

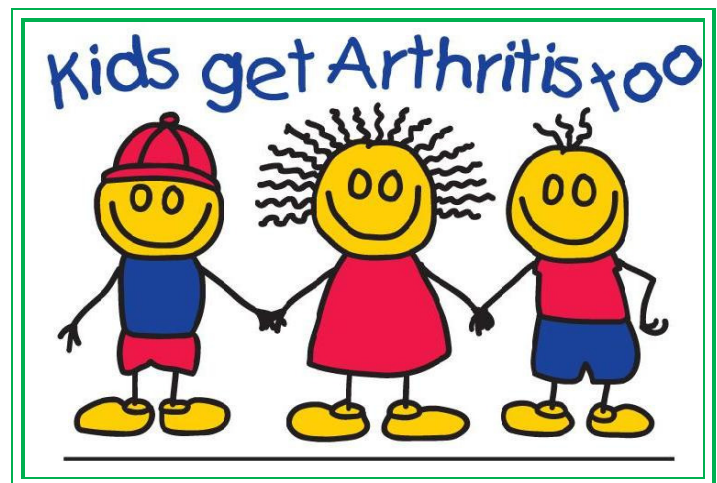
Physiotherapy Newsletter

March - Juvenile Arthritis Month

Juvenile arthritis (JA) is among the most common and alarming chronic conditions affecting Canadian children and adolescents. JA is described as the continuous and chronic inflammation of joints that can last for six weeks or more without a known cause. According to The Arthritis Society, it affects 1 in 1,000 Canadians under the age of 16. JA can strike infants, toddlers, children, and adolescents; both boys and girls. The diagnosis of JA is often based on a complete medical history and examination: joint x-rays, MRI, and laboratory test of blood and urine.

To this day, the causes of JA are unknown. Researchers currently believe that JA is caused by an autoimmune system malfunction that leads to inflammation. This results in common symptoms such as: persistent pain, tenderness, swelling, redness, warmth of joint, joint stiffness, joint deformities, contractures, and irregular bone growth. Just as importantly, arthritis can take a serious social and emotional toll on a child. While finding cures to well known and

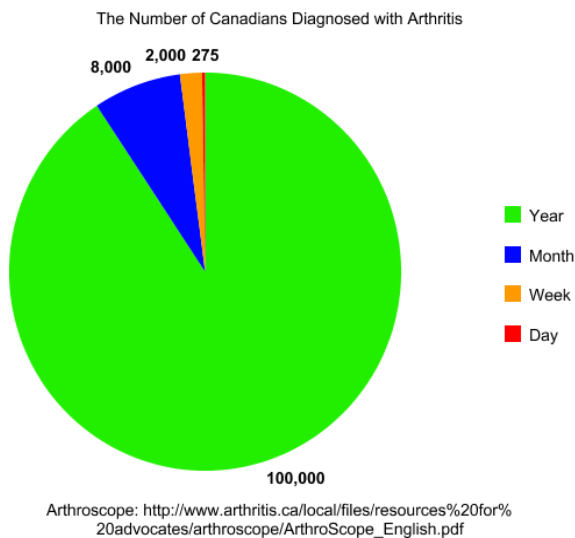
documented conditions is already a difficult task, finding a cure to a condition where the causes are unknown poses a challenge that has left millions of Canadians with only the ability to manage their symptoms.



Treatment interventions are key in managing the symptoms of patients with JA. Anti-inflammatory agents, oral steroid medications, injections of steroids, and surgery are among several interventions that help control some of the affects of JA.

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According to researchers, it has been projected that a total of 6,360,000 Canadians will have arthritis by the year 2026. These estimates suggest that 2,370,000 men (15%), and 3,990,000 women (25%) will be affected by this condition. The following graph illustrates the number of Canadians diagnosed with arthritis per year, month, week and day. Consequently, every 10 years approximately 1 million people will be diagnosed with arthritis. Please refer to The Arthritis Society website for further information. <http://www.arthritis.ca>



Physiotherapy and Occupational Therapy are essential interventions in minimizing the negative effects that arthritis can have on people. Physiotherapist (PTs) and Occupational Therapist (OTs) focus on preserving a high level of physical and social functioning while maintaining a high quality of life. Physical therapy and modified exercise is recommended to facilitate improvement of joint mobility and

muscle strengthening in order to minimize any long-term damage. In some cases, PTs may recommend a special device such as a splint. Splinting has various purposes in the management of arthritis in children. A splint can help keep a painful and inflamed joint in proper position while sleeping, as well as prevent, reduce and gradually correct any deformities. OTs work towards breaking down the barriers which impede children in their everyday activities. They focus their therapy on self-care, independence and special skills. They often prescribe specific equipment that can assist children in leading more productive and satisfying lives.

It is important for parents to be well informed about possible warning signs and/or symptoms that can lead to juvenile arthritis. Early diagnosis can decrease the number of incidence that lead to long-term disability. Patient education and health promotion is critical in managing this condition. For more information feel free to contact a Physiotherapist or Occupational Therapist at Limestone Health Consults to further discuss interventions that may assist you or your children.

<http://www.limestonehealth.ca>.

Limestone Health Consultants
Inc.

541 Days Road, Kingston ON K7M 3R8
613-389-2350

info@limestonehealth.ca
limestonehealth.ca