Everyday living and arthritis

This booklet provides information and answers to your questions about everyday living and arthritis.
You may find that arthritis makes everyday life more challenging at times. In this booklet we’ll go through each room in your home and give you tips on making changes to make life easier. We’ll advise you on what to look for when buying new equipment, such as a new armchair or mattress. We’ll also have a look at how arthritis can affect your ability to drive.

At the back of this booklet you’ll find a brief glossary of medical words – we’ve underlined these when they’re first used.
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How can I make everyday tasks easier?

These tips can make everyday tasks easier and safer:

- Use bathroom and kitchen utensils with large, easy-grip handles.
- Use a remote control with large buttons and a modified grip.
- Use special plugs and switches, such as handiplugs or contour grips.
- Use two hands or a kettle tipper to help pour a full kettle, or buy a cordless or lightweight travel model.
- Do chores such as ironing sitting down to relieve pressure on joints.
- A dressing stick helps get clothes on and off your shoulders.
- A long-handled reaching stick (a ‘pick-up stick’) makes picking things up easier as you don’t have to bend.

For more details see ‘Part 1: Around your home’.

Can I adapt my home?

Some people find it helpful to adapt their homes, for example:

- raising or lowering cupboards or work surfaces
- fitting lever taps in the bathroom and kitchen
- installing a walk-in bath or shower (although these can be expensive)
- installing a bath seat (including powered ones)
- fitting grab rails around the bath and toilet or on the stairs
- replacing some furniture, such as your easy chair or mattress
- installing stairlifts and homelifts (although these can be expensive and will need lots of thought and planning).

For more information on home adaptations, go to your nearest Disabled Living Centre (also called Independent Living Centres) or ask your occupational therapist.
Will buying new equipment help?

A new chair or mattress can make a lot of difference to the pain and discomfort that comes with arthritis. When buying new equipment, you should:

- research the market to know your options
- get the equipment that best suits your needs, not the best looking or the cheapest – don’t put fashion before comfort
- try them out for yourself – don’t be shy!
- try several options and don’t be rushed.

Always try before you buy!

What about driving?

You’ll need to think about the following:

- You must inform the DVLA if you develop arthritis that has lasted longer than three months.
- Car adaptations are available to make driving safer and more comfortable.
- Try changing your driving habits to make driving more pleasurable. For example, break up the journey every hour or so and stretch your legs.
- You may also be eligible for the Blue Badge parking scheme. Check this with your local Social Services.

What else can I do?

The four P’s can help make everyday life a little easier:

- problem solving
- planning
- prioritising
- pacing.

See ‘What else can I do?’ for information on the four P’s.
Part 1: Around your home

Having arthritis may mean that pain, stiffness and fatigue cause you problems doing everyday jobs at home. You may feel frustrated by how long it takes or having to ask for help. In this section we’ll go through your home and see what problems you may face. We’ll also suggest gadgets and adaptations to help.

We’ll show you ways to adapt your home and reorganise household jobs, and take a more critical look at how things are designed when shopping for furniture, household appliances and gadgets.

Tips for every room

No matter what sort of house you live in, a few small changes can make life easier and safer if you have arthritis.

To avoid bending down:

- attach a basket to the inside of your letter box (see Figure 1)
- raise electrical sockets higher up the wall (for example with an extension cable or by getting them rewired)
- think carefully about where you store things – can you reach them easily?

See Arthritis Research UK booklets

Fatigue and arthritis; Pain and arthritis; What is arthritis?
The following tips can help with switches, dials and plugs:

- Light switches are easier to use if they’re the large rocker, pull-cord or touch-operated type.
- Electric or gas fires are easier to turn on if the control knob is located at the top.
- A contour grip will help if you have difficulty turning dials or knobs (see Figure 2).
- Handiplugs and stick-on plug grips can make plugs easier to pull out (see Figure 3).
- Built-up key handles are available to help with inserting and turning the key in the lock (see Figure 1).
- Wrapping an elastic band around rounded door handles can make them easier to open.

Try the following tips to make using the TV and phone easier:

- Remote controls with large buttons and modified grips are available, and some can be programmed for use on a number of electrical appliances.
- Some phones have a hands-free option which lets you use the phone without having to hold it to your ear. Many mobile phones also have loudspeaker options or can be used with a hands-free headset.
Figure 3  Plug adaptations

a) a stick-on plug grip  b) handiplug

Figure 4  A reaching stick
• A cordless phone is easy to grip and handy to keep by you. It’ll save you getting up when you’re relaxing. You can also call for help in an emergency – for example, if you have difficulty getting out of the bath.

• Use a mobile phone with large buttons (available to buy from the Royal National Institute of Blind People and other stockists). Alternatively, many smart phones have touchscreens that can be used with a stylus to make it easier to type. Pad the stylus end or wrap an elastic band round to make it easier to hold.

• A phone-alarm system has an alarm button which can be kept in a pocket, hung around your neck or pinned to your clothes. When the button is pressed, the phone will call for help. Many councils and charities, including Age UK, operate a phone-alarm system for a small rental charge.

The following will help you to avoid trips and falls:

• Remove any loose mats or carpets.

• Make sure your stairs, hall and landing are well lit.

• Make sure you have enough space to get between or around your furniture.

• Fix a second banister on the stairs and a grab rail by the front door.

• Think about altering your doorstep, especially if mobility is a problem or if you use a walking aid or wheelchair (Social Services can help with this).

⚠️ A reaching stick, or ‘pick-up stick’, helps you to pick things up from the floor without reaching down (see Figure 4).

The living room
If you have stiff and painful joints, particularly in your back, hips or knees, getting up from a low armchair can be awkward. Think about:

• using an armchair raiser, which fits under the chair legs (ask your occupational therapist for advice)

• sitting on a higher chair – a dining chair or plastic garden chair is a short-term option (for more information on chairs and chair adaptations, see the ‘Are you sitting comfortably?’ section of this booklet).

If reading a book or doing a crossword is hard because gripping books or pens makes your hands and wrists painful, these tips may be helpful:

• Look for a pen that has a chunky grip which is easy to hold.

• Try resting your book or newspaper on your lap or on a table to avoid straining your fingers.

• Rest a book on a beanbag, lap tray or book rest.

• Think about using an e-reader or tablet computer to get digital copies of books and magazines. Some models are very light, so they may be easier to hold than a book, and you may be able to buy covers that double as stands so you don’t have to hold them at all. Certain
models also let you borrow e-books from your local library (check this with the retailer if you’re unsure).

Sitting at a computer for a long time with poor posture will make aches and pain worse. You should:

- take regular breaks and change your position often
- sit squarely facing the computer, with your back and arms supported
- use a table and chair that allows you to sit comfortably, and make sure you keep a good posture (see Figure 5)
- keep your mouse close in to you – don’t over-reach
- wear wrist splints for support, or try resting your wrists on a sponge bar in front of the keyboard – mouse mats are available with similar cushioning, but care is needed with these as they can result in overuse of the wrist to keep the mouse on the mat, which can put pressure on the median nerve and may trigger carpal tunnel syndrome symptoms.

You could also try using voice-activated software – it takes a little while to ‘train’ the software to recognise your voice, but it can make using a computer a lot easier.

See Arthritis Research UK booklet Carpal tunnel syndrome.

![Figure 5](image-url)
The kitchen
If you decide to redesign your kitchen or are moving to a new house, seek advice from the Disabled Living Foundation, the Disabled Living Centre in your area or your occupational therapist. You’ll receive professional advice and be able to see, and try out, some helpful equipment and plan the layout efficiently. But it may be easier to adapt your existing kitchen.

-disabled living centres

There are over 40 Disabled Living Centres (or Independent Living Centres) in the UK. You can find the ones nearest to you by contacting Assist UK, who lead the network of centres (see section ‘Where can I find out more?’). Most of these centres have a range of equipment for you to try. Many of the staff are occupational therapists or physiotherapists, who can give impartial advice. If possible, go with someone who can help to advise you.

Choosing kitchen equipment and layout

When buying new equipment or refitting your kitchen, shop around to make sure what you’re buying is easy to use and maintain. Ask yourself the following when choosing:

- Are control knobs easy to reach, grip and turn, push or pull?
- Are the worktops and cupboards the right height for you to work at or reach into?
- Can you open the doors and drawers of cupboards and electrical appliances?

Figure 6  A kettle tipper
• Will you be able to clean and maintain equipment and surfaces easily?
• Can you lift/move the equipment easily if you need to?

Electric jug kettles are generally easier to grip and pour from than traditional kettles. Designs vary, and some pour more easily than others. Cordless kettles with a central round power socket to fit onto are easiest, or you could use a lightweight travel model instead. Look for non-slip handles and good balance when lifting. You may find a kettle tipper helpful if you find this difficult (see Figure 6). A useful tip is to bring water to the kettle in a lightweight plastic jug to avoid having to unplug or move the kettle. Alternatively, you could think about installing a table-top water boiler so you don’t have to keep refilling a kettle. Fast-boil hot-water dispensers are also available.

Work surfaces and cupboards
Find the work surface in your kitchen at which you’re most comfortable. To avoid standing for long periods, try sitting at the kitchen table or perching on a high stool.

If your work surfaces are on the same level with no gaps in between, you can slide pans and groceries along them to avoid lifting.

Reaching into very low or high cupboards can be hard, particularly if they’re cluttered or stacked several layers deep. The following tips might help:
• Store items you use often within easy reach on the work surface or at the front of cupboards at a convenient height.
• Have wall-mounted cupboards moved to a lower position.
• Fit large handles or sliding doors.
• Have shelves that slide or rotate out when you open the door.
• Have drawers mounted on rollers, which run more easily than standard drawers.
• Use plate shelves, rather than piling crockery up. Use step-shelves inside cupboards to easily see and reach jars and tins.
Preparing food
Preparing food can be hard if you find it difficult to grip things. Figure 7 shows some ideas for gadgets that can help.

These gadgets can help if you have swollen or painful wrists or fingers:
(a) hand-held electric blender
(b) easy-grip knife with chunky handle
(c) ergonomic knife
(d) non-slip mat and wide-handled potato peeler
(e) food processor for chopping, grating and mixing
The items in Figure 8 can help with opening packets, tins and jars.

(a) ring-pull can opener
(b) electric tin opener
(c) ‘Twister’ jar opener
(d) spring-loaded scissors which self-open
(e) bottle and jar opener

Figure 8
Gadgets to help with opening
Try shopping around for gadgets before you buy. You may find a better one to suit your needs.

Most supermarkets sell ready-prepared food such as chopped vegetables, grated cheese and roasted potatoes. Have some pre-prepared ingredients and ready-made meals in the freezer to avoid struggling when your arthritis is particularly troublesome.

Cooking and serving
With a conventional cooker, the following help you reduce strain on painful hands and wrists:

- Use a lightweight, two-handled saucepan.
- Use a vegetable steamer – they can be lighter than a saucepan because less water is needed.
- A table-top slow cooker can be easier to use than a casserole dish that you place in the oven.
- Use a slotted spoon to remove boiled vegetables from the saucepan.
- Use a wire chip basket, placed in the saucepan first, to lift out vegetables when cooked.
- Use a flat-bottomed ladle to remove soups and stews from the saucepan.
• You can make wooden spoon, knife and other handles bigger by adding some foam tubing (pipe lagging).

**What else might help?**
The following tips might help make things easier in the kitchen:
• Think about where you’ll be eating – do you need a food trolley to transport food?
• Lever taps are easier to use than regular taps. You can buy these, or fit tap turners onto existing taps (see Figure 9).
• To avoid stooping while washing up, raise your washing-up bowl by putting it on blocks or another upturned bowl in the sink.
• There’s a wide range of specialist cutlery available. Use lightweight crockery and cups with large handles that can be gripped with several fingers.
• Insulated or pedestal mugs (which have an extra ‘step’ on the bottom) can be held with both hands because you can support them underneath without burning yourself.

![Figure 9](image-url)

**Figure 9**
Tap turners and lever taps

(a) Tap turners fit onto your existing taps
(b) Lever taps are easy to use
Figure 10
Bathing and personal care gadgets

(a) long-handled sponge
(b) long-handled hairbrush
(c) long flannel strap and hand rings
(d) long-handled make-up sponge
(e) long-handled toe-wipe
The bathroom
Just as in the kitchen, lever taps on the sink and bath are easier to use. Liquid soap in a push-button/push-down dispenser is easier than using a bar of soap. Figure 10 shows some helpful things to assist you in gripping and reaching.

Drying yourself can be difficult if your joints are stiff and painful. A thick towelling dressing gown put on straight from the shower or bath is much easier than struggling to dry yourself with a bath towel. You may find using a microfibre towel helps as they’re much lighter and you don’t have to rub yourself. They can be found in outdoor pursuit shops.

Shaving, brushing your teeth or putting on make-up may make your arms and shoulders ache. You may find some of the following helpful:

- Use a lightweight electric razor.
- Use an electric toothbrush.
- A toothpaste squeezer can make it a lot less fiddly to clean your teeth.
- Choose eyeliner pencils and mascara with chunky grips.
- Use a small make-up sponge to apply face cream if you find it difficult to do with your fingertips – this can be mounted on a long handle to improve reach (see Figure 10 (d)).
- Using a hairdryer or straighteners may be easier if you sit at a table and support your elbow on a pillow or cushion. ‘Hands-free’ hairdryer holders/stands or portable hairdryer hood attachments are also available to buy, which means you don’t have to hold the dryer as you style.
- If you have trouble opening child-proof containers, your pharmacist can put them in a more suitable container for you. Contact Arthritis Research UK for our special request card which you can hand to your pharmacist with your prescription.

⚠ Try fattening the grip of a make-up pencil, make-up brush or a toothbrush by wrapping an elastic band around it.
Is there anything to help me get out of the bath?
Getting in and out of a bath can be difficult at times. It isn’t a good idea for someone to lift you in and out, as they could easily hurt their back or cause you an injury. A non-slip mat in the bath can give you more grip, and the following may also help (see Figure 11):
• a grab rail
• a bath board and seat
• a powered bath seat lift.
Another possible option is a special walk-in bath, but installing one of these will be expensive.

What about taking a shower?
The following could help with showering:
• A grab rail and fold-down wall seat, shower stool or plastic garden chair in the shower will help you to shower comfortably and safely.
• If your shower is over the bath you may find it safer to sit on a bath board (a slatted board placed across the top of the bath – see Figure 11(a)).
• Large, level-access showers for people with limited mobility are often cheaper to install than a walk-in bath (see Figure 12).

Figure 11
A bath board and seat or powered bath seat

(a) A bath board and seat or (b) a powered bath seat lift may help if you have difficulty getting in and out of the bath.
What about using the toilet?
If your shoulders, hips and knees are stiff or painful, getting up from the toilet and reaching to clean yourself can be difficult. Equipment that can help includes:

- a grab rail beside the toilet
- a raised toilet seat
- a frame surrounding the toilet to push up from
- a bottom-wiping gadget
- a portable bidet which fits onto a standard toilet pan
- an automatic flushing toilet with built-in bidet, which washes and dries you.

You can get advice on bathroom equipment from Disabled Living Centres, occupational therapists or specialist shops.

The bedroom
Making a bed can be difficult. A common problem is shifting the weight of the mattress. This can make tucking in bedclothes painful and difficult. You may find it helpful to have a lightweight mattress or to use a mattress pad on top of your ordinary mattress, so you only need to lift a thin pad to tuck sheets under. Try fitted sheets and a duvet.

Changing a duvet cover can be tricky, but using an extra sheet under the duvet will mean you don’t have to change the duvet cover as often. Try widening the opening at the base and up the sides of the duvet cover, so it’s easier to get the duvet in. Some duvet covers come with bigger buttons rather than small poppers at the base.
Figure 13
Dressing stick

(a) Dressing stick

(b) Sock aid
You can also try using pegs to hold the duvet in place on the bed to make it easier to pull the cover off.

Getting dressed
Joints are often stiff and achey first thing in the morning. This can make getting dressed time-consuming and tiring. It’s usually easiest to sit down to dress, and there are a wide variety of gadgets to help, including:

- a buttonhook for fastening buttons
- long-handled shoehorns
- a dressing stick, with a hook at one end and a rubber thimble at the other (see Figure 13) – this will help pull clothing over your feet, and you can push shirts off shoulders and socks off heels with the rubber end
- a sock aid holds the sock open, and then you pull it up your leg using the long tapes (see Figure 13). There’s a similar gadget for putting on tights, and stiffer versions can be used for putting on surgical stockings.

⚠️ You can adapt clothes by replacing some fastenings with Velcro. Try placing a zip pull tag, small piece of ribbon or key ring on a zip to hook your finger through.

Buying a new mattress
We spend about a third of our lives in bed. Lying on a mattress that provides no support for eight hours a night can actually create pain in your joints. A mattress has a set lifespan, and when that’s over it’ll sag.

A bed needs to hold your spine correctly. When you lie on your side it should be straight, and when you’re on your back it should retain its natural ‘S’ curve. For most people with arthritis, a giving surface is most comfortable. This means a mattress that conforms to and supports your body to avoid excessive pressure points on your joints.
You should think about the condition of your current mattress. Is it more than 10 years old? Is it sagging or lumpy? Has it gone floppy? Can you feel the springs easily? These are all signs that it’s past its best. You need to think about the following points:

• Research the market so you know what your options are.
• Go to a good retailer, who can discuss the features and benefits of their products.
• Put comfort and long life before looks.
• Try out several mattresses to find the best one.
• Many people find memory foam mattresses or toppers helpful.
• You get what you pay for – cheap prices may mean good value, but generally the more you pay the longer the mattress will last and the better quality of support you get.
• There’s no substitute for trying out beds yourself. You should really try them out in the same position in which you prefer to sleep. Many people buy a bed by admiring the pattern and prodding it with one finger, as actually lying down on it would be far too embarrassing. But don’t be shy about this! You may need to take your partner with you to find a mattress that suits both of you.

A new mattress may help with aches and pains but it shouldn’t be seen as a substitute for proper medical treatment.

What else should I know?
You may be advised to put a board under a sagging mattress. This is poor advice and won’t improve its function. In fact, a board under the mattress can actually create painful conditions at the pressure points of the hip and shoulder.

Another common recommendation is to buy a firm or orthopaedic mattress. But whether this is right for you depends on factors such as your weight and build, your size and age, the way you sleep, and the sort of aches and pains you have.

Choosing a comfortable pillow can help reduce neck and shoulder pain. A shaped or memory foam pillow can help. Be careful not to prop your pillow too high, as this can put your neck at an uncomfortable angle. Remember, your spine should be straight when you lie on your side. Use a gel pad placed between your knees to reduce knee pain in this position.

See Arthritis Research UK booklets
Back pain; Neck pain; Shoulder pain; Sleep and arthritis.
DIY and housework
There are many things you can do to make DIY or housework easier and less painful:

- Organise storage in your workshop, potting shed or garage using the same ideas as suggested for the kitchen – worktops should be at a comfortable height and you should sit or perch to work.
- Pad the handles of tools to make them easier to grip and buy lightweight, power-assisted tools such as drills or screwdrivers. Some manufacturers now produce tools with large grips. Look for non-slip, comfortably shaped handles.
- Wear wrist splints while polishing, sweeping and doing DIY to ease pain.
- Use a long-handled dustpan and brush so you don’t have to bend down.
- Use a towelling mitt for dusting or cleaning mirrors/windows as it’s easier than gripping a cloth.
- Use a tumble dryer – take the clothes out straight away and hang up to reduce creasing (and ironing).
- It might help to sit down to iron.
- Setting up an ironing board to a low level can help with shoulder pain, but it shouldn’t be low enough to make you stoop.
- Use an iron-flex holder which keeps the iron’s cord out of the way to reduce wrist strain.
- For small amounts of ironing, use a metallised ironing cloth/thick towel on a worktop.
- Use a reflective ironing board cover so you only need to iron clothes on one side.
- Plan ahead and buy non-iron clothes and fabrics.
- If you’re redesigning your living space, you may want to consider a pull-out ironing board.

What can I do to make shopping easier?
You may find shopping is difficult and tiring, but there are ways round this problem:

- You can shop by phone or internet with home delivery, or by using mail-order catalogues.
- Plan to shop on a day when you don’t have many other things to do.
- Don’t attempt to carry too much in one go.
- Use plastic bags with firm handle-grip inserts, which are easier to carry (you

See Arthritis Research UK booklet Gardening and arthritis.
can buy these at some supermarkets). You can also try adapted grips to prevent carrier bags digging into your fingers.

- Take someone with you to help.
- Ask for help at the supermarket, especially with packing and loading into the car (most supermarket chains will happily provide this service).
- Consider using a shopping basket/trolley on wheels for short trips on foot.
- Ask friends or neighbours to shop for you.
- Social Services may arrange for someone to help if it’s impossible for you to shop.

Many large stores provide wheelchairs for customers’ use, and town councils run Shopmobility schemes where you can hire wheelchairs and scooters.

Where can I find products that will help me?

Many of the products mentioned in this section are available in supermarkets, hardware, household and DIY stores, kitchen shops and chemists.

Prices can vary so shop around. You should also try out equipment before buying it to make sure that it’s right for you. If this can’t be done in a shop, there are demonstration centres where items can be tried out and expert advice given. These include Disabled Living Centres, Social Services centres and hospital occupational therapy departments.
Part 2: Are you sitting comfortably?

We all like a comfy chair. But if you have arthritis what was once an easy chair can develop into something difficult, or even painful, to sit in for any length of time.

An uncomfortable chair will only make the aches and pains you already have worse (see Figure 14). You may even find that problems which you thought were due to your condition are in fact caused by a badly designed armchair. If you have a badly designed chair it’ll be more difficult to get out of, as you’ll have to bend the aching joints more than necessary. You may also get extra pain because of the extra effort.

⚠️ A well-designed chair won’t cure your arthritis, but it’ll help ease discomfort, pain and associated problems.

Do I have the right chair for my needs?

You should think about the following:

- Do you find it difficult to get out of your chair?
- Do you have to use cushions to make it comfortable?
- Do you get more aches and pains after you’ve been sitting for a while?
- Does the chair make you slouch?
- Is it too large or too small?

If you answered yes to any of the above, then you should think about getting a chair that’s properly designed for your needs.

There are literally thousands of easy chairs on the market today and many claim to be specially designed for people with arthritis. We won’t specify which chairs are best, but we’ll provide guidelines on things to look for when choosing.

Buying a new chair

There’s only one rule when finding an easy chair: **Try it before you buy it!**

You’d be amazed by the number of people who buy a chair and have never even sat in it before they part with their money. So, sit in the chairs that interest you. Don’t be harassed and take your time.
Where should I look?
Furniture shops and department stores should have a wide range. There are also specialist warehouses that are used to dealing with people with arthritis or disabilities. These often have showrooms where you’ll be welcome to arrange a visit. Some chair manufacturers will come to your house to discuss the subject with you and let you borrow a chair on trial in your home. However, don’t feel pressured into buying!

It’s a good idea to contact your nearest Disabled Living Centre and arrange a visit. They’ll have a range of suitable chairs that you can try out at your leisure. A qualified therapist will be there to give you advice. Contact Assist UK to find your nearest Disabled Living Centre. You may also be able to get useful advice from your local Social Services department or the Citizens Advice Bureau (see section ‘Where can I find out more?’).

What should I look for?
Many people think they can only be comfortable in a low chair, close to the floor, but this isn’t necessarily true. A high chair can be just as comfortable – and probably more so if you suffer from back pain. A higher chair makes getting up much easier, as you’re almost half-way up already. Consider this important point before you buy.

How high?
Choose the highest chair you can that allows you to place your bare feet flat on the floor while sitting in it. This will stop your legs from dangling uncomfortably and causing pins and needles.

If you do find a chair you like but it’s the wrong height, you may be able to have it altered. Ask the shop assistant about this.

Figure 14
A bad design can make pains worse.
Are armrests important?
If you have painful joints in your hands, wrists, elbows or shoulders, it can be very difficult to use the armrests on a chair. However, using the armrests can be as effective in helping you get up as having a higher chair. So look for armrests designed to allow you to use them properly. Look for the following:

- A good handgrip. You’ll find the armrests easier to grip if they’re made of wood and stick out a few inches. This will allow you to wrap your fingers around the end.
- Check that the armrests are padded for comfort and warmth.
- Check the armrests are at the right height. Sit down and rest your arms on them. If you have to hunch your shoulders then the armrests are too high. If your elbows don’t reach then they’re too low.
- Check the armrests don’t stick out too far beyond the front legs – this can sometimes tip the chair up when you put your weight on it.

Easy rising
The way you get up out of a chair makes a big difference. For instance, it’s easier if you tuck your feet back underneath you than if you place them out in front. This is because you can bring your weight over your feet more quickly.
If you choose a chair that allows you to bring your feet back to get a better position you’ll be surprised how much easier it is to get up. When you’re looking for a new chair, check that it has space at the front beneath the seat.

**Special chairs to aid rising**

For some people their condition means they would have great difficulty rising from even the perfect easy chair. Anyone who experiences this problem may find a motorised chair or spring-assisted seat useful (see Figure 15):

- **Motorised chairs** use an electric mechanism to lift the seat and bring you to a standing position. Make sure the chair still follows the other guidelines in this section and also complies with the British Standards Electrical Safety Standards.

- **Spring-assisted seats** can also be useful but often prove to be uncomfortable. Spring-assisted seats have to be adjusted to your own weight. This is fine if you alone use the chair, but be careful if you’re using one that will also be used by other people. It may cause someone to get seriously hurt if they happen to be much lighter than you.

![Figure 15 Assisted chairs](image-url)
Comfort
What makes a chair comfortable? Apart from the features mentioned so far, there are other points worth looking out for.

The seat
You should look closely at the seat to make sure it’ll give you support, comfort and a firm base to push up from. You should think about the following:

• Check the cushion is made from good-quality foam – cheaper foams may go soft and start sagging after a few months.
• Try to avoid seats that sag like a hammock when you sit in them – this can be uncomfortable as it can cause your bottom to press through and rest on the base of the seat. It may also be difficult to rise from a sagging seat.
• Check the dimensions of the seat with your body size in mind. Avoid narrow seats – there should be enough room for you to easily change position because sitting still for long periods in the same position can be uncomfortable.
• Check that the seat isn’t too deep. Deep seats may be appealing, but they may not be good for your back. Also, ask yourself if you’ll be able to easily get out again. The seat should be just deep enough to fully support your thighs when you sit as far back as possible.

Backrests
It’s important that your back is fully supported. A backrest that’s gently sloped to fit the curves of your back is helpful. But everybody’s back is different, so it’s important to try before you buy. You should think about the following:

• Check that the backrest isn’t at an awkward angle – if it slopes too far forward, it’ll stop your back muscles relaxing as they’ll be forced to keep working to stop you slumping forward. If it slopes too far backwards, it’ll make it harder to get up.
• Check that the backrest is high enough to support all of your back, shoulders and head. This is particularly important if you suffer from ankylosing spondylitis or other back problems.
• If there’s a headrest, make sure it doesn’t protrude forward as this will cause neck ache.
• Some people like to use a reclining chair so that they can change their posture easily but remain supported.

See Arthritis Research UK booklet
Ankylosing spondylitis.

Research has shown that most people find discomfort occurs only after they’ve been sitting in the chair for more than half an hour. It’s no good going into a shop and sitting in it for a few minutes to see if it’s comfortable. You may have more time to try out different chairs in a Disabled Living Centre.
What else should I think about?

**Seat covers** – Some people have such problems with their condition that they find it difficult to get to the toilet. In this case you should think carefully about what type of seat cover would be best suited to you. Although a vinyl covering is waterproof and easy to wipe down, it can cause you to sweat and may become slippery. Removable covers over a waterproof vinyl cushion are more comfortable and more convenient. These can be washed whenever necessary. Covers made of wool or washable sheepskin will be soft and warm, and they can absorb a lot of moisture while allowing you to feel dry. Further advice on these can be obtained from an occupational therapist or at a Disabled Living Centre.

**Moving the chair** – You may find that if your condition gets worse it becomes difficult for you to move your chair. In this case it might be wise to choose a fairly lightweight chair, but it must be strong enough to take the knocks of everyday use.

**Function versus fashion** – If you have a condition that makes getting in and out of a chair difficult, function is always more important than fashion. But this doesn’t mean that your chair needs to look very different. Look around at all the available chairs and try to buy one that blends in with the rest of your furniture – but don’t buy one based on this alone.

**Suitability** – You may have to think about a different style of chair from those you’ve had in the past in order to find one that suits your needs. But if you think about your needs carefully and try it out properly, you may well be surprised at how easy it is to get up from a different kind of chair and how comfortable it is.
**Part 3: Driving and arthritis**

Arthritis can affect driving in a number of ways. For example, you may have problems with manoeuvres because of stiff joints. It may be difficult to grip the steering-wheel because one or both hands are painful. Getting in and out of your driving seat, turning to see when reversing or manoeuvring, and using the foot pedals could all be more difficult than normal. But most people with arthritis can learn to drive or carry on driving with help and advice about modifications to their car.

**What does the law say?**

If you hold a current driving licence and develop arthritis which affects your driving and has lasted more than three months, you must inform the Drivers Medical Group at the Driver & Vehicle Licensing Agency (DVLA) in Swansea.

When applying for a provisional licence you must declare that you have arthritis. You’ll have to pass the same test of competence as any other drivers but may be allowed extra time.

⚠️ It’s unlikely that a person with arthritis would be asked to take another driving test. However, you may be issued with a licence for a shorter period or need to adapt your car with special controls. If your doctor tells you to stop driving because of your medical condition, you must surrender your licence to the DVLA.

Some people with arthritis ask if they can leave their seat belt off. This isn’t recommended because of the dangers if you have an accident. It’s better to adapt the seat and seat belt height for your comfort. There are also adaptations available if you find it difficult to fasten your seat belt. Ask your occupational therapist about these.

**Your car**

If you’re buying a car you should consider a model with power-assisted steering and automatic gears. These require less effort to use.

You could also try the extra features suggested below:

- a padded steering wheel cover, which makes gripping more comfortable
- a supportive headrest, which is essential for your neck
- a moulded backrest
- a panoramic rear-view mirror and blind-spot mirrors added to the wing mirrors, which may help to give a better view if you have limited neck movement.

**Who do I need to talk to?**

The Forum of Mobility Centres is a charity that helps people with medical conditions which may affect their ability to drive or get into a car. Your regional centre will be able to help with:

- driving assessments which look at your ability to drive – the assessor can give advice on how to make driving easier
and on gadgets (for example panoramic mirrors, seat belt aids) which can help

- practical advice on special car adaptations, such as swivelling seats, wheelchair hoists or steering wheel knobs
- passenger assessments to see how you can get in and out of a car more easily.

The assessments provided aren’t driving tests and they won’t be reported to the DVLA, although it’s still important to tell the DVLA about anything that could affect your ability to drive.

You should speak to your doctor and insurance company about whether you can wear splints, compression gloves or a collar while driving – it’s usually possible to do so. But remember, if your arthritis causes dizzy spells when you turn your neck you shouldn’t be driving.

If you’re learning to drive and have very severe arthritis, it may be useful to visit a driving assessment unit. Members of the Forum of Mobility Centres offer this service. You’ll have to pay for an assessment.

You’ll need to tell your insurance company that you have arthritis, but, since the Disability Discrimination Act, car insurance shouldn’t be any more expensive because of your condition, so shop around to see who gives the best quote.

**Blue Badges**

You may be eligible for a Blue Badge for parking, which can be issued from your local council.

You’ll qualify automatically if you’re on the higher rate mobility component of the Disabled Living Allowance (DLA).
If you don’t automatically qualify you’ll need an assessment by your local council, who may ask your doctor to confirm your disability.

**What about finance?**
Buying a car can be expensive. If you’ve been receiving the higher rate mobility component of the DLA or the War Pensioners’ Mobility Supplement for at least three years you can use this to hire or buy a car under the Motability scheme. Details about this are available from Motability. If you receive either of these benefits you might not have to pay Vehicle Excise Duty (road tax). You’ll need to get an exemption certificate from the Disability Living Allowance Unit or War Pensions Agency and then apply to your local DVLA office.

**Driving**
A few simple rules can make driving much more enjoyable:

- Adjust your seat and mirrors carefully every time you get into the car.
- Don’t drive when you’re tired.
- Don’t drive for longer than an hour at a time on long journeys – get out and stretch your legs to avoid stiffness.
- Ask your doctor if any of your medication affects your ability to drive.
- Join a breakdown and recovery service for peace of mind.

**What about outdoor electric vehicles?**
If you feel that car driving isn’t for you then you might consider buying an outdoor electric vehicle. Some things to think about:

- They can be bought with your Mobility Allowance.
- You don’t need a driving licence.
- You don’t have to pay road tax.
- Some models can be driven on the pavements.
- Second-hand models are available.
- The Department for Work & Pensions doesn’t provide outdoor electric vehicles at present.

Speak to your occupational therapist, Disabled Living Centre, regional mobility centre or rheumatology department for more advice. Make sure you try out the vehicle before buying.

**Part 4: Stairlifts and homelifts**
Some people find that the stairs in their home become more difficult. How do you solve the problem? In this section we’ll try to help you make the right choice for you. Let’s have a look at your usual options:

**Option one: change the way you live in your present home** – for example, installing a ground-floor toilet or converting a downstairs room into a bedroom. You need to consider the pros and cons. And, of course, the size and
layout of some homes will make it difficult or impossible to make these changes.

**Option two: move to more suitable accommodation** – perhaps a bungalow or ground-floor flat, or a house that can be more easily adapted than your present home. Remember that local authorities have to judge how suitable a home is for a person with mobility problems before they can give a grant. For example, you might not get a grant if you choose a house that’s situated up a steep bank with a lot of outside steps. Your local council will advise on this.

**Option three: introduce adaptations to your home** – such as installing a stairlift – to make it safer and more comfortable for you.

This section stresses both the need for professional advice before you make a decision and the need to find out about any available grants for equipment or conversions before any work is started.

In most areas you can get informed advice from community occupational therapists, who are usually based in the Department of Social Services of the local council.

**Try before you buy**
Because each person’s needs are different, you should try out a stairlift or through-floor lift (also known as a homelift) before you spend any money. You can do this either at a Disabled Living Centre, or it may be possible for a lift company representative to arrange a visit to see a stairlift in someone else’s home. If you’re thinking of getting a through-floor lift we especially recommend seeing one in place, because it can be difficult to imagine what it would be like in your home.

**How do I choose a stairlift?**
You’ll need a thorough assessment of both the layout of your home and your own physical problems in order to choose the best stairlift for you.
These are some of the main points you should consider:

**Unusual stairs**
Is your stairway straight or curved? Several types of stairlift are available for stairs that curve either at the top or at the bottom.

**Do you want a swivel seat?**
Swivel seats are designed to make it safer to get off a stairlift (see Figure 16). They work like an office chair and swivel at the top of the stairs so you end up facing the landing. These seats also have armrests for you to grip, making them easier to get out of. Swivel seats have a control, allowing the chair to swivel when you want it to, but some people with hand, arm or wrist problems find these difficult to use, so the ‘try before you buy’ rule applies.

**Doorway problems**
If a door or passage at the very top or bottom of the stairs could be blocked by the track of the stairlift, there are a number of models designed to overcome this problem. But remember that if you choose a model whose track stops short of the top of the stairs, the lift will also stop short of the top. This might make getting off dangerous. A folding track is available for the bottom to give access to a doorway, but you’ll need to make sure that you’re able to fold and unfold it.

*Figure 16*
A stairlift with a swivel seat
Folding and unfolding the chair

Some stairlifts make it difficult for others in the house to climb the stairs. In these cases the footplate, seat and armrests need to be folded out of the way. You can select a design where the footplate and armrests automatically lift out of the way when the seat is folded up. Some models need the user to push the seat up, so you should check that you’re able to do this if necessary, but other types can lift the seat using the remote control.

If you want to be able to fold the footplate yourself, check that you can do so safely and easily, as you may have to do it several times a day. Be aware that folding and unfolding the footplate can be tricky or even dangerous, especially at the top of the stairs.

Your physical problems

Hand or wrist problems can make it difficult to keep the drive button pressed for the whole trip. You may find a joystick mechanism easier to operate. Check that you can easily use both this and any lever that allows the seat to swivel.

If you have any hip, knee or back problems, the height of the stairlift seat is important. Check that it’s right for you at both the top and bottom of the stairs. Some people find a swivel seat with sturdy armrests easier to use, so they can use the arms to push up from. If you’re unable to sit upright because of your arthritis, check that your knees or feet won’t get caught against the opposite wall or banisters, as this could be dangerous. Curved-rail lifts have to cut the corner on bends, which may mean that your knees brush against the staircase post.

Don’t take a stick or walking frame (Zimmer) with you on the stairlift. It might catch on the steps or banisters while the lift is moving. Ask for another walking aid so you can have one at the top of the stairs and one below. A handrail near the stairlift may also be useful if you feel unsteady on your feet. Your local Social Services department may be able to provide this.

What if I use a wheelchair?

Advances in treatment mean it’s now less common that people with arthritis will have to use a wheelchair in the home, but if you do use a wheelchair to get around the house you’ll need to look at the lift options slightly differently. You might want to look at a conventional stairlift, a wheelchair platform stairlift or perhaps a through-floor lift.
**Conventional stairlift**

Things to think about:

- How will you get out of your wheelchair and onto the stairlift?

- Is there enough room at the top and bottom of the stairs to get the wheelchair close enough to the stairlift? (This will depend on how you get on and off – whether you’re able to stand and maybe take a step before getting on.)

- Will you need one wheelchair upstairs and another downstairs?

- If you need help transferring from wheelchair to lift, is there enough space for a helper, wheelchair and you?

Discuss these issues with your family and the stairlift company representative.

**Wheelchair platform stairlift**

There are models of stairlift specifically designed to take a wheelchair. A sunken area may need to be constructed at the bottom of the stairs to take the platform and provide level access. This has many advantages if you’d find it difficult to move from a wheelchair onto a stairlift seat.

You’ll need to make sure there’s enough space top and bottom, not just for the platform but also turning room so that you can easily manoeuvre the chair on and off. You should also think about whether others in the house will be inconvenienced by the platform.
Figure 17
A through-floor lift
Through-floor lift
If there isn’t enough room at the top or bottom of the stairs for either a stairlift or wheelchair platform, a through-floor lift is the best solution. This can be placed in a living room or hall and go up through the ceiling to a landing or bedroom (see Figure 17).

Once again, get professional advice and try before you decide to buy.

What about other people in the house?

Using a lift with a helper
You may need a helper to use a lift. After a few tries, most lift users and their helpers develop a smooth, trouble-free routine for using a lift. One thing to note is that at some point the helper will need to get past a stairlift so they’ll be in a position to help you off at the other end. It's usually better for the helper to get past at the bottom of the stairs, in case of a fall.

The rest of the family
Families quickly get used to lifts and almost forget they’re there at all. But there are a few points to consider:

Stairlifts run on a track, which cuts down the amount of space for other people climbing the stairs, especially at corners. The track may stick out at the bottom of the stairs and the seat or footplate may be a hazard. However, stairlifts are designed to stop immediately if they encounter any object or person on the stairs.

Through-floor lifts and wheelchair platform stairlifts have safety devices that prevent anyone from being crushed by the descending platform. If you think you may have trouble with young children or pets, there are models that can be turned off with a key. Safety devices on all lifts prevent children from being trapped, and fingers are protected from moving parts by guards. Be aware that the positioning of the stairlift track usually means you can’t put a safety gate at the top or bottom of the stairs.
What are the costs?

Purchase
Lifts are expensive, but if you really need one then financial help should be available. This will vary according to where you live and whether you own your property or are renting. Grants may be subject to a means test. Most retired or disabled people will find they only have to contribute a small amount. It’s always worth applying.

Running costs
Lifts rarely cost more than £1 per week in electricity. Maintenance can be more expensive and varies sharply from make to make. Check the maintenance costs. Some council or housing association tenants don’t have to pay the cost of maintenance.

If your lift is no longer needed
It’s usually quite easy to have lifts removed when they’re no longer needed. If you live in a council or housing association property you should be able to get help to do this. Usually the only lifts that can easily be resold are stairlifts with a straight track, because curved-rail stairlifts often won’t fit anywhere else. Seek advice from the manufacturer, or your local Social Services or Disabled Living Centre.

Breakdowns and safety
It’s extremely rare for lifts to stop working in the middle of a journey. If you feel you need security, monitoring alarms are available.

These have a small transmitter with a button, which will contact an emergency monitoring centre when pressed. Some people carry a cordless or mobile phone on the lift. If you live on your own we recommend putting a phone extension or mobile phone on the upper floor, just in case the lift isn’t working when you need to use it.

⚠️ The safety record of stairlifts and homelifts is good. There are few breakdowns, and accidents are extremely rare.

Who should I ask?
Advice is freely available from your local Social Services. The address or phone number will be listed in the phone book under the name of the local council, usually under the sub-heading ‘Social Services’. Either contact your nearest office or phone the local authority to find out which is your office. Alternatively, a local library should be able to give you the number or address.

Disabled Living Centres give independent advice free of charge on all aspects of assistance, adaptations, financial help and so on. You usually need to make an appointment to visit. As mentioned, Assist UK can give you the details of the centre nearest to you.
Try to find new ways to carry out everyday tasks that allow you to manage your pain and reduce stress on your joints.

Change your task often and take regular breaks.
Part 5: Getting help and advice

How can Social Services help?
Social Services departments have Disability Teams with occupational therapists. They visit people at home to assess their needs and to provide advice on specialist equipment and adaptations and, where possible, arrange for their provision. The occupational therapist can advise on what grants are available. Eligibility for equipment and grants varies between areas and for different individuals depending on their means. You may be able to have some of the equipment mentioned in this booklet on loan from your local Social Services department or hospital.

Social Services may also be able to arrange for you to have help with personal care and advise you on local schemes that offer help with housework and shopping.

Voluntary organisations
The British Red Cross runs an equipment loan service for wheelchairs and other specialist equipment, and Age UK helps with shopping and housework in some areas. Age UK also offers handyman services for help with gardening and small household jobs such as changing the batteries on smoke alarms. These and other voluntary organisations which can help are listed in the ‘Where can I find out more?’ section of this booklet. You may also find others in the phone book – or ask your Social Services department or the Citizens Advice Bureau.

What else can I do?
As well as the practical tips listed in the rest of this booklet, several behaviour changes could make life easier. You need to try to find a way to carry out your everyday tasks that allows you to manage your pain and tiredness and reduce the stress on your joints. The key to success is to do a variety of tasks, in stages and with rest breaks.
Remember the four P’s – problem solving, planning, prioritising and pacing:

**Problem solving** – Often it’s not what you do but the way that you do it that makes a difference. Look at your daily routine. Start to notice if you spend all morning doing a certain task or if your position causes pain or discomfort. If a task causes you a problem, ask yourself, ‘How can I do it differently?’

**Planning** – Make a plan of the things you want to achieve during the day or over the week. Plan how and when you’re going to do certain tasks. Make sure that the demanding jobs are spaced out during each day or week.

**Prioritising** – If you list the tasks you need to do, you can prioritise them and decide what tasks you can remove, delay or hand over. Ask yourself, ‘Does this need to be done today? Does it need to be done at all? Does it need to be me who does it? Can I get someone to help me with some parts of the task?’

**Pacing** – Break tasks into achievable parts and spread them throughout the day or week, and take regular short rest breaks. Change your position or your activity regularly. Don’t use pain as a guide for when to stop; change your task or rest if you’re uncomfortable.

The four P’s – problem solving, planning, prioritising and pacing – can help you find ways to make life a little easier.

See Arthritis Research UK booklet
*Looking after your joints when you have arthritis.*

Try and spot patterns of activity that have caused you problems.
Glossary

Ankylosing spondylitis – an inflammatory arthritis affecting mainly the joints in the back, which can lead to stiffening of the spine. It can be associated with inflammation in tendons and ligaments.

Carpal tunnel syndrome – a condition caused by pressure on the median nerve as it passes through the wrist. Symptoms include pain and tingling or numbness, which is usually worse in the thumb, index and middle fingers.

Median nerve – the nerve that controls movement of the thumb and carries information back to the brain about sensations felt in the thumb and fingers.

Occupational therapist – a trained specialist who uses a range of strategies and specialist equipment to help people to reach their goals and maintain their independence by giving practical advice on equipment, adaptations or by changing the way you do things (such as learning to dress using one-handed methods following hand surgery).

Physiotherapist – a trained specialist who helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

Where can I find out more?

If you’ve found this information useful you might be interested in these other titles from our range:

**Conditions**
- Ankylosing spondylitis
- Back pain
- Carpal tunnel syndrome
- Neck pain
- Osteoarthritis
- Rheumatoid arthritis
- Shoulder pain
- What is arthritis?

**Therapies**
- Occupational therapy and arthritis
- Physiotherapy and arthritis

**Self-help and daily living**
- Diet and arthritis
- Fatigue and arthritis
- Gardening and arthritis
- Keep moving
- Looking after your joints when you have arthritis
- Pain and arthritis
- Sex and arthritis
- Sleep and arthritis
- Work and arthritis
You can download all of our booklets and leaflets from our website or order them by contacting:

**Arthritis Research UK**
Copeman House
St Mary’s Court
St Mary’s Gate, Chesterfield
Derbyshire S41 7TD
Phone: 0300 790 0400
www.arthritisresearchuk.org

**Related organisations**
The following organisations may be able to provide additional advice and information:

**Arthritis Care**
Floor 4, Linen Court
10 East Road
London N1 6AD
Phone: 0207 380 6500
Helpline: 0808 800 4050
Email: info@arthritiscare.org
www.arthritiscare.org.uk

**Age UK**
Tavis House
1–6 Tavistock Square
London WC1H 9NA
Phone: 0800 169 6565
www.ageuk.org.uk

**AskSARA (part of the Disabled Living Foundation)**
www.askSARA.org.uk
Ask SARA gives helpful advice on gadgets and equipment to make everyday activities easier. The website will ask you to select the topic you’re interested in (for example cooking) and answer a few questions before giving a personalised report.

**Assist UK (for information on Disabled Living Centres)**
Redbank House
4 St Chad’s Street
Manchester M8 8QA
Phone: 0161 832 9757
Email: general.info@assist-uk.org
www.assist-uk.org

**British Red Cross**
UK Office
44 Moorfields
London EC2Y 9AL
Phone: 0844 871 1111
Email: information@redcross.org.uk
www.redcross.org.uk

**Citizens Advice Bureau (CAB)**
Can provide advice on benefits and help with filling in application forms. To find your local office, see the telephone directory under ‘Citizens Advice Bureau’, or contact Citizens Advice:
Phone (for England): 0844 411 1445
Phone (for Wales): 0844 477 2020
www.citizensadvice.org.uk or www.adviceguide.org.uk

**DIAL Network (formerly Disability Information and Advice Line or Dial UK)**
Phone: 01302 310 123
www.scope.org.uk/dial
An independent network of local disability information and advice services run by and for disabled people, part of Scope.
Disability Rights UK (formerly Disability Alliance, RADAR and the National Centre for Independent Living)
12 City Forum
250 City Road
London EC1V 8AF
Phone: 0207 250 3222
Email: enquiries@disabilityrightsuk.org
www.disabilityrightsuk.org

Disabled Living Foundation (DLF)
380–384 Harrow Road
London W9 2HU
Phone: 0207 289 6111
Helpline: 0845 130 9177
Email: info@dlf.org.uk
www.dlf.org.uk

Disabled Motoring UK
National Headquarters
Ashwellthorpe
Norwich
Norfolk NR16 1EX
Phone: 01508 489 449
Email: info@disabledmotoring.org
www.disabledmotoring.org

Drivers Medical Group
Driver & Vehicle Licensing Agency (DVLA)
Swansea SA99 1TU
Phone: 0300 790 6806
Email: eftd@dvla.gsi.gov.uk
www.gov.uk/dvla-medical-enquiries

Employment/benefits
Your Jobcentre Plus office can put you in touch with your local Disability Employment Advisor. For information on benefits you can contact the Benefit Enquiry Line on 0800 882 200.

Forum of Mobility Centres
Phone: 0800 559 3636
Email: mobility@rcht.cornwall.nhs.uk
www.mobility-centres.org.uk
There are 17 regional mobility centres with driving assessment units throughout the UK. See the website for your nearest centre.

Motability
Warwick House
Roydon Road
Harlow
Essex CM19 5PX
Helpline: 0845 456 4566
www.motability.co.uk

National Rheumatoid Arthritis Society (NRAS)
Unit B4 Westacott Business Centre
Westacott Way, Littlewick Green
Maidenhead SL6 3RT
Phone: 0845 458 3969
Helpline: 0800 298 7650
Email: helpline@nras.org.uk
www.nras.org.uk

Queen Elizabeth’s Foundation Mobility Services
1 Metcalfe Avenue
Carshalton
Surrey SM5 4AW
Phone: 0208 770 1151
Email: mobility@qef.org.uk
http://qef.org.uk/our-services/mobility-services
Rica (formerly Ricability)
Unit G03
The Wenlock Business Centre
50–52 Wharf Road
London N1 7EU
Phone: 0207 427 2460
Textphone: 0207 427 2469
Email: mail@rica.org.uk
www.rica.org.uk
A national charity which carries out independent research to produce free consumer guides for disabled and older people. Contact the address above for details, or view the guides online.

Royal National Institute of Blind People (RNIB)
RNIB Headquarters 105 Judd Street
London WC1H 9NE
Phone: 0303 123 9999
Email: helpline@rnib.org.uk
www.rnib.org.uk

For specialist equipment shops and suppliers refer to the Yellow Pages under ‘Disability’ or ‘Disabled’.

Links to sites and resources provided by third parties are provided for your general information only. We have no control over the contents of those sites or resources and we give no warranty about their accuracy or suitability. You should always consult with your GP or other medical professional.
Notes
We’re here to help

Arthritis Research UK is the charity leading the fight against arthritis. We’re the UK’s fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We’re working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We’ll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you’d like to receive our quarterly magazine, Arthritis Today, which keeps you up to date with current research and education news, highlighting key projects that we’re funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers’ hints and tips for managing arthritis.

Tell us what you think

Please send your views to: feedback@arthritisresearchuk.org

or write to us at:

Arthritis Research UK, Copeman House, St Mary’s Court, St Mary’s Gate, Chesterfield, Derbyshire S41 7TD

The original text was written by Barbara Hatton, Rachel Hough, Paula Jeffreson, M. Ellis, J. Munton, and Rose and Edwin Carne, who have expertise in the subject. It was assessed at draft stage by rheumatology nurse specialist/chair RCN rheumatology forum Vicky Chamberlain, occupational therapist Joanna Harness, head of Research and Development at the British Association/College of Occupational Therapists Dr Elizabeth White and rheumatology occupational therapist Tracy White. An Arthritis Research UK editor revised the text to make it easy to read and a non-medical panel, including interested societies, checked it for understanding. An Arthritis Research UK advisor, Angela Jacklin, is responsible for the content overall.
Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying products from our online and high-street shops.

To get more **actively involved**, please call us on **0300 790 0400**, email us at **enquiries@arthritisresearchuk.org** or go to **www.arthritisresearchuk.org**