

# THE A-TEAM

**Allied health professionals (AHPs) perform a variety of crucial roles in the health care system. Catherine Osborn looks at some of the AHPs who are there to help if you have arthritis**

**A**fter you have been diagnosed with arthritis, it is possible you will come into contact with a wide range of health professionals. In addition to the more obvious ones – GPs, consultants, nurses – are a whole host of staff with other specialties, known as allied health professionals (AHPs).

Throughout the course of your treatment you may be referred to at least one, if not several AHPs. They can provide vital practical and emotional support to make living with arthritis easier. Here we look at how five of these roles are defined, and ask the professionals and people with arthritis about treatment.

## ORTHOTISTS

**ORTHOTISTS DESIGN AND FIT ORTHOSES WHICH PROVIDE SUPPORT TO PART OF A PERSON'S BODY, TO COMPENSATE FOR PARALYSED MUSCLES, PROVIDE RELIEF FROM PAIN OR PREVENT PHYSICAL DEFORMITIES FROM PROGRESSING.**

### **The professional: Alan McKenzie, orthotist**

'People with arthritis are usually referred to me via their consultant or a specialist nurse. Referrals can also come from physiotherapists, or from a GP, although this is far less common. People can get information about available practitioners from the orthotic department at their local hospital or their GP.

At the initial assessment I'll talk to the patient to find out what they feel is their main problem and do a physical examination. Discussing available options with them is also very important.

The length of treatment varies from place to place and depends on the person's condition. Some orthoses such as insoles, knee braces, ankle braces or wrist supports may already be in the hospital which would mean a single appointment. Others have to be custom-made and require an appointment to teach the individual how to use them.

It's ideal to have a review appointment to modify things. But this isn't an option in all parts of the UK.'

### **The experience: Stella Graham**

'My orthopaedic surgeon referred me to an orthotist for inner soles

to relieve pressure on my feet and ankle. He was a trained orthotist/prosthetist and was very helpful. He examined my feet carefully, took appropriate measurements and watched me walk. At my next appointment he gave me some custom-made insoles which were very successful, until the right one started to cause friction on my upper toes. I am now having some shoes specially made complete with inner soles, paid for by the NHS, to alleviate this.

I was very impressed and I think everyone with foot problems should see an orthotist at the start of diagnosis. It could save years of aching feet.'

*For further information, see the British Association of Prosthetists and Orthotists (BAPO) website: [www.bapo.com](http://www.bapo.com)*

## PHYSIOTHERAPISTS

**PHYSIOTHERAPISTS ASSESS AND TREAT PEOPLE WITH PHYSICAL PROBLEMS CAUSED BY ACCIDENT, AGEING, DISEASE OR DISABILITY, USING PHYSICAL APPROACHES IN THE ALLEVIATION OF ALL ASPECTS OF THE PERSON'S CONDITION.**

### **The professional: Chris Keevil, physiotherapist**

'People may come to see me directly if they want to pay themselves, or they can be referred by their GP or consultant.

I ask the patient about the history of their condition, and what sort of problems they're having. Then I'll do a physical assessment to look at how their joints are working. Finally I'll work on a plan with them including long- and short-term goals.

The length of treatment depends on the person's condition. It could range from four to six sessions to once a month for a year. How effective the treatment is depends on how people are doing their exercises and whether they are fulfilling their commitment to physiotherapy.'

### **The experience: Glennis Harding**

'I was relieved when my doctor referred me to a physiotherapist. I had had intensive physio twice a day after a hip and knee replacement operation. Then I waited about 18 months before I went to

my doctor for a referral because my mobility was so bad.

First off, the physiotherapist did an in-depth assessment. He asked me about my surgery and what medication I was on and then asked me to walk up and down. I went once a week for four weeks and was given a few sets of exercises to do, and now I see him once a fortnight. I lost a lot of confidence when I had my operations and physiotherapy is helping to restore it.'

*For further information, see the Chartered Society of Physiotherapy website: [www.csp.org.uk](http://www.csp.org.uk)*

## OCCUPATIONAL THERAPISTS

OCCUPATIONAL THERAPISTS (OTs) ASSESS, REHABILITATE AND TREAT PEOPLE USING PURPOSEFUL ACTIVITY AND OCCUPATION TO PREVENT DISABILITY AND PROMOTE HEALTH AND INDEPENDENT FUNCTION.

### The professional: Jacky Keegan, OT

'The majority of the people I see with arthritis are referred to me by their consultant, practice nurse or physiotherapist, some through their GP.

Initially, I do a full assessment of the individual's needs. I go through with them the kind of activities that we all do. Can they get up and down from a chair, in and out of bed, and are they able to hold a pen or a book, for example.

If they're not coping I'd look at ways of changing how they do things or provide equipment to help. Here we work closely with a disability employment advisor and often refer people to the occupational health department at their work, but I know services vary across the country.

The length of treatment varies, but is usually somewhere between three and six sessions. We don't have a time limit and people can contact us if things change at a later date.'

### The experience: Gordon Blyth

'My surgeon referred me to an OT after I had a wrist replacement operation to help regain strength and mobility in my wrist. I saw an OT once a week for about three months.

They measured my strength and gave me exercises to do with different types of plasticine like squeezing it and rolling it into balls. Because my wrist was weak I compensated by using other parts of my body. The OT made sure I focused on using my wrist and could see straight away if I was cheating. They were very helpful and now I couldn't imagine having had that operation without them.'

*For further information, see the College of Occupational Therapists' website: [www.cot.org.uk](http://www.cot.org.uk)*

## DIETITIANS

DIETITIANS TRANSLATE THE SCIENCE OF NUTRITION INTO PRACTICAL INFORMATION ABOUT FOOD. THEY WORK WITH PEOPLE TO PROMOTE NUTRITIONAL WELL BEING, PREVENT FOOD RELATED PROBLEMS AND TREAT DISEASE.

### The professional: Anna Suckling, dietitian

'People with arthritis are referred to me via their GP, practice nurse, consultant or physiotherapist if they have a specific food

problem, such as allergy or weight. If someone wants to find out about NHS services in their area they can contact their GP or the dietetic department in their local hospital.

At the first consultation I ask the individual about what they usually eat and their diet history, and then make suggestions about small changes that would be beneficial to them.

The idea is to agree achievable goals. The length of treatment depends on the area the person lives in. I ask that people take my advice on board.'

### The experience: Kate Llewelyn

'When my rheumatologist suggested I see a dietitian I was pleased because I wanted to lose weight. I knew I wasn't at my ideal weight and that isn't good for my arthritis.

I know what healthy eating is, but seeing a dietitian helped me to focus on how to make changes. They asked me about my lifestyle – how often I eat out, for example – and gave me advice on what foods to avoid and suggested healthier alternatives. There was no pre-packaged deal, they asked me what my goals were and helped me to make positive steps towards them. Seeing a dietitian helped me to lose some weight and made me feel better about myself. I realised the choices I made about eating were important.

*For further information, see the British Dietetic Association website: [www.bda.uk.com](http://www.bda.uk.com)*

## CHIROPODISTS/ PODIATRISTS

CHIROPODISTS/PODIATRISTS DIAGNOSE AND TREAT ABNORMALITIES OF THE FOOT. THEY GIVE PROFESSIONAL ADVICE ON PREVENTION OF FOOT PROBLEMS AND PROPER CARE OF THE FOOT.

### The professional: Kevin Hill, podiatrist

'In the NHS, people tend to be referred by their GP, but in some parts of the country people can self-refer.

I might treat someone with arthritis for the management of foot ulcers, the treatment of calluses, corns, verrucas or nail maintenance. I'm concerned with foot health, but also the mechanics of the body and the impact that has on the feet.

People with arthritis may need one or more treatments as their condition changes. Limited mobility might mean they are unable to tend to their own feet and need assistance, or they may also have developed a callus or ulcer as a result of altered gait pattern. The length of treatment depends on their condition and the nature of their problem.'

### The experience: Jacqueline Senior

'I was referred to a chiropodist by my rheumatologist and I've been seeing him regularly for a few years. I felt relieved when I was referred because it's difficult for me to cut my toenails myself. I've got bad hips and knees and I haven't got a very good grip. As you get older your toenails thicken and they're harder to cut. Also there's hard skin on the underside of my feet and the chiropodist removes it for me.

Seeing a chiropodist has made a lot of difference. When the hard skin on my feet builds up it gets quite painful, so if I can see him before it gets to that stage it's much better all round.'

*For further information, see the Society of Chiropodists and Podiatrists website: [www.feetforlife.org](http://www.feetforlife.org)*