steroids may be used with acutely active arthritis or systemic features (fevers, rash, and pericarditis). Intra-articular long-acting steroid injections are effective in treating individual joint effusions with minimal adverse effects and frequently provide sustained control. Glucocorticoid education is extensive and includes discussion of potential risks of infection, adrenal insufficiency, cushingoid features, weight gain, mood/sleep changes, hypertension, diabetes, and osteoporosis and avascular necrosis. Simultaneous dietary changes (low calorie and low salt) and, if possible, an active exercise program should be considered when steroids are initiated.

Physical and Occupational Therapy

Physical therapy programs are individualized for each child and designed to reach the ultimate goal—preserving function or preventing deformity. Physical therapy is directed toward specific joints, focusing on strengthening muscles, mobilizing restricted joint motion, and preventing or correcting deformities. Occupational therapists are responsible for evaluating and improving performance of activities of daily living.

Treatment or maintenance programs vary; a child may be seen a couple times a week, or monthly, but the mainstay of any program is the child doing their daily home exercise program, which is demonstrated and revised at each therapy session.

Exercising in a pool is excellent therapy, because it allows an almost weightless freedom of movement against gentle resistance of water. If there is pain on motion, a hot pack or warm bath before therapy may help.

Providers may recommend nighttime splinting to help minimize pain and reduce flexion deformity. Joints most frequently splinted are the knees, wrists, and hands. Loss of extension in the knee, hip, and wrist causes special problems and requires vigilance to detect the earliest signs of involvement and vigorous attention to prevent deformity with specialized passive stretching, positioning, and resting splints.

Nursing Care Management

Nursing the child with JIA involves assessment of the child's general health, the status of involved joints, and the child's