways to cope with fatigue and explains how fatigue is related to the inflammatory disease process. Chronic pain also may cause fatigue. The key is to pace yourself and avoid over-exertion.



Key Points

- Fatigue is a key symptom of arthritis and a common reason why people with arthritis feel like they can't get things done.
- Getting your energy back may be related to taking control of your arthritis. The main causes of fatigue include the inflammatory disease process and associated chronic pain.
 - **Inflammation.** Your body's immune system normally helps to keep you healthy. But if you have an autoimmune disease like RA, your immune system attacks your body and inflammation is the result. The body undergoes stress as it tries to cope with the release of inflammatory cytokines (proteins) in the blood. This can cause fatigue, especially when disease activity is high or if low-grade inflammation remains for a long time.
 - **Chronic Pain.** The pain/fatigue connection can be a vicious circle. Dealing with arthritis pain for months at a time over many years can wear you down physically and emotionally. It can affect your sleep, which adds to your exhaustion. Being fatigued, in turn, can worsen pain and make it more difficult to manage your arthritis.

Pace yourself

- Determine how much you can do and for how long, pace yourself and take breaks *before* you get tired. (This may require some experimenting.) If you become overtired, it is hard to take care of it with rest.
- Self-awareness – keep a diary for several weeks to track your activities.
- Prioritizing – Make time for activities important to you and let go of those that don't mean that much.
- Planning – Make a plan rather than react to symptoms. Think about how an activity will affect you and develop a plan to get you through it without causing a flare.
- Consistency and repetition – Pacing one day may not affect how you feel the next but pacing *consistently* for several months may decrease your arthritis symptoms if you stick with it.

Tips for pacing yourself

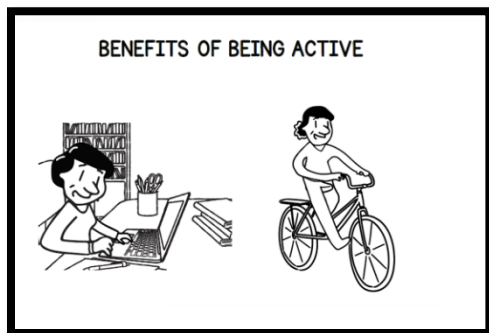
- Be realistic - experiment to determine how much you can do on "good" and "bad" days.
- Be kind to yourself – and don't be too hard on yourself on those not-so-good days!
- Get enough sleep

Questions for the Audience

Additional Information and References

Question	Answer
What do you do to manage fatigue?	(Audience responses)
Have any of you kept a diary? Has it helped?	(Audience responses)
How would you describe a good day? A bad day?	(Audience responses)
What's an example of self-talk that shows how you can be kind and encouraging to yourself (i.e., not too hard on yourself)?	(Audience responses)
Have any of you met with an occupational therapist or physical therapist for advice? What are some of the strategies they suggested?	(Audience responses)

Slide 13 – Benefits of Being Active



Slide 13 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Explain how physical activity (PA) and exercise can decrease pain and increase function

Slide 13 helps people with arthritis understand that PA and exercise can help reduce arthritis symptoms, while also improving heart and lung function and emotional well-being.

Suggestion: As time allows, incorporate short, safe stretch break into session, even from seated position or do simple breathing or guided meditation exercise.

Key Points



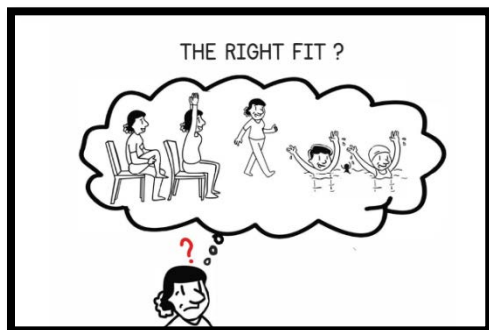
- Many people think exercise will make their symptoms worse, when in fact it can help reduce symptoms and make you feel better.
- People with arthritis can benefit from physical activity (PA) and exercise. Briefly explain differences and similarities between physical activity and exercise:
 - Definition of **physical activity**: Any active movement of the body. Examples: walking, dancing, playing golf, swimming, biking, gardening and roller skating.
 - Definition of **exercise**: More specific, directed or structured kind of movement. With an end goal of improving the musculoskeletal system (e.g., aerobics to improve endurance, weightlifting to improve strength, biking and swimming).
- Find out where participants are in terms of exercising and PA – no activity, occasional, regularly.
 - Current guidelines for adults 18-65: 30 minutes 5 x week of moderate-intensity aerobic PA or 20 minutes 3 x week of vigorous-intensity aerobic activity
- Note that people with arthritis are generally less active due to fear of PA and exercising. Many do not realize that instead of causing more pain, PA and exercise can actually reduce pain and stiffness.
- Benefits of exercise and PA are physical (pain reduction, flexibility) and emotional (relief or decreased depression).
 - Evidence of the benefits of PA and exercise spans the gamut from mild to severe arthritis.
 - Most people with arthritis pain will feel relief from activity.

Questions for the Audience

Additional Information and References

Question	Answer
What gets in the way of exercising or PA?	(Audience responses)
Why is it hard to be active or exercise?	(Audience responses)
Can increased PA and exercise increase flexibility and endurance?	Yes!

Slide 14 – The Right Fit?



Slide 14 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- List at least three ways to make physical activity and exercise safe for people with arthritis

Slide 14 points out that different types of exercise offer different benefits. This slide shows different types of exercise and emphasizes that exercise can be gentle and progress to more challenging.

Key Points



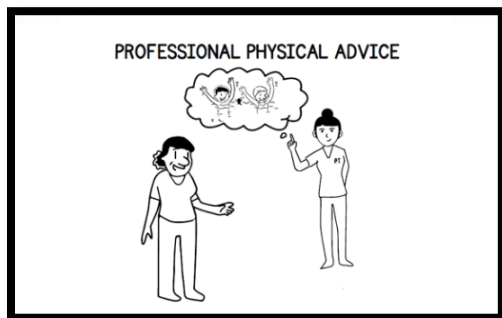
- Types of PA and exercises include:
 - **Flexibility:** Example — sitting in a chair and raising your arms or knees. You should do these exercises every day – they should be gentle and not fatiguing. Make sure the joints get moved each day. *Could demonstrate.*
 - **Strength building and resistance:** Example—getting into and out of a chair or lifting weights. Two to three sets per week in repetitions of 5 or 10 of one exercise. You may experience muscle soreness but should not have joint pain.
 - **Endurance:** Example – walking or low-impact aerobic activity. Heart rate will go up and breathing will increase. Do this activity for five minutes straight and build to longer duration – five days a week.
- If you have pain following exercise, more than an hour later, you overdid something or are doing the exercise incorrectly.
- Doing any activity for five minutes is better than doing nothing. You can, and should, build up slowly.
- Benefits of PA and exercise take time and will disappear if you stop PA or exercise.
- Know your limits.

Questions for the Audience

Question	Answer
<i>What's an example of an endurance exercise?</i>	Walking or low-impact aerobic activity.
<i>Why might someone experience pain one or two hours after exercise?</i>	The exercise was performed incorrectly, and/or the person overdid it.
<i>Does exercise have to be rigorous to "count"?</i>	Start slow and build up; at first, until strength, flexibility, and endurance increase, it should be gentle.

Additional Information and References

Slide 15 – Professional Physical Activity/Exercise Advice



Slide 15 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Seek advice and assistance from healthcare professionals to start an exercise or physical activity regimen

Slide 15 discusses resources and programs available through the Arthritis Foundation, fitness centers, YMCAs, and hospitals. If you need help getting started, physical therapists can help you develop a tailored exercise program and occupational therapists can help you identify and learn to use assistive devices and pace your activities.

Key Points



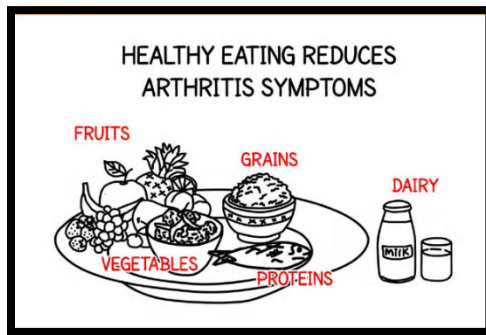
- Worried about getting started with PA and exercise? Talk to your physical therapist for more information. Or visit the websites of organizations such as the Arthritis Foundation or the CDC to find out about evidence-based PA for people with arthritis.
- Wherever you go for help, make sure the professionals have experience treating individuals with arthritis. When you contact them, ask that question.
- Contact a physical or occupational therapy facility to see what services they provide.
- How do you find a physical or occupational therapist? Ask your doctor, family member, friend, or colleague for a referral to a facility. Or, look online to find a facility and inquire about experience with arthritis.

Questions for the Audience

Question	Answer
<i>What do you do if your doctor hasn't discussed PA or exercise?</i>	Ask your doctor – be proactive!
<i>Is PA or exercise a treatment for arthritis?</i>	Yes, it is one of several treatments that can help.
<i>Can you exercise if you can't leave the home?</i>	Yes. Meet with a physical therapist who can provide you with exercises to do at home.

Additional Information and References

Slide 16 – Diet and Nutrition / Healthy Eating Reduces Arthritis Symptoms



Slide 16 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Describe the connection between weight and its effect on joints
- Identify effective strategies for incorporating and maintaining healthy eating habits

Slide 16 presents information on diet and nutrition. A balanced diet will enhance overall health — which is true not only for arthritis, but for any medical condition. Everyone can benefit from good nutrition. More specifically, what you eat may affect your joints and arthritis. Being overweight puts extra stress on joints.

Key Points



Food as Fuel: Give Your Body What It Needs to be Healthy

- The foods we put into our bodies are fuel and tools that we need to support daily functions.
- There is no special diet to cure arthritis.
- Even though no diet is a cure, what you eat affects your joints.
- Dietary changes may help eliminate *symptoms* of arthritis.
- Following a diet low in processed foods and eating more fruits and vegetables, grains, and more plant-based foods (e.g., tofu, spinach, seeds/nuts or trail mix) can help you stay healthy (overall, and to address arthritis symptoms).
- Use free resources such as choosemyplate.gov to help understand how to build healthy meals.
- Depending upon which medications an individual is taking, his/her appetite may be increased or suppressed. For those with increased appetite (i.e., steroids), having quality snacks available (i.e., higher fiber and lower calorie) can help satisfy appetite without “overeating.” For those with suppressed appetite (i.e., narcotics, immune-suppressive meds), liquid options – such as smoothies with Greek yogurt, fruits and vegetables — can help to get calories in without making a person feel too full.

Changing Your Eating Habits

- Taking incremental steps to modify your diet is recommended, rather than a complete overhaul of your diet all at once.
- Focusing on small changes that are long-lasting is the key to success in maintaining a diet that will support a reduction in the symptoms of arthritis.
- Long periods of fasting can result in significant overeating, which results in excess calories. Better strategies are to include small meals/snacks every three to four hours and to consume plenty of fluid (i.e., water, coffee, low-fat milk) between meals to maintain hydration.
- Avoid overeating. Share meals or immediately box up half of meals when eating out. Keep in mind, portion sizes at restaurants are frequently excessive.
- Complete deprivation of certain foods is not recommended — but limit as much as you can. Indulge in a sweet dessert at a special event.

The Connection Between Weight and Joints; Weight and Comorbidities

- Taking off weight puts less stress on joints, which may help you feel better.
- Your health and your weight are connected. According to the Centers for Disease Control and Prevention (CDC), if your body mass index falls into the range of overweight or obese, you are at a higher risk for developing the following diseases and conditions such as osteoarthritis, heart disease, Type 2 diabetes, etc. This does not mean you will get the disease but may be more likely than someone who is in the normal weight range.

Questions for the Audience

Question	Answer
<i>Has anyone visited with a dietitian for nutrition counseling? Was it helpful?</i>	(Audience responses)
<i>How have you changed your diet since your diagnosis?</i>	(Audience responses)
<i>What relationship have you found between diet and symptoms?</i>	(Audience responses)
<i>Have any of you lost weight after your diagnosis? How has it helped?</i>	(Audience responses)

Additional Information and References

Slide 17 – The Do’s of Healthy Eating with Arthritis



Slide 17 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Identify healthy foods that promote nutrition and weight loss and may reduce inflammation

Slide 17 highlights all of the foods that people with arthritis **can** eat. When people feel like they are on a “diet,” they may feel extremely restricted. It is more important to get into the **habit** of eating healthier foods and understand that individuals still have many options.

Key Points



- The foods that may reduce inflammation are also healthy foods that should be included in anyone’s diet. Choosing a primarily plant-based diet can help with weight loss and weight maintenance.
- The Mediterranean Diet has been shown to reduce symptoms/inflammation related to RA as well as decrease uric acid levels (implicated in gout). The “foods to include” listed (on the slide) are typical in the Mediterranean Diet. One thing to note is that this diet is lower in land-animal meats. (Note: we did not include these in the limit or “avoid” category, but fish and plant-based sources of protein should be encouraged vs. traditional meat-based dishes).
- Omega-3 rich foods (i.e., cold water fatty fish – salmon, albacore tuna, sardines and mackerel).
- Fruits and vegetables
 - Phytochemicals (i.e., carotenoids found in orange foods such as carrots and squash), pro-inflammatory biomarkers in the plasma
 - Cruciferous vegetables (particularly broccoli – more studies needed though) **may** slow the progression of osteoarthritis
 - Allium family foods (garlic, onion, leeks) may reduce symptoms of OA
- Fruits, vegetables and whole grains all provide sources of fiber which may help lower pro-inflammatory biomarkers in the plasma.
- Certain spices may help to reduce inflammation if taken in supplemental doses (i.e., turmeric and ginger). A supplement is likely necessary to achieve effectiveness. That said, the inclusion of these spices should be encouraged.

Questions for the Audience

Additional Information and References

Question	Answer
<i>Have any of you tried the Mediterranean diet? Has it worked for you?</i>	(Audience responses)
<i>How do you incorporate more fruit, vegetables, grains into your diet?</i>	(Audience responses)
<i>Does anyone have gout? What diet has improved your condition?</i>	(Audience responses)

Slide 18 – The Don'ts of Eating with Arthritis



Slide 18 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Identify healthy foods that promote nutrition and weight loss and may reduce inflammation

Slide 18 reviews foods to avoid for weight loss/weight maintenance, reduce inflammation and to feel better and stay healthy.

Key Points



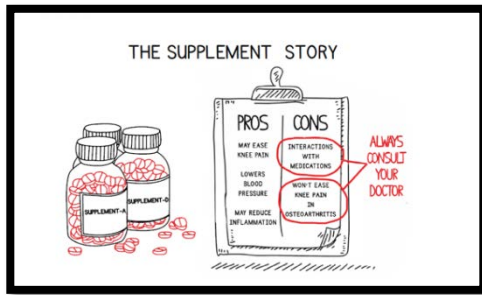
- Limiting processed foods alone will help to reduce the types of fats and simple carbohydrates that promote inflammation (e.g., prepared/pre-mixed food that comes in cans and boxes).
This does not mean that you need to completely exclude desserts/sweets/favorite foods, but you need to be more mindful of the amount you consume. Reduce portion sizes and/or frequency.
- Reduce excess sodium — particularly if taking corticosteroids — as this can cause excess fluid retention.
- Reduce alcohol consumption when taking any medication, but particularly if taking analgesics, narcotics, or immunosuppressive medications.

Questions for the Audience

Question	Answer
<i>What have you substituted for foods on the "don't" list, but still enjoyed?</i>	(Audience responses)
<i>Has it been difficult to limit certain foods? Why?</i>	(Audience responses)
<i>Any advice on diet that you can provide for someone newly diagnosed?</i>	(Audience responses)

Additional Information and References

Slide 19 – The Supplement Story



Slide 19 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- List the benefits (or lack thereof) of dietary supplements and alternative treatments

Slide 19 defines supplements and discusses their pros and cons. Some may be harmful; some have no scientific evidence behind them; several may be beneficial. The bottom line: *always* consult your doctor.

Key Points



- Define dietary supplement for those who do not know what it means. It is any product that contains a "dietary ingredient" intended to add to the diet. These ingredients may be any of the following substances:
 - Vitamins (B12, C)
 - minerals
 - herbs or other botanicals (e.g., green tea extract)
 - amino acids
 - enzymes
- Encourage participants with any form of arthritis to either check the Natural Medicines Database (link under References) or work with a practitioner who can help them evaluate the different supplements on the market.
- Using supplements that have some evidence, plus adjusting dietary choices, is the best first step for those looking for symptom relief.
- Certain spices may help to reduce inflammation if taken in supplemental doses; however, the exact dose for the effect is still undetermined. Turmeric (500-1500mg/d) and ginger (500-1000mg/d) for inflammation. That being said, the inclusion of these spices/foods in daily diet should be encouraged.
- There are many teas and oils that are suggested to help with arthritis pain and inflammation; however, the evidence does not support their use as of yet or the dosage in the form currently on the market is not adequate.

Questions for the Audience

Question	Answer
<i>Have you tried any supplements? Have they worked for you?</i>	(Audience responses)
<i>What has your healthcare provider told you about supplements?</i>	(Audience responses)
<i>Are any supplements backed by scientific evidence?</i>	Yes: glucosamine, chondroitin, omega-3s, and collagen type II

Additional Information and References

Slide 20 – Alternative Treatments



Slide 20 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Assess the benefits (or lack thereof) of dietary supplements and alternative treatments

Slide 20 presents some of the alternative treatments available. It is important to consult your physician before trying any alternative therapies to determine the impact on your current treatment plan.

Key Points



- If you want to try natural and home remedies, ask your doctor what would be most helpful for you and if there are any limits for you. If the doctor gives you the go-ahead, you might want to look into some common treatments, which may include heat and cold, deep breathing, acupuncture, massage, biofeedback and others.
- **There may be little scientific evidence for some treatments. Proceed with caution when trying natural or home remedies and always ask your doctor about them.**
- Natural arthritis treatments include dietary supplements, which we discussed previously.
- Alternative treatments can be effective complements to a traditional treatment plan. However, you should **always check with your doctor** before trying any new treatments to be sure they're safe and right for you. Just because they're natural doesn't mean they won't interfere with your current treatment plan.

Questions for the Audience

Additional Information and References

Question	Answer
<i>Has anyone in the room tried an alternative therapy for OA or RA? Has it worked?</i>	(Audience responses)
<i>Have you experienced any negative side effects from alternative therapies?</i>	(Audience responses)
<i>Can alternative treatments impact your treatment plan?</i>	Yes, but consult with your physician first.

Slide 21 – Alternative Treatments / Staying Vigilant



Slide 21 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Advocate for their social and emotional needs with friends, family, and colleagues

Slide 21 reminds members of the audience to be aware of any quick-cure treatments for arthritis that they may learn about online, via mail or social media. Be mindful they may be a waste of time and money. The treatment may be harmful and remedies unproven.

Key Points



- People with chronic diseases are often targeted. There may be no scientific evidence to back up claims.
- Unproven arthritis remedies can be easy to fall for because symptoms of arthritis tend to come and go. You may believe the remedy you are using is making you feel better when, in fact, it is just the normal ebb and flow of your symptoms. You may see claims that so-called treatments with herbs, oils, chemicals, special diets, radiation and other products cured arthritis.
- Individual testimonials alone do not guarantee that a product is effective. Instead, scientific studies proving that a treatment works are needed. While these products may not hurt you, they are costly and aren't likely to help much either.
- Before trying a new remedy, consult your physician first and get his or her opinion.

Questions for the Audience

Question	Answer
<i>Have you been tempted to try any arthritis treatments against the advice of your doctor? What happened?</i>	(Audience responses)
<i>Why do you think individuals fall for health scams?</i>	(Audience responses)
<i>What should you do if you think a proposed remedy is a scam?</i>	Contact the Federal Trade Commission or your State Attorney General.

Additional Information and References

Slide 22 – Social Strategies / Helping Those Around You Understand



Slide 22 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Advocate for their social and emotional needs with friends, family, and colleagues

Slide 22 emphasizes advocating for yourself, maintaining a social life, communicating with healthcare providers.

Key Points



- People around you may not understand what it is like to live with arthritis. Share your experience to help them understand what it feels like for you. For example:
 - Share what you learn from your doctor with your family
 - Ask friends for specific support (e.g., help with errands or chores when needed)
 - Ask your workplace to make accommodations (e.g., an ergonomic office chair, voice recognition software, pens and pencils with bigger grips)
- Work with your doctor to develop a treatment plan that works for you and stick to it – from exercising regularly to eating properly to getting enough sleep at night. All these can contribute to your energy level, mood and concentration, which can affect your social interactions with others.
- The pressure of coping with arthritis can increase stress and anxiety. That, in turn, can worsen the symptoms of chronic disease and contribute to many other problems.
- Make healthy lifestyle changes to reduce stress and counteract its effects:
 - Get moving – engage in regular activity/exercise
 - Practice deep breathing – breathe in for a count of five and breathe out for a count of five for relaxing.
 - Seek counseling – psychotherapists use cognitive behavioral therapy to help you be more aware of your attitudes, thoughts, and beliefs about challenging situations like living with arthritis, so that you can change the ways you manage your symptoms more effectively.
 - Talk with your doctor about these (and any other) medications. Anti-depressants and anti-anxiety drugs are used to treat depression and anxiety. They are often used in conjunction with counseling.

Arthritis and having a social life

- Don't let arthritis keep you from going out and doing the things you've always enjoyed. Whether you want to shop, eat out with friends or go to a ball game, you can do it. You might just need to tweak your plans and do a little more to prepare.

Some tips for going out include:

- Plan ahead – Research ahead of time to know what to expect. Will you need a walker, wheelchair?
- Be clear/upfront with your friends about your arthritis ahead of time. Ask friends to be flexible.
- Start later – Plan outings later in the morning so you have time for your stiff joints to loosen up.
- Get an aisle seat – Sit by the aisle at the movies so you can stretch your legs.
- Carry groceries carefully. Don't be shy if you need help; ask for assistance if stressed or tired. Lots of stores have motorized scooters.

Questions for the Audience

Additional Information and References

Question	Answer
<i>How can friends, family be more supportive?</i>	(Audience responses)
<i>Is arthritis impacting your social life? What adjustments need to be made?</i>	(Audience responses)
<i>Do your co-workers know about your arthritis?</i>	(Audience responses)

4

MODULE 4: TAKE-HOME MESSAGES

Learning Objectives

Module 4 Overall Learning Objectives

At the end of this **module**, participants will be able to:

- Explain why ongoing contact with healthcare professionals is important
- Recap key points from the session

Slide 23 – You and Your Healthcare Provider



Slide 23 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Explain the importance of regular doctor visits

Slide 23 emphasizes the importance of ongoing contact with healthcare professionals.

Key Points



- Visit your healthcare provider regularly; create a plan together to manage your disease.
- Arthritis can change over time, so schedule regular visits to monitor your condition and make adjustments as needed.
- Why it's important to take medication as prescribed.
 - Obstacles to adherence – People can find many reasons to avoid taking their medications: they forget to take them, don't want to spend the money, procrastinate with refills, have difficulty in taking multiple medications or don't like the side effects.
 - But not taking your medication as prescribed is risky. You can experience more pain and possibly a progression of your disease, especially with chronic diseases over time. Pain and inflammation can become even harder to treat after they intensify. Nonsteroidal anti-inflammatory drugs and analgesics are used as much for prevention as treatment – to keep pain and inflammation at bay.
- If prescribed, follow through with rehabilitation. An occupational therapist can teach your body mechanics, how to use assistive devices, recommend different treatment options (such as braces and splints, orthotics, etc.) and suggest modifications to your environment (ergonomic chairs, etc.) A physical therapist can help you develop a tailored exercise program.
- Learn how to research trusted sources, such as the Arthritis Foundation (www.arthritis.org), American College of Rheumatology (www.rheumatology.org), Mayo Clinic (www.mayoclinic.org). A list of arthritis resources is available on the USBJI site under (EIA).

Questions for the Audience

Additional Information and References

Question	Answer
<i>Are any of you in rehabilitation (OT, PT)? Is it helping you?</i>	(Audience responses)
<i>If a friend or relative tells you they are skipping doctors' visits for a while, what would you say to them? (Why is it important to see your doctor regularly?)</i>	<i>Monitor your disease, put together a plan for treatment, discuss medications, change in symptoms, etc.</i>
<i>What is the best advice you could give to someone newly diagnosed?</i>	(Audience responses)

Slide 24 – What Have You Learned?

What are the top 3 concerns you have with regard to your arthritis?

What are the 3 most important things you have learned from this session?

Slide 18 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Reinforce what they have learned during the session.

Presenter – Please...

The USBJI needs metrics to monitor attainment of the learning objectives.

As you ask these two questions, please note the responses, and email this information to usbji@usbji.org.

We want to know the top 3 concerns of participants and the 3 most important things learned from the session. If you can give us a longer list even better, but please prioritize the top three items for each question.

Thank you.

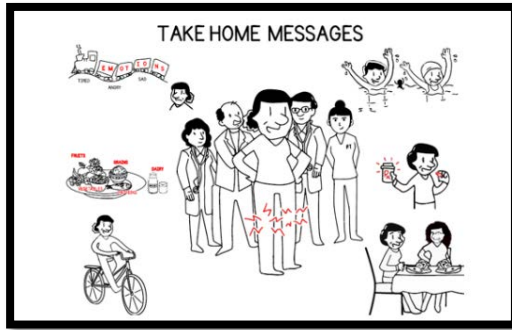
Key Points



Please record participants' responses to these questions and return to USBJI:

1. What are the top 3 concerns you have with regard to your arthritis?
2. What are the 3 most important things you have learned from this session?

Slide 25 – Take-Home Messages



Slide 24 Specific Learning Objectives

After viewing and discussing **this slide**, participants will be able to:

- Recall the main messages of the presentation

Slide 24 is to re-enforce the main messages, assess what topics were most helpful, best memorized.

Key Points



About Arthritis and Its Symptoms

- Arthritis is a chronic disease, for which there is no cure, but disease management decrease/reduce symptoms and improve quality of life.
- Symptoms of arthritis include pain, stiffness, swelling, fatigue, weakness, depressed mood and anxiety, and reduced mobility.

About Managing Arthritis and Taking Control through Self-Management

- Managing arthritis involves teamwork: The patient is the leader of the team assisted by the primary care physician, other healthcare specialists, friends, family, co-workers, etc.
- Self-management will help provide control of the disease through understanding the nature and progression of arthritis; how to reduce pain while remaining active; provide effective physical and emotional coping strategies; gain confidence in the ability to live an active independent life.
- Strategies to take control – Pace yourself, get adequate sleep, eat a healthy diet, remain active, protect your joints and use good body mechanics.

About Exercise and Physical Activity

- Exercise reduces pain and stiffness, increases flexibility and endurance, improves mood and self-esteem.
- Research shows physical activity and exercise positively impacts all symptoms of arthritis. Start slow and build up with exercise. Even five minutes of physical activity or exercise is beneficial. A physical therapist can help you get started and provide good techniques.

About Arthritis's Emotional Toll

- Mind and body are closely aligned. Physical symptoms may influence your feelings. Emotions can also affect physical symptoms. Seek help if you become anxious or depressed.

About Controlling Pain

- Take control of your pain. Using assistive devices, orthotics and support devices may help; heat and cold for stiffness and pain; try mind-body techniques; seek support from professionals/friends.

About a Healthy(/ier) Diet

- A balanced diet will enhance overall health. What you eat may affect your joints and arthritis. Taking weight off puts less stress on joints. Know which foods may reduce inflammation, which contribute to it.

About Supplements and Alternative Treatments

- Talk with your doctor before taking any supplements – some may be harmful with no benefits – or before trying any alternative treatments. Be wary of quick-cure treatments.

About Staying Informed and Advocating for Yourself

- Stay up to date on arthritis information, research.
- Learn to be an advocate for yourself. Educate your team. Ask for support, when needed.

Questions for the Audience

Question	Answer
<i>Any questions about the presentation today?</i>	(Audience responses)
<i>What information was most helpful?</i>	(Audience responses)

Closing

- Acknowledgements
- Thank-you to participants
- Handouts
 - Evaluation Form
 - EIA Tip Sheets
 - National Resource List
 - Bibliography

Additional Information and References

Slide 3 - Types of Arthritis / What type of arthritis do you have?

Additional Information

Common forms of arthritis:

- Osteoarthritis (OA)
- Inflammatory arthritis
 - Rheumatoid arthritis (RA)
 - Juvenile idiopathic arthritis (JIA)
 - Spondyloarthropathies
 - Axial spondyloarthritis (SpA) formerly called Ankylosing Spondylitis
 - Psoriatic arthritis (PsA)
 - Connective Tissue Disorders
 - Lupus (SLE)
 - Systemic sclerosis (SSc or scleroderma), Inflammatory myositis (polymyositis and dermatomyositis), and Sjögren syndrome (SjS)
- Gout
- Fibromyalgia

As the presentation continues, **refer to these forms** during discussions of disease management.

- Arthritis is a **chronic disease**, for which there is no cure. **OA is the most common type.**
- **Disease management**– Managing arthritis symptoms can reduce/alleviate pain, stiffness, fatigue and improve quality of life. **The purpose of this program is to explain how.** (Reiterate these points and throughout the talk — key take-home messages.)

Statistics

- By the year 2040, more than 78 million people are expected to be diagnosed with arthritis.
- Almost two-thirds of U.S. adults with arthritis are of working age (18-64 years).
- Nearly 300,000 children in the US – infants to teenagers – are affected by some form of arthritis.
- Arthritis is a leading cause of disability in this country – with an estimated burden of nearly \$130 billion annually.

Arthritis is not evenly distributed by gender. Among women, doctor-diagnosed arthritis is more common than among men.

References

Sources and their sub-sections have been used to develop content to be covered throughout the presentation. References used repeatedly are not listed under every slide.

Arthritis Foundation: Types of Arthritis. <https://www.arthritis.org/about-arthritis/types/>.

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Slide 4 - Joints 101 / A Look at Arthritis

Additional Information

Background on Arthritis

- Arthritis is inflammation of one or more joints.
- The primary symptoms are stiffness and joint pain. In some disorders, there is also swelling around the joint.
- Most types of arthritis damage joints, but in different ways.

Forms of Arthritis

- **OA** is a **joint disease** (i.e., knees, hips, fingers) affecting where two different bones meet. It often causes pain and swelling. It doesn't affect any organs. It is the most common joint disorder worldwide. Is often referred to as degenerative joint disorder and may cause pain, stiffness, and swelling.
 - OA causes cartilage (the tissue that covers the ends of bones where a joint forms) to break down. In some cases, it is bone rubbing on bone — causing pain and restricting movement. The process can occur over many years or more quickly from a joint injury or infection.
- **RA** is an **autoimmune disorder** in which the body's immune system attacks the lining of the joint capsule, a tough membrane that encloses all the joint parts. The lining becomes inflamed and swollen. With RA, cartilage and bone within the joint can be destroyed. RA may also affect organs and body systems. Symptoms may include loss of appetite, fatigue and low-grade fever.
- **Juvenile arthritis** is the most common form of arthritis in children in which the immune system attacks the body's tissues. It commonly causes joint pain and swelling, fever and rash.
- **Lupus** is a chronic, autoimmune disease affecting joints, kidneys and other organs, blood, skin and the brain. Common symptoms include joint pain, rash, fatigue and more. It can be treated with lifestyle changes and medications.
- **Spondyloarthritis** involves both the joints and places where ligaments and tendons attach to the bone. In most cases, it affects the spine. Some forms can affect the hands, feet, arms, and legs. The first symptoms may be low back pain.
- **Gout** is an inflammatory form of arthritis that may appear in the big toe, ankle, or knee. It develops in individuals with a high level of uric acid in the blood.
- **Psoriatic arthritis** — 30 percent of individuals with the skin condition called psoriasis will also develop a form of this inflammatory arthritis. Symptoms may include joint pain and stiffness, fatigue, skin rashes, and swelling in fingers and feet.

Osteoporosis

- Osteoporosis is a disease of the bone, not the joint, and thus not arthritis. The word itself means "porous bones." It is a different disease in which your bones become weak and are more likely to break.

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Slide 5 – Arthritis Symptoms

Additional Information

What if you have these symptoms and are not sure whether you have arthritis?

- Call your doctor if:
 - Joint symptoms last three or more days.
 - You have several occasions of joint symptoms within the month.
- Should you see a primary care physician or specialist?
 - Your primary care practitioner (PCP) is a good place to start. Sometimes, arthritis is difficult to diagnose and you might need to see a specialist. Rheumatologists are specialists in arthritis and diseases that involve bones, muscles, and joints. They are trained to make difficult diagnoses and to treat all types of arthritis, especially those requiring complex treatment.

Important Differences

Variations in different forms of arthritis: *Section under development.*

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Slide 6 – Take Control

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Slide 7 – Team Captain

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Slide 8 – Self-Management

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Slide 9 – Benefits of Self-Management

Additional Information

Important Differences

Variations in different forms of arthritis: *Section under development.*

References

Slide 10 – Pain Management / Take Control of Pain

Important Differences

Variations in different forms of arthritis: *Section under development.*

Statistics

About one in four adults with arthritis—15 million people—report experiencing severe joint pain related to arthritis. Additionally, nearly half of adults with arthritis have persistent pain.

Severe joint pain: When a person rates his or her pain as 7 or higher out of 10 on a scale of 0 (no pain) to 10 (as bad as it can be).

Persistent pain: When a person reports having pain (of any severity) on most or all days in the past three months.

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Self-help arthritis devices. <https://www.arthritis.org/living-with-arthritis/pain-management/joint-protection/arthritis-devices.php>.

Feet hurt? Slip in some relief with shoe inserts. <https://www.arthritis.org/living-with-arthritis/pain-management/joint-protection/foot-pain-shoe-inserts.php>. Accessed April 17, 2019.

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Slide 11 – Emotional Health

Additional Information

Important Differences

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Slide 12 – Coping with Fatigue

Additional Information

Important Differences

Variations in different forms of arthritis: *Section under development.*

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Slide 13 – Benefits of Being Active

Additional Information

Important Differences

Variations in different forms of arthritis: *Section under development.*

References

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Slide 14 – The Right Fit?

Additional Information

Important Differences

Variations in different forms of arthritis: *Section under development.*

References

Slide 15 – Professional Physical Activity/Exercise Advice

Additional Information

Important Differences

Variations in different forms of arthritis: *Section under development.*

References

Slide 16 – Diet and Nutrition / Healthy Eating Reduces Arthritis Symptoms

Additional Information

Important Differences

Variations in different forms of arthritis: *Section under development.*

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Slide 17 – The Do’s of Healthy Eating with Arthritis

Important Differences

Variations in different forms of arthritis: *Section under development.*

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Slide 18 – The Don’ts of Eating with Arthritis

Important Differences

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Slide 19 – The Supplements Story

Additional Information

- **Glucosamine:** Findings from clinical research that are pooled and analyzed together consistently show that glucosamine sulfate reduces pain and improves function in patients with osteoarthritis, but the overall treatment effect is modest. It is important to note, as well, that consistent use of ~1500mg/d of this specific form is critical for this benefit. It may take six to eight weeks before an individual notices a reduction in pain.

- **Chondroitin:** The best evidence to date for the use of Chondroitin sulfate is a 2015 analysis of randomized controlled trials including over 9,000 patients. This analysis showed that taking Chondroitin sulfate orally for at least three months significantly reduced pain by an average of 9 to 10 percent compared to placebo. Similarly, to glucosamine, continuous use will provide the greatest benefit. The dosage recommendation is anywhere from 800-2000 mg/d.
- Supplements that are likely or possibly beneficial, but patients should first consult their HCP:
 - **Omega-3:** Omega-3 supplements are beneficial for different conditions including RA. Important to note is that it is extremely difficult to determine therapeutic doses from food alone. For RA, a dose between 2-3 g/d may be beneficial to reduce stiffness/joint pain, although doses up to 5.5 g/d have been studied. Use caution recommending >3g/d though, especially if audience member may be on blood thinners.
 - **Collagen type II:** May improve stiffness, pain and physical function in OA at doses of 40 mg/d when taken consistently.

Important Differences

Variations in different forms of arthritis: *Section under development.*

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Slide 20 – Alternative Treatments

Additional Information

Alternative treatments often mentioned, but with no or low evidence of effectiveness and/or safety.

- Electrical nerve stimulation for pain
- Aromatherapy for arthritis relief
- Magnets, copper have not been found to ease RA symptoms

Important Differences

Variations in different forms of arthritis: *Section under development.*

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Slide 21 – Alternative Treatments / Staying Vigilant

Additional Information

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Slide 22 – Social Strategies / Helping Those Around You Understand

Additional Information

Important Differences

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Slide 23 – You and Your Health Care Provider

Additional Information

Important Differences

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