

## **Occupational Therapy and Scleroderma** *Providing a Bridge to Function*

**By Carissa Hays-Elliott**

### **How can an occupational therapist help persons living with scleroderma?**

As with many current treatments for scleroderma, the focus is on dealing with the symptoms and learning how to cope and live the best life despite them. The following are examples of how an occupational therapist can help people with scleroderma:

#### ***Energy Conservation Techniques***

One significant symptom commonly experienced with scleroderma is fatigue. Occupational therapists have a unique skill set in analyzing tasks and teaching clients how to break tasks down in order to conserve energy. Clients with scleroderma must learn to recognize the times of day in which they function best, and prioritize their activities accordingly. An occupational therapist can then assess those tasks and make suggestions on how to exert less energy (energy conservation techniques) to accomplish the most in a given day. Recognizing your limitations is hard to face, but it does help clients prioritize what is important and gives them the opportunity to complete meaningful tasks more successfully.

#### ***Range of Motion/Exercise***

The primary purpose of completing these exercises is to keep joints and skin as active as possible to discourage skin tightening, tendons and musculature, and to build strength. Its purpose is to allow as much joint movement as possible to complete daily tasks with increased ease and decreased pain. Often as connective tissue tightens, there is a risk for joint contractures. Contractures occur when the connective tissue that allows joint movement becomes tightened and potentially shortened permanently. Therapists use a variety of modalities such as paraffin wax, moist heat, ultrasound, pool therapy and many others to help loosen the tightened tissue and gain the greatest amount of movement. In addition, splinting may be needed to maintain range of motion in a particular joint or to provide additional support to a joint for completing tasks. A stretching/range of motion routine is often recommended daily.

#### ***Joint Protection/Skin Protection***

Occupational therapists can teach you how to complete tasks while protecting your joints. For example, it is less strenuous to carry grocery bags or large purses closer to one's body using the elbow to support the weight rather than carrying them by the hand or fingers. Also, avoid activities where the action is repetitive or can't be stopped. Clients must respect pain and be able to stop an activity before he or she experiences discomfort or pain. Keep in mind activities, which might not cause pain immediately, but may result in a setback later. Therapists can provide tips on using good body mechanics to protect you from further injury.

In addition, skin protection is also considered. Many scleroderma clients experience Raynaud's, which puts areas like the hands and feet at risk when exposed to colder temperatures.

Occupational therapists can recommend how to limit this risk factor by using hand or feet warmers and battery-operated warming gloves.

### ***Adaptation/Compensation***

There are thousands of devices that are available to help adapt everyday tasks to make them easier to complete. For clients living with scleroderma, adaptive devices for the hands are beneficial. As fine motor coordination in the hands becomes difficult, common activities such as turning a key, opening a jar, writing, buttoning or zipping clothing, and many other daily activities can become quite difficult. However, activities are often more achievable when using an adaptive device or a different method. Environmental adaptations are also often beneficial. For example, getting in or out of the shower may be difficult, but with grab bars and a tub bench the task may become safer, requiring less exertion. Another example is to elevate the head of the bed to reduce acid reflux in patients with gastrointestinal disorders.

### ***Biofeedback and Relaxation techniques***

Stress has a direct impact on one's mental and physical well-being. This is especially true of clients with autoimmune disorders. Occupational therapists are able to recommend ways to recognize undesired bodily responses and techniques to help control those responses. For example, if a client is able to detect muscle tension, studies have shown that clients may be able to mentally adjust and override the tension resulting in a more relaxed state. Occupational therapists can teach imagery and breathing techniques to assist in relaxation. There are areas of life that can be focused on daily to keep stress at a minimum such as getting enough sleep and rest, avoiding stressful situations when possible, eating a healthy diet, and learning ways to control anxieties and fears.

### **How might one locate an occupational therapist and how does one get started?**

Occupational therapists work in a variety of settings and can typically be found in most hospitals and rehabilitation centers. Occupational therapists are also often available in a home health setting if the client is "home bound" (limited to home and unable to functionally perform outside the home within the community). Check resources such as the Yellow Pages or online for therapists in your area. Discuss limitations with your primary care provider or rheumatologist. He or she may be able to provide a referral to a therapist in your area. Most insurance companies require a physician's order for evaluation and treatment, but this can vary from state-to-state.

### **Where can I find more information regarding occupational therapy and what it can provide?**

For additional information on occupational therapy and services, contact the American Occupational Therapy Association at [www.aota.org](http://www.aota.org) or connect with a therapist in your area.

*Carissa Hays-Elliott has been practicing as an occupational therapist since 2002. She has held many positions throughout her career with experience in acute hospital settings, long-term care/rehabilitation centers, home health and school systems. Carissa was diagnosed with limited systemic scleroderma at age 30 in spring 2008.*

This information is not intended to replace the medical advice of your health care provider.  
Please consult your health care provider for advice about a specific medical issues or conditions.