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Promoting Health and Wellness for Persons with Disabilities in Arkansas Summer 2006

*Welcome to the second edition of disABILITY WELLNESS for 2006. This newsletter has been designed to provide you with information and ideas that promote the health and wellness of Arkansans with disabilities. The newsletter will keep you up to date on news, programs and services that promote a healthy quality of life for persons with disabilities.*

## FEEDBACK

### We would love your input!

As always, if you have questions or if the staff of the Disability and Health Program can be of assistance in any way, do not hesitate to contact us.

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please contact Vanessa Smith, editor and writer.

## MAY IS ARTHRITIS MONTH!

While we missed the month, the message still applies. Because individuals with disabilities are at an increased risk of having or developing arthritis, this issue is dedicated to arthritis education. We all need to know the warning signs, what arthritis is and what to do about it.

**Arthritis** can be defined as inflammation of a joint, usually accompanied by pain, swelling and stiffness, and resulting from infection, trauma, degenerative changes, metabolic disturbances or other causes. It occurs in various forms, such as bacterial arthritis, osteoarthritis or rheumatoid arthritis.

**So what are the signs of arthritis?** Because there are over 100 different types of arthritis, symptoms of the disease can be variable, but there are certain signs which point to the disease. You might suspect you have arthritis if you have signs and symptoms which include the following:

- Constant joint pain.
- Pain or tenderness in a joint which is made worse by movement or activity, such as walking, getting up from a chair, writing, typing, holding an object, throwing a ball or turning a key.
- Swelling, stiffness, redness and/or warmth of the joint.

- Joint deformity.
- Loss of range of motion or flexibility in a joint.
- Unexplained weight loss.
- Extreme fatigue or lack of energy.
- Crepitus. This is a symptom that is characterized by a crackling, crinkly or grating feeling or sound under the skin, around the lungs or in the joints. Crepitus in a joint can indicate cartilage wear in the joint space.

Your doctor can make a definitive diagnosis of arthritis by assessing your medical history, performing a physical examination and ordering specific laboratory tests and x-rays.

Arthritis commonly occurs in the finger joints, base of the big toe, hips, knees and spine. It is a chronic condition (long-lasting and without cure). However, the aches, pains and stiffness caused by arthritis can be managed through proper treatment programs. There are many things you can do to directly or indirectly improve your health, outlook and pain level. This can make life with arthritis a little easier.

The Arthritis Foundation Web site [www.arthritis.org](http://www.arthritis.org) has tips on

## How to Care for Yourself and Your Arthritis

### What to Know:

Pay attention to your symptoms. If you experience pain, stiffness or swelling in or around a joint for more than two weeks, go see a doctor. Make sure to get an actual diagnosis. "You have arthritis" is not a diagnosis. Ask for a specific diagnosis. There are more than 100 types of arthritis, and each has different treatment!

- ☑ The earlier a diagnosis is made, the sooner treatment can begin. Early treatment can often mean less joint damage and pain.
- ☑ In the last two years, the FDA has approved several drugs for different types of arthritis. If medication isn't working or side effects are just too much, ask your doctor about these new treatment options.
- ☑ Learn more about the diagnosis. Understanding arthritis is an important step to managing it.
- ☑ Tell your doctor about all medications, including over the counter drugs and nutritional supplements that you are taking; these could cause side effects or adverse reactions.



### What to Do:

- ☑ Get moving! Regular moderate physical activity can help lessen the pain and allow you to move more easily and be more active, feel more energetic and positive, and keep your muscles, bones and joints healthy.
- ☑ Find a hobby or activity that you enjoy and that forces you to move. Plant or tend a garden or flower bed; playing in the dirt can help sore hands. Low impact activities at a moderate pace are best, like walking, swimming or riding a bicycle. Start slow and work up to 30 minutes a day for three or more days a week.
- ☑ Eat with a purpose. When looking for a tasty treat, reach for an orange or a glass of orange juice. Vitamin C can reduce the risk of osteoarthritis and the folic acid can help reduce side effects of arthritis medications. Milk and milk products are a great source of calcium, which can also reduce the risk of osteoarthritis. Starting with a healthy breakfast is a great way to start the day. Trade your Danish and coffee for a bowl of oatmeal, fruit and water. Lose weight, because every extra pound you carry means more stress on your joints, like your knees and back. Excess weight means more pain, no matter which form of arthritis you have.
- ☑ Take care of yourself. A warm bath before bed not only feels good and helps you relax, it can relieve muscle tension and ease aching joints. A massage can decrease pain and increase circulation, energy and flexibility, and it just feels good. Take care of your joints. Use assistive devices to make tasks easier on your body.
- ☑ Take care of yourself emotionally. Keeping a journal can be fun and therapeutic; write about your fears, frustrations and fun times. Volunteer and help out with an organization or group you believe in. Helping others is a good way to forget about your own worries. Psychoneuroimmunology is a specialized field of research that studies the interactions between behavior, the brain, and the immune system systems of the body. If you think you are going to feel better and act like you feel better, you may, in fact, begin to feel better.

- ☑ My Health, My Decision. This is an advocate-based curriculum designed to give individuals with disabilities the information and tools needed to actively participate in the decision making of health care.

If you know of other curriculum available, please let us know so we may pass this information on to others who may be interested.

*"The awareness that health is dependent upon habits that we control makes us the first generation in history that to a large extent determines its own destiny."*

Jimmy Carter

Of course, the biggest challenge for all of us is to find ways to increase adherence to the fitness or nutrition program. Many people who purchase fitness equipment or join health clubs do not stick with the program for more than a few months. There are more enjoyable sedentary activities that people would prefer to do instead of exercise, such as getting more sleep, eating, playing cards or computer games, or watching television. Here are a few strategies suggested by Dr. Rimmer.

- ☑ Develop a reward system that reinforces small accomplishments or short term goals in the exercise program: Loss of one or two pounds, completing one month of exercises, or trying a new activity.
- ☑ Offer a buddy system that would allow the person to exercise with a friend.
- ☑ Keep records of performance. It is important to know how much and how often the person is exercising. At the end of the month have a "night out" or reward for those individuals who achieved their goals. When developing a reinforcement system, try to stay away from high-fat food items. Substitute a Friday night pizza outing with bowling or fishing.
- ☑ Allow direct care staff to exercise with the person they assist. This provides good modeling and reinforces healthy decisions.

Above all, we have to recognize the influence the direct care staff have on the individuals they support. There has probably not been much, if any, research done to look at the association between caregiver interest in physical activity and the participation rate among the persons they support; however, it is difficult to image high participation where there is low interest. If support staff are more inclined to encourage sedentary activity, such as watching television or "hanging out," it is unlikely that the person(s) they support will be motivated to become more physically active.

Education is a big factor, as well. We assume we all know what good health decisions are in relation to activity and nutrition. We should make sure caregivers have the tools needed to provide the services and supports that increase the quality of life for the individual(s) they assist. Caregivers should be trained along with the people they support about good health decisions, the importance of exercise and good nutrition. If the caregiver does not have it in their "tools" of providing quality supports, this information cannot be reinforced in the day to day life of the individual with a disability.



While the previous information, “How to Care for Yourself and Your Arthritis” applies to everyone,

**let’s look specifically at how this can fit into the lives of people with developmental disabilities.**



1. Since we cannot expect people to make good decisions if they do not have the proper information, the first step to improving the health of people with disabilities is to make sure they have the information they need to make good health decisions. This includes not only why something is a good health decision but what will happen if bad health decisions are made.
2. Organizations that provide services to people with disabilities should promote good health, nutrition and exercise. Modeling through example is the best way to teach good health decisions. Build physical education into childcare programs for children with disabilities, into community-based instruction classrooms of schools, into work activity of the sheltered workshops, or as an educational/exercise class offered at the day program. As the population of the United States becomes more overweight, physical education is being taken out of the curriculum of many schools.
3. When we plan outings, work to include outings that require physical activity. Sunday afternoon drives are nice occasionally, but remember that activities such as bowling, hiking, fishing, swimming or walking at the park are also fun.
4. Ask if the person wants to begin an exercise program and then connect that person to community resources. Such resources include exercise classes offered by the UMCA/YWCA, low impact aerobic dance, yoga classes, swimming and Special Olympics. As advocates for the people we support, caregivers should promote community inclusion and work to integrate the individual we support into the resources offered by the community.
5. Find a way to make exercise and nutrition fun! If an activity is boring or difficult, we are less likely to stick with it even if we are motivated to lose the weight. Video games are fun, but games played with a PlayStation Eye Toy are interactive and really get you moving.



# RECOGNIZING THE NEED FOR HEALTH, FITNESS, & NUTRITION INFORMATION FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

According to the 2003 Arkansas Behavioral Risk Factor Surveillance System, individuals with disabilities are three times more likely to have been told that they have some form of arthritis compared to those without a disability. According to Dr. James Rimmer from the National Center on Physical Activity and Disability, the fitness levels of individuals with developmental disabilities are much lower and they tend to carry more weight and higher amounts of body fat than individuals in the general population. These traits do not develop from their disability, but rather from their lifestyle.

Our level of physical fitness can impact our lifestyle, our health, and quality of life now and in the future. People with developmental disabilities who lack physical fitness are more likely to acquire other disabling conditions as they get older. It is important to educate individuals about their health, how to improve it, and the consequences of the decisions they make on a daily basis.

In an article Dr. Rimmer wrote for the ARC, titled "Aging, Mental Retardation and Physical Fitness," he states:

"To achieve a good level of fitness, your physical fitness routine should focus on each of these areas. Each part of physical fitness directly relates to the health of the individual and to the person's ability to get through daily activities without becoming overly fatigued."

There are four different components of physical fitness:

- ☑ **Muscle strength and endurance** – is needed to complete activities of daily living, such as climbing stairs, getting in and out of the bath, carrying groceries and lifting boxes.
- ☑ **Flexibility** – is the stretching of the muscles, tendons and ligaments. As we age, we become more inflexible and less active.
- ☑ **Body composition** – or the amount of body fat you store. The more body fat a person has, the higher risk they are for a variety of health

problems such as arthritis, diabetes, depression and high blood pressure.

- ☑ **Cardiovascular endurance** – making sure the heart, lungs, and blood vessels are in good condition. Good cardiovascular endurance allows people to have lots of energy during the day so they will not become tired from doing routine physical activities.

Research shows that people with developmental disabilities tend to have very low levels of cardiovascular endurance. This means they will be unable to sustain long work days or participate in leisure time activities without becoming tired. This also leads to a higher risk of secondary disabling conditions as they age, such as high blood pressure, arthritis and stroke.

The strength levels of adults with mental retardation have also been shown to be very poor. A lack of strength at such an early age means it will be difficult for the same people at age 50 or 60 to perform activities of daily living on their own.

Perhaps the most disturbing findings pertain to the fitness levels of adults with mental retardation. One third of all Americans are overweight; however, one-half of all people with mental retardation are overweight.

Education, movement and activity are solutions. We need to educate individuals with developmental disabilities about nutrition, fitness, health. There are curriculums available specifically to help train individuals with developmental disabilities about such topics. An online search for health/nutrition/fitness curriculum specifically for people with developmental disabilities found:

- ☑ Exercise and Nutrition Health Education Curriculum for Adults with Developmental Disabilities. It is offered by the Rehabilitation Research and Training Center on Aging with Developmental Disabilities. Pieces of the curriculum are available for you to review at <http://www.uic.edu/orgs/rrtcamr/hpcurriculum.htm>.