

# Managing Your Pain



**Causes of pain and tips  
for taking control**

# About Arthritis Pain

Coping with pain can be the hardest part of having arthritis or a related condition. In conditions like osteoarthritis (OA) and rheumatoid arthritis (RA), pain results from the breakdown of cartilage, the rubbery substance that covers the ends of bones in a joint. Pain can interfere with your ability to go about your daily tasks at home and at work. It can prevent you from resting and getting enough sleep. However, you can learn to manage pain and limit its impact on your life. The first step is knowing which type of arthritis or condition you have; it will help determine the way you and your health care team work together to treat your pain.

While this brochure is intended to help you develop management techniques, it's important to understand some essential concepts about pain

## Everyone's Pain Is Different

Just as there are different types of arthritis, there also are different types of pain. Your own pain may vary from day to day and may affect different joints or body parts on any given day.

Working with doctors and other health care providers to develop a personal pain management plan is critical. What works for one person might not work for someone else. Recent research shows, for example, that fibromyalgia pain is different from OA pain. You may need to try several different treatments before you find management strategies that work for you.

## Pain Has a Purpose

Pain is your body's alarm system – it tells you something is wrong. When your body is injured or battling diseases like arthritis, nerves in the

## Types of Pain

**Acute pain** tells you that you need to act. It usually lasts a short time, from a few seconds after a burn or injury to a few weeks for a back strain. Acute pain is limited and can usually be relieved with medication.

**Chronic pain** is long-lasting, ongoing pain, like the kind that accompanies arthritis or related conditions like fibromyalgia. While it tells you that something is wrong, it often isn't as easy to relieve. And contrary to logic, getting the disease under control doesn't always help. Some doctors believe that over time, chronic pain becomes its own disease, becoming more entrenched and difficult to treat. Managing this type of pain is essential to improving your quality of life.

affected area release chemical signals. Other nerves send these signals to your brain, where they are recognized as pain.

## What Causes Pain?

Pain from arthritis and related diseases results from several factors, including:

- Inflammation that contributes to the redness and swelling in your joints
- Damage to joint tissues from the disease or from stress, injury or pressure on the joints

In addition to physical changes, emotional stress and fatigue can add to your pain. People react differently to pain. Your reaction can depend on your body's sensitivity to pain.

If you feel depressed or stressed because your movement is limited or you can no longer do some activities you enjoy, your pain may seem worse. You can get caught in a cycle of pain,

## Factors That Worsen Pain

- Increased disease activity
- Emotional and/or physical stress
- Focusing on pain
- Fatigue and/or poor sleep
- Anxiety
- Depression

limited or lost abilities, stress and depression that makes managing pain and arthritis much more difficult. However, there are steps you can take to lessen your pain.

## How the Body Controls Pain

Pain signals travel through a system of nerves located in your extremities, spinal cord and brain. When you experience pain, your body may stop or limit pain by creating chemicals that help block pain signals traveling through nerves. Different factors, such as your own thoughts and emotions, cause the body to produce pain-relieving substances called endorphins. For example, a father who is hurt in a car accident may not feel the pain of a broken arm if he's intensely worried about his child's well-being. That's because concern for his child causes the natural release of endorphins, which block the pain signal and prevent him from noticing his own pain.

## Changing Your Reaction to Pain

You can learn to manage your pain by thinking of pain as a signal that may be changed by taking positive actions. Here are some examples:

Your mind plays an important role in how you feel about pain and how you respond to illness. Use these tips to build a sense of personal control by adjusting your thoughts and actions.

**Keep a positive attitude.** Arthritis may limit some of the things you can do, but it doesn't have to control your life. One way to reduce your pain is to build your life around wellness, not pain or sickness. This means thinking positive thoughts, having a sense of humor, eating a balanced diet, exercising regularly, surrounding yourself with positive people and enjoying activities with friends and family. It also means following your treatment plan, taking your medication properly and practicing relaxation.

**Don't dwell.** How often do you think about your pain? The amount of time you spend thinking about pain has a lot to do with how much discomfort you feel. People who dwell on their pain usually say it's worse than those who don't dwell on it.

**Shift your focus.** One way to take your mind off pain is to focus on something else, like an enjoyable activity. The more you think about something outside of your body, such as a hobby or other activity, the less you'll think about physical discomfort.

**Think about pain differently.** Think of pain as your body's message to do something different. For example, if your pain is worse after sitting for a period of time, your body may be telling you to get up and move around.

**Practice positive self-talk.** What we say to ourselves often determines what we do and how we look at life. This is called self-talk. For example, you



may come home from work and think, “I don’t want to exercise today. It’s cloudy outside, there’s no one to walk with, and besides, I’ve already exercised twice this week.” Approach the situation from a positive perspective instead: “I don’t feel like exercising today, but I know I’ll feel better afterward and have an easier time falling asleep.” Practice turning your negative statements around.

**Change your habits.** It’s easy to slip into the habit of taking more medicine or relying on unhealthy practices, such as drinking alcohol, to escape your pain. Try doing something positive in place of the old habit. Reinforce your behavior change by rewarding yourself when you do something positive – spend some extra time in a soothing whirlpool or take an additional 10 minutes to read the morning newspaper.

**Create a pain management plan.** Make a chart of your own pain-control methods to help track methods used and which ones work best for you. Work with your health care team to create a pain management plan.

## How Are You Handling Pain?

If you answer yes to any of these questions, it’s time to find different ways to manage pain. Do you:

- Finish pain medicine faster than you used to?
- Spend a lot of time in bed, aside from your regular sleep time?
- Cancel planned activities at the last moment because of pain?
- Drink alcohol to ease your pain?
- Think about pain or arthritis much of the time?

## Treating Pain

Many different types of medicines are available to help control arthritis pain. Your doctor or health care provider may recommend some of these depending on your type of arthritis, how much pain you have and other factors. Read product labels carefully because over-the-counter products may contain more than one ingredient.

### Medications That Treat Pain

**Analgesics** are drugs that help relieve pain. Some also help decrease inflammation. Acetaminophen (*Tylenol*) is one example of an analgesic that temporarily relieves common arthritis pain but doesn’t reduce swelling and inflammation. It’s available without a prescription. Many doctors consider acetaminophen the preferred initial treatment for the pain of mild to moderate osteoarthritis, the most common type of arthritis, and recommend no more than 4,000 mg per day.

Opioid analgesics and other strong painkillers traditionally have been prescribed mainly for short-term intense pain. With careful monitoring, these types of drugs can be effective long term in treating chronic pain. Opioids, such as morphine and hydrocodone, reduce pain by blocking pain signals that are traveling to the brain.

### Nonsteroidal anti-inflammatory drugs

**(NSAIDs)** help reduce stiffness and swelling. Examples of NSAIDs include aspirin, ibuprofen (*Advil, Motrin*) and naproxen sodium (*Aleve*). They may reduce joint pain and inflammation. NSAIDs cut down on the production of prostaglandins, chemicals in the body that promote inflammation and lead to the production of pain signals. Some products contain two pain-relief medications, such as Excedrin, which contains an analgesic and an

## Opioid Safety

Opioid analgesics are the most widely prescribed category of drug in the United States. They're also one of the most risky. A tendency to develop resistance to the drug can lead to taking higher doses to get the same effect, and then to accidental overdose. The risk of dependency is also well known. Now studies have linked opioid analgesics to a higher risk of falls and fractures among those over 65. The drugs can cause a drop in blood pressure that results in dizziness upon standing. Their effects on the central nervous system can also result in dizziness and impaired balance. As a result, doctors are suggesting they not be used as a first-line pain treatment for the elderly.

NSAID. Read labels carefully and discuss their use with your health care provider.

Some NSAIDs are available by prescription and are taken orally or applied topically. Oral NSAIDs can cause side effects such as stomach upset, ulcers or gastrointestinal bleeding and may increase the risk of stroke or heart attack. A selective COX-2 inhibitor – a subcategory of NSAIDs – may cause fewer stomach problems, but has a similar risk of heart attack and stroke.

**Corticosteroids** are drugs related to the natural hormone in your body called cortisol. There are synthetic forms of cortisol that can be taken as pills or injected directly into joints or other tissues. These drugs help relieve pain by reducing swelling and inflammation in the area. Corticosteroid injections must be monitored carefully; side effects can occur if you receive injections too frequently. Joint injections are usually not done more often than every three months to prevent complications. Your doctor will monitor for side effects while you're on oral or injectable corticosteroids.

Discuss any potential benefits or risks from taking a medication with your doctor, then maintain close communication while you're on the drug to determine how well it's working. Notify your doctor of any negative effects you have while taking your medication.

### **Disease-modifying antirheumatic drugs**

**(DMARDs)**, are a category of medication frequently used to treat autoimmune conditions such as rheumatoid arthritis and related diseases. DMARDs work by suppressing the immune system to help control RA. This can slow the rate of joint destruction and disease progression. These drugs help relieve pain by controlling inflammation and limiting joint damage. They may take several weeks or months to begin working. Examples of DMARDs include methotrexate (Rheumatrex, Trexall), hydroxychloroquine (Plaquenil), sulfasalazine (Azulfidine) and leflunomide (Arava).

A newer subset of DMARDs called biologic response modifiers (biologics), may reduce disease activity, slow progression of RA and prevent or slow joint damage. Biologics work faster than other DMARDs. Some may begin to take effect in one or two weeks.

Examples of biologics that have been approved by the Food and Drug Administration (FDA) to treat rheumatoid arthritis include: abatacept (*Orenzia*), adalimumab (*Humira*), anakinra (*Kineret*), certolizumab pegol (*Cimzia*), etanercept (*Enbrel*), golimumab (*Simponi*), infliximab (*Remicade*), rituximab (*Rituxan*) and tocilizumab (*Actemra*). These drugs help reduce pain by reducing inflammation and limiting joint damage, similar to DMARDs. There is an increased risk of infection while taking biologics.

**Antidepressants** may help relieve the depression often associated with chronic pain. A few antidepressant medications also have analgesic effects. The tricyclic class of antidepressants, such as amitriptyline (*Elavil, Endep*) and nortriptyline (*Pamelor*), are typically prescribed for the chronic pain of fibromyalgia. Duloxetine (*Cymbalta*) and milnacipran (*Savella*) are examples of drugs that have both antidepressant and analgesic properties. These medications work by changing the levels of certain chemicals in the brain and spinal cord that are linked to pain sensitivity and sleeping problems. The ability of these drugs to improve the quality of sleep may in turn help reduce pain. Duloxetine is approved by the FDA for the treatment of chronic pain associated with osteoarthritis and lower back conditions.

Other types of antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) including fluoxetine (*Prozac*), paroxetine (*Paxil*) and sertraline (*Zoloft*), are sometimes used to help people with arthritis break the cycle of pain and depression; they may improve mood and the emotional response to pain.

**Topical pain relievers** can help relieve arthritis pain. These include gels, creams, rubs and sprays that are applied to the skin over a painful muscle or joint. Some topical pain relievers may contain combinations of salicylates, skin irritants and local anesthetics that relieve pain in one area.

Salicylates make it harder for nerve endings in the skin to sense pain. Irritants stimulate nerve endings to cause feelings of cold, warmth or itching, which distract attention from the actual pain.

Other over-the-counter topical creams containing capsaicin (the chemical that makes chili peppers taste hot) may be used alone or with other medications to temporarily relieve pain. When applied as directed to joints affected by arthritis, the medication usually takes effect within two weeks. It works

by decreasing a chemical in the nerves that sends pain signals to the brain.

Prescription topical pain relievers are also used. Two topical NSAIDs – *Voltaren Gel* and *Pennsaid Topical Solution* – have been approved for the treatment of OA.

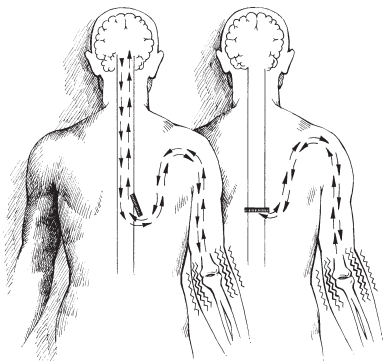
**Muscle relaxants**, such as cyclobenzaprine (*Flexeril*) or carisoprodol (*Soma*), may relieve pain by decreasing muscle spasms that often trigger pain signals. They often are used only for brief periods of time.

**Anticonvulsants**, such as gabapentin (*Neurontin*), are medicines that have been used to treat seizures, but have been found to be beneficial in certain types of pain, especially those caused by damage to the nerves. Pregabalin (*Lyrica*), which has been used to treat seizures and nerve pain associated with shingles and diabetes is approved by the FDA to treat fibromyalgia. Other examples of such medicines include carbamazepine, phenytoin, valproate and clonazepam.

**Nerve blocks** are injections of anesthetic drugs (similar to what a dentist uses) directly into the nerves of the painful area. Nerve blocks can help relieve nerve, tendon, ligament and muscle pain. Often nerve blocks are not as effective for long-lasting pain. They also can cause temporary muscle weakness.

Hyaluronic acid therapy. Hyaluronic acid therapy involves injecting the knee joint with hyaluronan, a substance found naturally in joint fluid that helps to lubricate and cushion the joint. In people with knee OA, inflammation causes hyaluronan to break down and become defective.

Sodium hyaluronate and hylan G-F 20 are two kinds of hyaluronic acid therapy approved by the FDA to treat knee OA pain. Hyaluronan injections are given directly into the knee joint once or weekly for up to five weeks, depending on the product chosen. Side effects may include pain at the injection site. Be sure to tell your provider about any allergies to foods, dyes, preservatives, or animals before having an injection.



Blocking pain signals can control pain.

## When Is Surgery an Option?

Most people with arthritis will never need joint surgery. But when other treatment methods don't lessen the pain or when you have major difficulty moving and using your joints, surgery may be necessary. Some types of surgery for arthritis include:

- **Arthroscopy**, a surgical process that allows the surgeon to view and repair the inside of your joint through an instrument placed in a small opening in the skin.
- **Synovectomy**, a procedure in which the diseased lining of the joint – the synovium – is removed. It may help relieve pain and swelling.
- **Joint replacement**, a procedure in which a damaged joint is replaced with an artificial joint. It often relieves pain and may restore some joint motion and function.
- **Joint fusion, or arthrodesis**, a procedure that permanently fuses damaged joints. It may help relieve the chronic pain of some joints, such as the wrists, when splinting isn't enough.

## Non-Medicinal Treatments for Pain

These practices are proven to help reduce your pain.

### Heat and Cold Therapy

Using heat and cold treatments can reduce the pain and stiffness of arthritis. Cold packs numb the sore area and reduce inflammation and swelling. They are especially good for joint pain caused by a flare.

Heat relaxes your muscles and stimulates blood circulation. You can use dry heat, such as heating pads or heat lamps, or moist heat, such as warm baths, warm showers or heated washcloths or paraffin wax for your hands.

Before using a hot or cold treatment, be sure your skin is dry and free from cuts and sores. If you have visible skin damage, don't use cold or heat, especially a paraffin wax bath. Use a towel to protect your skin from injury when you are treating an area where the bone is close to the skin's surface.

After using heat or cold, carefully dry the area and check for purplish-red skin or hives, which may indicate the treatment was too strong. Also check the area for any swelling or discoloration. Gently move the joint to reduce stiffness. Allow your skin to return to normal temperature and color before using heat or cold again.

### Massage

Massage brings warmth and relaxation to the painful area. You can massage your own muscles or you can ask your doctor or other health care provider to recommend a professional who's trained to give massages. Keep these tips in mind when considering massage:

- When doing self-massage, stop if you feel any pain.
- Don't massage a joint that is very swollen or painful.
- When giving yourself a massage, use lotion or oil to help your hands glide over your skin.
- If you have a professional massage, make sure the massage therapist has experience working with people who have arthritis.

### Relieving Muscle Pain

Some of the following techniques are used to treat the chronic muscle pain of fibromyalgia or chronic nerve and back pain. These treatments are often not necessary for joint inflammation.

**Biofeedback** uses sensitive electrical equipment to help

## Controlling Pain With Lifestyle Modifications

you become more aware of your body's reaction to stress and pain. The equipment monitors your heart rate, blood pressure, skin temperature and muscle tension and permits you to adjust your reactions.

Biofeedback helps you learn how you feel when your body is tense or relaxed. If you practice relaxation while using biofeedback, you can learn to control some of your body's responses to pain.

**Transcutaneous electrical nerve stimulation (TENS)** treatment involves a small device that directs mild electric pulses to nerves in the painful area. Some types of TENS work on the principle of blocking pain impulses through stimulation of large nerves. Other types of TENS work by causing your body to release endorphins. The amount of pain relief varies widely from person to person.

During TENS treatment, electrodes taped on the skin in painful areas are connected by a wire to a battery-operated stimulator. Stimulation of the nerves by TENS doesn't hurt, but it may cause some tingling. Usually, it feels like a vibrating or tapping sensation. Talk to your doctor/health care provider or physical therapist about whether TENS might help you.

**Acupuncture** is an ancient Chinese practice of inserting small, thin needles into the skin at specific points on the body. The needles may stimulate nerves to block the pain signal. The procedure is generally safe and has few side effects. Acupuncture may reduce moderate pain for some people. Talk to your doctor/health care provider about this method of pain relief and how you can find a qualified acupuncture professional.

**Ultrasound** uses high-energy sound waves to bring comfort to painful joints and muscles. A physical or occupational therapist can perform this technique.

Making changes to your daily routine can also help you get a handle on pain. Here are a few proven ideas.

### Practice Joint Protection

Using your joints wisely means doing everyday tasks in ways that reduce the stress on painful joints. It also means learning to pace yourself. The following guidelines will help you learn to use your joints wisely and save your energy.

- Use proper methods for bending, lifting, reaching, sitting and standing.
- Avoid activities that hurt joints. Use assistive devices, such as jar openers, reach extenders, zipper pulls and buttoning aids that put less stress on affected joints. Your physician/health care provider and physical or occupational therapist may recommend that you use devices such as canes or immobilize joints by splinting or bracing to improve function, lessen pain and provide comfort.
- Use your largest and strongest joints and muscles. When you lift or carry objects, use both arms to avoid placing too much stress on one joint or one area of your body.
- Avoid staying in one position for a long time. Move or change positions often. Keeping joints in the same position may cause stiffness and pain.
- Balance activity with rest. Learn to understand your body's signals that indicate you are getting tired. Take breaks when you need them. Plan your schedule to alternate activity with rest – even when you are feeling well.
- Simplify your work. Plan ahead, get organized and use shortcuts. Use labor-saving



devices that require less of your energy and place less stress on your joints.

- Ask for help when you need it. Family and friends would rather help you than have you become tired or ill from doing too much

## Engage in Physical Activity

Regular physical activity can also help you effectively manage pain. Through exercise, you can improve your overall health and fitness as well as your arthritis symptoms. Exercise can:

- Keep joints moving
- Strengthen the muscles around joints
- Maintain bone strength and health
- Help you do daily activities more easily
- Improve your overall health and fitness, including increasing your energy, improving your sleep, controlling your weight, strengthening your heart and improving your self-esteem and sense of well-being

A physical therapist, occupational therapist or doctor/health care provider can recommend an exercise program for you and talk to you about protecting your joints.

## Exercise Tips

- Start with just a few exercises, then slowly add more.
- “Listen” to your body. If your exercise hurts too much, stop. Ask your doctor or health care provider to help you tell the difference between normal exercise discomfort and the pain related to too much exercise.
- If you have a flare (when disease symptoms return or become worse), do only gentle range-of-motion exercises.
- Ask your local Arthritis Foundation office about supervised warm-water or other exercise programs. Many people find that exercising with a group is more fun than working out alone.

## What Exercises Are Best?

Get a mix of aerobic (endurance), muscle-strengthening, and flexibility activities over the course of a week. Aerobic activity boosts feel-good chemicals (endorphins), fights pain, and improves mood and sleep. Strength training helps stabilize joints, and flexibility exercises help maintain joint range of motion.

**Aerobic activity** includes such activities as walking, swimming, water aerobics, stationary or recumbent cycling, or riding a bike outside on level terrain. Try to work up to 30 minutes of aerobic activity five days a week. If you can't do 30 minutes all at once, you can break the activity into 10-minute intervals spread through the day. Once you're comfortable with 10 minutes, aim for 15 minutes.

**Strengthening exercises** can involve using light hand weights, resistance bands or tubing, pool exercises or Pilates. Try to work muscle-strengthening exercise into your weekly routine so that all major muscles are worked on two days each week.

## The Two-Hour Rule

If you have more arthritis pain (as opposed to sore muscles from exercise) two hours after you exercise than you did before, you've probably done too much. Next time, do a little less or use less effort. Don't stop exercising, though. Not exercising can make your arthritis worse, which can then cause more pain.

Do slow, controlled movements, concentrating on proper form.

**Flexibility and balance exercises** include activities such as Tai chi or yoga, backward walking or standing on one foot (for balance). Try to do gentle stretches or flexibility exercises every day – you can mix them in with muscle-strengthening exercises. Always stretch muscles while they are warm to reduce injury. Add in balance exercises to help reduce the risk of falls.

## Get Better Sleep

Sleep restores your energy so that you can better manage pain. It also rests your joints to reduce pain and swelling. Only you know how much sleep your body needs, so get into the habit of listening to your body. Most people need approximately seven to nine hours of sleep per night. If you feel tired and achy after lunch every day, if feasible, take a brief nap (15 to 20 minutes). This can help restore your energy and spirits. If you have trouble sleeping at night, you can try relaxing quietly in the afternoon rather than taking a nap

## Practice Relaxation

People who are in pain experience both physical and emotional stress. Pain and stress have similar effects on the body. Muscles tighten, breathing becomes fast and shallow, and heart rate and blood

## How To Sleep Better

- Do moderate exercise on a regular basis.
- Avoid exercise right before bedtime.
- Avoid alcohol and caffeine, especially late in the day.
- Establish a regular sleep schedule. It's especially important to get up at the same time every day, even on weekends.
- Take a warm bath before going to bed.
- Listen to soothing music.
- Spend some quiet time by yourself before you go to bed.
- Read for pleasure. Avoid technical information, work-related material, scary novels or other materials that can keep your mind from relaxing.
- Avoid taking sleeping pills unless your doctor recommends them.
- If you are sleeping poorly, be sure to speak with your doctor.

pressure go up. Relaxation can help you reverse these effects and give you a sense of control and well-being that makes it easier to manage pain.

There's no best way to learn how to relax, as long as you relax both your body and mind. Try some of the following methods until you find the ones that work for you.

**Guided imagery** uses your mind to focus on pleasant images. Begin by breathing slowly and deeply. Think of yourself in a place where you feel comfortable, safe and relaxed. Create all the details – the colors, sounds, smells and feelings. These images take your mind away from pain and focus it on something more pleasant.



**Prayer** is very relaxing and comforting for some people. Practicing your own type of personal prayer can be soothing.

**Hypnosis** is a form of deep relaxation and guided imagery in which your attention is focused internally – away from your thoughts and anxieties. People who find hypnosis helpful in relieving pain find that it is both soothing and enjoyable. You'll need to work with a professional psychologist, counselor or social worker who is trained in hypnosis.

You also can learn self-hypnosis techniques that you can practice on your own. Relaxation CDs and DVDs can help guide you through the process. You also might want to record your own favorite relaxation routine.



## Who Can Help

### Your Health Care Team

Talk to your health care team about ways to manage pain. In addition to your doctor or nurse practitioner, you may find help from other health professionals like an occupational or physical therapist, an exercise physiologist or a social worker.

Don't be afraid to suggest a pain management idea of your own. Remember, you're the expert on your body's pain experience.

**Pain management centers** provide expertise in the evaluation and treatment of pain using many different methods. They can help develop a comprehensive management plan and are particularly helpful for people with chronic or severe pain that hasn't responded to other treatments.

**Professional counselors** can help with any major disturbance in lifestyle – such as illness, chronic pain, family problems or increased dependence on others – that leads to feelings of anxiety, depression, anger or hopelessness. Psychiatrists, psychologists and counselors are trained to work with the emotional side of chronic health problems like arthritis and related conditions. They also can teach you ways to reduce pain by managing stress.

**Cognitive behavioral therapists (CBT)** are skilled at identifying behaviors that are counterproductive to improving health. CBTs teach coping skills that identify negative thoughts you have about yourself and your environment. These techniques are helpful at relieving stress and pain.

**Support groups** allow you to share your feelings and experiences with a group of people who have similar challenges. A support group can give you new ideas for coping with problems. Because you'll be helping others in the group, it also can help you feel good about yourself.



## The Arthritis Foundation is the Champion of Yes.

We lead the fight for the arthritis community and help you conquer your everyday battles through life-changing information and resources, access to optimal care, advancements in science and community connections.

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