

# Looking After Your Joints: Joint Protection for Hand Osteoarthritis and Hand Pain



**Joint Protection**

**Leader's Manual**

**LOOKING AFTER YOUR JOINTS**  
**HAND OA**  
**JOINT PROTECTION AND HAND EXERCISES**  
**LEADER'S MANUAL**



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Further copies of this leader's manual are available from the Principal Investigator Professor Krysia Dziedzic and Professor Alison Hammond co-investigator and Looking After Your Joints programme developer.

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## INTRODUCTION

### Background to the SMOotH Study: Joint Protection

Osteoarthritis (OA) is the commonest form of arthritis in the UK and the source of most of the musculoskeletal pain and disability in adults aged 50 years and over (Zhang et al, 2003). Although the projected increase in the proportion of older people in the population has propelled OA up the agenda of health planners and politicians, the main focus of attention has been on lower limb OA. Less attention has been given to the hand, despite the fact that it is one of the most common sites of pain and osteoarthritic change in this age-group (Buckwalter et al, 2004; Kalichman et al, 2006). In the UK it is estimated that at least 4.4 million people have X-ray evidence of moderate to severe OA of their hands (Arthritis Research UK, 2002; ARMA, 2004).

In a large cross-sectional survey of older adults with musculoskeletal hand problems in North Staffordshire, participants reported that they considered the diagnosis of "hand OA" to represent a serious condition (Dziedzic et al, 2004). Sufferers reported significant pain and disability, which affected their everyday lives (Dziedzic et al, 2004). In-depth interviews with patients with hand OA clearly highlighted the personal impact and loss of independence caused by this condition, with disruption of day-to-day activities such as washing, toileting, and dressing, together with psychological and emotional distress (Hill et al, 2004; Hill, 2005). Patients reported considerable frustration caused by their hand problems, which was compounded by a perceived lack of appropriate information and advice about their condition and about the use and availability of assistive devices (Hill et al, 2004; Hill, 2005). The unmet need of older people with hand OA is illustrated by the following extract from our qualitative research: *'I went to the GP [he] gave me a form...with osteoarthritis or something, whatever they call it. I thought that wasn't very helpful. 'Nothing we can do about it' he said and at the time I'd got really bad pain, which was why I went.... down the thumb. I honestly wouldn't ever go back and tell them my hands are playing up 'cause he said there was nothing they could do'* (Hill, 2005). Stories such as this may be one reason why few people with hand problems visit their GP, even when severely affected (Dziedzic et al, 2004). Even fewer attend for occupational therapy (OT) (Moratz et al, 1986) – in our survey of hand OA only 3% of those with severe disability reported seeing an OT in the last year (Dziedzic et al, 2004).

Occupational therapy for hand OA uses educational-behavioural approaches to facilitate self-management using techniques such as joint protection and hand exercises (Hammond et al 2002; Hammond and Freeman, 2004). Patients are helped to understand the causes and consequences of their OA, taking into consideration their own beliefs and expectations. Goal-setting, pacing, and problem-solving, with time to practise new skills and opportunity to ask questions are used to facilitate desired changes in patient behaviour (Hammond et al 2002; Hammond and Freeman, 2004). Patients are encouraged to practise self-management approaches, either individually or with others in a group setting.

Patients with rheumatoid arthritis (RA) attending an OT programme based on educational-behavioural techniques used joint protection significantly more, and had significantly less early morning stiffness, hand pain during activities and disease flare-ups at one-year follow-up, than those attending a standard OT programme (Hammond and Freeman, 2001). Joint protection education aims to reduce the symptoms of joint problems through the use of assistive devices and through the use of alternative joint movement strategies (Hammond et al, 2002). Patients are helped to understand how strain on the joint when carrying out daily activities can contribute to joint deformity and pain.

Despite the fact that joint protection and hand exercises are frequently used by OTs and physiotherapists in the management of hand OA, and have been recommended for all patients in the EULAR recommendations (European League Against Rheumatism) (Zhang et al, 2006), there is a paucity of evidence to support these interventions (e.g. systematic reviews (Mejjad and Maheu, 2000; Towheed, 2005)). One small trial from secondary care (Stamm et al, 2002) demonstrated modest benefits of joint protection compared with an education leaflet for hand OA. There is also evidence for the effectiveness of joint protection in RA (Hammond and Freeman, 2004), but no robust evidence for joint protection in the management of hand OA (Mejjad and Maheu, 2000; Towheed, 2005).

In summary, the EULAR recommendation to provide joint protection for all patients with hand OA is based largely on expert opinion and has not been evaluated in high quality randomised clinical trials. The majority of patients with hand OA will be managed in primary care and it is therefore important to evaluate the benefits of joint protection before the EULAR recommendations can be adopted in this setting.

The proposed trial will address the following two research questions:

**Is joint protection delivered by an OT more effective in reducing hand pain disability than no joint protection in people with hand OA in primary care?**

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## **1. Background to the Looking After Your Joints Programme.**

This *Looking After Your Joints Programme* will evaluate such approaches in hand OA. However the majority of high quality evidence is from studies in rheumatoid arthritis (RA).

When the original programme for people with RA was being developed, we interviewed people with RA as to why and how they used joint protection methods. Almost all thought joint protection a great idea and very beneficial - it just seemed common sense. But most people seemed to be using relatively few joint protection methods to reduce joint strain. Many had spontaneously started to use some already, which they had worked out for themselves or read about in books. Pain, weak grip and fatigue were the main prompts they identified for making these changes. If problems continued, these alternative methods progressively became habitual over the years. But it was surprising how many people said they used them "when their hands were bad" but "if my hands don't hurt, I just use the normal method" (Hammond, 1998).

When we taught joint protection methods to people diagnosed with RA, our aim was to help people make widespread, permanent changes to maximise the potential to reduce pain, inflammation, joint stress and the likelihood of deformities developing. We also video recorded people with RA using their hands during everyday activities. We found that people in the earlier stages of arthritis (in the first few years since being diagnosed) were making a limited number of changes, usually when their joints were painful, and these were not always being sustained. These tended to be approaches such as slowing down and using some gadgets, but movement patterns changed mostly in response to pain, and often returned to normal when this reduced. If we want joint protection to act preventatively (and not just symptomatically at a later stage) - we need to teach people in the earlier stages of their hand problems about joint protection. We need to help them to use these sufficiently and permanently as *early as possible* for them to be effective.

Common barriers people with RA found about using joint protection were:

- Either the advice was inappropriate for them as "my hands are not that bad yet."
- Or they had tried to make some changes, and been successful to some extent but "it's hard to change the habits of a lifetime," "I just forget when I'm busy," "it's difficult to get into a new routine." People said it was easier to remember when they had pain (because it made them think about what they were doing), but if their hands or other joints were not painful, or they could "put up with the pain," or their medication was successfully controlling the pain, their normal, automatic, actions prevailed.
- Or they found these new joint protection methods felt "awkward, clumsy and slow" and they were not quite sure if they were getting them right and they took more time to do.

Many wanted to use joint protection more but found just getting on with everyday life took up all their time. Their main difficulties were in remembering the information fully, having sufficient skills and confidence in these to do the joint protection methods correctly, and getting into the habit of using them on a daily basis (Hammond, 1998; Hammond, 1994; Hammond and Lincoln, 1999).

We have previously run a trial evaluating the LAJP for RA programme being delivered by three occupational therapists who attended a 2 day training course. Results were similar to those achieved in research trials (Hammond et al, 2002).

We know that people with hand RA following the programme gained a significant reduction in pain, early morning stiffness and maintained function. Other benefits included improved self-efficacy and subjective perceptions of disease status (Hammond and Freeman, 2001; 2004).

## **2. Adherence with self-management advice**

This emphasises how difficult it is for all of us to adopt more healthy lifestyles. We all know we should exercise more and eat healthily - but most of us don't do as much as we might like to. People with any kind of arthritis are just the same. As health professionals we are advising them to:

- take medication regularly
- regular activity
- use joint protection techniques daily
- pace activities
- eat healthily
- use assistive devices
- simplify/reorganise activities to do them more efficiently...
- and more...

These are major changes to lifestyle. Meanwhile, the person may be trying to hold down a job, run a household, look after children/ relatives and have some kind of social life. How does putting all this advice into practice fit in?

No wonder it has been recognised for many years that people with any type of arthritis on average adhere to only about 50% of the advice being given to them. Many may not be using self-management strategies sufficiently for these to have an effect.

There is also much evidence that asking people to make too many changes in too short a time is likely to be ineffective. We should be encouraging people to take on one or two self-management strategies at a time, develop habits and routines gradually so that these will successfully stay part of their daily lives. Once these have become habitual, we should be helping people continue to adopt more self-management strategies. The speed at which people can do this depends on individual factors – their reaction to their arthritis, how much it is affecting them, support from family and friends, and motivation to change. But we can influence adherence – and concordance - through the quality of the patient education we provide.

### **3. Helping people change and teaching Joint Protection**

Over the last 10 years, there has been increasing evidence that education programmes emphasising adult education principles, behavioural approaches, supervised practice and homework programmes are more effective in helping people adopt self-management strategies. This programme applies these techniques to the teaching of joint protection.

We must be realistic and provide joint protection education that will help people change. In joint protection education we are asking people to change their habitual movement patterns and activity sequencing of everyday activities that are usually being performed at an unconscious level. All of us use automatic movement patterns deeply engrained over decades to perform our self-care, housework, work and leisure activities. We only think about how we do these activities when a problem arises. If we want to get on with our everyday lives efficiently, we have to be able to continue to do these activities with little conscious thought. So no wonder that people with arthritis can find it difficult making widespread changes to movement patterns and activities quickly.

Prochaska and DiClemente (1992) described individual's readiness to adopt new coping strategies, such as arthritis self-management strategies, as going through a process of "stages of change." These can be summarised as:

- *the contemplative stage - of precontemplation, contemplation and preparation.* The person needs to realise why change is needed, think about making such changes, experience these coping methods and think how they respond to them.
- *the action stage - of action and maintenance.* Here the person puts these into practice and actively works to integrate these into their daily lives.

Typically, joint protection education for people with hand OA or hand joint pain may only last an hour or so (if they see a therapist at all). It is recommended that people have some information about their condition, often normal joint structure and how this changes in OA is explained, general principles of

joint protection, ideas to put these into practice, some demonstration and supervised practice. This is supported by handouts and people are encouraged to put these into practice (Hammond, 1997).

This approach *does* help people learn some more about *joint protection*. It can help people, to varying degrees, to move through the *contemplative stage*. How successful we are depends to what extent the person has already started moving through these stages, how much education we can then provide and our ability to effectively teach and motivate people.

However, our previous research in RA and other patient education studies (Riemsma et al, 2003) indicates this “typical” education is less successful at moving people through the *action stage*. We have tested a “typical” joint protection education programme for RA in three studies. People enjoyed the programme but relatively little behavioural change occurred. (Hammond 1994; Hammond and Lincoln, 1999; Hammond and Freeman, 2001). In contrast, the LAJP for RA using behavioural approaches was effective in helping changes, reducing pain and maintaining function (Hammond and Freeman, 2001; 2004).

## **WE AIM TO EVALUATE THE EFFECTIVENESS OF THE PROGRAMME FOR PEOPLE WITH HAND OA AND HAND PAIN**

### **4. Programme structure and content**

The programme content is written like a “script.” The intention is **not that you follow word for word what is written down**. Rather it is to help you gain a clearer idea of how you should present the programme and teach this information to the people who have been invited to attend.

Each group and each session will be somewhat different - because the people coming will ask different questions, contribute different information and interact with you and each other differently. The sessions are designed that you can deliver them in a **1 hour** meeting – with some time for such questions and interchange - without you or the group feeling rushed and dissatisfied. So there is plenty of opportunity for you to deliver the programme using your own style, skills and knowledge, whilst delivering this content in the way that is outlined.

This programme integrates educational, health psychology, motor learning, behavioural and group dynamic theories in its presentation.

### **5. Using the leader’s manual**

- Make your own prompt cards to remind you about key points in the content and approximate timings.
- Everything is repeated and the key content is in the workbook. If you don’t manage to spend as much time as you wanted on a topic during one session, there will be the opportunity to “catch up.”

### **6. Teaching**

Teaching is not just a question of imparting information. To be effective it must be properly structured and presented by the “teacher” and promote active learning by the “student.” You should therefore pay close attention to advice about teaching methods - and for the first one or two times you run the programme, you might want to work with a colleague and give each other honest feedback on your teaching and interaction. It is hard work to become a good teacher, which requires constant self-appraisal and feedback of one’s work. Running a good session can be very tiring - as you have to think on your feet and be looking out for opportunities to involve your “students” in the learning process.

Many of the people who attend arthritis education programmes have not been involved in formal education settings for many years - and so this programme is based on adult education principles. That is, it should be practical, work from where the learner is at, encourage practical contributions. It has been proven to be effective as detailed in this manual. You should therefore be keeping to the programme content and delivery as similar as possible to the manual.

The programme heavily emphasises the **practice** of joint protection, both supervised practice during the programme sessions and through encouraging people to set goals and follow home programmes of practice. If you change this programme significantly - particularly in your style of teaching and supervising the joint protection practical tasks, reducing the amount of practical time or not emphasising the home programme components - then you are much less likely to help people change.

## **7. Programme objectives:**

Group attendees should be able to:

1. Increase their understanding of hand OA: cause, effects on joints and management methods.
2. Understand joint protection principles and know a range of hand joint protection methods.
3. Understand the processes of problem-solving and be able to do this in practical tasks
4. Know more about other information sources from which to obtain self-management and practical advice and support.
5. Increase their belief in their ability to perform daily tasks and control hand pain using joint protection methods.
6. Increase their satisfaction with their ability to do everyday tasks.
7. Gain a sense of support from meeting others with hand problems.
8. Use goal-setting to facilitate using joint protection and fatigue management.
9. Increase their use of joint protection and fatigue management methods during everyday activities - particularly hand joint protection and pacing.

## **8. Theoretical Background**

There are a range of theories and approaches which have influenced the development of this programme including:

- The Health Belief Model
- Self Management and Self Regulatory Theory
- Adult Education principles
- Self-efficacy Theory
- Effective communication and education strategies
- Motor learning theory

These are discussed in the teaching sessions as part of the leader's training course.

## **9. Creating a comfortable, communicative atmosphere**

You should be familiar with all the following advice - but remember to put it into practice. However tired you feel when the group starts or annoyed you are with something else - never let it show. The

approach and attitude of the therapist is a strong influence on whether people are motivated and their subsequent adherence to the advice we give.

- Always be welcoming and approachable. Be there before the group starts, welcome everyone as they come in - offer them a drink/ biscuit, say who you are - even if you are going to be introducing yourself at least six times as different people come in. Check they have a comfortable seat for them - the right height, a chair with arms and so on. Remember to get people to take off their coats - they will be there for an hour - and where the toilet is. Introduce people to each other as they sit down - even if you are doing this six times as well.
- At the start - introduce yourself again (people will have forgotten your name and each other's) and who you are. Introduce everyone to each other again. (Have some sticky name labels available - ask if people would like to use them). Remember at the start of the following sessions to introduce yourself and go round saying everyone's name again - so people get to remember names.
- Show a positive regard for everyone (even if anyone is annoying you!)
- Be willing to explore people's worries, goals and expectations - but be careful that no one person gets to dominate the meetings, particularly over concentrating on symptoms and negative feelings. This is not a support or psychotherapy group but an educational group, with an agenda to go through that the group members have chosen to attend. If someone does dwell on symptoms or become upset - handle this positively by saying that it is important to stay positive and learn positive coping skills - immediately offer the person individual time at the end of the session to discuss their concerns. If the person is upset, arrange for a short break - let others have a tea break early - and talk with them on one side. Never dismiss people inadvertently - as other group members may interpret this as you not caring, and this will reduce interaction. Allowing a person to dwell too long on symptoms may be upsetting for other group members.
- Establish a relaxed atmosphere allowing people to ask questions freely. Make sure the programme does not feel rushed - another reason for not trying to pack too much in.
- Always be ready to answer all the questions raised, check people have understood your answer. If you can't answer anything - say you will try and find out - note it down - and tell people the answer at the start of the next week. This emphasises you considered their question important.
- Inspire confidence by expressing a firm belief in the effectiveness of the self-management methods you are teaching. (Joint protection can work if people use it sufficiently).
- Demonstrate you are knowledgeable by being able to talk confidently about the topic. Know your subject. Keep up to date with reading books and articles about hand OA and the NICE OA guidelines, so you can speak confidently and answer questions. Whilst the main focus of this programme is joint protection - people will still be asking you a lot about drugs, diets, alternative therapies.
- Be friendly and engage in some "non-therapy talk" with some self-disclosure.
- Make regular eye contact, sit at the same level
- And most of all, don't let people think you are imposing goals and ideas on them or "preaching."

## 10. Teaching Methods

The following advice may well not be new to you - but it is easy for all of us to forget when we are busy. Arrange for a colleague to be present when you deliver the programme the first few times - and gain honest feedback on your teaching and style of interaction. Be self- critical as well.

- Try and remain seated on a chair, or perch stool, by the flipchart - which you can then easily point to - when you are doing the "teaching" activities. Avoid standing, as you want to try and keep your eye level at the group's, as this promotes easier interaction, rather than a "formal" standing teaching posture.
- Preferably, use a flipchart, rather than overhead projector or slides. With the latter, especially in evening or "duller day" meetings, you have to dim the lights and the heat and hum from the projector can make people soporific, especially when OA might make them more tired anyway!
- Think carefully about how you are presenting yourself the *entire* time. You should aim to:
- Be lively - use a lively, interesting manner of presentation. Be friendly and smile regularly.
- Simplify - use lay terms. Don't use technical terms unless you need to. Aim to explain those that are necessary to help people understand what is in books they read or what doctors say. But remember that for many people words like "inflammation," "tendon," "ligaments" "wrist flexion" may not be understood fully, or at all. Use "knobbles" "guiders" "bending your wrist" or whatever term seems most appropriate for the group - this may differ in different areas of the country with different colloquialisms. We all easily fall into using "jargon" - because we forget that it is.
- Eye contact - keep making eye contact with everyone in the group
- Tone - use voice modulation to draw emphasis to important points - avoid monotones
- Pause - allow pauses to help people "encode into memory" the information you are giving - don't rush, pauses are more often a problem to you than to people in the group
- Check understanding - check back with the group that they are following what you are saying - "Have I made sense there?" "I am not sure I was quite clear enough - should I go over that again?" "Is there anything you would like to ask at this point?" "Let's take a short break for a minute to think about that." Remember to use phrasing that encourages people to feel that they can question and say if they have not understood.
- Repetition - build in repeating information, "last week we discussed how joints are affected by arthritis, I'll go over this again this week. Personally I always find it makes more sense to me to hear things a few times to make sense of them."
- Repeating back - get people to repeat information. This promotes active processing during learning. "Earlier before the tea break, we discussed joint protection principles, can we just remind each other what these were?" "We talked last week about how joints are affected by OA - can you give a summary in your own words of what happens - let's see what each of us comes up with?" "How do you think you could apply those ideas and principles in everyday jobs at home or work - have you got any methods you have developed yourself which could be of help to other people here?" When doing practical activities - "We tried a few different ways of opening jars last week that put less strain on joints - can we have a go at those again, can anyone give a quick demonstration of a way we tried?"
- Emphasise - keep referring back to the main points on the flipchart and in the workbook. Emphasising information in written form whilst speaking makes points clearer - and helps people who may be a bit hard of hearing. Ensure there is a flip chart sheet for each activity to refer to.

- Demonstrate - as much as possible, get people to try. Remember the adage that people learn more by hearing, seeing and doing. Get people involved!
- Reinforce - refer people to where they can read more about a topic in the information pack (show them the page in the workbook, book and leaflets you are referring to).
- Give specific advice - when people are planning their homework goals, give people specific advice to follow eg “why not try practising opening a jar the way you found best today at least six times next week” - don’t say “why don’t you have a go at some of the things we’ve been doing.” Help people be specific in what they want to achieve.
- **“Tell them what you’re going to tell them, tell them and tell them what you told them”** - always start each session and each new activity by saying what you are going to do, give people the information clearly and succinctly, and at the end of each activity and session, summarise what you have just done.

## 11. Teaching Motor Skills

Teaching joint protection is about teaching motor skills. This is not just a matter of demonstration. There have been many theories about motor skills teaching. Early theorists used a simple explanation, which can be helpful to explain to patients:

Fitts and Posner (1967) described motor skill acquisition in three stages:

- *the cognitive stage* - the person must understand what is involved in the motor task - to form an “overall picture” of the skill, and how different components, joint and muscle movements, sequencing and timing all fit together. Clear instructions using a variety of methods are needed.
- *the associative or fixative stage* - in which the skill becomes more efficient, co-ordinated and less variable. Feedback and practice are needed to move through this stage
- *the automatic stage* - in which the skill is executed sub-consciously, despite distracting stimuli. This requires continuing practice until smooth co-ordinated speedier automatic sequences are established.

Research has shown that there are more effective ways of teaching motor skills than others - so remember to do the following:

### Instructions:

- *Verbal instructions* - Keep instructions during demonstrations and practice clear, short and to the point. Avoid information overload during demonstrations - eg “keep the wrist up - like so as you lift.” Avoid using medical terminology eg “wrist extension.”
- *Visual instructions* - give short demonstrations before every practical task and session. This allows people to develop a mental image of the movement against which they can compare their own performance. These must be smooth, skilled and accompanied by clear, short verbal instructions.
- *Kinaesthetic instructions* - manual guidance helps provide the correct sensory and proprioceptive feedback as to how to do movements correctly. If you see people getting the actions wrong - give them another personal demonstration - get them to try again - and get your hands physically on theirs and gently but firmly move them in the correct joint protection pattern they are trying out. Let the person try again unaided until they get it correct.

### Feedback:

- *Intrinsic feedback* - comes from visual, auditory, sensory and proprioceptive systems. The person compares this information with the mental image of the action being learnt, eg whether joints are in the correct alignment or the right muscle force is being used. Encourage people to be aware of this intrinsic mechanism - by using “self talk” to monitor their performance and detect and correct errors. For instance, “I needed to keep my palm, not my fingers, on top of the jar.” This is a method we all intuitively use when learning skills - so help people be more

aware of it.

- *Extrinsic feedback* - tell people how they have done and any errors made. This should be slightly delayed (up to five seconds) to allow people time to work out for themselves about their performance. Give feedback on the person's performance as well as whether it was done correctly or not. So for example, say "you needed to keep the palm of your left hand firmly in contact with the side of the kettle [with protective cloth] as you lifted - not just your finger tips." Follow this up with a demonstration with short verbal instructions. Tell people when they got it right too - "you got that just right" so they do realise when they have got it right. Feedback helps people identify where they are still making errors and hones practice.
- *giving feedback*. In the earlier sessions, you should give feedback as much as possible. Research shows that initially consistent feedback helps with developing skill accuracy. However, as sessions progress this should become more random (but still be given) - as people are identifying for themselves where they are making errors and how to correct them.

#### **Practice:**

- Motor improvement results from *repetition*. So methods taught are practised at least three times during the programme. However, you should avoid a sense of "drill."
- At the start of the programme, "*part, blocked practice*" is used, that is people practice specific actions repeatedly eg opening and closing a jar several times. As the sessions progress, this moves to "*whole, varied practice*" that is actions are practised in longer sequences of activities (making tea, making a snack meal, cooking a meal).
- *Practice setting* - it is important that practice is conducted in a real kitchen to help generalise learning to the home environment, and not just selected tasks on a table top. Encourage people to think how the kitchen differs to their own and how they could alter the activities if necessary to suit their equipment and kitchen layout.

#### **Mental Practice:**

- This is well-documented as helping in skill acquisition. People are asked to imagine for example how to make a cup of tea using the joint protection methods they have selected to use. So in real practice sessions encourage people to "feel" how they are performing the activity - to help build up their mental image. Get people during a group session for a few minutes to mentally rehearse making a hot drink - talk them through it! Get them to practice at home. *Doing this at home at least five times on separate days* actually can make a difference to ability to use joint protection. So it's a great method for people to use even if they are having a bad day.

#### **Observation and modelling:**

- People *observing someone else with the same problems* as them do tasks correctly (or nearly correctly) is a very powerful learning tool. The programme is designed to have people practising in pairs or threes - observing and feeding back to each other about their performance for this very reason.
- Encourage people to *take turns* to do the activity (not to do them simultaneously) and observe each other. This allows people to compare others performances with their own "mental picture" of how the joint protection method should be done. It thus encourages them to compare and contrast performance versus image - and identify if there are any errors. It also promotes problem-solving and activity analysis thinking.
- Encourage people to feed back to each other when they are making errors and how to correct these.

## **12. Helping people Change**

### **a. Goal and value clarification**

Clear explanations for the rationale for joint protection and its therapeutic goals will help people to perceive its benefits. Get people to consciously think about and decide if they want to make the effort to gain these benefits.

### **b. Self-monitoring**

This programme incorporates self-regulation theory (Kanfer and Gaelick 1989). The initial stage is:

- *Self-monitoring* - ask people to pay deliberate attention to how movements are being normally performed and how these might contribute to joint stress. Get them to try out everyday activities in the group and at home and consciously think about how their hands and wrists feel - do they have any pain and discomfort, does it feel difficult? Are there joints going into "positions of deformity"? Get people to try tasks in the group, which are purposefully weighty and offer resistance (like lifting a heavy pan or kettle, unscrewing a tight jar lid) so that they will feel some discomfort. Ask them to identify at home what activities are causing pain/ aching or they are finding awkward because of weak grip and tiredness. (This is part of the home programme for week 1)
- *Self-evaluation* - get people to watch themselves and others perform everyday activities. Ask them to compare their own and others performances and to compare these with joint protection methods. Is there a difference? Does it feel any easier? Get people to try out a range of methods not just one or two. (Do this again as part of the home programme for week 1)
- *Self-reinforcement* - ask people to state during the group if methods feel any easier or not. Get people to feedback at the beginning of week 2 if they found joint protection methods they tried any easier or not.

### **c. Goal-setting and home programmes**

- Programme includes describing how to make short and long term goals
- Home programme includes homework assignments - such as selected reading and practice of joint protection methods. In the earlier sessions these are more specific, although people are encouraged to state themselves at the end of the session how frequently they think they will be able to practice the activities. As the programme progresses, people are encouraged to make and set their own goals. Encourage people to be realistic - practising joint protection methods effectively need extra time to be set aside initially - so if they have family visiting for the week, suggest they only try things three times rather than every day.
- Avoid people setting themselves up for failure
- Discuss /review progress with goals each week and give positive feedback
- Encourage people to develop their own self-reinforcement schedules eg if they meet all their goals to have a relaxing bath, or buy themselves a small present. Encourage people to use positive self-talk "I did that well."

### **d. Enhancing self-efficacy**

Self efficacy was proposed by Bandura (1977, 2004) as a mechanism for influencing coping behaviour. Self efficacy affects the acquisition of new behaviours – if you believe you can do something, it is much more likely that you will – the stronger your self-efficacy, the more effort you will put into doing it and overcoming barriers. The motivation for change comes from the beliefs that certain behaviours will lead to specific outcomes (*outcome expectancy*) and the conviction that one can successfully perform the behaviour (*efficacy expectation*). Self-efficacy is not a trait but varies in different circumstances and for different behaviours.

Factors which can increase outcome expectancies:

- Perceived susceptibility and belief in benefits are both outcome expectancies. Thus time spent on discussing health beliefs and helping people to see the rationale for joint protection and fatigue management, and emphasising the evidence for their effectiveness is time well spent. As discussed earlier time spent, identifying hand problems helps to raise perceived susceptibility.

Factors which can increase efficacy expectancy:

- **Performance accomplishments:** personal experience in gaining mastery of the behaviour (ie being able to do it!) is the most influential factor. A major factor influencing this is Participant Modelling, ie the person being able to practice the behaviour under supervision with clear feedback. Thus the emphasis on practice in the programme. This should start simple and become more complex.
- **Vicarious experience or modelling** – observing others perform the behaviour. An experienced demonstrator helps (ie the therapist showing the method) but more powerful still is being able to observe similar people to oneself, especially if they are having to overcome some problems doing it. This is the reason why people practise the activities in pairs/ threes.
- **Verbal persuasion** –encouraging the person to change! The approach we most use, but often less effective than the two above. However positive verbal reinforcement is an essential requirement.
- **Physiological state** –
  - a) High arousal impedes performance. Thus the programme should aim to be a relaxed, informal atmosphere in which people can feel they are having fun as well as learning. (People do say that they had not expected the programme to be so much fun!) So it is important never to criticise – but always be positive if someone does something incorrectly – “nearly there you just need to...”
  - b) Reinterpreting physiological symptoms: It is also very important to help people realise that symptoms do not wholly come from their joint problems. For example, that fatigue is exacerbated by lack of exercise, pain, stress and so on. This will increase their likelihood of believing they can do something about it.

The reading provides more information about the evidence and theory behind this module and programme.

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## **Looking After Your Joints with Hand OA: session equipment/ resources**

### **What you need for the JP only group:**

#### **All Meetings:**

- Flipchart stand and the “Looking After Your Joints in hand OA: JP only ” flipchart
- Second blank flipchart at the back of this which you can write on (don’t write on the course flipchart!)
- Marker pen/s to write on flip-chart – check they work
- Your own Leader workpack (in plastic wallet) containing:
- **The Module Workbook: JP only group**
- **A copy of the Arthritis Research UK booklets on:**
- Osteoarthritis; Looking After Your Joints when you have arthritis; Gardening and Arthritis; Arthritis Research UK leaflets: Work and Arthritis; Occupational Therapy and Arthritis
- **Arthritis Care booklet: Independent Living and Arthritis**
- NB all the Arthritis Research UK and Arthritis care booklets are free.

#### **Meeting 1:**

##### **For demonstration:**

- a “traditional” kettle half full
- a jug kettle half full
- a pen and piece of paper
- a heavy pottery mug full of water
- a heavy pottery dinner plate
- a jar with the lid on tightly
- a shopping bag (plastic one OK) with “stuff” in – just to make it heavy

(Have ready laid out **two work areas** in the kitchen each one with:

- a jug kettle (empty)
- a jar of coffee and a jar of teabags – lids screwed on tightly
- some jar aids: eg Good Grips V shape (an example of aid that may not be useful), Baby Boa, Twister and small circle of dycem mat
- three pottery mugs
- 1 cloth pot holder
- (ie need two lots of above)

##### **Consumables fresh each week:**

- 1 pint milk – to share across both areas
- biscuits (optional)

**\*\*\* the jars** – select jars with round, slightly ridged, vertical sides to the lid.

This style is much easier to demonstrate the jar gadgets with (do not get jars with hexagonal, curved edge or metal lids). You will need to keep refilling the jars with coffee/ tea in future.

**NB** Avoid presenting too many gadgets early on in the course, as some people are not always willing to use these. By the time in meeting 3 or 4, they are likely to have changed opinions towards gadget use. So display these later.

## **Meeting 2**

Equipment needed:

For initial demonstrations:

- a bag of shopping weighing several pounds (plastic carrier is OK);
- a “traditional” kettle
- a pan;
- a lancashire peeler (ie old fashioned); a Good Grips peeler (with horizontal blade not vertical) **and a carrot**
- a heavy dinner plate
- a full bottle/ plastic container of milk (1 pint)
- plastic jug
- knife with padded handle

**Sufficient equipment for all group members to make own tea/coffee with equipment:  
Set up two work areas in the kitchen - in total need: -**

2 jug kettles

2 plastic jugs

2 jars coffee – lid on tight

2 jars with teabags in – lid on tight

Jar of Sugar

2 sets of various jar openers eg Good grips, Twister, Baby Boa, small round dycem mat

7 mugs (1 for you, 6 for group)

1 pint of milk

Tap turner

2 cloth pot holders

• **Meeting 3:**

Equipment needed:

**Shopping:**

- Large chunk of cheese (kept in fridge prior to meeting so it is hard – make sure it is big enough to cut in two and for you and your group to make a slice of cheese on toast each)
- One loaf of **unsliced** bread
- 8 tins of soup (tomato - or as many as people attending plus spares for demonstration and extra trials with the electric can opener); buy a cheap brand.
- 1 pint of milk

1 Wing can opener (chunky handle style) – for demonstration purpose

**Lay out each of the two work areas with:**

Cutting board

½ loaf bread

Lump of cheese

Selection of: ordinary cook's knife, ordinary bread knife, Good Grips knife (small and bread knife style), ordinary cook's knife with padded handle.

Cheese slicer with larger handle (eg Good Grips)

Electric can opener (with **adapted plug/ plug loop** on: can share across the two groups)

**Culinare One Touch** can opener (battery operated): can share across the two groups

Three plates and three bowls (plus extra for yourself in area you will demonstrate in)

2 x Wooden spoons

1 x Flat bottomed ladle

3 pans

1 cloth pot holder

(ie need two of everything above)

**At sinks:**

Selection of washing up equipment e.g. sponge, large handled wash up brush (and a round palm-held wash-up brush if can find one).

Washing up liquid

Tap turner

Tea cloth

**For cup of tea/coffee: (You might not have time for members to make tea/coffee this week but it gives the option)**

Two jars of coffee

Two jars of tea-bags

7 Mugs

Selection of jar openers to try (eg Twister, Good Grips, Baby Boa, small round dycem mat)

Two jug kettles

Two plastic jugs

1 pint milk

## Meeting 4:

### Equipment:

#### To make Spaghetti Neapolitaine

Pans (six)

Wooden spoons (x2)

Flat bottomed ladles (x2)

Chopping boards x 2

1 plastic colander

1 electric can opener (with **plug pull** on)

**Culinare One Touch** can opener (battery operated): can share across the two groups

Selection of knives: padded handle knife x2, Good Grips knives (small knife for chopping veg and bread knife style –each x 2)

Peelers – Good grips with horizontal bar x 2

Plastic jugs (x 2)

Tea towels x 2

Cloth pot holders x 2

Washing up liquid

Wash-up brushes etc: sponge, large handled brush, palm held wash up brush

(also have some condiments handy – these will last a long time eg salt, crushed black pepper, dried herbs – have in small spice jars (eg buy cheap make))

#### To make hot drink

Two jug kettles

Mugs

Coffee (x2 jars) lid on tight

Teabags in jar (x2) (lid on tight) and tea

Selection of jar openers (eg Good Grips, twister, Baby Boa, small round dycem mat)

Tap turners

#### Selection of other gadgets for display: eg

Ring can opener

Knob turner

Stirex scissors

Key turner

And any others that you find useful to demonstrate.

### Shopping:

- Quick cook spaghetti (check if enough in stock anyway)
- 4 cans of chopped tomatoes (buy cheap)
- Selection of vegetables:
  - 7 carrots (one for each person and you to peel – get smaller ones so less for each person to chop up),
  - 1 head of celery
  - 3 courgettes; different textures of vegetables mean have to use differing amount of force to chop
- 1 pint of milk

## MEETING 1

Learning outcomes/aims:

### Introduction to Lifestyle Management and hand OA

- understand basic information about hand OA, how it affects joints and symptoms
- understand how variety of factors (physical and psychological) can make symptoms worse
- appreciate the possible longer term consequences of hand OA, the possibility of having limitations of function and some deformities
- appreciate the need to change behaviour and act preventatively early
- discuss feelings and ideas about having hand OA

### Introduction to Joint Protection

- understand basic concepts of Joint Protection and how it can help reduce problems in future
- conduct simple analysis of daily activities and identify what movements can cause pain or discomfort
- begin to self-monitor movements and identify problem activities and painful movements (using a simple Activity Record).
- practise a limited number of joint protection methods at home

Meetings last up to **1 hour**. This module needs a quiet area with appropriate seating for the teaching sessions – and access to a kitchen.

**Note:** it is especially important in Meeting 1 to get group members interacting and engaged in discussing their beliefs about hand OA, how it is affecting their lifestyles and their attitudes to using (considering using) self-management as part of the motivation process.

It is more important to spend time on this rather than be concerned about imparting lots of facts. There will be opportunity in later meetings to repeat facts and discuss these in more depth. However, **if the person is not motivated by today's session to continue attending**, they won't be here to listen to information and practice skills later!

**BEFORE the course: note during the trial this will be done by the SMOotH trial staff, Keele University**

1. Check everyone has been sent the programme introductory letter and copy of the **Arthritis Research UK** booklet on OA.
2. **Ensure they have all been sent the reminder letter one week before hand.**
3. **Check you have an attendance list for the module.**
4. **Remember to invite participants to inform you at the end of the session of any specific health problems they feel you should be aware of e.g. unstable angina, epilepsy, etc.**

## **Developing rapport**

*Be there early to welcome people in person. Remember as people arrive to introduce yourself and to introduce people to each other. (This may be repetitious, but it helps people recall names). Get everyone chatting to each other (about anything) to help the group start to form. Ensure late arrivals don't feel left out. Get the group focused to start on time.*

## **What you need for the Joint Protection only group:**

- Flipchart stand and the "Looking After Your Joints in hand OA: JP only" flipchart
- Second blank flipchart at the back of this which you can write on (don't write on the course flip chart!)
- Marker pen/s to write on flip-chart – check they work.
- Your own Leader workpack (in RED plastic wallet) containing:
  - **The Module Workbook**
  - **A copy of the Arthritis Research UK booklets on:**
  - Osteoarthritis; Looking After Your Joints when you have arthritis (NB all participants received this at trial start from SMOotH Study Team, Keele)
  - Participant packs contain: Gardening and Arthritis; Arthritis Research UK leaflets: Work and Arthritis; Occupational Therapy and Arthritis
  - **Arthritis Care booklet: Independent Living and Arthritis**
  - **(NB the Arthritis Research UK booklet Your Home and Your Rheumatism is currently not available)**
  - **NB** all the Arthritis Research UK and Arthritis Care booklets are free.
- a "traditional" kettle half full,
- a jug kettle half full,
- a pen and piece of paper,
- a heavy pottery mug full of water,
- a heavy pottery dinner plate,
- and a jar with the lid on tightly.

(Have ready laid out **two work areas** in the kitchen **each** one with:

- a jug kettle (empty)
- a jar of coffee and a jar of teabags – lids screwed on tightly
- some jar aids (eg Good Grips, Baby Boa, Twister and small circle of dycem mat)
- three pottery mugs
- **1 pint of milk (share across 2 areas)**
- **biscuits (optional)**

### **Topic 1: Introduction, “icebreaker”. (Programme start: 00 - 5 minutes)** (10 minutes)

(Take time over this, to help people settle into the group). Make sure you have a **prompt start** – as this is the one session, which can be tight for time). Also it is important to establish at the first meeting that you expect to keep to time – to ensure people are less likely to arrive when they want to!

#### **(Flipchart 1: Introduction)**

Welcome to the programme. I'll start just by explaining some essentials!

- The meeting lasts about 1 hour, although we might some weeks take 10-15 minutes longer if you find you have a lot to discuss. So be prepared that it might sometimes be a bit longer - Will that be OK? Otherwise I might sometimes need to rush us a bit to complete the session.
- (Note: it might be useful to give this warning, so people are prepared to stay if you do find it difficult sometimes to keep to just an hour. It will depend how talkative your group is. Note: remember to record on the treatment log the time you start and the time you finish).
- The toilets are....
- If we hear a continual fire alarm, we need to leave quickly via the fire exit...

- a. Introductions
- b. I am..... And I am an occupational therapist and I will be the group leader for the 4 weeks.

- It would be a help if you could each just introduce yourselves – your first name and where you live is OK (again if necessary, especially for benefit of late arrivals). You don't need to say anything about your hand pain as we can find out more about that later.
- So for example, my name is..., and I come from ...
- (It is very important you don't let people dwell on symptoms or give a history of how their hand problems started at this point. For people concerned about what an education group might be (eg is it a “moaning self-help group?” – first impressions will just reinforce their concerns). People will have the opportunity to discuss later on in this session about their symptoms – but remember not to let anyone “take over the floor” and be unduly negative. (Remember to jot down any points for your own reference).
- Distribute name badges (if you want to use these - first names only). Remember to tell people to take them off at the end!

### **Topic 2: Overview and aims of programme (Programme Time: 5 – 10 minutes)** (5 minutes)

(The first half of today's session needs to help motivate people to see the benefits of using lifestyle management – **be positive and encourage all members to contribute** as the session progresses. NB. People may be reticent at first).

I'll start by giving a brief overview of the programme. As you know from the information letter we sent the programme consists of 4 meetings once a week, each about 1 hour long. This programme focuses on “Looking After Your Joints”. The aim is to

- help you **stay independent and active as possible**.

#### **(Flipchart 1: Course content)**

Over the 4 weeks we will help you:

- **learn more about hand pain and osteoarthritis**
- how to **reduce pain and strain on joints** during everyday activities and to help prevent or slow down joint damage–this is called **Joint Protection**.- It just means using your joints in different ways to reduce strain on them by moving them differently, by using gadgets if you need to and by doing everyday activities in a different way

We will be trying these methods out each week. Practising step-by-step approach each week, helps

people make **more** changes than just giving advice - and so more benefits are gained. **The information is relatively easy to learn. The harder part is changing habits – that's why we are using this practical approach.**

*(You might find it helpful to keep saying this during the programme to reinforce why keep practising).*

### **Does that seem OK?**

*(Remember to allow a pause for any comments)*

#### **(Flip chart 2: Programme benefits)**

#### **Why is it worth bothering about changing to use Joint Protection?**

Joint Protection definitely helps if you have some hand problems already – but we also know these approaches can act preventatively – meaning hand problems aren't as bad as they could be.

If **you** can start making the changes recommended and do them more often any you are already doing, we **know** you will have the following benefits:

- less pain,
- less joint stiffness
- do everyday activities more easily
- your hands will be more mobile and stronger

We know it is effective – **if** you want to make the changes. They are not a cure, they won't take the osteoarthritis away. But they do work - **if you put in the time and effort** to make them work for you. We have structured the programme to give you as much help and advice as possible to do so.

Each week we'll be discussing things you can practice at home - a "home programme," to help go over what we do in the sessions and help you in making changes more quickly. **There is an information pack accompanying the course.** It includes a workbook (*hold up*) and this covers all the main points we will be discussing in the programme - with ideas about the home programme and photos of joint protection ideas.

**You have already had copies of the Arthritis Research UK booklets on OA and Looking After Your Joints?** If not, I have some spare ones here... (*should have already received*) and we'll be going over some of the information in these booklets now.

***So far we have considered what the aims of the programme are –and what the benefits of joint protection can be.***

Today, we'll be discussing:

- what hand osteoarthritis is,
- how it affects joints and the symptoms it causes
- how joint protection can help
- principles of protecting your joints
- and how to start putting joint protection into practice

Please feel free to chip in with ideas, and questions. If you want me to go over something again, I'll be happy to. I would very much appreciate your ideas and comments.

***I hope that's going to be OK with you! Anything you want to ask or say so far?***

*(Allow a minute or so for questions/ chat as a brief break –remind people to stretch if need be).*

**Topic 3: What is osteoarthritis and how is it affecting you? What can you do to help?**  
**(Programme Time: 15 - 30 minutes)** (15 minutes - have the Arthritis Research UK booklet on OA handy).

In the next 10 to 15 minutes or so, we will be discussing and explaining:

- what hand osteoarthritis, or OA, is,
- what the symptoms are,
- and consider how you may be affected

**(Spare flipchart....)**

**What kind of problems do you have because of your hand pain or hand OA?**

- *Jot down responses on spare flip chart sheet as you go – get everyone to say something. Draw a circle and add problems into middle (this will create some visual links with the diagram in the workbook)*

So there are a lot of effects – both physically and psychologically.

**(Leave out asking patients what they can do here to reduce time of session)**

**Workbook:**

This diagram – which is also in the workbook on page 8 – highlights the many possible effects of hand osteoarthritis. They can interact with one another to make each problem worse.

But there are lots of things you **can** do to help manage your osteoarthritis.

- Taking painkillers can help
- But we can also use joint protection and gadgets to make things easier
- Ways to manage pain and fatigue like pacing, planning and simplifying activities
- There are other ways too - and there are lots of information sources in the back of the workbook which you can look up for further ideas.

You already have had a booklet about osteoarthritis, which has some information about what hand OA is and hand joint pain. Some of you may have already been diagnosed with hand OA, but some of you may not but have early changes and joint pain – and some of you may also have other hand problems.

**What do you know already about osteoarthritis? What is it and what is it caused by?**

*(Keep this short – just a couple of comments to reduce time)*

- *Encourage the group to chip in with comments here. Be positive (yes, that's right) if comments correct. If incorrect - ask why the person thinks that and for example, say "lots of people have that idea but actually that's not the case, but I can see why you think that"). Aim to identify what different group members "lay beliefs" are about the causes of arthritis and its effects. When you go on to give the explanation reflect back on the ideas from the group and identify to them why their ideas might not be correct. Aim still to be positive about this - eg I can see why you thought that... Never just discount people's ideas as "rubbish" or say they are wrong- work from their ideas. Telling people they are "wrong" at this early stage of the programme will discourage them from contributing/ attending.*

**Key point: keep it simple and short –**

*Remember- if you get caught up in explaining personal issues to one person in depth it is probably going over the heads or distracting the other participants. You are losing their interest. Ask anyone with burning questions to stay behind and you will be happy to discuss those then.*

So what is osteoarthritis?

- It's a disease affecting joints. 'Osteo' means bone, 'arthr' means joint and 'itis' means

- inflammation all of which can lead to joint damage.
- It usually starts in the 40's, 50's or 60's – hand OA is more common in women
- It isn't fully clear why it's more common in older people.

What happens in osteoarthritis?

It helps first to understand about what a normal joint looks like and then how it is affected in OA. This is described in the **Arthritis Research UK** booklet on OA. So we'll start by discussing:

(Hold up *Arthritis Research UK* booklet on OA)

- what a normal joint looks like
- how OA affects joints
- and how changes in hands and deformities can occur
- And so why it is important to make changes to how you do everyday jobs, to reduce strain on your joints, that is to use Joint Protection.

Some of you may not have been diagnosed with hand OA by your GP but have changes to hands leading to hand pain... to be in this study you were assessed by research nurses who identified that you do have hand problems which make this programme important for you.

(*Flipchart 3: diagram of a normal joint*)

What does a normal joint look like inside? This is a rough sketch, of what a finger or thumb joint might look like. I'll go over some of the main points and there is information in the **Arthritis Research UK** booklet on OA:

(*Point to each part as discuss it*)

- This part shows the two **bones** which meet at a joint. So we can think of this diagram as a cross-section down through a joint.
- Cartilage:** The end of each bone is covered in cartilage, a tough material which cushions and protects the end of bones and helps us move smoothly and easily.
- Capsule** - this is an elastic- like sheath connecting the two bone ends together. It wraps around the two bone ends helping the joint and bones to bend and straighten easily, but it stops them slipping or moving apart.
- Parts of this capsule are stronger, the **ligaments** - extra tough bands that pass across the joint. For example at the sides of the finger joints. (*Indicate on side of own PIP and knee location of collateral ligaments*). These help keep a joint stable and not slip or slide about when moving. So in the fingers, you can't move your finger joints side to side, they just move like a hinge (*Show using PIP*).
- The **Muscles** move joints and thus you. They are often fixed to the bones by **tendons** or guiders – these are longer in some muscles – like those on the back of your hand (*bend and straighten index to show tendon moving and muscle moving in forearm*). Muscles also help to provide support to joints.

**So what is osteoarthritis and what does it do to joints? What does it feel like to you – or what do you know about how arthritis effects on joints? Why do people develop hand OA – any ideas?**

- (Allow a minute or so of comments- Then tie in points made with the following explanation, referring back to comments made).

#### **(Flipchart 4: Joints affected by OA)**

*(NB reflect back these points to any comments made by individual patients; eg as Jack just said...)*

Osteoarthritis can develop for a number of reasons:

- There may be a heredity factor for some people – it runs in the family.
- It may be specific joint damage, for example in someone who does a lot of hand activities as part of their job or in a leisure activity
- It is more common in older people and why isn't fully clear. As we get older our muscles do get weaker and our hands have been exposed to more stresses and strains throughout life. But all of us experience these problems – and not everyone gets hand OA.
- Normally, the body tries to repair itself as a result of gradual damage to joints but it may not always be fully successful in some people – so OA develops from this repair process.

So what happens as part of this process of gradual damage and repair?

*(NB point to relevant parts of flipchart as discuss)*

- When a joint develops osteoarthritis, it starts to change.
- **Cartilage** gets roughened and it gets thinner and less able to absorb the stresses and shocks of daily activity.
- **Bone** underneath the cartilage gets thicker. Bone round the edge of the joint starts to grow outwards. Bony spurs (or osteophytes) start to develop as the joint tries to repair itself. So the joint can start to change shape.
- As joints change shape, stress may be placed more on one part of the joint than another – and this can lead to:
- **Capsules and ligaments** becoming weaker, less able to support the joint and joints can become unstable or start to move in inefficient ways.
- Because of these changes, **muscles** around the joint have to work harder to try and control the joints. So muscles often start to tire and ache more quickly than normal. If muscles ache its natural to stop activities sooner, so muscles are used less.
- If joints are painful, we often unconsciously move them less too – because of the pain.
- Some of you might notice you have less movement and weaker grip.
  
- If joints do successfully repair themselves – they can be left a bit out of shape – but are pain free.
- If the repair is not successful – why isn't clear – then the pain, stiffness can continue. It gets harder to do everyday activities – and what were easy jobs become more of a strain. In time joints can move out of shape

Our everyday activities put stress and strain on our joints. Usually they can easily take this. But if you have any joints, which have started to develop OA - the capsules, ligaments and muscles weaken. Cartilage and bone are less able to take everyday loads and absorb shock. Normal stresses and strains are harder for the joints to cope with. It's a gradual process, so often people don't notice it happening.

The methods we are going to be trying in this programme - Joint Protection - aim to reduce stresses and strains on your hands from everyday activities and so reduce the other problems too, such as pain, weakness, stiffness and tired muscles. Does that make sense?

## **Topic 4: What can happen to hands? (Programme time: 30 - 40 minutes) (15 minutes)**

So far we have considered what OA is, what a normal joint looks like, how osteoarthritis changes joints and what are the main effects on joints are and why they occur.

I am going to explain what the typical problems in hand OA are and what contributes to these developing.

***But before we do that, did the explanation about joints and how they are affected make sense to you?***

If we can reduce stresses and strains we can help to reduce pain and help to keep the joints and their support structures in a “fitter” state.

Certain common joint changes (or deformities) can develop when you have OA. Knowing about these helps you to avoid them or prevent them getting worse. Other joints in the hand may not change shape – but have less movement and be more painful. How hands are affected varies between people.

***(Flipchart: 5 Common deformities in OA - diagrams)***

What happens because the joints start changing?

### **In the thumbs**

Most often changes start in the thumbs.

- The thumb starts to look “squarer” at the base and the thumb starts to zig-zag.
- The web space between the thumb and hand gets smaller and you can’t span the hand as much as before.
- The thumb gets weaker and it gets harder to do pinch grips and so dexterity reduces.

### **In the fingers**

People can develop bony thickening of the end and middle finger joints and sometimes bony swellings in the middle and end finger joints.

Sometimes the fingers and thumb joints buckle up or sideways.

You should be able to fully bend and straighten all your finger and thumb joints like this ***(do the actions)*** and your fingers and thumbs should be in a straight line - no buckling at the joints:

Let's have a look at your hands....

### **Thumbs/ Fingers:**

*Observe closely to identify any finger/ thumb deformities.*

*Point out to each person as relevant the problems that are developing. Ensure others can see and emphasise the importance of JP to each person with problems in order to slow these.*

*(NB do this sensitively taking note of people’s body language and facial expressions. If you think someone is very conscious of their hands and really does not like them on show, spend less time with and only briefly point out problems – but you may want to see them for a couple of minutes after the session. However, try to get people to look at their hands in the group now- as they will be watching each other’s hands in the practical activities. So this activity can help prepare people psychologically for this as well. )*

You should be able to stretch your thumb out to the side – to nearly make a right angle – and get your thumb over to touch the base of your little finger.

- Ask all to repeat – observe range of movement and point out if loss of web space occurring. Emphasise that hand exercises doing next week can help with this.

### **In the wrist**

Changes and deformities are not common in the wrist. But people can find that wrists are painful and feel weaker.

Let's just check how your wrists are. Do you have any pain or problems with your wrists?

#### **Wrists:**

*Observe each person closely. Point out to each person the benefits of using JP.*

- If you do have any hand problems, start using joint protection methods now to help stop these getting worse – and help prevent them.

Not all joint changes can be preventable, but joint protection **has been proven to reduce pain, aching, stiffness and tired muscles on a daily basis**. It is not a cure but it does help - if you put in the time at home to practise what we are learning about here.

**Joint Protection is not about stopping doing things - it is about doing them differently.** Stay as active as possible but make modifications to avoid straining joints. We are concentrating on hand joints - but the information applies equally to any other joint you have a problem with.

So far we have considered:

- what osteoarthritis is, how it effects joints and how hand changes or deformities develop

Let's move on to the practical things. I hope to convince you that making changes now, before your hand pain or hand osteoarthritis has resulted in many joint problems, can help you to reduce problems in the longer term.

**Any questions so far? Have I explained that OK – have you got any other points you'd like to raise?**

### **Topic 5: Joint Protection Principles and Practical tasks. (Programme time 45 –55 minutes)** (15 minutes)

*(Have the following handy: a “traditional” kettle half full; a jug kettle half full, a pen; a heavy plate; a heavy pottery mug full of water and a jar with the lid on tightly).*

Let's go on to consider what Joint Protection is and what it isn't. Much of how you cope with arthritis is not just the practical changes -like Joint Protection, which we will be learning about in this programme. It's about how you feel about having hand problems, accepting making changes and being positive about these.

So joint protection is about reducing stresses and strains. People with hand osteoarthritis often work out solutions to everyday problems themselves. But it takes time. This programme aims to give you a short cut, to help you speed those natural changes up and make more changes more quickly than you would if you were on your own. So this programme is also a good opportunity for you to learn from each other.

(The above are useful messages to keep repeating in the programme)

**Spare flipchart previously filled in**

- **You said earlier that your hand problems led to a number of problems... Pick up on any extra comments raised – encourage interchange between group**
- **And we outlined some possible solutions – in the chart in the workbook (page 8)**

Those people with arthritis who have a positive, self-help approach and actively find ways of getting around any of the problems their hand problems might cause, by for example using exercise, relaxing, positive thinking and using joint protection - instead of fighting against it and getting wound up - actually do better in the long term.

It can be a help to really think – is doing this **really for me?**

**In the workbook – have a look at pages 9-10.**

- During this week, as you read through the notes for today's meeting, we'd like you to think is doing this worth it for me?
- Read through the list on **page 9** – and start to identify what activities are made more difficult, or frustrating, for you because of your hand OA. Then you can start to work out what to change.

The Joint Protection approaches we are emphasising do NOT mean giving things up. It is looking to find a DIFFERENT way of doing a job and making the change.

The people I have met who seem to do best are those who have accepted making changes and are adaptable and flexible. I think they all said that accepting making changes in their lives wasn't easy – it took months, sometimes years to achieve. They didn't like seeing their standards for doing a job, at home or work, alter. It was difficult to change the habits and routines of a lifetime. Different ways of working and moving had to be got used to and that could be frustrating too.

People with arthritis often work out solutions to everyday problems themselves. But it takes time. This programme aims to give you a short cut, to help you speed those natural changes up and make more changes more quickly than you would if you were on your own. So this programme is also a good opportunity for you to learn from each other.

(The above are useful messages to keep repeating in the programme)

**(Flipchart 6: Joint Protection 6 Ps)**

So what is Joint Protection? What are the principles we can apply to making everyday activities easier and less painful?

**What is Joint Protection?** It's doing things differently to reduce pain and strain.

There are some useful principles to use when you are working out a different way of doing a job at home or work.

**1. Respecting Pain**

If an activity causes:

- pain or aching in a joint that doesn't ease off quickly with rest,
- or if you find you are in pain/ aching at night, because of overwork during the day,

Then **stop, think and change** if you can.

Pain is a warning sign. Listen to your body and use the following principles to make changes to do things differently – but don't not give them up (unless you really have to)

## 2. Protect your joints

When you are lifting heavy objects or pushing and twisting with force- these movements contribute to straining joints.

- Look at how you use your joints. Become more aware of how you use your body
- Think about how you could move your joints differently to cause less strain
- What labour-saving gadgets could you use?
- How could you change the task to make it less effort?

We'll spend more time on this next week.

It's also about Planning, Pacing, Positioning and Problem Solving – and we will discuss these more over the coming weeks.

Knowing how to do things differently is usually the easy part. Doing them in reality is what's difficult, as you are changing the habits and routines of a lifetime.

People do find alternate ways - and when their hands are painful, people naturally do them. But when the pain goes or is less, they go back to their usual way of doing things. But you need to be doing these alternate methods ALL the time. It is better to change how you do things all the time and develop a new set of habits and routines, rather than trying to remember to do things differently some days and not others.

### How do you go about making these changes?

*(Flipchart 7: Four steps to change)*

We are going to take a 4-step approach.

#### 1. **Watching** how you use your joints when you move. Become more aware of:

- what movements and activities cause you pain or discomfort and in which hand/joints
- what actions and activities cause the following strains:
  - tight pinch grips to tip or side of fingers
  - buckling of the thumbs and fingers
  - pulling or dragging at the wrists (*demonstrate as you talk*)

- Because these are the movements we recommend you reduce

2. **Identifying** the movements and activities **you** need to change. Everyone's hands can be affected a bit differently – so you need to work out what is best for **you**.

3. **Trying out** different solutions to make these movements and activities easier.

4. **Practising** these until they get to be new habits.

We are going to start by watching how you use your hands.

So let's start putting this into practice.

*Just have the props available where you are sitting*

We are going to start by watching how we use our hands in everyday activities and start thinking about how we can do things differently.

1. First, we are going to pick a few simple activities and analyse them. We are going to think through what movements we do during these, which can increase pain and could contribute to deformities

developing.

2. Second, I want you to watch how you are using your hands whilst you do so. I want you to become more aware of how you use your joints.

- What actions do you do that could put a strain or pull on them?
- What actions or movements put your hands in those positions of deformity we discussed earlier?

Remember what we want to try and avoid if possible are actions:

- tight grips
- and pressing or pulling on the thumbs fingers
- dragging or pulling at the wrist (*demonstrate as talk*).

Let's try this out and as we do so, tell me how we could do the activity differently to avoid these actions. Usually there are several different ways - so if one doesn't suit another will. (*Encourage people to suggest ideas during*).

A. As I lift **this jug kettle** - what position are my fingers and thumbs going into? What is happening at my wrist?

(*Point out: This is putting a strain on my thumb, - and my wrist is in a good position, but I can feel the pull on the side of my wrist as I try and take the weight*)

*Ask a couple of people to pick up the kettle as well and say how it feels to them...*

**- What could you do differently?** Ask...

(Demonstrate: *Lift with two hands, with second hand firmly on side of kettle – or the base of the kettle - use a cloth if necessary - point out that fingers are straighter, and less pull on wrist.*

*NB Point out not to lift just with finger ends at side).*

*(Don't get into too many other possible solutions at this stage – we'll reinforce these over the next 3 weeks)*

B. As I **open this jar** - what position are my fingers in?

Where does that put a strain?

*Ask several other people to try (tighten up the jar lid first!) What is happening at the fingers and thumbs? How does it feel?*

**- What could you do differently?**

(Demonstrate: *Use the palm of the hand to press down and turn; use the hand firmly round the side of the jar lid - point out that fingers are straighter.*

*Use a jar opener – say are many different styles and will be trying different ones next week).*

C. As I **hold a mug**, what is happening at my fingers? Again I can feel the strain in my fingers and thumb, pushing my fingers sideways and my wrist is bent down. What could I do differently?

*(Demonstrate: fingers through handle...)*

D. **Lifting a heavy bag**, what is happening at fingers and thumb?

Where does that put a strain?

*Ask several other people to try. What is happening at the fingers and thumbs? How does it feel?*

**- What could you do differently?**

*Get people involved in feeling the difference as moving joints, joint positions, and any alternate ideas coming up from group. Get people to try the different movements – and the two jar aids discussing why they might like one not another. Emphasise there are many different styles of jar aid. Ask if people have any gadgets at home they find useful and encourage them to bring them in next week to show the group.*

*Encourage people throughout to bring in any different gadgets they have at home to show other people next week – week after, etc.*

**Topic 10: Home programme (Programme time: 55-60 minutes) (10 minutes)**

***(Flipchart: 8 Home programme meeting 1 and workbook page 14-5).***

- The information pack you have includes a workbook (*hold up*) and this covers all the main points discussed in the programme. So if we turn to page 5 you can see the notes for today's meeting start here.
- And a range of leaflets from the Arthritis Research UK and Arthritis Care which also contain useful information and ideas.

I said earlier in the programme, that the group would have a home programme to help you put the ideas into practice. In the workbook, **if you turn to page 14-15 you can see some suggestions to get you started.**

It will be a help if you read through the notes in the workbook, which go over what we have been doing today. It's a help every week if you can go over the notes from each meeting afterwards – it shouldn't take you too long.

**(Flipchart 8: home programme)**

Do a bit of the home programme each day for 10 or 15 minutes – don't try and do it all in one day.

1. During the week read through the questions we discussed earlier on page 9 and 10 in the workbook about what your interests and priorities are in life. Have a think about whether joint protection could be beneficial for you and what you want to get out of the programme.
2. During the week try to be more aware of how you use your hands and arms in everyday activities. For instance, **on at least one day watch your hands as you are making a hot drink.**
  - What movements push your hand and wrist joints sideways or downwards and could be straining joints? (jot down ideas)
3. Watch how a relative or friend makes a hot drink. Are you already doing anything differently to them? See what changes you have already started to make.
4. During the week, jot down below what activities you find caused particular problems. Try to be as specific as possible –for example
  - rather than “housework” put “hoovering,” rather “DIY” put “painting,” rather than “work” put “using PC” and so on....

Become more aware which particular movements and activities are a problem for you – either a bit difficult or cause aches or pains. You can then go onto to focus on how to change them.

5. Look through the pages of photographs showing everyday tasks in the workbook on **pages 16 onwards.** The pictures show strain reducing ways of doing these.
  - Have a go at each task, trying the different methods shown. Decide which method feels best for you and mark this with a tick.
6. Choose 4 of these everyday tasks. Practise the method you choose as often as possible during the week. If you think you are already doing some or all of them, you may be doing so only part of the time - when your joints ache. Make a conscious effort to use it all the time.
7. If you have time, read the sections in the two Arthritis Research UK booklets on OA and Looking After Your Joints as a reminder of the information we've covered today. You may find it helpful to let your husband/ wife/ family read this as well to help them see what you are up to!

***That's the end of today's session.***

So today we have:

*Looking After Your Joints programme: JP only: hand OA 19.06.08*

- Discussed what osteoarthritis is, how it affects joints and the many different things you can do to help reduce symptoms and the long term effects of OA.
- We have started discussing Joint Protection and I hope I have convinced you of the importance of changing how you use your joints during everyday activities.

Joint Protection is effective - as long as you use it enough in your everyday life. It is easy to learn but more difficult to make changes so we started today by spending time watching how you use your joints. Try practising just a few different methods at home first - don't try and change too many things at once!

I hope it has been interesting and thanks very much to all of you for coming. Next week, we will be doing much more practical activities, trying joint protection methods.

We'll be looking at how to make more changes and consciously change habits and routines.

I look forward to seeing you again. Please do remember to bring the workbook next week if you can.

*(Be prepared to stay behind to answer specific questions – and clear away of course!)*

***FILL IN THE ATTENDANCE REGISTER***

## **MEETING 2**

Learning outcomes of meeting 2:

- understand information about hand pain and OA, its long term consequences and the benefits of Joint Protection (reinforcement of information)
- understand joint protection principles and be able to demonstrate examples of these
- practise a range of joint protection methods and be able to identify methods that work for them
- practise joint protection methods in a simple sequence of activities
- exchange practical ideas for managing everyday activities and arthritis
- understand how to change habits through practice
- be able to use mental practice of joint protection movements
- understand the need to perform hand exercises regularly
- practise hand exercises

Equipment needed:

For initial demonstrations:

*a bag of shopping weighing several pounds;  
a full jug kettle;  
Traditional kettle  
a pan;  
a Lancashire peeler and a carrot;  
a jar;  
a cloth;  
a plate;  
a full bottle/ plastic jug of milk;  
plastic jug;  
knife with padded handle*

Sufficient equipment for all group members to make own tea/coffee with equipment:

2 jug kettles  
2 plastic jugs  
2 jars coffee – lid on tight  
2 sets of various jar openers, eg Good grips, twister, Capscrew  
6 mugs  
bottle of milk  
tap turner

**Topic 1 - Introduction. Review of Home programme. (Programme time: 00.00 - 10 minutes)**  
(Allow 10 minutes - for review)

- a. Check everyone knows names.
- b. In today's session we will first be going through:

- how you got on with the home programme
- the main points from last week

We will then go onto

- discuss Joint Protection in more detail, how the principles are applied in practice
- we'll be doing a practical task applying these
- drawing the session together with next week's home programme at the end

**(Flipchart 8: home programme 1)**

- c. Home programme review.

**1. Did you all manage to set aside some time during the week to look more closely at how you used and moved your joints - to become more aware of stresses and strains on them?**

Prompts:

1. What did you think of doing this? Was it helpful?
2. Did you notice more what you have already started to change?
3. How about watching someone else do the same activity – did you notice differences in how you are doing things? Did it help you realise more the stresses and strains you put on joints in everyday activities?

**2. What sort of activities or movements did you find caused you any pain or aching in the hands or other joints? (list on a flipchart - will refer back to these later in sessions 3 and 4).**

- How many of you found these problems? (discuss)

In the final meeting, we will be doing a session on problem solving and how to think of new ways to do problem activities. We can come back to this list and see how well you have done with finding solutions to these problems.

**3. Did you think whether it was worth using joint protection for you – is it? Or not?**

**4. How did you get on with practising the 4 tasks from the workbook - like opening taps, jars and so on?**

- Ask each person which tasks tried, which methods preferred, how often practised (give verbal reinforcement). Was it useful to tick when you practised in the workbook? If people did not do any practice - try and sensitively find out why not - do not sound "critical" if people did not do any of home programme, but try to positively reinforce the benefits of them doing so. If people said I do that anyway – ask if they think they do it all the time, or just when in pain and confirm it is a good idea to make permanent changes. Ask if they managed to tick the pages for times they practised – give positive feedback (not too essential if they did not).

**5. Any questions from last week?**

## **Topic 2: Review of joints and Joint Protection. (Programme time: 10.00 - 15.00) (5 minutes)**

We'll start with a short recap about some of the main points from last week about hand osteoarthritis and joint protection- in case you had any questions after re-reading the booklets.

We discussed that changing the way you do everyday activities, to reduce stresses and strains, helps you to reduce pain and aching. In the long term it could also help to prevent or slow down the development of some hand deformities.

- Joint Protection isn't giving in – it's important to still keep active and doing your everyday activities and leisure. It's about working around difficulties.

We discussed some guidelines of Joint Protection - reducing stresses and strains in everyday activities. The key points were:

### ***(Flipchart 6: Joint Protection)***

**Pain** - listen to your body. Look to change the way you do things, rather than forcing through aches and pains.

**Protecting joints** - by changing movements, changing tasks

**Planning** - plan everyday jobs to increase your efficiency and organisation. Using a "time and motion approach"

**Pacing and Positioning** - slow down a bit. It's OK to do this - life still goes on. Swap between activities more often so you don't stay in cramped positions – "a change is as good as a rest".

Take short regular rests and microbreaks – a few seconds every few minutes

**Problem-solving** - how to identify easier ways of doing activities

### ***(Flipchart 4 – joint affected by OA)***

We discussed how OA can gradually alter the structure of a joint. ***What were any key points you can remember? What happens in OA? ....***

- Cartilage gets rougher and thinner, and is less able to absorb everyday shocks and strains.
- Bone underneath gets thicker in an attempt to repair the joint. Bony spurs may develop.
- These joint changes can stretch and weaken the capsule and ligaments around joints over time.
- These support joints, so if they do weaken, some movement can start to occur at joints that shouldn't. Deformities may start to develop – the joint slowly shifts out of place.
- Muscles have to work harder to steady joints – and they, too, then ache more quickly and get weaker.

### ***(Flipchart 5 OA hand problems)***

Some common problems people with hand OA might develop are the fingers and thumbs buckling out of shape.

### **Topic 3 – Joint Protection and Practical activity - principles, demonstration and making a cup of tea/ coffee. (Programme time 15 – 50 mins approx!) (35 minutes)**

We started to look last week about how everyday pressures on joints can contribute to them moving out of shape. Joint Protection isn't about giving things up, but doing them differently. It's about changing hand habits to reduce strain.

#### ***(Flipchart 9: Joint protection guidelines)***

Here are some Guidelines on Joint Protection that can help you change hand habits

- a) Distribute the weight you lift over several joints, for example spread the load between two hands.
- b) Avoid putting strain on the thumb and repetitive thumb movements.
- c) Avoid prolonged grips in one position.
- d) Use as large a grip as possible.
- e) Reduce the effort needed to do a task:
  - Use a labour saving gadget, or different design of equipment
  - Avoid lifting heavy objects - find another way to move or slide instead
  - Reduce the weight you lift

#### ***(Move to kitchen area)***

Let's look at some examples of putting these principles into action. I'll show you a few - you'll be trying them out after – so you might want to watch carefully. You might find some of these you are already doing, so this confirms to yourself it's a good idea to keep on doing them. You may also come up with some more ideas. (*Demonstrate all tasks as discuss*).

When changing activities, you only need to change those that put a strain on **your hand joints** – that require force or pressure. If it feels a light and easy action to you, with no aches and pains – then it doesn't need changing.

- Everyone's hands can be affected differently – so you need to work out what works best for you.

To:

#### **1. Distribute the weight you lift over several joints, eg spread the load between two hands.**

For the hands, use the whole of your hand or two hands to lift things.

For example,

Normally when carrying a plate people use just their fingertips with one hand or their fingers and thumb. **Where is the pressure going?** (*Demonstrate*)

- Strain on the thumb and finger joints.

#### **What else can I do instead? ...**

- Use the whole hand or both hands underneath as the load is spread over lots of joints throughout (*demonstrate*).

For instance, carrying shopping, **where is the pressure going?** (*Demonstrate*)

- finger ends

**What else can I do instead?**

- Less strain if you put the handle over your forearm, as the elbow is larger than your wrist or finger joints.
- If this isn't the best method for you, there may well be another way, for instance, lift it close to your body with your arms wrapped round, like Americans do with their shopping.
- **How else could you carry shopping?** (eg rucksack or bag over shoulder if light items or use a trolley)

**2. Avoid putting strain on the thumb and repetitive thumb movements.**

Very often we press on our thumb and finger ends without realising it, **pushing in a plug, where is the pressure going?** (*Demonstrate*)

- Pressure on thumb / fingers
- Better again to use the palm of your hand or the side of your fist (*Demonstrate*)
- Can also use adapted plugs with loops (*demonstrate*)

You might do repetitive thumb movements as part of work or hobbies. For example, if you had to do a lot of cutting out –

- (*Demonstrate scissor action*)
- When dressmaking, cutting cardboard or vinyl
- – electric scissors could be an option
- When doing DIY and using a screwdriver
- (*Demonstrate screwdriver action*)
- – you could use an electric screwdriver

**3. Avoid prolonged grip in one position.**

- This reminds us to keep stretching hands regularly. Rather than hold objects for long periods – take microbreaks and stretch hands. Think of the 'P' for Pacing.

**4. Use as large a grip as possible.**

- Peeling vegetables - an ordinary peeler can pull on the knuckles and needs a tight grip, whereas the easy peeler model needs a looser grip and a very light stroking action, so it's less effort. (*Demonstrate – we can try these out in future weeks too*)
- Change handle designs – to make thicker and non-slip so are more ergonomic to hold.
- Padding a handle makes cutting easier or using a knife with a different type of handle means the pressure is distributed. (*Demonstrate cutting with a bread knife*) – **Where is the pressure going?**
- (*Demonstrate a padded handle, Good Grips knife and an Ergonom knife*).

**5. Reducing the effort needed-**

**a) Using gadgets can help.**

- Try comparing the effort of using a wing can opener with an electric one.
- There are two styles of electric can opener - ones you need to hold as you open and ones that sit on the table top. Although both are less strain on the fingers, the hand-held one can still be

rather heavy, so the table one is better as you don't have to take any weight on your hands at all, apart from holding the can in place under the blade (*show electric can opener – and say will be trying these next week*).

- Use a lever action, some gadgets such as the Baby Boa jar opener act as a lever.

**b) Avoiding lifting or holding**

When carrying a kettle to the sink or moving pans around,

- rather than lifting a pound or so of kettle and a few pounds of water, you may find (depending on your kitchen layout) that you could slide it all or part of the way. (*Demonstrate moving kettle*)

**c) Reduce the weight**

- you are lifting by using a plastic jug to fill it, so you don't have to lift the weight of the kettle, just the water. (*Demonstrate*)

We'll have a go at putting that into practice making a hot drink. I'll start by demonstrating to you different methods you can use for each activity, opening a jar, filling the kettle and so on. Then afterwards, you can each have a go at this.

- I'd like you to try the methods out afterwards working in pairs (or threes)
- You are going to take it in turn to make yourself a hot drink.
- Then I want you to watch your "partners" do this as well.
- You can discuss amongst each other as you are each doing it, what the normal and the joint protection alternatives feel like. Give each other feedback on whether you are doing it right or not.
- So watch me carefully, because you are going to have a go yourself and also help teach each other.

I will show several methods for each bit of the job - so when you have a go - try out which one works best for you.

- If you forget any suggestions you can remind each other

**DEMONSTRATE MAKING A HOT DRINK - BREAKING DOWN EACH TASK SHOWING ALTERNATE METHODS (several may be shown)**

*Do this fairly rapidly, with short verbal instructions.*

- Carry kettle across to tap (two hands and suggest can use plastic jug - demonstrate this method too)
- Turn tap on (hand at side/ on top/ show tap turners)
- Fill kettle (rest kettle in sink, use jug - avoid lifting)
- Turn tap off (side of/ top of/ tap turner)
- Carry kettle back (two hands)
- Plug in (side of fist/ flat of hand/ plug puller)
- Open jar (side of jar/ palm on top/ show different jar aids. *Emphasise to try and use same movement pattern as did for tap as similar action*)
- Close jar (*emphasise again use same movements as did to open*)
- Pour kettle (two hands/ tip from a block/ kettle tipper)
- Hold milk carton (two hands)
- Carry mug across room (two hands/ saucer underneath on palm of hand)

**Practical, making hot drink.**

I'd like you to work in pairs (threes) and take it in turns to each make the drink from beginning to end. Watch each other as you do so, and try and give each other reminders if you forget an idea.

- The point is to practise the methods, so each do all the steps or movements, and try different ways, rather than doing something for someone else to save time.
- You'll get more out of the practise that way. Try and teach each other the ideas – and remind one another of the different methods to try. If you get stuck – I'll pop over and do another demonstration for you.

- *Rely on the group teaching each other if you can.*
- *Encourage group members to tell each other when need to do it differently - make sure they don't feel as if they are criticising each other.*
- *(Give verbal feedback on movements, correct people after a few seconds if see have got it wrong)*
- *Use manual feedback to correct and repeat demonstrations as necessary to individuals.*
- *Talk about ideas coming up from group - pass on ideas between people*
- *Give positive encouragement to ideas coming up.*
- *Discuss how feels to use these new methods.*
- *If people are discussing everyday problems, or reactions to having arthritis - encourage them to do so - this is an important opportunity in an informal setting for this to occur*

OK so we've practised a range of different joint protection methods. I hope you have also been able to swap some ideas. Do come and sit down and enjoy your drink and a biscuit or two! I'll clear away later.

#### **Topic 4 - Developing new habits to reduce strain and mental practice. (Programme time 55-1.00) (5 minutes)**

Whilst you are drinking your tea I will briefly just mention about changing hand habits. I mentioned last week – learning is the easy part. Its changing habits that is more difficult.

*(Flipchart 10: learning new habits)*

##### **How do we learn new skills?**

1. **First we go through a Learning stage** - you get an "overall" picture of the skill. You learn from demonstrations, from watching others do it, from instructions, pictures and videos, from being physically guided. So in this programme, that is why I'm using all these methods to help you learn the movements and why we are getting you to watch each other.
  - People also use "mental practice" - they imagine doing the task in their mind, to "rehearse" the movements to be clearer how they all fit together. Sports psychologists encourage sports people to do this to learn and perfect skills.

Let's have a go at doing that just for a few minutes. We'll try imagining what it's like to make a cup of tea using these joint protection methods you've just tried. You might think this is a bit odd!

Think in your mind now of making a cup of tea. If it makes it easier close your eyes or stare at the ceiling and visualise doing it. I'll talk through you doing a few stages and remind you of the different methods we've tried - so just imagine the method that works best for you

- *You are starting by filling the kettle. You might want to slide it across the worktop, or fill it with a jug, or you are carrying it with two hands, the second hand firmly helping take the weight underneath across the palm - do which method is best for you*
- *At the sink, you put the jug or the kettle in the bottom of the sink. If its full of washing up or wet put the kettle down at the side*
- *You turn on the tap, pressing down on the top with your palm, or turn holding the side of the*

- *tap*  
If the jug or kettle is sitting in the bottom of the sink you don't need to hold it as it fills
- If you have to hold it, use two hands as it fills. Put the kettle down when half full
- Turn the tap off using the method you did before, press down with your palm and turn or, hold the side of the tap
- Carry the kettle or jug back with two hands, or slide it back if you can on a folded tea cloth.
- Push in the plug using the fist or flat of hand
- Open the jar by using the palm, or using a jar opener – put the coffee in the mug
- The kettle has boiled – lift with 2 hands and pour
- Get the milk out – firm hold round the bottle and pour
- Carry the mug back to your seat – two hands

Try to imagine using joint protection methods at home when you are watching a dull programme on TV but feel too tired to go out to the kitchen and practise.

- Try it for other jobs which you can use joint protection movements for, like housework, gardening, DIY or jobs at work.
- The more you practice in your mind, as well as in reality, the quicker the movements will be learnt.

## 2. Practice

Turning new skills into habits. This needs:

- Practise - the more often you can practice, the quicker it will become a habit
- Feedback - that you're getting the skill or the movement right. You do this in several ways:
  - From yourself - - you "talk to yourself" in your mind as you work out what you are doing, eg. "I need to move my hand a bit more to the left, I'll try that next time." Again sports psychologists use this with athletes. When you practice consciously think about how you do the movements, is it right?
  - You get feedback from others. So in the group, we're trying to include as much practice as possible, with the opportunity for feedback from me and each other.

So practice makes perfect – in your mind and reality.

### Topic 5 - Home programme. (Programme time 55 – 60) (5-10 minutes)

#### **(Flipchart 13: home programme 2 )**

If we turn to page 25 of the workbook, the suggestions for things you could try are about practising the joint protection and hand exercises.

1. You might like to try practising the methods for making a hot drink-  
Would that be relevant? Decide on how often you think you could do this, during the next week, 5 times? 7 times 10 times?  
(Ask each person)  
Write it down and remember to tick each time during the week when you practice. If you do more, give yourself extra ticks.
2. Spend some time again looking at the pictures in the workbook. Carry on practising the 4 tasks you chose last week - choose another 4 this week, try the methods shown, decide which is best for you and practice, if you can. It's a good idea to try doing the methods a few times to get the idea of what to do, then aim to do them during everyday activities.

- Try and make a specific time for practice sessions if you can, rather than feeling that you always have to be watching yourself, which can get irritating

3. Spend some time mentally rehearsing or picturing the movements in your mind, like making a cup of tea. It all helps. Try if you can to do this for 5 minutes on five days one after the other.
4. Try and watch your hands during everyday activities sometimes again. Can you make any changes using joint protection methods?

Read the notes for today's session in the workbook too.

**Summary:** So far today, we've concentrated on general principles of Joint Protection (*flipchart*) and practical methods applying these. We've used kitchen tasks - but see if you can apply these ideas to a wide range of everyday activities.

Next week we'll be trying out more joint protection ideas and **Please do remember to bring the workbook next week. Look forward to seeing you again.**

*(Time for individual questions).*

***FILL IN THE ATTENDANCE REGISTER***

## **MEETING 3**

Learning outcomes/aims of meeting 3:

- appreciate that making changes requires practice and commitment to do so
- understand joint protection principles
- understand how to do a task analysis
- increase skills in joint protection methods in kitchen activities
- understand the importance of setting goals in helping make changes
- understand how to set goals
- be able to set goals in own home programme

Equipment needed: **Keep receipts for consumables and claim back**

### **Shopping:**

Large chunk of cheese (kept in fridge prior to meeting so they it's hard – make sure it is big enough to cut in two and for you and your group to make a slice of cheese on toast each)

One loaf **unsliced** bread

8 tins of soup (or as many as people attending plus spares for demonstration and extra trials with the electric can opener).

Bottle of milk

### **Lay out each of the two work areas with:**

Cutting board

½ loaf bread

Lump of cheese

Selection of: ordinary cook's knife, ordinary bread knife, Ergonom knife, Good Grips knife (small and Ergonom style), ordinary cook's knife with padded handle.

Cheese slice with larger handle (eg Good Grips)

Electric can opener (with adapted plug/ plug loop on if possible)

Culinare One Touch can opener

Three plates and three bowls (plus extra for yourself in area you will demonstrate in)

Wooden spoons

Flat bottomed ladle

Wing can opener – for demonstration purpose

### **At sinks:**

Selection of washing up equipment e.g. sponge, wash up brush and a round palm-held wash-up brush.

Washing up liquid

Selection of tap turners

Make up 6 (or as many as attending plus yourself) shopping bags (plastic ones are OK) with a reasonably heavy pan and a can of soup in each

### **For cup of tea/coffee: (You might not have time for members to make tea/coffee this week but it gives the option)**

Two jars of coffee

Two jars of tea-bags

6 Mugs

Selection of jar openers to try (eg Twister, Good Grips, Capscrew)

Two jug kettles

Two plastic jugs

Bottle of milk

### **Topic 1 - Review of home programme. (Programme time 00.00 -5.00) (5 minutes)**

A welcome, check if everyone remembers names by now.

In today's session, we are going to:

- Find out how you think you are getting on practising the joint protection at home
- I'll briefly go over the principles of joint protection that we discussed last week
- We'll be practising more joint protection methods
- We will also be looking at how you can help yourself practise more at home through setting goals.

#### ***(Flipchart 13: home programme 2)***

Let's see first how you are getting on with trying things out at home.

1. ***How did you get on practising the joint protection methods for making a hot drink? (Ask each member eg how many times did it)***

***Did you manage to practise as many times as you planned too?***

2. ***Did you practise any other tasks/ the original 4 or new 4 - how did you get on?***

3. ***How did you get on with mentally rehearsing making a hot drink – did anyone have a go? This is an approach used widely in sports psychology to help sports people improve their techniques –it does work if you try it.***

*(If any members indicate they have not tried joint protection aim to briefly explore why not (don't be critical!) and encourage to have a go at these this week. Pick up on positive comments made by others of the benefits and try to get members discussing these. This is an opportunity for ideas exchange.*

### **Topic 2 - Joint protection review; Task analysis and practice making a snack meal. (Programme time 10 - 50) (40 minutes)**

#### ***(Flipchart 5: hand OA changes)***

So far last week we've looked at how everyday stresses and strains on joints with hand OA can contribute to pain, and aching and can potentially lead to thumb joint problems especially, in time.

We discussed last week about different guidelines we can use, to reduce pain/ aches, reduce strain and try to prevent or slow deformities. We've looked at some broad principles or guidelines of Joint Protection:

#### ***(Flipchart 9: joint protection guidelines):***

1. ***Distribute the weight you lift over several joints /Spread the load between two hands.***
2. ***Avoid putting strain on the thumb or repetitive thumb movements.***
3. ***Avoid prolonged grip in one position.***
4. ***Use as large a grip as possible.***

## 5. Reduce the effort needed to do a task:

- Use a labour saving gadget, or different design of equipment
- Avoid lifting heavy objects -find another way to move or slide instead
- Reduce the weight you lift

In the next activity, we'll try some more joint protection ideas out, this time whilst making a snack meal – cheese on toast and some tinned soup. This is **not a cookery lesson** as you are all probably better cooks than I am. As we did last week, I'll show a range of methods, then you can practise again working in pairs / threes, each taking it in turn to make the snack. As before I would like you to watch your own hand movements, as well as giving feedback to your partner on how they are doing and discuss how and why different methods are working for you.

### **(Flipchart 14: task analysis or using ergonomics)**

Before we start practising, I am going to briefly discuss a structured method of helping to work out different ways of doing activities. This is called Task Analysis and comes from industry.

If a job causes aching or pain, task analysis is a good way of working out what part or parts of it might be causing the strain, then thinking how that task can be changed. Can you move your hands and arms differently? Use gadgets? Organise the job differently? Or pace the activity by taking short microbreaks, or rests just for 30 seconds every 5 minutes or so.

### **(Flipchart 15: task analysis- making a snack)**

To do a task analysis, first we need to work out what we have to do to complete the task,. We'll use the example of making cheese on toast and soup.

We have to start by:

- Get out the things we need from the cupboard or a shopping bag
- Turn on the cooker knobs
- Open the can of soup and put it in a pan
- Carry the pan to the cooker
- Stir the soup
- Cut a slice of bread
- Put this under the grill
- Slice up the cheese
- Pour out the soup
- Make the cheese on toast
- Carry the bowl of soup and plate of cheese on toast to the table.

Next we take each stage step-by-step and think how we could do each part differently?

- How can we make each step easier?
- Some steps we don't need to change as they are easy – like turning a cooker knob.
- Others we might not be able to change
- But if you change even 50% - you will be reducing pain and aching.

Let's try this out in the kitchen area next...

*Task Analysis -talk through each task - and demonstrate in kitchen area as talk through each (Remember to keep instructions brief, simple and clear).*

*Have things ready on the side to use...*

**You need to do this demonstration quickly** – so when you say what the action is – you can sometimes say that it puts pressure on fingers/thumb or just point to this/exaggerate so it is obvious to  
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the group.

When you ask “what could you do instead” say yes and quickly demonstrate solution given (people should know the answer already to many of these because have discussed some ideas previously or from own experience). You do not need to ask this for each question – but remind them as you demonstrate of the technique.

It does not matter if the cheese on toast is not cooked – make sure you can do it in under 5 minutes, ie only a little longer than it would normally take to do it.

**First I need to get the ring and grill on – this is an easy action so no need to change.**

**Then**

1. I have to carry my shopping bag across – this might put a strain on finger ends.

**What could I do instead?**

- Put over forearm.

2. I get out the items - lifting with finger ends or one hand eg can of soup and pan

**What could I do instead?**

- Use whole hand for can and two hands for pan. So distributing the weight.

3. Open tin - wing can opener pushes fingers/ thumbs to side.

- I can try an electric can opener. The plug pull means it is easier to push in the plug – or I can press the plug in with the palm or side of hand. Then use the can opener to open – I don't need to hold the can. So I am using a gadget to reduce effort
- NB Pour soup into pan.....

4. Pan to cooker –lifting with one hand can put a strain on wrist/ fingers.

- So use two hands. Distributing the weight again. Think about using microwave more

5. Stirring - fingers bent

- not much strain when a liquid like soup, so no need to change

6. Lift grill into place - one hand strain on wrist/ thumb.

**What could I do instead?**

- Use two hands

7. Cut bread and cheese – puts pressure on the finger/thumb

- I could use an Ergonom or Good Grip bread knife, thicker handled or padded handled knives or a cheese slicer for cheese. Using a gadget to reduce effort, and changing the grip by making the handle bigger.

8. As I pick up a bowl or plate - holding the edges presses on thumbs.

**So what could I do instead?**

- Pick up with both hands to spread load.

9. Pour out soup - pouring/-lifting pulls on wrist and fingers pushed sideways.

**What could I do instead?**

- Rest on surface and use ladle to save holding weight, tip out the last part (try using flat bottomed ladle – it's easier). Or have good grip on pan handle with 2 hands, avoid wrists bending. This way we are either avoiding lifting, or again distributing the weight

10. Carry bowl and plate - fingers and thumb are being pressed sideways.

**What could I do instead?**

- Carry on palms using a cloth if hot or use a tray, with two forearms under. Use trolley if room in the house. So distributing the weight or using a gadget (eg trolley)

**I won't ask you to do this next part because of time but I need to end up by clearing away. (NB just wash up the pan – leave the rest)!**

11. To wash up the pan - I need to turn on/ off tap – tight grip with fingers and thumb

**What could I do instead?**

- Use tap turner/ flat of hand, side of hand. Again using a gadget or avoiding those positions of deformity by using the hand differently.

12. Lift washing up bottle and squeeze – may be easy or may be a pressure on thumb

**What could I do instead?**

- Use two hands. Use liquid dispenser bottle pressing with flat of hand.

13. Wash up - tight grip with fingers and thumb on cloth/sponge.

**What could I do instead?**

- Use wash up brush - choose an easy style of brush/mop to hold. Again using a stronger, more stable type of grip. Use a round, palm-held wash-up brush.

14. Drying pan - hold weight of pan in one hand as wipe with other

**What could I do instead?**

- Put towel down on work surface and rest pan on top as dry, so not holding weight. Leave things to drain dry. Again avoiding lifting.

So have a go at making the soup and cheese on toast. Like last week take it in turns and give feedback to each other. This isn't a cookery lesson - the aim is to get the movements right. So don't worry what it looks like- concentrate on the movements and giving each other feedback.

To save time, please leave the washing up – I will do this later as we just each do the soup and cheese on toast. When you have all done this – make a hot drink together for yourselves too if you would like one. You can make a drink together rather than individually – remind each other of the methods we used last week – to check you can remember these.

*All try whole activity in turn working in pairs/threes. Encourage members to teach each other and get involved.*

- You might want to change the pairs/ threes around from last week – so different people are working together.
- Give feedback, guidance, repeat demonstration as necessary.
- Get people to try several times using the gadgets like the Ergonom knife and electric can opener (people not used to the latter might find these a bit hard to get the hang of initially so keep demonstrating/ encouraging people to try.)

*Get people to discuss ideas for making jobs in the kitchen easier - gadgets they find useful, organising storage areas to make things more accessible.*

*When finished snack – remind group to make a hot drink together (takes too long to do individually – check with groups how they have been finding using the methods at home*

*- keep checking people are using the right method. There should be more discussion going on, ie distraction, so keep checking how people are doing in getting this to be a "habit" despite distraction – give people feedback/ gentle reminders if in error).*

*Bring flipchart in view again....*

*Ask group to sit down and enjoy drink. Discuss:*

### **How did you find doing that?**

Get group to discuss what was helpful, or what aspects didn't work for them...

### **Topic 3 - Setting goals. (Programme time: 50 - 60) (10 minutes)**

So far we have discussed joint protection guidelines, how to plan to make changes and been trying out more joint protection methods. For the final part of the session today we are going to discuss how to help yourself make these changes.

We discussed last week briefly that it can be easy to learn the techniques of joint protection – but changing how you do everyday jobs to reduce strain, protect joints, remembering to take microbreaks can be the difficult part. Changing old habits and routines isn't always easy. You might be too busy, wonder whether it's really worth it, there might seem too many things to do.

There can be things that get in the way of our good intentions. So a handy way to move on from wishful thinking is to make an Action Plan with yourself.

If you turn to **page 43** in the workbook there is an example here.

For Joint Protection particularly over-riding habitual movements and using these new ones can be difficult – so regular practice helps. How do you make an action plan?

#### **(Flipchart 16: Goals and action plans)**

The first step is to think what your long term goal is, for example:

- I want to have less pain in my hands; have better grip; be able to do a favourite activity more easily They help motivate you to do things in the first place
- To reach these, you set short-term goals – bite-size achievable steps on the way.
- For example, today I'll practice turning a tap on and off with my palm each time I use a tap. This week I will practise the hand exercises on 4 days.

The trick is to set an achievable action plan. Write specific goals so that wishful thinking moves into reality.

1. Start from what is achievable for you **personally** – plan what is realistic for you this week to do. If you plan to do too much and fail, you are more likely to give up
2. Be specific about the ACTION, eg practising a specific task like turning a tap, making a drink using joint protection methods
3. HOW MUCH will you do? – You'll practise the hot drink joint protection methods for 10 minutes
4. HOW OFTEN? For example, every time I turn a tap today; make a hot drink using joint protection once a day
5. Then ask "HOW sure am I that I will do this?" Rate on a 0-10 scale how confident you are that you could actually do it. If your goal was, for example, to practise making a hot drink using joint protection once on 5 days this week – how sure are you that you can do this, given what you know is happening in the week ahead?
  - Will you really do this? If you rate this as less than 7 you are not that confident and probably not being realistic.
  - If you rate your confidence as 7 or more – that is a more achievable goal – so write this down on your Action Plan.

Goals need to be **REALISTIC** - possible, but still a bit of a challenge.

**Give yourself time off.** Allow days when you don't have to think about it and practice, then it won't seem a chore. For instance, practise 5 to 6 times a week rather than every day. That way if you miss a day, you've still got the chance to catch up and meet your goal.

When you have written several goals – check whether altogether they are achievable. How confident are you that you can do everything in the plan this week? On a scale of 0-10? If you score the whole plan as at least 7 out of 10, you are more likely to do it. If your confidence is less than 7/10, scale the plan down a bit.

Plan to give yourself a reward if you meet your goals! Tell yourself that you have done a good job. Give yourself a treat! - a new plant for the garden, watch an old movie on TV,– or whatever. Make it something to look forward to. "If I meet all my goals this week I can..." gives extra motivation.

Don't give up if you have a set-back. If you don't feel too well or life gets hectic and you don't practise things for a week or so - just start again where you left off. It's never too late to help yourself.

Writing down an action plan – like that shown on **page 43** helps you focus on what you will aim to achieve this week. Our programme finishes next week – so this can be a helpful way of keeping yourself going until new habits have formed.

So far today we have gone over the hand exercises, we have considered task analysis as a way of breaking down activities to look at what parts we can change; we have tried more joint protection methods and discussed setting goals and writing action plans to make changes.

We'll finish up again by considering the things you might like to try during the week.

#### **Topic 4 - Home programme. (Programme time: 60 to 70) (10 minutes)**

*So again we have put some suggestions on page 42*

***(Flipchart 17: Home programme 3 – have pencils handy for everyone to jot down goals on action plans)***

We'll end again by thinking what you would like to do this week.

1. Again there are some pictures of tasks we've been practising. You might like to check out what methods work best for you and practise some of these actions specifically
2. You might like to check back over the photos from previous weeks – what worked best for you – and are they getting to be a habit yet?
3. Last week we discussed mentally rehearsing or practising in your mind different activities to help get the idea of movements more clearly. You might like to try this again - Try mentally rehearsing making a cup of tea and making a meal, using the methods we tried today, a few times during the week
4. If your hands get tired easily – think about taking microbreaks – short breaks during daily activities and pacing activities. There is more information about this in the workbook for this week.
  - Read through the other booklets in the information pack if you have not done so already. Last week you said about what kind of problems your hand OA is causing you. Are there any more

ideas you can come up with for changing things you find difficult from these booklets? Are there any other activities you want to practice changing? For example when doing housework, work or gardening jobs? Or in your leisure activities?

5. Decide on your own goals for practising in your action plan.

- Do any of you have any ideas of what you might like to try this week?
- *(It could be practising changing some of those other activities you find difficult? Or cause you hand aches and pains)*
- *(Remind people what they said – get them to write down in action plan on page 43. Have pencils handy)*
- How about the joint protection? How often might you practice what we have been doing here?

*(Encourage people to make statements about what they would practise – at least one each. Write them on a spare flipchart sheet)*

*Back to home programme flipchart –*

Are there any other things from the list that seem important for you to try – *ask people to make statements aloud – and encourage to write down.*

So just to end today – we have learnt more joint protection methods, looked at how to analyse tasks to help us in identifying alternate methods and discussed how to write action plans to help make changes. I would encourage you to do the action plans. Next week is our last session, if you can continue to do the action plans in the weeks after the programme ends it will help you to keep making changes, until they get to be new habits.

- Next week is the last session. We'll be looking at some ideas more ideas to make jobs easier.
- Next week's session may just take 10 – 15 minutes longer than usual, as we just finish off the course. I hope this will be OK with everyone but we will aim to be finished no later than....

*(Individual questions)*

**FILL IN THE ATTENDANCE REGISTER**

## **MEETING 4**

Learning objectives:

- Understand joint protection principles
- Be able to perform a range of hand joint protection methods - progressing to these being habitual
- Understand and apply pacing strategies
- Understand and apply problem solving strategies
- Be able to set own home programme to maintain practice in future
- Feel confident (and motivated) in using joint protection after the programme ends.

**Equipment:**

**Kitchen**

**To make Spaghetti Neapolitaine**

Pans (6)

Two vegetable strainer baskets

Wooden spoons (x3)

Flat bottomed ladles (x2)

Chopping boards

Selection of knives: padded handle, Good Grips – small and Ergonomic, Ergonom knife

Peelers – eg Good grips

Electric can opener (table top – with plug pill on)

Culinare One Touch can opener

Plastic jugs (x 2)

Tea towels

Washing up liquid

Selection of wash-up brushes etc: sponges, brushes, palm held wash up brush

**To make hot drink**

Two jug kettles

Mugs

Coffee (x2 jars) lid on tight and tea

Selection of jar openers (eg Good Grips, twister, Capscrew)

Tap turners

**Selection of other gadgets for display: eg**

Ring can openers

Knob turners

Stirex scissors

Key turner

And any other gadgets you want to show

**Shopping:**

Quick cook spaghetti (check if enough in stock anyway)

4 cans of chopped tomatoes

Selection of vegetables – carrots ( 6 – one for each person and you to peel – get smaller ones so less for each person to chop up), pack of celery, courgettes (x3); different textures of vegetables mean have to use differing amount of force to chop

Milk (1 pint)

**Topic 1 - Review home programme and sessions so far. (Programme time: 00.00 - 10.00)**  
(10 minutes - remember to welcome everyone by name)

**Before you start – remember to have a couple of kettles filled with hot water and boiled ready for the cooking activity to make your demonstration and the groups' practice a bit quicker. Get these quickly reboiled just as you are starting the joint protection session.**

Today we are going to consider:

- How you are getting on with your home programme
- We will have a refresher on the hand exercises
- We will again be practising joint protection methods - your last chance to get these right!
- We will be discussing problem-solving methods
- Have some time to discuss any last issues you want to raise
- Finally, we'll be looking at continuing to set your own home programme over the next few weeks to help you consolidate using these approaches across a range of activities you do every day.

**As we said last week, today's session might take a little longer – perhaps 10-15 minutes longer than usual, but we do plan to finish by.....**

**(Flipchart 17: home programme 3)**

Check everyone answers at least to one question. Have page 48 open in the workbook -

1. **How did you get on with setting yourself goals and writing an action plan last week? Did you manage to meet your goals?**
2. **How have you been getting on practising the joint protection methods for making a hot drink and a snack meal?**
3. **Have you started to transfer the ideas across to other activities – do you find you are using your hands differently in housework, hobbies, gardening and work?**
  - **Although we have to focus practically on kitchen activities the idea is to translate them across to other activities.**
4. **Have you tried mentally rehearsing using the joint protection methods during any activities? Does it help?**

**(Flipchart 5: hand OA changes)**

Over the course so far we've looked at:

- Why it helps to use joint protection. By changing the way you do daily activities you can reduce pain, aching, and strain on joints, joint capsules and ligaments. This helps prevent or limit changes to the hands occurring – like the changes to the thumb; and makes activities easier and less painful.
- We've stressed changing how you do activities to reduce lifting heavy items, use two hands – avoid tight grips or pushing the thumbs sideways
- This helps make doing everyday activities easier and less frustrating

**What can you remember about Joint Protection guidelines you can apply when doing everyday tasks?**

1. Ask for principles first.....
2. Show flipchart 9 (joint protection guidelines) afterwards and quickly repeat principles – confirm which ones got right and ones missed out.
  1. Distribute the weight you lift over several joints – for example, spread the load over two hands.
  2. Avoid putting strain on the thumb and using repetitive thumb movements.
  3. Avoid prolonged grip in one position.
  4. Use as large a grip as possible.
  5. Reduce the effort needed to do a task:
    - Use a labour saving gadget, or different design of equipment
    - Avoid lifting heavy objects -find another way to move or slide instead
    - Reduce the weight you lift

**(Flipchart 16: goals and action plans)**

Last week, we looked at setting goals to help you make a “contract” with yourself to make changes. It’s a way of moving from wishful thinking – “oh I must remember to do that” – to training yourself to make changes. It’s easy to learn the ideas – but harder to put them into practice enough to make a difference.

Goals are:

- specific,
- state how many times you will do the action each week,
- and be realistic in what you can do - but set yourself a bit of a challenge

And we had a go at writing action plans.

**Topic 2 - Practise snack, hot drink and clearing up. (Programme time: 10-50) (40 minutes)**

***Remember to put your kettle on to reboil for the spaghetti!***

We have practised a range of joint protection methods. Today we are again putting these into practice as our final chance to recap. This time our test is to do lots of different joint protection methods at once and see if you get as many actions as possible correct.

Today you are going to do the cooking activity in your small group together – not each of you doing the same activity – as we don’t have time. So this is your last opportunity to discuss what works best for you and why – try out the techniques and gadgets and give each other feedback and reminders on the methods.

We are going to make a simple meal. This isn’t a cookery lesson, the purpose is to practise using the joint protection methods not to cook a wonderful meal (and I am not a very good cook). So don’t worry what the end product is like. What matters is focusing on practising joint protection.

We are making a spaghetti dish and a hot drink at the same time – I will give a quick demonstration and remind you of the methods.

*Make homemade soup or spaghetti neapolitaine - your choice.*

*Demonstration:*

Demonstrate each step of making meal and hot drink at same time. Ask very quickly for each item "how could I do this different?" – You should get a chorus of "two hands!" coming back at you. If you find that things are going too slowly – ask this for every second or third task and quickly talk through the correct method with brief reason why (eg distributes weight, reduces weight on hands, uses a gadget etc).

Move through doing it quickly and limit the instructions to keep clear re method used.

**(You will need to practise in advance doing it quickly!)**

(NB if using electric cooker for demonstration, put on rings early so are heated up quicker as you start demonstration)

NB say again that food does not have to be cooked properly – that cannot eat it due to Health & Safety reasons (and you have bought cheap items so not too much of a waste!!)

- Lift one pan to cooker (two hands)
- Put boiled water from kettle (use two hands) in for quick cook spaghetti and bring to boil (Discuss can use two handled pans to reduce weight on hands)
- Cut open a packet (stirex scissors)-if need to for spaghetti (or show scissors if packet already open)
- **Get small amount** of spaghetti cooking ASAP once water boiling (NB quick cook spaghetti takes only 4-5 minutes to cook)
- Peel vegetables, (easy grip peeler) (NB only need one carrot, one stick celery and ½ courgette)
- Chop vegetables (Ergonom knife, and other good grip knives - NB remember to look for larger non-slip padded handles when buy any new tools or equipment for house and garden as easier to use)
- Start to fry in pan with small amount of fat
- Change to doing hot drink - open/ close jar, (jar aid/ side hand or palm)
- Lift kettle (two hands) or use plastic jug –
- Turn tap on/ off, (tap turner, side hand or palm)
- Fill kettle (leave bottom of sink/ use plastic jug) NB small amount of water
- Plug in (palm of hand, remind re plug pulls)
- Carry on cooking.....
- Open tin tomatoes (electric can opener); plug method again
- Put ½ can of tomatoes in with vegetables (use whole hand to lift can, with thumb stretched round). Add a few condiments (just to give appearance of trying to cook!!)
- Drain spaghetti – (two hands to hold pan - colander in base of sink)
- Put spaghetti into tomato sauce and vegetable mix (NB Italians do it this way) – and stir
- Carry plate to cooker (two hands)
- Serve up (use flat bottomed ladle, plate close to cooker; and show use two hands to pour as alternate )
- Cut slice of bread with bread knife to go with
- Carry plate to table (two hands)
- Pour kettle (two hands + cloth/ show kettle tipper exists if ever needed)
- Milk carton (whole hand round to pour/carry)
- Carry mug (two hands – can put saucer underneath if hot)
- Wash up (fist grip if need to/ fatter handled wash up brush or palm brush / avoid holding weight of pans as wash up - keep resting on bottom of sink/bowl; NB consider a dishwasher if not got one)
- Dry up (pan etc resting on top of cloth on working surface as dry)

**(You will need to demonstrate washing up or won't be enough clean pans – but remind group they don't need to as not enough time)**

NB will need to leave food to cool and throw away later

I would like you to again make the meal and the hot drink at the same time... Work in pairs/ threes and

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observe each other – you don't have to each make a separate meal – you can do it together. Concentrate on getting the movements right and trying the gadgets – and giving feedback to each other.

We're not bothered what the food turns out like, as it won't be consumed. You don't need to wash and dry up at the end as we don't have the time.

*(Give feedback, repeat demonstrations, manual feedback etc. as necessary. Stress importance of giving feedback to each other. Again promote discussion of alternate methods in everyday jobs - encourage people to translate the principles into other everyday activities - exchange ideas about gadgets etc).*

### **Topic 3: Making changes (Programme time: 50-60) (10 minutes)**

During the course we have discussed there are different approaches you can take to help relieve pain, aching, and stiffness. We have discussed the 6 Ps:

#### ***(Flipchart 6: the 6Ps)***

**Pain** - the need to listen to your body. If you have pain or aching after activity look at how you can do things differently rather than forcing yourself to work through pain

You can do this by:

**Protecting joints** - changing movements, changing tasks, or using gadgets

**Planning** - plan to increase your efficiency and organisation. Using a time and motion approach. Could you plan storage areas better so things are easy to hand? Perform tasks more efficiently?

**Pacing** – slow down slightly – take short rests or microbreaks; swap between doing heavy and light tasks

**Positioning** - avoid working with the same cramped grip or position for too long. Give your muscles a regular stretch - "a change is as good as a rest".

The aim is not **to stop** doing things - just to do them differently. Taking a rest is no "giving in" but recharging your batteries.

There are some handy principles in the workbook notes for this week to help you think through different ways of doing things.

### **And finally problem-solving**

#### ***(Flipchart 18: Problem solving)***

How can you use a structured approach to making changes?

This is a handy method for finding solutions for yourself – let's try doing this together.

**First:**

1. Identify a specific activity that can be difficult
2. Analyse the task – as we did last week what are the different stages involved?
3. Identify the parts that need changing.

4. Review the Joint Protection Planning Pacing principles and apply these to each stage in turn.
5. List the possible ideas to make each stage easier.
6. Then try it out.
7. Did it work?

Yes: Check it is the best method for you.

No: Try another method from your list

8. Practise! Until the new way becomes a habit

**(Flipchart – use spare sheet from second flipchart for notes)**

1. We'll go through a common problem - which is **ironing**.

*(You probably won't have enough time to ask the group to start generating problems of their own so stick with this)*

2. **What does ironing involve? First we'll do the task analysis** - ask for stages and write on flipchart. It helps to be systematic and get the group to focus on the task analysis part first and solutions after.
3. We think about our joint protection, pacing, planning and positioning guidelines to help us plan alternate ways.

*Go through each task in turn and discuss possible solutions - encourage even odd ones!*

For example:

<i>Lots of clothes to be ironed -</i>	<i>Cut down amount Buy easy care clothes over time Only do small amount at one go Save up for a tumble drier – or use it if you have one!</i>
<i>Putting up the board -</i>	<i>Metallised cloth on work surface Look for an easier design of board to put up Leave up if space Ask someone else to put up</i>
<i>Get out iron -</i>	<i>Is it in easy reach? Store better Pick up with two hands if heavy – consider lighter weight iron</i>
<i>Plug in iron -</i>	<i>Push in with palm Use adapted plug</i>
<i>Move iron round/ lifting -</i>	<i>Can you slide it from rest? Use a flex tidy to stop having to flick wrist Don't upend it (unless need to), Do steaming last, only steam what need to Don't grip the iron handle tight, push it with the flat of the hand/stretch fingers</i>

**Topic 6 - Home programme (programme time: 60-70)** (5-10 minutes. You may well go over the hour

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*this week – so give yourself some extra time as you will have warned people of this)*

**(Flipchart 19: Home programme 4)**

As this is the last session, from now on it is up to you to make the changes we have been trying here!

We hope that the programme has given you lots of ideas and methods. Learning the ideas is easy – but you need to keep practising until they become habits and it's just second nature to use joint protection every day.

If we turn to page 56 in the workbook:

1. We suggest you might like to check back through the workbook – have you tried all the methods yet?
2. Go back to the list you made in week 1 of the activities you said you found were painful or aching. Have you found a solution? Are you practising the different method now?
3. For those that are still a problem – you could use the problem solving method we discussed today. Set a goal to find a solution to at least 1 problem each week over the next few weeks. Try the methods you come up with.
4. What goals will you try and work towards this week in your action plan?
  - It helps to write down goals in an action plan to help you really do it
  - *(Point out spare action plans at back)*
  - *Ask about how often can practise joint protection methods – anything else they think will want to do, eg finding solutions to problems. Get everyone to state at least one more goal.*
5. We suggest you keep getting out the workbook every week for at least the next 4 weeks and write an action plan each week to help you keep going

In two months, look back and think: how much have you changed over the two months since you started the programme?

Remember as we said at the beginning of the workbook - changing habits takes time - don't expect to do it all at once.

We have put a list of other useful books and websites in Appendix 2 of the workbook, which you can look up if you would like more information.

We hope you have enjoyed the programme and thanks everyone for coming - all the best with the home programme!

*(Facilitate members making links with each other if not already done so – be ready to ask any final questions people may have).*

***FILL IN THE ATTENDANCE REGISTER***

