Occupational therapy

Psoriatic arthritis often affects the hands, feet, wrists, ankles, lower back, and neck, and for some people it can interfere with work, sleep, hobbies, and everyday tasks. Occupational therapy is designed to help people continue doing the things they need and want to do, even when symptoms make those activities harder.

An occupational therapist looks at how PsA affects daily life in practical terms. That might mean asking how you dress, cook, clean, drive, work, or manage your energy through the day. The aim is not simply to reduce discomfort, but to find better ways of doing tasks so that joints are protected and symptoms are less likely to worsen.

A key part of occupational therapy is learning joint protection techniques. These are simple changes that reduce stress on painful or vulnerable joints. For example, it helps to avoid staying in one position too long, especially during activities such as reading, sewing, driving, or sitting at a computer. Regular breaks, small changes in position, and pacing activities can prevent stiffness from building up.

People with PsA are also encouraged to avoid tight gripping and pinching. This is especially important when using tools, writing, opening packages, or handling cutlery. Thicker-handled pens, utensils, and toothbrushes can make these tasks easier, while foam grips and adapted equipment can reduce the effort needed from small hand joints. Using the strongest and largest joints available is another useful principle. Pushing a door with the shoulder or hip, carrying objects close to the body, and using two hands instead of one can all reduce strain.

Occupational therapists may also recommend changes to the home or workplace. Helpful equipment can include lever taps, wheeled trolleys, kettle tippers, adapted cutlery, long-handled tools, non-slip mats, and bath or toilet aids. In more complex cases, a therapist may advise on larger adaptations such as grab rails, a raised toilet seat, a stair lift, or a wet room. Small environmental changes can make a major difference to confidence and independence.

Fatigue management is another important part of support. PsA can drain energy, and people often push too hard on good days and then struggle afterwards. Occupational therapists can help with planning routines, balancing rest and activity, and improving sleep and relaxation habits. They may also suggest ways to reduce fatigue at work, such as reminder software for breaks and ergonomic changes to desk setups.

Splints can be useful for some people, especially when hand or wrist pain affects activities or sleep. These are usually used for specific tasks or overnight, rather than all the time, and should be combined with exercise rather than replacing it. Exercise remains important because too little movement can lead to stiffness and weakness. Gentle, tailored exercises help maintain range of motion, muscle strength, and overall function.

Work is another area where occupational therapy can help. Under the Equality Act 2010, some people with long-term conditions may be entitled to reasonable adjustments. An occupational therapist can advise on these adjustments and help people talk to employers with more confidence. They can also support study, retraining, or return-to-work planning if needed.

In short, occupational therapy is about finding practical ways to live well with PsA. It helps people protect their joints, conserve energy, manage pain, and stay involved in everyday life with as much independence as possible.

Accessing occupational therapy:

Ask your GP or rheumatology team for an occupational therapy referral, or contact your local council's adult social care team via GOV.UK for a home assessment. You can also self-fund, but make sure any therapist is HCPC-registered.

https://www.hcpc-uk.org/check-the-register/