

ARTHRITIS ACTION PLAN



Name: _____

Medical Provider's Name: _____

Clinical Case Manager's Name: _____

Phone: _____

Phone: _____

THINGS TO DO EVERYDAY:

- Take my medicines as directed
- Keep my joints and muscles moving by stretching
- Exercise regularly such as walking for 30 minutes most days
- Use relaxation techniques or massage to relax muscles and release tension
- Use cold or heat to reduce pain or stiffness
- Protect my joints from overuse
- Use splints, elastic supports, a cane or special shoes if directed
- Keep a healthy weight
- Eat a healthy diet
- Spend time with supportive friends and family sharing my thoughts
- Have a positive attitude



MANAGING MY FLARE:

If I have a flare up of my arthritis:

- I will ice for 20 minutes
- I will take my medicine as directed
- I will rest more, but continue with my stretching and range of motion exercises
- I will get extra help with work and home chores
- I will call my medical provider if I am not improving

I WILL CALL MY MEDICAL PROVIDER TODAY IF:

- My pain is increasing, or my medicines are not working as well as before
- I have black tarry stools
- I am having problems taking my medicine

MY PLAN:

I will discuss with my medical provider:

- Exercise/physical activity
- How to manage my pain
- Yearly flu vaccine

THINGS TO AVOID:

- Stress
- Tasks that make me feel worse such as lifting or awkward twisting
- Taking medicines on an empty stomach unless directed by my medical provider

GOALS:

Date:	My Weight:	My Goal:
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NOTES

ARTHRITIS ACTION PLAN

MY ACTION PLAN

Goal: Something I WANT to do (Example: increase physical activity, take medication, make healthier food choices, etc.)

Action: A specific activity that you are going to do in the next 1 to 2 weeks. (Example: I will walk for 30 minutes after dinner with my dog three days each week for the next two weeks.)

What you will do (the behavior):

How much you will do (time, distance, or amount of activity):

When you will do it (time of day):

How often you will do it (number of days per week):

How important is it to you that you complete the action plan you made above? (Fill in your response.)

Not at all important 1 2 3 4 5 6 7 8 9 10 Totally important

How confident are you that you will successfully complete the action plan you made above? (Fill in your response.)

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally confident

Things that might make it hard:

Ways I might overcome these problems:

Follow-up plan (phone or e-mail and date/time):