

The Role of Occupational Therapy in Rheumatoid Arthritis Management

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Abstract

Occupational therapy has been defined as the science of eliciting adaptive responses characterised by prescription of purposeful activities that are goal-orientated to maximise independence and functional life skills in disability management. The scope of its intervention in the rehabilitation of rheumatoid arthritis is outlined with an overview of literature update on patient education.

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Introduction

Rheumatoid arthritis is a systemic disease characterised by remissions and exacerbations that vary in severity and timing among people. Its chronic and degenerative course makes it imperative that a philosophy of maintaining the patient's physical, psychological, and functional abilities as long as possible through an ongoing carefully planned treatment programme be practised. Integrated team management is essential and has been found to be a statistically important factor in the improvement of patients with rheumatoid disease.'

Method

Occupational therapists, trained in disability management, help the patient understand his disease pathology and its effects on his life tasks. Through assessment and treatment, the therapist seeks to improve the patient's ability to perform daily activities, prevent loss of function and facilitate successful adaptation. The physical and psychosocial dysfunction is treated by enabling the patient to develop realistic problem solving skills needed to make adaptations throughout life.

Specific goals depend on identified problems and may include any or all of the following:

1. Prevent joint pain and relief
2. Maintain joint mobility
3. Maintain or increase strength and endurance
4. Maintain or increase functional ability
5. Develop problem solving skills to modify daily routine/activities at home and work to protect joints and conserve energy
6. Promote psychosocial adjustment to disability

A patient who risks loss of function due to pain, fatigue, loss of strength and endurance, changes in joint range of motion, or loss of coping skills, or whose function may be improved is considered an appropriate candidate for referral.

Treatment addresses the identified problems and is dependent on the progress of the disease. It may include the following:

1. Wax therapy to reduce pain and joint stiffness
2. Mobilisation exercise/ hand therapy
3. Splinting to prevent joint deformity, pain, and to rest inflamed joints in functional position
4. Adaptive method/prescription of assistive devices, including wheelchair, to improve functional performance
5. Patient education on joint protection principles, energy conservation, ergonomics, pain management using relaxation techniques
6. Home visit to advise on home modifications
7. Vocational rehabilitation/reassessment/liaison with employers
8. Supportive counselling/referral to support group
9. Recreational advice

Patient education is an important core element especially after initial diagnosis of the disease, as to enable healthy self management of the disease throughout the patient's lifetime.

Discussion

Literature reviews have concluded that there is some evidence that joint protection strategies (e.g. splinting, use of technical aids and alternative adaptive method)

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can reduce pain in the short term.² However, the long-term effects of joint protection have been little evaluated.

The process of patient education in joint protection principles has been highlighted. A cognitive behavioural approach rather than the current educational booklet format has better effective behavioural outcome.³ Small group learning in the practice of joint protection principles in outpatient clinic is thereby implicated.

The relief of pain is a greater priority to patient than prevention of disability." Various relaxation methods are commonly used in pain management programmes to enhance coping skills. As yet there is no single relaxation technique which is more effective than the other in controlling pain in rheumatoid arthritis.⁵

The World Health Organisation in 1980 proposed a model of illness-related phenomena for chronic and progressive disorders as follows:⁶

disease → impairment → disability → handicap

Impairment is any loss or abnormality at the level of the organ. Disability is any restriction or lack of ability to perform an activity in the manner or within the range considered normal. Handicap refers to the psychosocial consequences of the disease in which a person has a disadvantage that limits or prevents the fulfilment of a normal role.

Rehabilitation is a process which focuses on the fullest possible recovery in the physical, psychological, voca-

tional and avocational potential consistent with a person's physiological or anatomical impairment and environmental limitation.⁷

As such, occupational therapy is a key component in the rehabilitation of a chronic illness like rheumatoid arthritis.

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