SP666-Arthritis Foundation Self Help Program - Take Control of Your Arthritis With Knowledge

The University of Tennessee Agricultural Extension Service

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Who Can Participate?
This program is designed specifically for people with arthritis. Anyone who routinely experiences joint pain, stiffness and/or limited range of motion is invited to attend. The program is also appropriate for anyone who wants to learn joint-safe exercises.

Who Leads the Program?
You will learn from Family and Consumer Sciences Extension educators who have successfully completed the Arthritis Foundation Training Program. They are certified and approved by the Arthritis Foundation to teach this program.

The instructors match the class routines to the fitness levels of the participants, so that those needing modified or seated movements are just as welcome as those who desire a more intense routine. The joint-safe exercises are demonstrated by the instructors.

To learn more about this program or about arthritis, visit University of Tennessee Extension's Health and Safety Web site at http://fcs.tennessee.edu/healthsafety/ashp.htm or the Arthritis Foundation's Web site at http://www.arthritis.org.

How Do You Sign Up?
Signing up is easy. Complete the registration form and mail it with your check or money order to your county Extension office. Or call the office to register and drop the registration form and fee off at the office.

Where and When is the Next Program?

The University of Tennessee
Family and Consumer Sciences
How Does The Arthritis Foundation Self-help Program Help People With Arthritis?

This program is created to give you the knowledge you need to take control of your arthritis. If you have arthritis or fibromyalgia, living the most active life with the least amount of pain, fatigue and disability involves becoming an active partner in your arthritis care. This means working with your health care providers as well as learning how to manage your arthritis on a day-to-day basis.

The Arthritis Foundation Self-Help Program is designed to help you learn and practice the different skills needed to build your own individualized self-management program, and gain the confidence you need to carry it out. The program allows participants to share experiences with others, offering the opportunity to both help and learn from each other.

What Are the Benefits?
Benefits of participating in the program include:
- Reducing pain by 20 percent
- Reducing physician visits by 40 percent
- Increasing knowledge about your arthritis
- Increasing frequency of exercise and relaxation
- Increasing self-confidence to control your arthritis symptoms
- Decreasing depression
- Decreasing medication use

How is the Program Structured?
Developed at Stanford University, this six-session program (two hours each session) teaches knowledge and skills needed to better manage your arthritis. This group education program is designed to complement the professional services provided by your physician and other members of your healthcare team.

Through informal, small-group discussion and easy-to-understand materials, you will learn the basics of joint anatomy and joint protection, the importance of exercise and nutrition, how to take medications properly and communicate better with your doctor. You also learn about self-help devices that can enhance your daily activities and are offered an opportunity to seek answers to questions that are of most concern to you. And, each class offers tips and techniques that can be used right away to better control your arthritis.

Registration Form

last name __________________________________________
first name __________________________________________
street ___________________________________________________________________
city __________________ state _____ zip _____________
work telephone number __________________________________________
home telephone number __________________________________________
e-mail address (optional) __________________________________________
course name __________________________________________
dates ____________ fee __________________
method of payment __________________________________________
date ____________ receipt no. ________________

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