

A raised (higher) toilet seat often makes the difference between dependent and independent toileting because weak quadriceps muscles and sore knees inhibit the ability to raise the body from a low sitting position.

A child's natural affinity for play offers many opportunities for incorporating therapeutic exercises. Throwing or kicking a ball and riding a tricycle (with the seat raised to achieve maximum leg extension) are excellent moving and stretching exercises for a young child whose daily living activities are physically limited.

An effective approach to beginning the day's activities is to awaken children early to give them their medication and then to allow them to sleep for an hour. On arising, children take a hot bath (or shower) and perform a simple ritual of limbering-up exercises, after which they commence the activities of the day, such as going to school. Exercise, heat, and rest are spaced throughout the remainder of the day according to the child's individual needs and schedules. Parents are instructed in exercises that meet the child's needs.

The Arthritis Foundation and the American Juvenile Arthritis Alliance (an organization within the Arthritis Foundation) provide information and services for both parents and professionals, and nurses can refer families to these agencies as an added resource.

Support Child and Family

JIA affects every aspect of life for the child and family. Physical limitations may interfere with self-care, school participation, and recreational activities. The intensive treatment plan, including multiple medications, physical therapy, comfort measures, and medical appointments, is intrusive and disruptive to the parents' work schedule and the family routine. To prevent isolation and foster independence, the family is encouraged to pursue their normal activities. Unfortunately, the adaptations necessary to make that occur take resourcefulness and commitment from all family members. At diagnosis and throughout the span of JIA, it is essential to recognize signs of stress and counterproductive coping and provide the necessary support to maximize adaptation. The problems and needs of these families are discussed in [Chapter 17](#) and readers are directed to that chapter for guidance in planning care.