

BACK PAIN

An Information Booklet



Committed to curing arthritis

BACK PAIN

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What is in this booklet?

If you've got back pain, then you're probably reading this booklet because you want to get better and because you want to understand more about this problem. You are in good company because 4 out of 5 of us get back pain at some time. However, most bouts of back pain get better in a short time and simple painkillers are all that are needed. Getting back to normal activities is the best way to cope with back pain.

This booklet is aimed at people who have more persistent (long-lasting) back pain. It explains some of the causes of back pain and what can be done to help it and prevent it happening again. The technical words in *italics* are

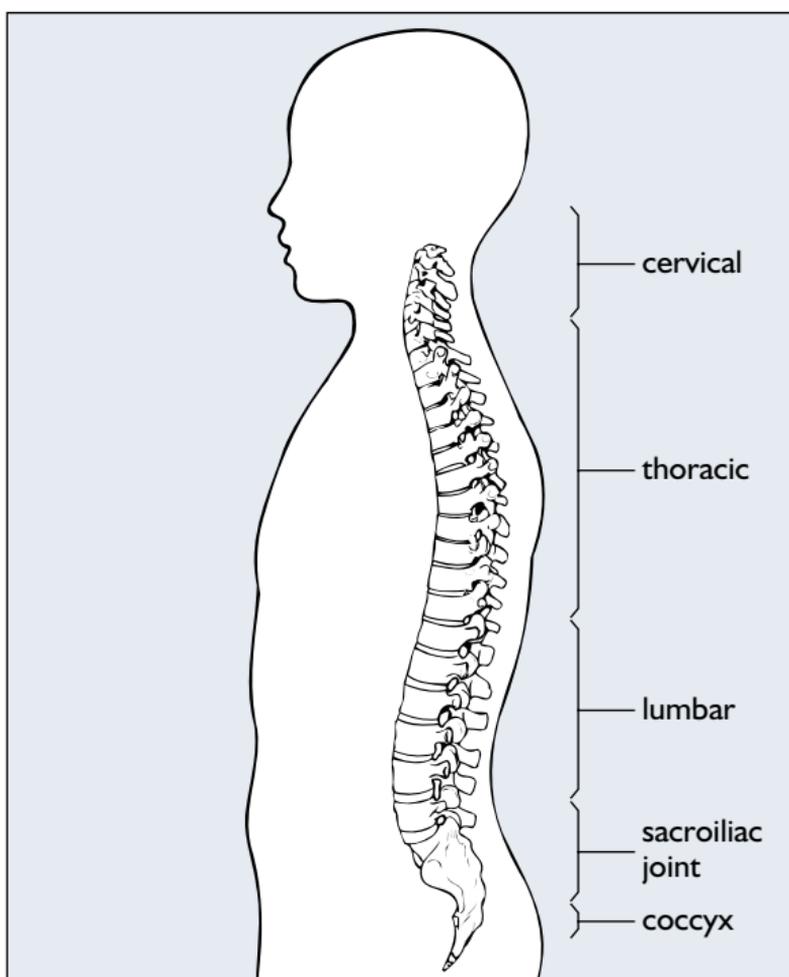


Figure 1. The spinal column showing the names of its different sections

explained in more detail in the glossary at the end of the booklet.

What is the anatomy of the back?

The back is a complicated structure built around the bones of the *spinal column* (see Figure 1). The spinal column consists of 24 bones (*vertebrae*) sitting one on top of another. It sits on a large bony bowl – the *pelvis* – and is topped by the skull. The bones of the spine are connected to one another by the *discs* at the front and by the *facet joints* at the back. The discs and facet joints allow the spinal column to bend and be flexible (see Figure 2).

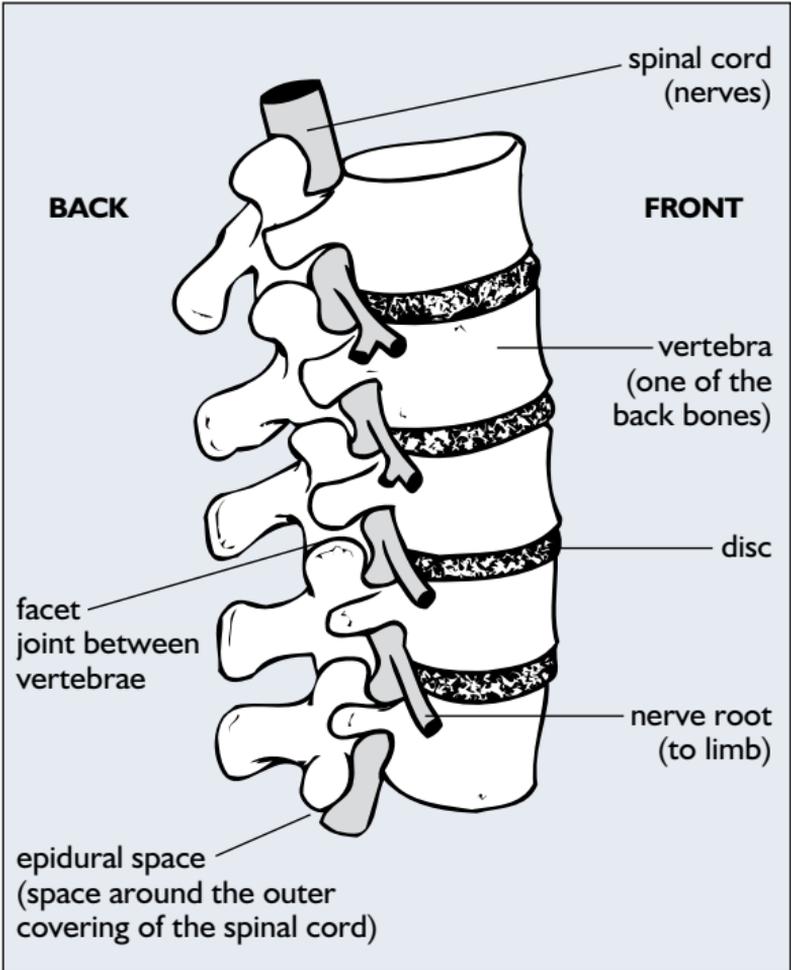


Figure 2. Detail of the spinal column (lumbar or lower back section)

The nerves of the *spinal cord*, which connect the brain to the rest of the body, run down a hollow channel in the spine. Where the nerves pass out from the spinal column on their way to the muscles of the arms and legs they are known as nerve roots (see Figure 2).

The bones of the back are also held together by tough bands called *ligaments* which, together with the spinal muscles, keep the back strong. The main muscles at the front and the back of the body are shown in Figures 3 and 4.

Why do I get a bad back?

Sprains of the back are a part of everyday life and the back is usually very good at taking these 'knocks'. Often

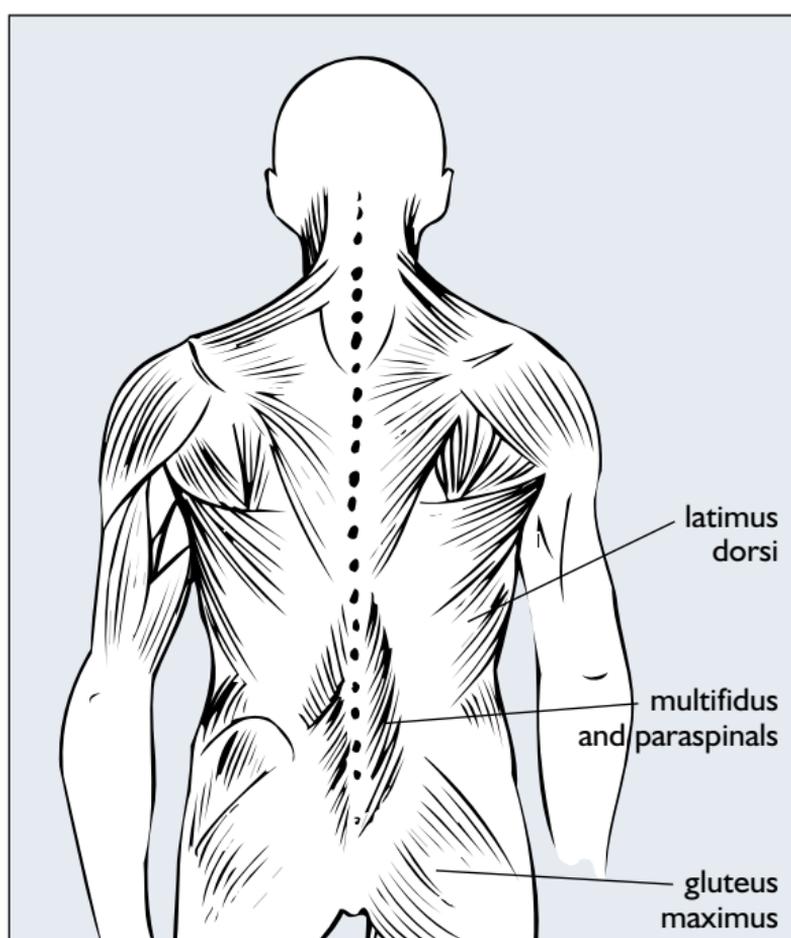


Figure 3. The muscles of the back

you can't remember a sprain – an awkward movement may have caught your back 'off guard' and 'pulled' a muscle or sprained a ligament. Most cases of back pain are due to these sprains, which usually heal themselves within a short time.

Sometimes back pain is due to a '*slipped*' disc, in which part of a disc may press on a sensitive structure such as a nerve. In this case the back pain may shoot into the leg, causing *sciatica*.

More persistent back pain can occur in association with arthritis of the facet joints and degeneration of the discs (sometimes called *spondylosis*), but this is not always so. For example, there are people with very worn discs and facet joints who experience no pain whatsoever.

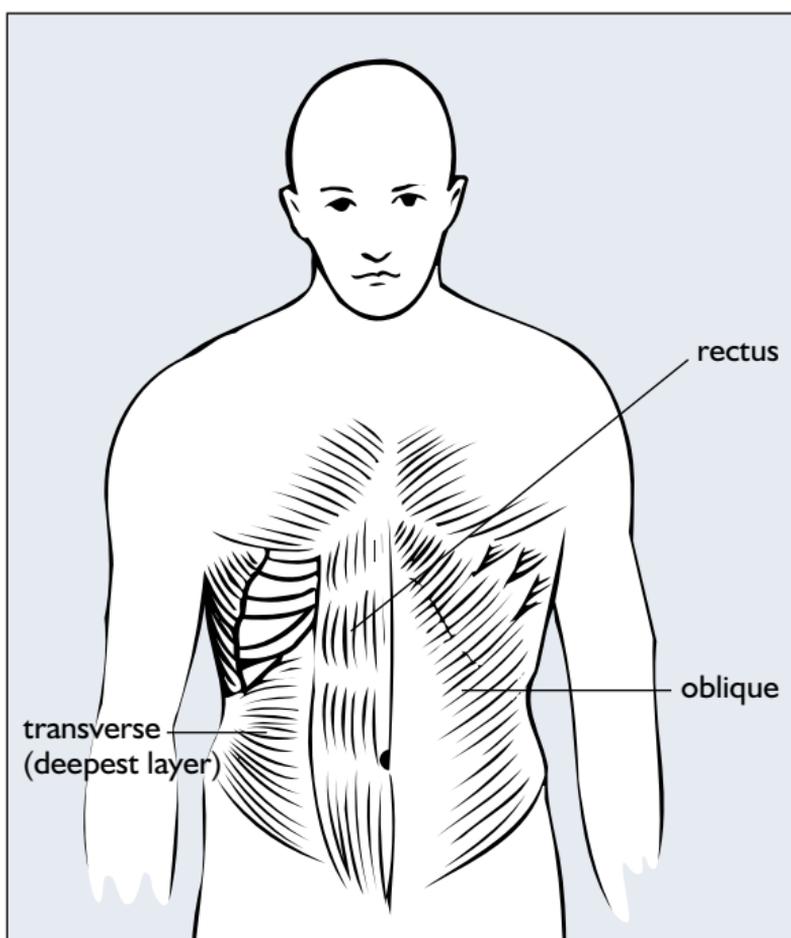


Figure 4. The muscles of the front (showing the 'abdominals')

Other causes of back pain are rare – they include inflammation (see **arc** booklet ‘Ankylosing Spondylitis’), and bone problems such as a fracture, infection or tumour.

Should I have an x-ray or scan?

Generally speaking, if your back pain has come on recently then a plain x-ray of your back will not help to identify the cause of the pain. There are two main reasons for this. Firstly, most back pain comes from the soft tissues of the back (such as ligaments and muscles) and these can’t be seen on an x-ray. Secondly, as we get older we all have changes in the bones of the back which are due to wear and, on a plain x-ray, these can be mistaken as the cause of the back pain.

Occasionally a *CT* or *MRI scan* may help. These are expensive tests for which there is generally a waiting list. They are normally only carried out when the doctor suspects a trapped nerve, particularly if surgery might be needed, or one of the rarer causes of back pain such as a fracture, inflammation, infection or tumour.

Why does back pain become persistent?

In some cases of persistent pain the cause of the pain (such as a facet joint or a disc) can be identified. However, it is important to realise that pain can sometimes continue even after the original cause (sprain, facet or disc) has long since settled down.

Pain may at first cause you to avoid normal activities and movement. If your initial spell of back pain lasts a long time, lack of activity can cause the back muscles to

become weak, and this reduces the ability of the spine to take further knocks. You may also lose confidence in your ability to resume your normal activities. This may affect your work, your social life and your personal relationships. Naturally, you may feel depressed and anxious in this situation and this can lead to further loss of confidence, frustration and anger, particularly if family members and the medical profession appear unhelpful or unsympathetic. If you are anxious or depressed as a

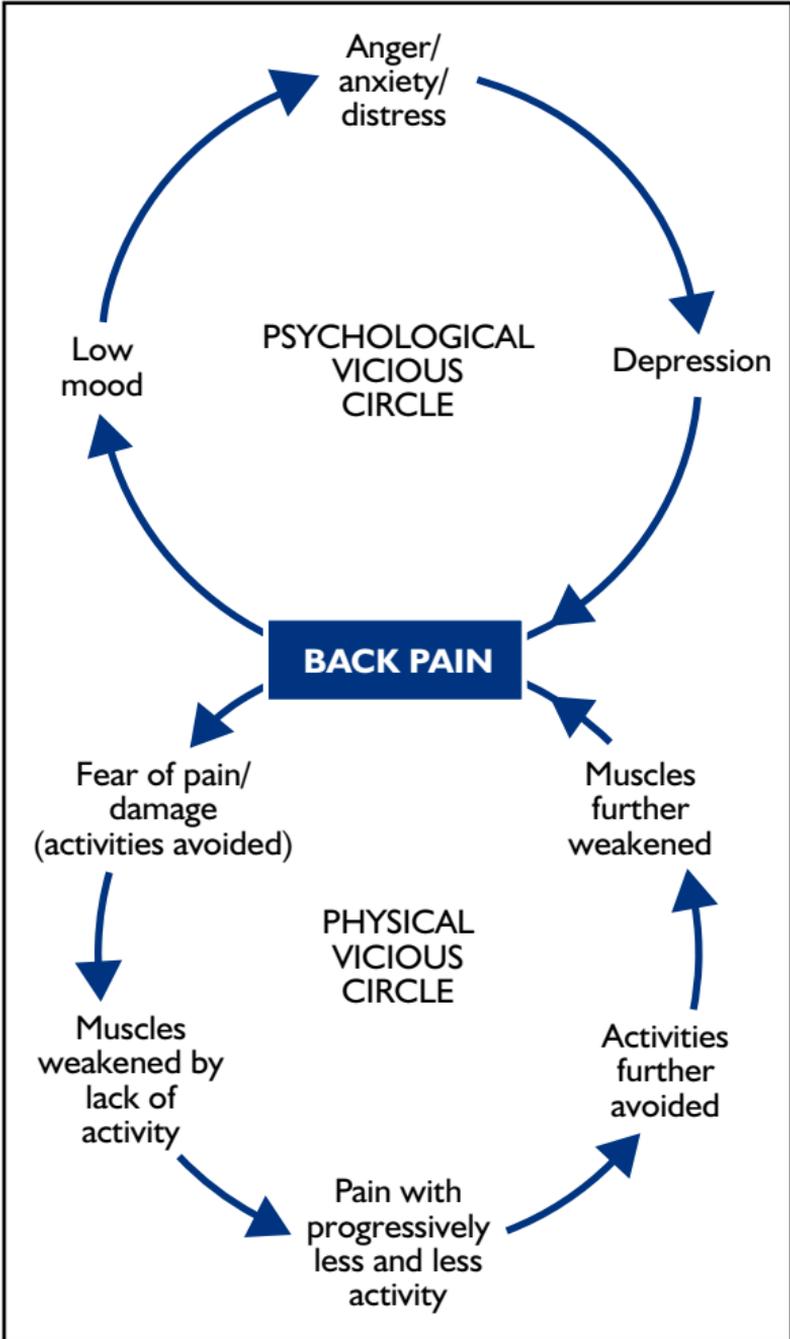


Figure 5. The 'vicious circles' of back pain

result of the pain you may not feel like exercising, so your muscles become weaker still, and so it goes on. Physical and psychological factors can therefore combine to create two interconnected vicious circles (see Figure 5).

This can happen to anyone, and the longer it continues the harder it will be for you to recover your movement and confidence. The sections that follow explain what can be done to prevent, or break, this cycle of pain.

What can be done to help?

Most people manage back pain by themselves and recover without any lasting problem. But people who have had one attack of back pain are likely to have others. To help protect yourself from further problems you need to keep your back flexible and strong. You also need to think about prevention, such as learning the correct way to lift heavy objects (see ‘What sort of things might make my back pain worse?’).

If your pain has just come on and is severe it may help to take some painkillers (such as paracetamol or aspirin) and it will feel more comfortable to rest. But do **not** rest for more than a few days – at this point you should try and get back to normal activities and do some gentle exercises (see ‘What back exercises should I do?’).

If the pain is severe or not getting better after a few days, you should see a doctor, physiotherapist, chiropractor or osteopath who will examine you to make sure your back problem is straightforward. They may advise specific treatments. These may involve manipulation (see ‘Would manipulation help?’) or exercises and education about back pain. They may also recommend some form of pain relief such as the use of hot packs, *acupuncture* or *TENS*. You may need an *injection* in the back area, particularly if you have sciatica.

Will an operation be needed?

Surgery is only used in a few cases (probably less than 1% of all cases of back pain). For example, a large piece of displaced disc can press on the nerves of the spinal cord and cause bladder problems (such as difficulty in passing or controlling urine). In this rare situation you need urgent surgery to remove the disc fragment. For severe cases of sciatica, surgery may sometimes be needed to relieve the pressure on the nerve. For less severe disc disease, it is usually better to let nature ‘take its course’ and, in most cases, the condition will improve without surgery.

How active should I be?

Generally, the more active the better. Unless your pain is very severe or causing bad sciatica you should try to stay mobile. Do some specific back exercises every day and some general fitness exercise as well (see ‘What back exercises should I do?’). Remember, specific exercises keep your back supple and strong, and general exercises help you feel good about yourself and help release natural painkillers (endorphins).

What can be done for persistent back pain?

If your back pain lasts for many months you will need help to cope. The answer may be a **pain management programme** which aims to teach you how to control, and live with, your pain. Understandably, people avoid situations which make their back pain worse, such as certain positions and activities. However, in persistent back pain the pain may not be an indication of damage or inflammation (see ‘Why does back pain become

persistent?’). Education, therefore, plays an important part in the pain management approach, and will include a full explanation of the physical and psychological factors contributing to a person’s pain. It is usually possible for people to exercise and get fitter. This may be a slow process, but it helps people regain their physical confidence so that they can do more despite their pain. Specific exercises also help to strengthen the back muscles that have become weak with lack of use.

Pain management programmes vary from outpatient group sessions, usually led by physiotherapists, to residential in-patient programmes lasting 2–3 weeks. There are only a few residential centres in the UK but there are many non-residential centres. These programmes include education, exercise, coping strategies and the use of medication, and are delivered by a team including doctors, nurses and physiotherapists. Psychologists are also usually part of the team as they can explain why you might suffer psychological distress (often felt as anxiety and depression) and how you can cope with this.

What back exercises should I do?

Exercise is **the most important way** that you can help yourself. Any form of continuing pain will mean that you stop moving so well. This leads to your muscles wasting and this will make your back weaker and easily tired. So you need to restore strength and flexibility in your back. The body needs strong back muscles to work as a shock absorber for jolts and knocks which are part of daily life. If you look at Figure 3 you will see that the back is covered largely by muscles.

Your job is to:

- regain flexibility
- build up muscle strength and stamina
- improve your general fitness.

You may be advised about specific exercises by a physiotherapist. Even when your back is sore you can make a start without putting too much stress on your back. Also, remember that your back may feel sore after the first few days of exercise – this is normal so don't let it put you off (it may help to take some painkillers before exercising on these days).

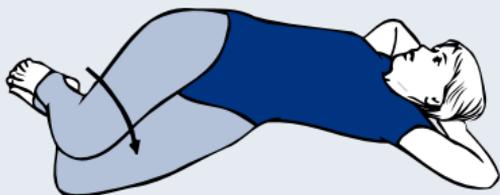
The exercises fall into three main groups:

- **Stretching exercises** These include exercises for the back and leg muscles (see Figure 6).
- **Strength, stamina and stabilizing exercises** These include exercises for the back, stomach and leg muscles (see Figure 7).
- **Exercise for general fitness** This includes any exercise which makes you out of breath, but choose something you enjoy such as swimming, cycling or keep-fit classes.

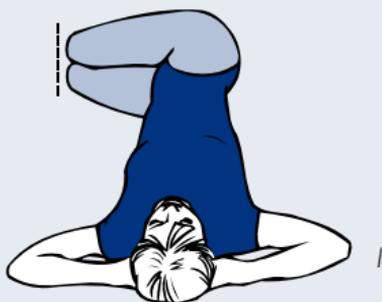
Any exercise is easier if you increase it gradually and if you do it along with someone else. You may have to reorganise your daily routine in order to fit the exercises in, but plan to do at least 30–45 minutes a day. Regular exercise not only keeps your back fit but also helps to strengthen bones, and will release natural chemicals (endorphins) which are the body's own painkillers. If you are overweight, exercise will also help you to lose weight, which will reduce the strain on your back.

People who have arthritis in other joints can also do appropriate back exercises, but they may need different exercises – in this case it is best to take advice from a physiotherapist.

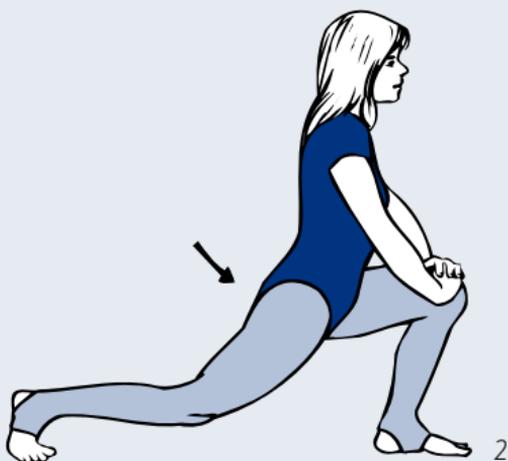
Figure 6. Stretching exercises



NB: Upper knee should be directly above lower knee



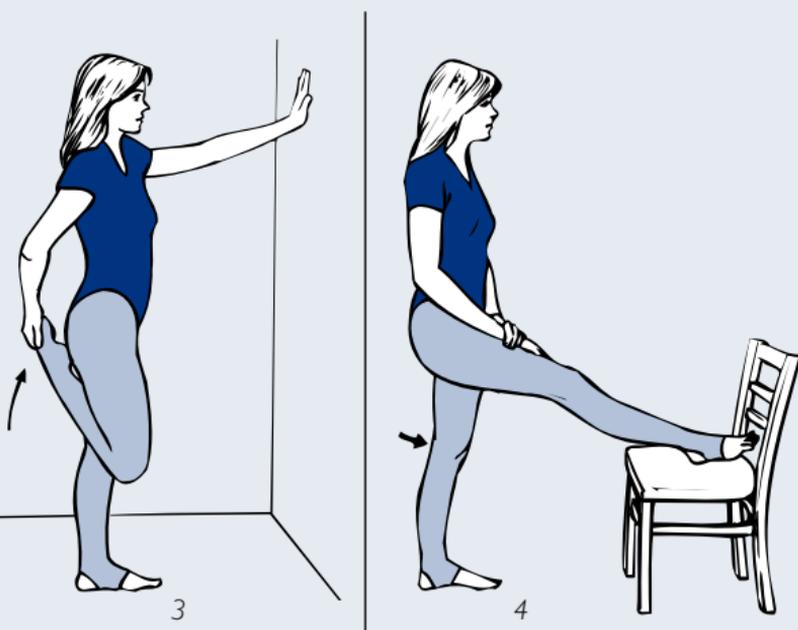
1. Back stretch (stretches back muscles) Lie on your back, hands above your head. Bend your knees and, keeping your feet on the floor, roll your knees to one side, slowly. Stay on one side for 10 seconds. Repeat 3 times each side.



2. Deep lunge (stretches muscles in front of thigh and abdomen) Kneel on one knee, the other foot in front. Lift the knee up; keep looking forwards. Hold for 5 seconds and repeat 3 times each side.

3. One-leg stand – front (stretches front thigh)

Steady yourself with one hand on something for support. Bend one leg up behind you. Hold your foot for 10 seconds and repeat 3 times each side.



4. One-leg stand – back (stretches muscles at back of leg)

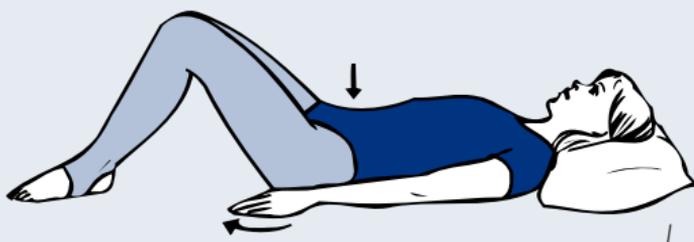
Steady yourself, then put one leg, straight, up on a chair. Bend the other knee in to stretch the hamstrings. Repeat 3 times each side.



5. Knee to chest (stretches muscles of bottom – gluteals)

Lie on your back. Bring one knee up and pull it gently into your chest for 5 seconds. Repeat for up to 5 times each side.

Figure 7. Strength, stamina and



1. Pelvic tilt Lie down with your knees bent. Tighten your stomach muscles, flattening your back against the floor. Hold for 5 seconds. Repeat 5 times.

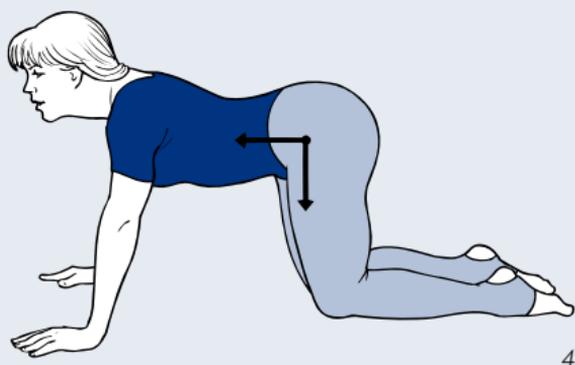


2. Stomach tone ('transverse tummy') Lie on your front with your arms by your side, head on one side. Pull in your stomach muscles, centred around your tummy button. Hold for 5 seconds. Repeat 3 times. Build up to 10 seconds and repeat during the day, while walking or standing. Keep breathing during this exercise!



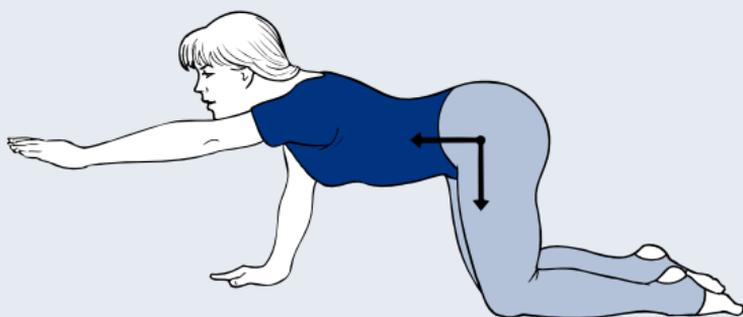
3. Buttock tone (gluteals) Bend one leg up behind you while lying on your front. Then lift your bent knee just off the floor. Hold for up to 8 seconds. Repeat 5 times each side.

stabilizing exercises



4

4. Deep stomach muscle tone (stabilizes lower back) Kneel on all fours with a small curve in your lower back. Let your stomach relax completely. Pull the lower part of your stomach upwards so that you lift your back (without arching it) away from the floor. Hold for 10 seconds. Keep breathing! Repeat 10 times.



5

5. Back stabilizer Kneel on all fours with your back straight. Tighten your stomach. Keeping your back in this position, raise one arm in front of you and hold for 10 seconds. Try to keep your pelvis level and do not rotate your body. Repeat 10 times each side. To progress, try lifting one leg behind you instead of your arm.

What sort of things might make my back pain worse?

Everyone is different but generally there are a number of situations which will make your back pain worse:

- **Sitting too long in one position**, especially in a poor position, e.g. slumped in a chair (see Figure 8).
- **Driving** is often a situation you can't avoid, but make sure the seat is adjusted correctly for your height (use a cushion to sit on if necessary). You should also maintain your lumbar curve, which is the curve that forms the hollow in the lower part of your back, and take regular breaks when on a long journey (see Figure 9). Some people find the *Alexander technique* helpful for improving posture and reducing muscle tension.
- **Lifting heavy weights incorrectly**. Avoid lifting heavy objects if you can. If you must do it, always keep the weight close to your body and bend your knees.
- **Spending long periods bending over**, such as when gardening. Use special gardening tools: see 'What aids and appliances are available?' Also see **arc** booklets 'Your Home and Arthritis' and 'Gardening and Arthritis'.
- **Worrying**. Try to avoid stress and too much worry – this can often make your back pain worse. You may want to try relaxation classes. Talk to others and make a plan about things which worry you.
- **Not taking regular exercise** and doing your back routine!

Do corsets help?

Corsets are still commonly prescribed by doctors but they don't usually do the job they are meant to do (which is to restrict your movement and carry some of the weight



Figure 8(a). Bad posture when seated at a desk



Figure 8(b). Good posture when seated at a desk

Adjust the chair or table, and the position of the computer screen, so that you don't have to slump. Have your work in front of you, not to the side. Consider trying a tilted stool.



Figure 9(a). Bad posture when driving



Figure 9(b). Good posture when driving Use cushions to experiment if you need a higher seat or support in the small of your back.

of the upper body). People can become dependent on corsets. It is better to strengthen your back by doing exercises and not rely on corsets.

Would manipulation help?

Manipulation may help to get rid of a spell of back pain – it is most often done by chiropractors and osteopaths but also by physiotherapists and some doctors. There are different types of manipulation which vary from imparting small movements to the spine directly with the hands to more vigorous movements using the limb as a ‘lever’. Ask your GP or consultant, or see ‘Useful addresses’.

Should I get a new bed?

Many people with back pain prefer a firm surface to lie and sleep on as they feel the back is better supported in this way. Many so-called orthopaedic beds provide this level of firmness. However, you may be able to get the same effect just by putting a board under your mattress. Look around carefully and try things out before buying a new bed.

What aids and appliances are available?

If you have long-standing back pain you may need to change how you do things to avoid making the pain worse. For example, as mentioned earlier, gardening can make you bend over for long periods of time. You should make changes such as using long-handled gardening tools. You can also buy back supports (not corsets!) for use when sitting at home, at work or in the car. Most towns have a centre or shop where these aids can be tried and purchased, for example Disabled Living

Centres (see ‘Useful addresses’). You could also ask for advice from an occupational therapist who will help you change activities and advise on equipment or supports. See also **arc** booklets ‘Your Home and Arthritis’ and ‘Gardening and Arthritis’.

Do any special diets help?

If you are overweight you should consider a weight-reducing diet because of the extra strain that your weight puts on your leg joints and back. Exercise will help you to lose weight. As you will also be advised to stop smoking (as this may be an independent cause of back pain), you should take extra care to prevent the weight gain that often follows (see **arc** booklet ‘Diet and Arthritis’).

Should I give up work?

The answer to this question depends on your back pain, your age and your job. During a spell of back pain, we recommend that you try to stay at work or get back to work as soon as possible. If your job involves heavy physical work you may need some help when you return – talk to your foreman or boss. Statistics show that the longer you are off work the less likely it is that you will return.

People who work – particularly in physical jobs – may struggle if they develop persistent back pain. This is recognised by the Department for Work & Pensions. Your local Disability Employment Adviser (contacted via the local Jobcentre or Jobcentre Plus office) can arrange work assessment and retraining. If you are disabled due to back pain and wish to carry on working then either the Disability Employment Adviser or the Employment Medical Advisory Service may be able to help. The help they can provide will vary from person to person but they can, for example, provide necessary equipment to make

it easier for you to do your job. A period of rehabilitation may help you get back to work (see ‘What can be done for persistent back pain?’).

What will the future hold for me?

Everyone is different, so it is impossible to describe a typical person with back pain. Don’t forget that this is a common problem, so many of the people around you are back pain sufferers. As mentioned earlier, people who have had one spell of back pain tend to get more – these spells may become more frequent and last longer. It may be possible for you to prevent this happening. Even if the back pain becomes persistent it may be possible to avoid the disability associated with it – see ‘Summary: What can I do to help myself?’ below.

Are any self-help groups available?

BackCare is the parent organisation for a number of local self-help groups which meet on a regular basis. Activities vary from meetings with a speaker to social activities and education and pain management, sometimes with exercise classes. The Pain Relief Foundation provides audiotapes dealing with back pain. (See ‘Useful addresses’.)

Summary: What can I do to help myself?

- Remember, don’t panic! Most spells of back pain will get better.
- Don’t rest for too long after the start of the pain – 2–3 days at most. Too much rest is bad for you – your muscles become flabby, your bones become

thin (lose density), and it becomes even harder to get going again.

- Gradually increase your normal activities, avoiding painful movements at first.
- Do your back exercises regularly (see ‘What back exercises should I do?’) and **without fail twice a day**. This is your chance to fight back. You won’t notice a dramatic change but over time your back will become stronger and you’ll feel more confident about it. You will be able to lift again within the safety limits recommended.
- Take up some additional form of exercise (what, more?! Yes, more! – we suggest you change your way of life). Keep-fit classes, exercise bikes and swimming are all good exercises.
- Stop smoking. It makes exercising difficult and it may make back pain worse.

Glossary

Acupuncture – a method of obtaining pain relief which originated in China. Very fine needles are inserted, virtually painlessly, at a number of sites (called meridians) but not necessarily at the painful area. Pain relief is obtained by interfering with pain signals to the brain and by causing the release of natural pain-killers (called endorphins).

Alexander technique – a method of teaching bodily awareness and reducing unwanted muscle tension. Lessons are given by qualified teachers who will assess and advise on such things as your standing and seating posture and your patterns of movement.

CT/MRI scans – computer tomographic (CT) scans use x-rays, and magnetic resonance imaging (MRI) uses magnets. Both involve the scanner taking a 3D picture of

your body. You will have to lie very still for a few minutes as the pictures are taken. Sometimes an injection is given to improve the quality of the films. Both scanners can make you feel a bit claustrophobic, so you should tell the radiographer if this worries you. MRI scanners are noisy, but you will be provided with ear muffers!

Disc – the piece of gristle in between the vertebrae (the bones of the spine) which allows your spine to be flexible. A **‘slipped’ disc** occurs when a piece of disc becomes detached or bulges out. It can then press on a nerve and cause pain. The disc as a whole doesn’t actually slip out.

Facet joints – the small joints between the vertebrae which allow the spinal column to rotate. The facet joints are at the back of the spine. Sometimes these can be the cause of back pain.

Injections – injections are sometimes given to help the pain. These may be given into tender points, the space around the spine (an epidural injection) or the facet joints. The injections sometimes have to be done in the x-ray department to allow better placement of the needle.

Ligament – tough fibrous bands which are attached to the vertebrae and give stability to the spine. They also restrict spinal movements.

Pelvis – the bones of the pelvis form a bowl shape which is connected to the spinal column at the sacroiliac joint and to the leg bones at the ball-and-socket joints of the hips. The pelvis contains vital organs such as the bladder and rectum and, in women, the womb.

Sciatica – pain felt in the leg due to irritation of the sciatic nerve, a major nerve running from the spine to the leg.

Spinal column – the name given to the backbone. It consists of the vertebrae, stacked one upon the other and connected by ligaments and muscles.

Spinal cord – a cord which runs down the centre of the spine and contains the nerves which connect the brain to all the other parts of the body. The nerve fibres are surrounded by several protective layers and pass through the vertebrae (the bones of the back). The spinal cord and the brain together form the central nervous system.

Spondylosis – normal ageing changes in the spine, which are frequently seen on plain x-rays.

TENS – transcutaneous electrical nerve stimulation. A TENS machine is a small battery-driven device. Small pads are applied over the painful area and the low voltage stimulation produces a pleasant tingling sensation. This can relieve pain by interfering with pain signals to the brain.

Vertebra (plural ‘vertebrae’) – one of the bones which make up the spinal column.

Useful addresses

The Arthritis Research Campaign (arc)

PO Box 177, Chesterfield

Derbyshire S41 7TQ

Phone: 0870 850 5000

www.arc.org.uk

As well as funding research, we produce a range of free information booklets and leaflets. Please see the list of titles at the back of this booklet.

Arthritis Care

18 Stephenson Way

London NW1 2HD

Tel: 020 7380 6500

Helplines: 020 7380 6555 (10am–4pm Mon–Fri)

or freephone: 0808 800 4050 (12pm–4pm Mon–Fri)

www.arthritiscare.org.uk

Offers self-help support, a helpline service (on both numbers above), and a range of leaflets on arthritis.

BackCare (The Charity for Healthier Backs)

16 Elmtree Road

Teddington

Middlesex TW11 8ST

Phone: 020 8977 5474

www.backcare.org.uk

Helps people manage and prevent back pain by providing advice, promoting self-help, and funding scientific research into back care.

British Chiropractic Association (BCA)

Blagrove House

17 Blagrove Street

Reading

Berks RG1 1QB

Phone: 0118 950 5950

www.chiropractic-uk.co.uk

Can supply details of chiropractors in your area.

The British Pain Society

21 Portland Place

London W1B 1PY

Phone: 020 7631 8870

www.britishpainsociety.org

Chartered Society of Physiotherapy

14 Bedford Row
London WC1R 4ED
Phone: 020 7306 6666
www.csp.org.uk

Disabled Living Centres

Assist UK
Redbank House
4 St Chad's Street
Manchester M8 8QA
Phone: 0870 770 2866
www.assist-uk.org

Contact Assist UK or visit the website for details of your nearest Disabled Living Centre(s).

Disabled Living Foundation (DLF)

380–384 Harrow Road
London W9 2HU
Phone: 020 7289 6111
Helpline: 0845 130 9177 (10am–4pm Mon–Fri)
www.dlf.org.uk

Employment/benefits

Your Jobcentre or Jobcentre Plus office can put you in touch with your local Disability Employment Adviser. For information on benefits you can contact the Benefit Enquiry Line on 0800 882200.

Employment Medical Advisory Service (EMAS)

To find your local office, see the telephone directory under 'Health & Safety Executive'. The address and phone number should also be available in all workplaces. Alternatively, you can get this information from:

HSE Infoline: 0845 345 0055
(8.30am–5pm Mon–Fri)
www.hse.gov.uk/contact/index.htm

General Osteopathic Council

176 Tower Bridge Road
London SE1 3LU
Phone: 020 7357 6655
www.osteopathy.org.uk

Can supply details of osteopaths in your area.

Pain Relief Foundation

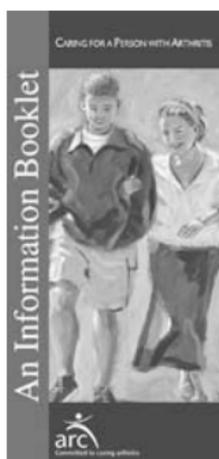
Clinical Sciences Centre
University Hospital Aintree
Lower Lane
Liverpool L9 7AL
Phone: 0151 529 5820
www.painrelieffoundation.org.uk

Produces information leaflets and audiotapes. Visit the website or send a 50p-stamped, self-addressed envelope to the address above, specifying your particular pain problem.

Society of Teachers of the Alexander Technique (STAT)

1st Floor, Linton House
39–51 Highgate Road
London NW5 1RS
Phone: 0845 230 7828
www.stat.org.uk

Can supply a free list of practitioners of the technique.



Booklets and leaflets

These free booklets and leaflets are available from **arc**. To get copies, please send for our order form (stock code 6204) which gives a summary of the topics covered in each publication. Alternatively, write to: **arc** Trading Ltd, James Nicolson Link, Clifton Moor, York YO30 4XX **for up to 3 titles**.

DISEASES

Ankylosing Spondylitis
Antiphospholipid Syndrome
Behçet's Syndrome
Carpal Tunnel Syndrome
Fibromyalgia
Gout
Introducing Arthritis
Lupus (SLE)
Osteoarthritis
Osteoarthritis of the Knee
Osteomalacia (Soft Bones)*
Osteoporosis
Paget's Disease of Bone
Polymyalgia Rheumatica (PMR)
Polymyositis and Dermatomyositis
Pseudogout
Psoriatic Arthritis
Raynaud's Phenomenon
Reactive Arthritis
Reflex Sympathetic Dystrophy
Rheumatoid Arthritis
Scleroderma
Sjögren's Syndrome
Vasculitis

** Also available in Bengali, Gujarati, Hindi, Punjabi and Urdu.*

DRUG INFORMATION

Drugs and Arthritis (general info.)
Adalimumab
Anakinra
Azathioprine
Ciclosporin
Cyclophosphamide
Etanercept
Gold by Intramuscular Injection
Hydroxychloroquine
Infliximab
Leflunomide
Local Steroid Injections
Methotrexate
Non-Steroidal Anti-Inflammatory Drugs
Penicillamine
Steroid Tablets
Sulfasalazine

PARTS OF THE BODY

Back Pain
Feet, Footwear and Arthritis
Joint Hypermobility
Knee Pain in Young Adults
A New Hip Joint
A New Knee Joint
Pain in the Neck
The Painful Shoulder
Shoulder and Elbow Joint Replacement
Tennis Elbow

TREATMENT

Blood Tests and X-Rays for Arthritis
Complementary Therapies
Hand and Wrist Surgery
Hydrotherapy and Arthritis
Occupational Therapy and Arthritis
Pain and Arthritis
Physiotherapy and Arthritis

LIFESTYLE

Are You Sitting Comfortably?
Caring for a Person with Arthritis
Diet and Arthritis
Driving and Your Arthritis
Gardening and Arthritis
Keep Moving
Looking After Your Joints (RA)
Pregnancy and Arthritis
Sexuality and Arthritis
Sports Injuries
Stairlifts and Homelifts
Work and Arthritis
Work-Related Rheumatic Complaints
Your Home and Arthritis

JUVENILE ARTHRITIS

Arthritis in Teenagers
Growing Pains (for children)
Tim Has Arthritis (for children)
When a Young Person Has Arthritis (for schoolteachers)
When Your Child Has Arthritis

Arthritis Research Campaign



The Arthritis Research Campaign (**arc**) is the only major UK charity funding research in universities, hospitals and medical schools to investigate the cause and cure of arthritis and other rheumatic diseases. We also produce a comprehensive range of over 80 free information booklets and leaflets covering different types of arthritis and offering practical advice to help in everyday life.

arc receives no government or NHS grants and relies entirely on its own fundraising efforts and the generosity of the public to support its research and education programmes.

Arthritis Today is the quarterly magazine of **arc**. This will keep you informed of the latest treatments and self-help techniques, with articles on research, human interest stories and fundraising news. If you would like to find out how you can receive this magazine regularly, please write to: Arthritis Research Campaign, Ref AT, PO Box 177, Chesterfield S41 7TQ.

How we raise our funds

We constantly need to raise money by our own efforts to fund our work.

As well as a head office fundraising team we have an extensive network of regional staff, volunteer fundraising groups and charity shops throughout the UK.



Photo courtesy of the Eastbourne Gazette

Where our money goes

Every year, we raise approximately £25 million to fund around 350 research projects across the whole of the UK.

In addition, **arc** funds the Kennedy Institute of Rheumatology in central London, at a cost of £4 million per year. We also set up the **arc** Epidemiology Unit in Manchester, currently funded at £1.8 million per year, which collates data on arthritis and its cost to the community.



A team of people contributed to this booklet. The original text was written by a doctor with expertise in the subject. It was assessed at draft stage by doctors, allied health professionals, an education specialist and people with arthritis. A non-medical editor rewrote the text to make it easy to understand and an **arc** medical editor is responsible for the content overall.



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