



# Juvenile Idiopathic Arthritis

>>> Information for physical education and sports teachers

This information sheet provides ideas for teachers about how to include children with Juvenile Idiopathic Arthritis (JIA) in Physical Education and Sports activities. It should be used in conjunction with the Information for Teachers sheet that provides a general overview of the symptoms and treatments of JIA.

## What to expect from a student with JIA

JIA is a fluctuating and unpredictable condition. The symptoms of JIA such as joint pain and stiffness can change from day to day, or even on an hourly basis, especially when the child is physically active. There may be days or even months when the arthritis gets worse, which is called a **flare** or **flare-up**. As a teacher, this is the critical thing to know about JIA, because it means that children's physical abilities, pain and mood can change from day to day. This means that it is always best to be guided by children and their parents about what children can do at any particular time. In general, children are more likely to ignore their symptoms in order to fit in with their peers than to overplay their symptoms in order to avoid activities.

Children and young people with JIA are generally capable of participating in physical activities with their peers – and want and need to be involved. As you would know, participating in sports, games and other physical activities challenge and develop children's physical and social skills, while being unable to participate can affect the student's sense of belonging and exacerbate the feelings of isolation and being 'different' that are common in children with a chronic condition. Children with JIA need to be encouraged to participate in a regular physical activity program, however may need some activities to be adapted to accommodate their abilities at any particular time.

## How to work best with a child with JIA

The best approach is to talk and work with the student and their family to understand their limitations and concerns, and prevent them avoiding activity because of these worries. It is important to work with each student individually as each child with JIA will have a different set of symptoms and management plan.

### 1. Before you start

First, it is helpful to meet with the child, and their parents if appropriate, to get a good understanding of the particular difficulties the child faces due to their arthritis. There may also be specific information or recommendations from the child's rheumatologist, physiotherapist or occupational therapist.

#### Ask the child and/or their parents:

- Which joints are affected?
- How much limitation is there in the movement of these joints?
- What pain is experienced during active or passive movement?
- Is the joint in a "flare" (ie. acute stage with inflammation/swelling/pain)?
- Are there any movements or activities which the student's treatment team have recommended be avoided or done with care?
- Does the student have any specific concerns – for example are they worried about being knocked over or being unable to finish an activity?

### 2. On the day of each class or activity

Earlier in the day before each class, ask the child how they are feeling that day. Let the child know what activity you are planning, and encourage the child to participate, even if they can only manage part of it. If the child does not feel able to participate, think about how the activity could be modified (see ideas below), or provide a passive alternative that still involves the child in the group activity, such as being the score keeper or referee, or organizing the equipment. If the child is very unwell and not able to participate at all, then arrange their usual 'time out' activity such as going to the library, sick bay or another quiet place.



### 3. During the class or activity

Be aware of how the child is doing throughout the lesson, so that you can respond to difficulties as they arise. Listen to what they tell you, and observe if they limping, looking uncomfortable, or withdrawing from the activity, as these may be signs that they need to take a break or have a rest. Pain and stiffness are often responsive to physical activity, so be aware that their physical limitations or pain may change even within a short time.

## Adapting physical activities so that a child with JIA can participate

Many adaptations can be made to traditional games and activities without the group realising that an adaptation has been made, and can add a sense of fun to traditional activities. There is no single, specific way to adapt activities to meet everyone's needs, however, recognising the elements that may need adaptation is a valuable step. For example:

### 1. Equipment

- A tennis ball or balloon can replace heavier balls.
- A rolled up newspaper can replace a heavy bat.
- Larger grips can be attached to bats.
- Targets can be made larger or smaller.

### 2. Space

- Reduce the size of the playing area.
- Play on a table rather than the floor (children with inflamed knee, hip or ankle joints have difficulty sitting on the floor and cannot sit cross legged).
- The target can be lower or closer.
- Be aware that a child with JIA often needs more space in activities as they are often anxious about the pain caused by falls and knocks and may therefore not participate fully.

### 3. Time

- Vary the number of repetitions.
- Plan an active and a more passive activity. Divide the group in two and alternate between them.

### 4. Force

- Slow the activity down or substitute moving targets for stationary ones.
- Most children with JIA are advised by their treatment team to never jump from a height.

### 5. Rules/responsibilities

- Eliminate or modify rules that appear to be a problem
- Eliminate quick changes to roles
- Perform the activity sitting rather than standing
- Replace running activities with fast walking, walking backwards or heel-to-toe walking

### 6. Facilitator tips

- Avoid onlookers in situations where the student may feel self-conscious.
- In activities where partners are integral, pair participants carefully.
- Give the student permission to self-monitor their progress and tell you when they feel they can no longer participate comfortably.
- Because of the unpredictability of the condition, be ready to adapt activities or have alternatives in mind.
- Promote self acceptance and respect for others within the whole group, recognising each member as an integral and valued part.

## Who to ask for further information

- The student and their family
- The child's rheumatologist or rheumatology nurses

### Acknowledgments

Arthritis Victoria: *Adapting physical activities to enable young people with arthritis to participate*

Starship Children's Hospital: *Information Package for Schools*