



Occupational Therapy Benefits for Arthritis

Hosts: Rebecca Gillett, MS OTR/L, and Julie Eller
Guest: Jeanine Beasley, EdD, OTRL, CHT, FAOTA

One of the difficult challenges of living with arthritis can be the limitations joint pain bring to our daily lives. Learning how to adapt the way we perform the simplest tasks, like getting dressed or preparing a meal for a family, can be frustrating when you are in pain. Occupational therapists (OT) are trained to help you problem-solve the challenges that arthritis pain can bring.

Whether you are recently diagnosed with arthritis or are well into your journey of living with the disease, occupational therapy can help you learn to manage your symptoms and get you back to doing activities you want or need to do. From teaching you joint protection principles to applying energy conservation skills into your daily routine, an OT can become an integral part of your health care team.

In this episode, Rebecca shares more about how occupational therapy changed her life with arthritis in many ways. You'll also hear from Jeanine Beasley, EdD, OTR, CHT, who will share more information about the many benefits of adding occupational therapy to your care and the research that supports available treatments.

Jeanine Beasley, EdD, OTRL, CHT, FAOTA is a full professor at Grand Valley State University's Occupational Science and Therapy Department and is the coordinator of the Occupational Therapy Hybrid Program in Grand Rapids, Michigan. She is a frequent guest lecturer and has spoken in 19 states and seven countries. She has authored or co-authored several book chapters and journal articles, many dealing with arthritis and orthotics. Awards include: 2018 GVSU Niemeyer Award for excellence in teaching, 2017 Honored Professor at the Philadelphia Hand Meeting, and in 2012 she became a Fellow of the American Occupational Therapy Association.

Additional Resources

[The Benefits of Occupational Therapy \(arthritis.org\)](https://www.arthritis.org)

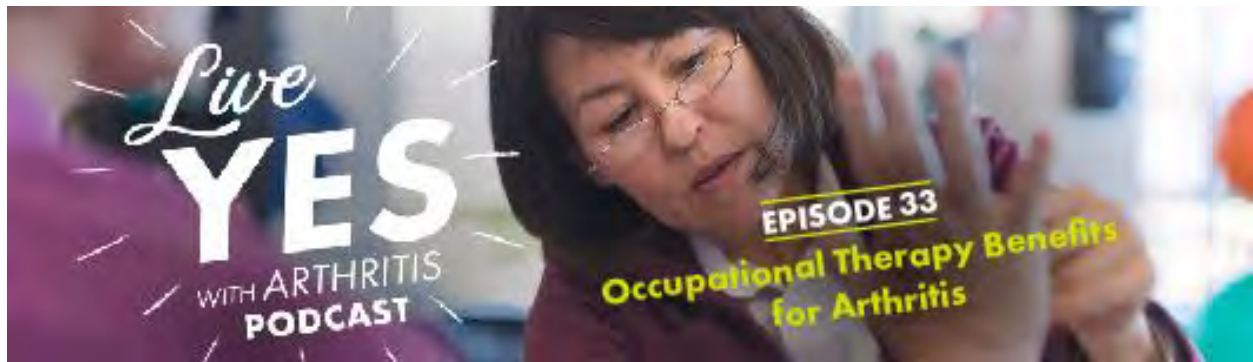
[Occupational Therapy for Arthritis](https://www.arthritis.org)

[16 Joint-Protection Tips \(arthritis.org\)](https://www.arthritis.org)

[Tips for Taking Care of Your Joints at Work \(arthritis.org\)](https://www.arthritis.org)

[Self-Help Arthritis Devices](https://www.arthritis.org)

Learn more about products that are joint friendly in the [Arthritis Foundation's Ease of Use program: Ease of Use Commendation \(arthritis.org\)](https://www.arthritis.org)



TRANSCRIPT FOR PODCAST #33
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PODCAST OPEN

Welcome to Live Yes! With Arthritis, from the Arthritis Foundation. You may have arthritis, but it *doesn't* have you. Here, you'll learn things that can help you improve your life and turn No into Yes. This podcast is for the growing community of people like you who really care about conquering arthritis once and for all. Our hosts are arthritis patients Rebecca and Julie, and they are asking the questions you want answers to. Listen in.

Rebecca Gillett:

Welcome to the Live Yes! With Arthritis podcast. I'm Rebecca, an occupational therapist living with rheumatoid arthritis and osteoarthritis.

Julie Eller:

And I'm Julie, a JA patient who's passionate about making sure all patients have a voice.

MUSIC BRIDGE

Rebecca:

Thanks for joining us on this episode of the Live Yes! With Arthritis Podcast. Today, we're talking about one of my favorite things, Julie.

Julie:

What are we talking about, Rebecca?

Rebecca:

Occupational therapy. Yay! (laughing) We've had some discussion, of course. I always insert my OT knowledge into the podcast. But we are specifically focusing on the benefits of occupational therapy for managing arthritis. And for those who don't kind of know a little bit about my story, I actually became an OT because of my arthritis.

So, when I was first diagnosed in those first two years, I learned two years in that there was some patient education I wish I had had. An OT spent 15 minutes teaching me some principles to help manage my arthritis, my symptoms and my pain, and prevent some pain. And I thought, how come nobody taught this to me before?



And so, it's the whole impetus for why I'm an OT. I went back to grad school. I had to take some classes that I had not taken in my undergrad degree to apply for OT school and totally changed my path.

This is my mission. I want people to know that there are things you can do to help manage your arthritis, help prevent further pain and help kind of just manage that fatigue. I'm super excited to share with everyone and our listeners, especially who maybe haven't seen an occupational therapist, what they could learn from one.

Julie:

I love that Rebecca, and I love that you shared that when you first met an occupational therapist, you spent 15 minutes with them, and they helped change your life. We hope that this podcast, in 30 minutes or so, can help change your life, even if it's just an introduction to this topic. We've got an amazing guest today, Jeanine Beasley. She's an occupational therapist and a certified hand specialist, as well as a full professor at Grand Valley State University's Occupational Science and Therapy Department.

She also is the coordinator of occupational therapy, or OT, as we'll refer to it many times in this episode, in the hybrid program at Grand Rapids, Michigan. She is a frequent guest lecturer and has spoken in 19 states and seven countries. She's authored and co-authored several book chapters and journal articles. Many of them dealing specifically with arthritis and orthotics. We're so excited to have an award-winning occupational therapist with us today, Jeanine, welcome to the show.

Jeanine Beasley:

It's an honor to be here. Thank you so much for having me.

Julie:

Do you want to share a little bit about yourself?

Jeanine:

I've been an occupational therapist, I'm very old, since 1979. Yes, I was actually one of the first occupational therapists here in Grand Rapids. I became a certified hand therapist in 1991. That was the first year you could become a certified hand therapist. I moved on to academia slowly, teaching a class here and there, and then went back and got my master's and doctoral degrees. Then in 2004, I hopped over to Grand Valley State University.



Julie:

Why don't you tell us a little bit about what occupational therapy is?

Jeanine:

I think every occupational therapist has their elevator speech about what occupational therapy is because nobody really gets it. They get PT. What are you gonna do, help me get a job? No. It's really looking at the world through the world of occupation. Whatever you need to be as independent as possible in your daily life.

Rebecca:

It can be confusing with that word occupation in there. But anything that occupies your time, that you want to do or need to do, an occupational therapist can help you learn how to adapt the task that you're trying to do. The environment that you're in. Or something that you maybe are physically doing and could do in a different way, so that you could still engage and do that activity.

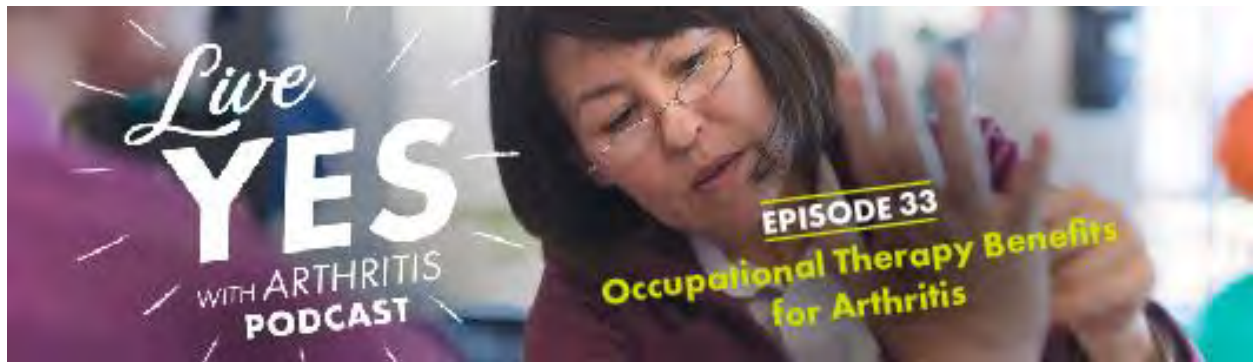
What I love about it is that we really take that holistic approach. It's kind of biological, physiological, social approach ... to how somebody can do the things they want to do on a daily basis, whether that's work or home life or a hobby. And making sure they can still do those things and not have to give them up.

I know you've done a lot of research around arthritis and treatments that we use in occupational therapy. Can you tell us a little bit about how occupational therapy can benefit somebody with a chronic condition like arthritis?

Jeanine:

We have so much wonderful research that supports occupational therapy and the occupational therapy interventions. And they kind of cluster around three topic areas.

One is kind of education and training: ergonomic principles, activity pacing, assisted devices, joint protection, all that kind of education piece that we can do as OTs. The second one would be: There's specific exercises that help decrease pain depending on what type of arthritis you have. And we also have orthotics that we make that have really helped many people decrease their pain and have been very supported in the research.



Now those of you that don't know what a systematic review is: That's like studies that look at studies. We have six systematic reviews that support the different orthotic interventions.

We have some hard evidence here, which I hope people will understand: If they go see their surgeon, the surgeon in their toolkit has surgery. If you go see your rheumatologist, the rheumatologist in their toolkit has drugs. So, sometimes you don't want to have surgery, and sometimes your drugs are well managed. An occupational therapist can really look at getting you independent in your life. Or improving your life with these three main areas.

Julie:

When you talk about those three main areas, and I reflect on my experience with arthritis... I don't believe that I've ever actually seen an occupational therapist. I may have; I was very young when I was diagnosed, so I can't rattle off all of the clinicians I've ever seen, but I can think about the times that I've had to modify my lifestyle. I can think about the times that I've needed an assistive device, when I've had to relearn an activity and do it in a way that's gonna be easier on my body.

And when I've had to, you know, stick some orthotics in my shoes, so I can decrease my ankle, hip, knee and back pain... So, it's interesting 'cause I have a lot of those chapters that I can really reach for in my experience with arthritis. But I don't know that I ever would have referred to all of them or thought about all of them through that lens of occupational therapy. It feels distinct a little bit from physical therapy. Can you give me some of those distinctions? How you define each?

Jeanine:

Occupational therapy is that lens of occupation. It may be occupation as the way to get there. Or we may be modifying that occupation. Or it may be occupation as the end point. "I really want to do this thing, and I don't want to hurt my joints doing it, or I want to figure out a different way to do it." And this is really where OTs spend a lot of time, looking at activity, or we call it activity analysis: breaking it down and seeing how you can get from point A to point B, either in a different way or changing the activity ... changing the way you do it or with changing the activity.

Julie:

I think a lot about the different tools that I've added to my life as things that have helped me occupy my time with greater ease. Like a bigger toothbrush in the morning



that I can grip onto more easily. A lot of my arthritis manifested my hands, my wrists and fingers. So, a lot of those thicker pens and tools for the kitchen that are a little bit easier to grasp on to, all of that kind of falls under that OT umbrella.

Jeanine:

Well, what's interesting is we have so much more research now in regards to tool design, and that's some of the research we're doing here at Grand Valley. Someone might say, "Get a bigger handle." Well, how big? How big should it be? Well, we've been able to show a variety of handles that are the right size. If you look at a handle and look at your hand for the most comfortable handle, it's about 20% the size of your hand length. So, what's good for you will be different for someone with a much larger hand. It's not a one size fits all. We've been using some pressure sensors and putting them around built-up spoons and knives and things like that. And we've been able to find the right size with the least amount of pressure that can actually help you do the activity longer, because it's less pain or pressure to those involved joints.

Rebecca:

One thing I think is important is knowing what's perfect for you. We are not a one-size-fits-all world. And all of us have different needs with different types of arthritis. And which joints hurt, so going to a therapist who knows what would be a better fit for you, is so important. And so, on that note, if we want to go and explore occupational therapy, Jeanine, how would one do that? Do they need a referral from their doctor? How does the process typically work?

Jeanine:

Well, to get your insurance to cover occupational therapy, you typically need a referral. How do you find that right therapist? I think one of the best ways is word of mouth.

The American Society of Hand Therapists, if you're looking for a hand therapist, you can go to ASHT. You can put in your ZIP code and find a hand therapist rather easily. So that can be if you need someone who's specific to hands. Your physician may also have a therapist that has kind of specialized in arthritis.

It's good to go to an occupational therapist who's got some experience treating arthritis. Hand surgeons that I work with sometimes would say, "Let's send you to occupational therapy first, before we do surgery." There's research to support that, especially with the joint at the bottom of the thumb. Following these joint protection



principles and wearing an orthosis have reduced the need of surgery actually. And there's a large percentage of patients who go to OT first.

Julie:

Jeanine, can you define orthosis for our listeners?

Jeanine:

It's a splint. We're supposed to use the word orthosis because insurance companies want to pay for the word orthosis, but I'm very old. And I used to call them splints all the time. The therapist would make an orthosis for you. That's out of a low temperature plastic that's formed right to you.

There's a variety that are available for rheumatoid arthritis. You'll see different deformities than you see with osteoarthritis. So, it's not a one-size-fits-all. It's not just a wrist orthosis that you can get at your local grocery store. It is looking at what are your potential deformities and what type of orthosis do you need, with huge research support for these.

Rebecca:

One of the things that is important to learn early on, like you're saying, early on, could avoid future issues or the need for surgery. When I was first diagnosed, my rheumatologist did refer me to a hand therapist. You wanna go by referral and make sure you're talking to somebody who has some experience working with people with arthritis, no matter what type, so they can understand the proper way to fit and custom-make a wrist orthotic for you.

PROMO:

The Arthritis Foundation tests and certifies products that make life easier for people with arthritis and other physical limitations. Ease of Use-certified products are easy to use by everyone. Learn more at <https://www.arthritis.org/partnership/ease-of-use-products>.

Rebecca:

Can you talk about some other treatments for arthritis? I know you have done your own systematic review of treatments for people who have arthritis. Which ones are beneficial aside from splinting and orthotics?



Jeanine:

There's amazing research support for our joint protection programs. I did another systematic review in my free time with osteoarthritis. We looked at: What does the research say about the digits? Paraffin wax is really supported for both rheumatoid and osteoarthritis. It's a simple thing, you can get it easily. You can get pretty scents for your paraffin at the beauty supply store. You have to be very careful, you know, with the temperature, and make sure that you're using good safety measures.

You can really get decreased pain and actually increased grip strength. You would think, what do you mean, I'm getting more grip strength? Well, things don't hurt as much using paraffin. Another was mineral bath water, OK? There was great support for balneotherapy, and you're like, what's balneotherapy? Well, that's like going to hot springs. You go in and you submerge, and **there's** amazing support in the literature for hot springs.

Rebecca:

Yeah. Actually, I can attest to that. There are a bunch of hot springs here in Colorado, and it's fun to go. I can feel like any stiffness or pain I have in my joints when I get to soak in there for a little bit, I do feel some relief. It's definitely beneficial. But that's not something... Can you mimic that at home at all? Yeah, not really. 'Cause that's natural minerals in the water, and it's at this amazing temperature. (laughing) It's like sitting in the hot tub, but it has the minerals in them.

Julie Eller:

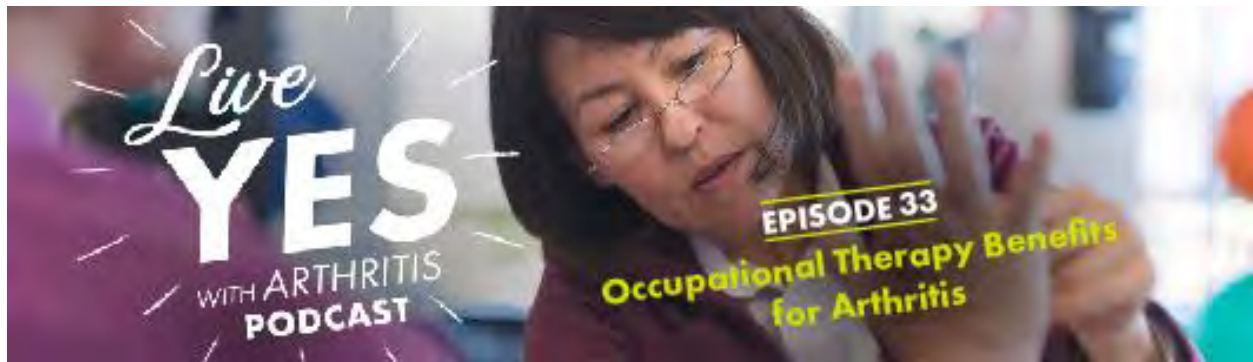
A gift from the earth.

Rebecca:

Yes.

Jeanine:

It is a gift from the earth. But, you know, paraffin could be a nice backup for you. And another is TENS, which is transcutaneous electrical nerve stimulation, especially the research is very supportive for rheumatoid arthritis. So, if you're dealing with a lot of pain



with rheumatoid arthritis, TENS units: these little units, you can buy them at the grocery store, you can get them on Amazon.

They're very inexpensive and they're little electrodes that you can put on. It's a little, ooh, vibration of electricity, as opposed to oral medicine, you see, and wouldn't you rather just do a little of that than maybe a medication?

Rebecca:

What about ultrasound? Is there any research supporting the effectiveness of ultrasound?

Jeanine:

Yes, there is. Pulsed ultrasound, especially for the osteoarthritic and some support for the rheumatoid arthritic is there. I like the non-thermal effects of ultrasound, working at a cellular level to move that through the cell membrane and getting the bad stuff out. Now this is something you can't do at home, unfortunately, but there is great support for ultrasound. And I think it's underutilized actually.

Julie:

I really love these tools. I especially love paraffin wax, and I love my TENS machine.

Jeanine:

Oh, good.

Julie:

I've had them for years and years and years, and they are some of my favorite tools in my toolbox. What does a general relationship between a patient and an OT look like? Is it a couple of visits and then you set up with those tools and you practice in your daily life? Is it more ongoing? What does it look like typically?

Jeanine:

Often, if you can see a therapist for a few visits, it's going to be very helpful. But you've got to take that information and go forward with it. So often you just see therapist after a surgery and not before. There is some movement, especially with these chronic conditions, to get therapists involved earlier with the plan.



Rebecca:

I really feel to my core had I had that kind of joint protection education when I was first diagnosed, I would have avoided... Both of my wrists are fused. One's completely fused, one's partially fused. Had I learned early on, when I was not under control with my RA, that there were some things I could change and adapt, or tools I could use, I really feel like I would have had less damage in my joints to necessitate a surgery on either of my wrists.

And when you ask about that like relationship, Julie, one thing I want to share, like my hand therapist. Yes. I'm an OT, but I have a hand therapist that I've been going to for over 12 years. And I have seen her post-surgery, pre-surgery, to try to avoid a surgery. I've seen her over the years because of my wrist fusions and having elbow pain and shoulder pain. And it took another OT to take a look at how I was doing a task or an activity for me to figure out, oh, wait a minute, that's what's causing my pain. 'Cause I'm using some wonky movements because my wrist is fused.

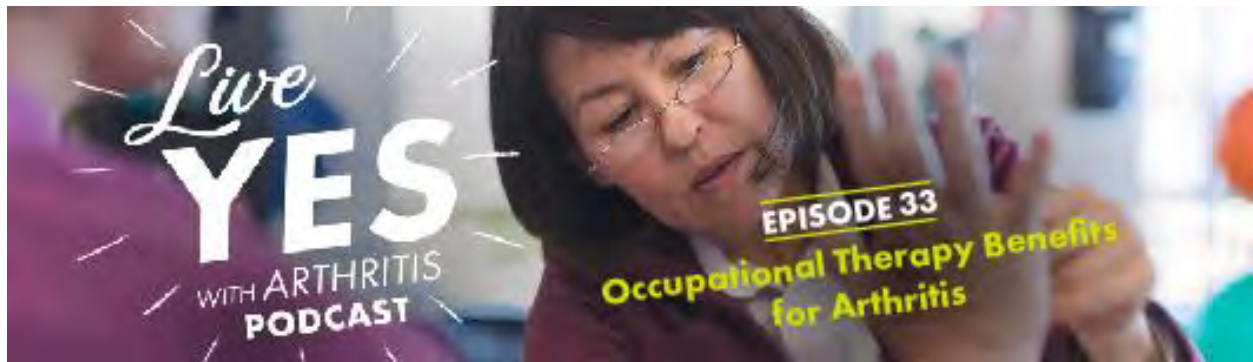
To me, it's a lifetime relationship. She's an important part of my health care team. And when I need her, I'll go to her and I'll ask my rheumatologist, "Hey, can you write me a referral to go see my hand therapist?" And she'll say, "OK, why?" And I'll tell her, "Well, I'm having this issue. And I think she'll be able to help figure it out, or she could do TENS or ultrasound on it for a little bit and help calm that inflammation down. I don't want an injection. I don't want to take prednisone. So, then I go back to her for a few visits and that usually will take care of the issue.

Jeanine:

I have patients who I've seen for years and years and years. It's such a delight to see them. And I remember when I went to the university, one of them found me at the university. They're like, "Hello, my night orthosis needs to be adjusted. It's now five years old." That orthosis wears out. She needed a new one, and the research is so supportive of that orthosis decreasing pain, increasing grip strength.

Rebecca:

You've talked about joint protection. Are there other skills that we can teach, and learn as patients, that are important when you have arthritis?



Jeanine:

There are many things that overlap with energy conservation and work simplification. We as human beings are like, "I'm just gonna go for it and keep going, and push through the pain." I don't know whoever came up with that, but they were just absolutely wrong. (laughter) They were just absolutely wrong. There's really no research to support pushing through any pain. That causes deformities. And as we know, it causes inflammation that's going to last many days after the fact.

So, balancing that rest and activity is really important. Getting good at energy conservation and work simplification. Now with COVID, we've learned a lot, haven't we? We can have our groceries delivered, eliminate that entire issue. We can avoid some of those more painful tasks. We can arrange, like we're all working at our computers now zooming our grandchildren. Do we have good posture? Set up your computer at home so that you're using good posture. It allows you to work with less pain. We also though shouldn't stay in one position too long, you know, how stiff we get on those things.

Rebecca:

Your pain is different every day. And sometimes throughout the day, it changes. So really understanding the neutral position you should be in. Or, you know, wait, I have pain in my lower back today, so maybe I should tweak my seating for today or work on consciously standing a little bit more and moving a little bit more today or stretching, and incorporating more of that.

I think that's one of the things unique to OT as well, that one of the things we work on is routine and habits. How can we build this into a routine? And then you can access the tools you need based on your pain that day, or at that moment, to adjust accordingly. So, you don't have to stop what you're doing, but maybe just how you're doing it.

Promo:

Accept the 54 Million Steps Challenge in our 2021 Walk to Cure Arthritis fundraising event. Help conquer arthritis nationwide for the 54 million Americans who battle the disease. Start by registering at <https://www.arthritis.org/events/wtca>. And walk your way to help cure arthritis.

Rebecca:



I think, Jeanine, one of the things that would be helpful, too, is for people who — we talked about energy conservation — have arthritis often have chronic pain and fatigue. What role does OT play in helping somebody manage those symptoms?

Jeanine:

The best way is to get a good night's sleep. If you don't get that proper position, a good mattress, support of the joints... An occupational therapist can help you really find that good sleep hygiene. And that just means like you turn off. There's not a TV in your bedroom, your phone is away. You've got a nice ... I like to think of it as a nice thread count sheet that's comfortable. You're not too hot, you're not too cold. Your pajamas allow mobility, getting around in bed. (laughter)

You need to have a good position, several positions that are comfortable for you. So, a good night's sleep is critical. And then looking at, "OK, this is what I wanna do every day, and this is what I need to do every day. I'm gonna pace my day and have those good habits. I know I'm gonna have more energy in the beginning, and I'm gonna do part of this task, and part of this task, and part of this task, instead of I am going to now clean out all the closets and all the drawers in my house before noon, you know. (laughter) Nah, that's not a good idea.

If you can also build in time to exercise appropriately, you know. Especially the pool. If you can get into a pool, you're able to move your joints more freely, and hopefully a warm water pool as opposed to a cold water pool, as we were talking about: Heat can be very helpful.

So, getting into those habits of putting all those things into your day, then you're gonna be way ahead of the game, as opposed to trying to fit everything at the end. And also looking at mealtime. I like to eat at least three times a day. It's really important to me. I don't know, OK? (laughing) So, I'll often link what I would like my patients to do with mealtime. If you can, every time there's a beverage in front of you, slide it sideways with your index digit. You see that's three times a day: breakfast, lunch and dinner. You're incorporating exercise, you're making it a habit.

Talk it over with an occupational therapist. It's called the dynamic stability approach, which is changing the way we treat the thumb. It's remarkable. See how you link habit with what you need to do.

Julie:

I think about that muscle between my thumb and my index finger a lot, because...



Jeanine:

I'm so glad. (laughter)

Julie:

Whenever my wrist is really achy, or my thumb is really achy, or my fingers, anything in my hand, that muscle was always really achy. And I have never had language to describe why, but it makes a lot of sense if it's naturally weaker in people like me, patients like me, to think through how you can strengthen it up and how that might reduce some of the other pain that you experience.

Jeanine:

Yeah. It actually puts the thumb back into alignment, by pumping it up. You could take a rubber band and spread your fingers, which would be a nice way to do it, too.

Rebecca:

A lot of the research that you have done has been on arthritis in the hands, and knowing now, too, that you actually have OA in your hands makes it even more powerful to hear from you... What do you think is the most important thing that someone who has arthritis in their hands needs to learn when they first get a diagnosis, or if they're experiencing acute pain in their hands?

Jeanine:

If you're having acute pain, you're probably having a flare-up. And it's not the time to begin squeezing things. (laughter) That's the time to rest, and when you're in an inflammatory phase, it's the time maybe to seek out some of the things, like we talked about with ultrasound or some things that a therapist can help you with.

But I have to tell you a lot of times we as occupational therapists don't get to see you during those acute or initial flare-ups, especially with rheumatoid arthritis. Going to the OT is not necessarily the first thing that happens. And we see you after you've been diagnosed and been to the rheumatologist. There's things that we can do to decrease their pain, to get that orthosis in place and to calm things down. But typically we're seeing you a little bit later in the process,

Rebecca:



When they are having an acute flare like that, would it be best to do ice or heat therapy?

Jeanine:

There's a study that shows that if you had really a lot of pain and heat in your knees, ice was helpful. With the hand, it's so thin, you know? Knees are bigger. And most of the patients that I have don't tolerate ice. They do like heat, but I think I would wait until after that inflammatory process has calmed down a little bit before I started heat. You kind of think of ice at acute and like tennis elbow and all of that stuff. But with arthritis, it just seems to be, they love heat. (laughs)

Julie:

I, myself, am a heat girl. But I have certain joints that respond much better to ice. My knees in particular. Which is, you know, accordant with the study apparently, very ice friendly. Very, very ice friendly. And sometimes if I'm having like deep hip pain or low back pain, sometimes I'll reach for ice instead of a heating pad. But my hands in particular, my elbows, they love the heat. Rebecca, is the same true for you?

Rebecca:

I'm a moist heat girl. I have never liked ice. However, my hand therapist has a cool little hack that I like to show people. There's these little plastic beads that you can get at craft stores they use to stuff bean bags and stuffed animals. So, I get a couple pounds of that and stick it in a container, and I keep it in the freezer with a lid on it. That is the only way that I can tolerate cold. Because it's cold, definitely cold, but it's not wet, so I can tolerate keeping my hands in there more than I ever have with just ice on my hands. It lasts, you know, about the time you'd want to ice anyway, about 15-20 minutes, it's pretty cold. And I just keep it in the freezer for when I need it.

That's what I do, if I have overused my joints and my hands and wrists especially. Mostly I like kind of that moist heat. I used to use paraffin. When I was first diagnosed, I had my wrist fused. And I would do that first thing in the morning, 'cause my hands would be so stiff. And I just love how that felt. And it literally was like night and day.

I would do the paraffin and then I could actually move my hands after. And do some stretching and exercises of my fingers and hands in the hot water. And when I woke up in the morning... to like fill up the sink and then just get my fingers going, and that typically helped kind of speed it along so that I could get on with getting ready and working for the day.



Julie:

Yeah. That's a magic bullet for me as well, sticking my hands in some hot water and then trying to do the alphabet or kind of like draw the alphabet with my hands going all the way through. My super-duper magic bullet is using like a heating pad or a hot wrap plus the TENS machine in one fell swoop.

Rebecca:

Combo, combo.

Julie:

Cool, that combo is a very good one. (laughs)

Rebecca:

I actually have a heating blanket, not a heating pad. And when I feel that overall pain in my body, I just wrap myself up in that thing. (laughs)

Julie:

I love that.

Jeanine:

I love that you're sharing this because you just sound like the patients that I have, and it's so helpful for other people to hear this. But so often they'll start with a long shower in the morning. They're like, you know, I take a really long shower and so that's fine, but you're also standing, you're slippery. And then you run out of hot water. (laughs) The heating pads, paraffin, they target the joints that are really in need of that extra warmth. And the research is very supportive of this.

Promo:

Want to learn more about how to live your best life with arthritis? Check out the Arthritis Foundation's e-books, including tips for dieting, traveling and making everyday life easier. These e-books are free and will help free you from the burdens of arthritis. Go to <https://www.arthritis.org/liveyes/expert-advice>.



Rebecca:

We've talked about the thumb a little bit. I know a lot of people struggle. And it's one of the hardest I think to treat. And when you have to adapt how you do things, it's the hardest thing to do because we're humans, we have opposable thumbs. And when you can't use that, it makes it really difficult to do daily tasks. So, are there any treatments that research shows are effective for arthritis when you're suffering from that in your thumb?

Jeanine:

Oh, yes. And that's where the research really shines. We talked a little bit about an orthotic for the thumb. You might think of a big brace that goes all the way to the tip. And there's some that are just quite small and around the base of the thumb in alignment. And it's just really fun when I have a patient, and I fit them with an orthosis or splint, and then I say, "Could you just pinch for me?" And they'll turn to me and say, "Well, that doesn't hurt." And I'm like, "Well, isn't that good?" (laughter)

The goal here is to get rid of that pain. You get an orthosis and you get one that fits. And I usually make one, for just one side. If there's both involved and they get used to that, and they're like, "No, I want them for the other side, too."

And do you have to wear it 24/7? For some, there's days that you need it during the day, but we've also have research to support just nightwear as well can help. Then moving onto the heat modalities that we talked about, but also the intrinsic muscles, the little muscles of the hand need the dynamic stability approach, which your therapist can help you with. It can really help reduce the need for a surgery in the future.

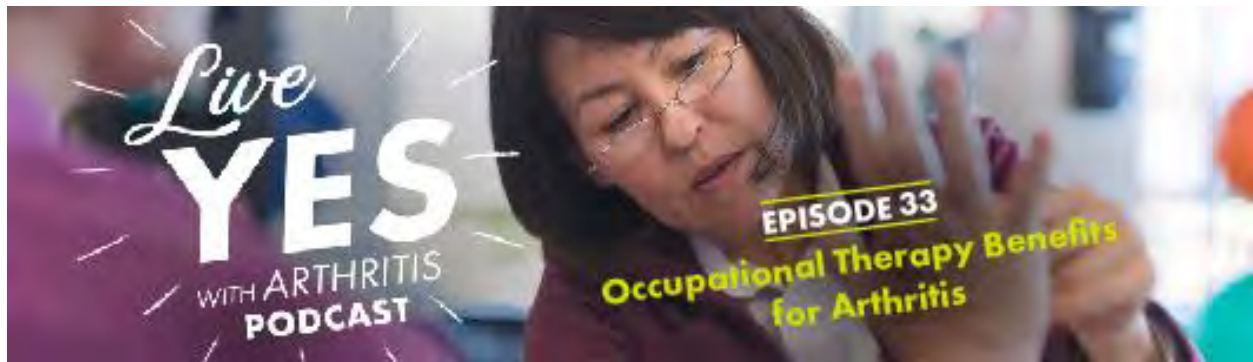
And then avoiding that heavy pinch, you know, squeezing closepins is not gonna make your thumb stronger. It's going to dislocate your base. There's very specific exercises that can help this. An occupational therapist can get help you with this.

Julie:

Can you walk into a pharmacy and grab the nearest wrist brace that you see and start wearing that, or is the best thing for you to really go and consult an expert?

Jeanine:

I have to tell you, many times, especially with people with thumb arthritis, whether it's rheumatoid or osteo, they come in with that orthosis from the grocery store that



supports the wrist and does absolutely nothing for their painful thumb. If you can get to an occupational therapist that specializes in this condition, it can be very helpful and buy you a lot of time and decrease your pain, increase your function. And I think that's what it's all about, isn't it?

Rebecca:

One thing too, though, I will note is that there are physical therapists that are also hand therapists, too. So, if it is arthritis in your hands, it's finding the right hand therapist who has that specialist certification. They're gonna know how to help you manage that pain and get you the right custom fit for any type of splint or orthosis that you would need.

Is there any quick things you recommend people do when they have pain in their hands and they first wake up in the morning or after overusing later in the day?

Jeanine:

Warm them up, and then move them and get that gentle fist going, not to force it. Listen to what your hands are telling you or what your body's telling you. And if it's painful, it is not helping. Listen to your pain. Your body talks to you. You know, opening and closing the hand, a little bit of opposition, but avoiding pain at all costs.

Rebecca:

The hardest thing I think with arthritis in the hands and the wrist, and any of our upper extremities, really, if you can't raise your shoulder or you can't straighten your elbow: Are there are some tools that are available that people can use to kind of make some of these tasks a little bit more accessible to do?

Jeanine:

You mean like adaptive equipment?

Rebecca:

Yes.

Jeanine Beasley ([00:54:18](#)):

Yes, absolutely. Another study coming out of Europe found that the tools that people use in the kitchen are particularly effective. They went back years later, and they found that 90% of the tools that individuals use through the kitchen, they were still using, There's



a couple things that really bothered people driving a car. One is the key in the ignition. And the other is getting that gas cap off.

The piece of adaptive equipment that I recommended the most: I took a little piece of leftover splinting material and made a little lever to help them start their car, a key turner. It's a great Christmas gift for all your friends with either osteo or rheumatoid arthritis. They'll love you forever. There's a tool that you can get to open your gas cap. I had several patients who would just wait at the gas station for a nice person to come along and take the gas cap off.

Rebecca:

I used to do that.

Jeanine:

Those two tools are most helpful. And it's so funny that you did that. I wasn't talking about you.

Rebecca:

When I was at my worst, I remember... I know for some people, it's hard to ask for help, you know? There are lots of tools out there. The Arthritis Foundation has our Ease of Use program.

Julie:

That's right. I think what I've realized in this conversation is that the tools are everywhere, and they might not be advertised as tools, but even if it's the thread count of your sheet or your silky pajamas, or, you know, the environment around you: There are things that you can use and think thoughtfully about, grab for, be intentional about, that can really help. And maybe an occupational therapist can help you see what those things are in your day to day.

Well, Jeanine, this has been incredibly instructive for me as the non-OT expert in this conversation. I really just appreciate all that you've shared with us. If you were going to kind of leave our audience with three key takeaways from our chat today, what would those be?



Jeanine:

Well, I think that if you can get a relationship with an occupational therapist that specializes in arthritis, you will have a lifelong friend. Maybe it's for an orthosis, maybe it's for that education. Maybe it's just to point you in the right direction for some of these adaptive tools.

Also, your home management. Making it a habit around things you do at home. Looking at those self-management techniques that are everywhere and making them a habit. They can really decrease your pain.

Sometimes the internet can be your friend and sometimes it can be your foe, you know. There's all these remedies out there that are not always proven. Go to the professional that is in the research who can say, well, there's not really been a study on that yet. You don't wanna spend your money in something that's not gonna benefit you.

Rebecca:

I love it. And April is Occupational Therapy Awareness Month. So, part of the reason why we are highlighting OT and its benefits for arthritis. But we thank you, Jeanine, for this time and appreciate all of your knowledge and your research that you are doing in the field.

Jeanine:

It's been a pleasure. I have arthritis myself, so it's near and dear to my heart.

Julie:

Lovely. Well, thank you so much. And we're really glad to bring occupational therapy to our listeners today. Thanks everyone.

Rebecca:

Thank you.

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