Preface

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Authored by Beth Loy, Ph.D. Updated 12/30/2015.
JAN’S ACCOMMODATION AND COMPLIANCE SERIES

Introduction

JAN’s Accommodation and Compliance Series is designed to help employers determine effective accommodations and comply with Title I of the Americans with Disabilities Act (ADA). Each publication in the series addresses a specific medical condition and provides information about the condition, ADA information, accommodation ideas, and resources for additional information.

The Accommodation and Compliance Series is a starting point in the accommodation process and may not address every situation. Accommodations should be made on a case by case basis, considering each employee’s individual limitations and accommodation needs. Employers are encouraged to contact JAN to discuss specific situations in more detail.

For information on assistive technology and other accommodation ideas, visit JAN's Searchable Online Accommodation Resource (SOAR) at http://AskJAN.org/soar.

Information about Arthritis

How prevalent is arthritis?
An estimated 50 million adults in the United States have some form of arthritis, and one in five adults report having a diagnosis of arthritis (Centers for Disease Control and Prevention, 2010). By 2030, an estimated 67 million Americans ages 18 years or older are projected to have arthritis, and 25.9% of women and 18.3% men report a diagnosis of arthritis (Centers for Disease Control and Prevention, 2010).

What is arthritis?
Arthritis includes approximately 100 inflammatory and noninflammatory diseases that affect the body’s joints, connective tissue, and other supporting tissues such as tendons, cartilage, blood vessels, and internal organs. There are more than 100 different types of arthritis and the cause of most types is unknown (Arthritis Foundation, 2011a).

What are the symptoms of arthritis?
Swelling in one or more joints, early morning stiffness, recurring pain or tenderness in any joint, obvious redness and warmth in a joint, unexplained weight loss, fever, or weakness combined with joint pain that last more than two weeks are typical symptoms of arthritis. Skin, joint, kidney, lung, heart, nervous system, and blood cell infections may accompany fatigue and difficulty in sleeping. Evaluating arthritis requires an assessment of past history, current symptoms, blood tests, biopsies, and x-rays (Arthritis Foundation, 2011b).
What causes arthritis?
Researchers have identified several risk factors for developing arthritis. For example, the Mayo Clinic identifies the following risk factors: family history, age, sex, previous joint injury, and obesity (Mayo Clinic, 2011).

How is arthritis treated?
Treatments for arthritis vary; exercising, medication, natural remedies, nutrition, and surgery may be helpful. There is no best treatment for everyone who has a particular type of arthritis, as each individual may respond differently to different treatments; emphasis is on improving function of joints and relieving pain (Arthritis Foundation, 2011c).

Arthritis and the Americans with Disabilities Act

Is arthritis a disability under the ADA?
The ADA does not contain a list of medical conditions that constitute disabilities. Instead, the ADA has a general definition of disability that each person must meet (EEOC Regulations . . ., 2011). Therefore, some people with arthritis will have a disability under the ADA and some will not.

A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or is regarded as having an impairment (EEOC Regulations . . ., 2011). For more information about how to determine whether a person has a disability under the ADA, visit http://AskJAN.org/corner/vol05iss04.htm.
Accommodating Employees with Arthritis

(Note: People with arthritis may develop some of the limitations discussed below, but seldom develop all of them. Also, the degree of limitation will vary among individuals. Be aware that not all people with arthritis will need accommodations to perform their jobs and many others may only need a few accommodations. The following is only a sample of the possibilities available. Numerous other accommodation solutions may exist.)

Questions to Consider:

1. What limitations is the employee with arthritis experiencing?

2. How do these limitations affect the employee and the employee’s job performance?

3. What specific job tasks are problematic as a result of these limitations?

4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?

5. Has the employee with arthritis been consulted regarding possible accommodations?

6. Once accommodations are in place, would it be useful to meet with the employee with arthritis to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?

7. Do supervisory personnel and employees need training regarding arthritis?

Accommodation Ideas:

Activities of Daily Living:

- Allow use of a personal attendant at work
- Allow use of a service animal at work
- Make sure the facility is accessible
- Move workstation closer to the restroom
- Allow longer breaks
- Refer to appropriate community services
- Allow access to a refrigerator

Fatigue/Weakness:

- Reduce or eliminate physical exertion and workplace stress
- Schedule periodic rest breaks away from the workstation
- Allow a flexible work schedule, flexible use of leave time, and work from home
- Implement ergonomic workstation design
- Provide a scooter or other mobility aid if walking cannot be reduced
Fine Motor Impairment:

- Implement ergonomic workstation design
- Provide alternative computer access
- Provide alternative telephone access
- Provide arm supports
- Provide writing and grip aids
- Provide a page turner and a book holder
- Provide a note taker

Gross Motor Impairment:

- Modify the work-site to make it accessible
- Provide parking close to the work-site
- Provide an accessible entrance
- Install automatic door openers
- Provide an accessible restroom and break room
- Provide an accessible route of travel to other work areas used by the employee
- Modify the workstation to make it accessible
- Adjust desk height if wheelchair or scooter is used
- Make sure materials and equipment are within reach range
- Move workstation close to other work areas, office equipment, and break rooms

Photosensitivity:

- Minimize outdoor activities between the peak hours of 10:00 am and 4:00 pm
- Avoid reflective surfaces such as sand, snow, and concrete
- Provide clothing to block UV rays
- Provide “waterproof” sun-protective agents such as sun blocks or sunscreens
- Install low wattage overhead lights
- Provide task lighting
- Replace fluorescent lighting with full spectrum or natural lighting
- Eliminate blinking and flickering lights
- Install adjustable window blinds and light filters

Skin Irritations:

- Avoid infectious agents and chemicals
- Avoid invasive procedures
- Provide protective clothing
Sleep Disorder:

- Allow flexible work hours
- Allow frequent breaks
- Allow work from home

Stress:

- Develop strategies to deal with work problems before they arise
- Provide sensitivity training to coworkers
- Allow telephone calls during work hours to doctors and others for support
- Provide information on counseling and employee assistance programs
- Allow flexible work environment:
  - Flexible scheduling
  - Modified break schedule
  - Leave for counseling
  - Work from home/Flexi-place

Temperature Sensitivity:

- Modify work-site temperature
- Modify dress code
- Use fan/air-conditioner or heater at the workstation
- Allow flexible scheduling and flexible use of leave time
- Allow work from home during extremely hot or cold weather
- Maintain the ventilation system
- Redirect air conditioning and heating vents
- Provide an office with separate temperature control

Situations and Solutions:

A machine operator with arthritis had difficulty turning control switches. The small tabs were replaced with larger cushioned knobs and he was given gloves with non-slip dot gripping. These modifications enabled him to grasp and turn the knobs more effectively and with less force.

A plant manager with arthritis was having difficulty moving throughout her plant to monitor assembly line workers. She was accommodated with a motorized scooter.

A drafter with arthritis in his knees was having difficulty accessing his work-site. He was accommodated with a reserved parking space close to the building, a first floor office, and push pad activated power doors.

A customer service representative with arthritis had difficulty typing for long periods. The individual was accommodated with an ergonomic keyboard and tablet computer.
A social worker with arthritis in her hands was having difficulty reading case summaries, manipulating paperwork, and taking notes. She was accommodated with a page turner, bookholder, writing aids, and the option to dictate reports to her clerical staff.

A receptionist with arthritis in his right hand due to an injury needed to input data into a computer. He was accommodated with a left-handed keyboard, an articulating keyboard tray, speech recognition software, a trackball, and office equipment for a workstation rearrangement.

A laborer in a warehouse was having difficulty standing for long periods due to ankylosing spondylitis. As an accommodation he was transferred to a position within the warehouse that allowed him flexibility to stand, walk, and sit, as he needed. The employer also purchased a heated cushion for his chair, gave him a stand/lean stool, and provided him with a cart.

A vice president with osteoarthritis had difficulty maintaining her stamina during the workday. To accommodate the fatigue, she was given a flexible schedule and allowed to come in later when necessary. Her employer also provided her with a recliner for her office so she could take additional rest breaks throughout the day.

A forklift driver with rheumatoid arthritis had difficulty grasping the steering wheel. The forklift was fitted with a spinner ball to eliminate the need for grasping.

A secretary with rheumatoid arthritis was limited in typing due to pain and stiffness in her hands due to cold temperatures. These symptoms were exacerbated in the winter months but occurred throughout the year due to the below average air temperature in her office. She was accommodated with a space heater, additional window insulation, and speech recognition software.

An insurance clerk with arthritis from systemic lupus erythematosus was experiencing pain in her back, neck, and hands from sitting for long periods of time doing computer work. She was accommodated with speech recognition software, an ergonomic chair, and an adjustable sit/stand workstation.

A library assistant was limited in her ability to stand for long periods. To assist her when standing, the employer purchased a stand/lean stool.

Products:

There are numerous products that can be used to accommodate people with limitations. JAN's Searchable Online Accommodation Resource (SOAR) at http://AskJAN.org/soar is designed to let users explore various accommodation options. Many product vendor lists are accessible through this system; however, upon request JAN provides these lists and many more that are not available on the Web site. Contact JAN directly if you have specific accommodation situations, are looking for products, need vendor information, or are seeking a referral.
Resources

**Job Accommodation Network**
West Virginia University
PO Box 6080
Morgantown, WV 26506-6080
Toll Free: (800)526-7234
TTY: (877)781-9403
Fax: (304)293-5407
jan@AskJAN.org
http://AskJAN.org

The Job Accommodation Network (JAN) is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.

**Office of Disability Employment Policy**
200 Constitution Avenue, NW, Room S-1303
Washington, DC 20210
Direct: (202)693-7880
TTY: (202)693-7881
Fax: (202)693-7888
infoODEP@dol.gov
http://www.dol.gov/odep/

The Office of Disability Employment Policy (ODEP) is an agency within the U. S. Department of Labor. ODEP provides national leadership to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to employment.

**American Autoimmune Related Diseases Association**
22100 Gratiot Ave.
E. Detroit, MI 48021
Direct: (586)776-3900
Fax: (568)776-3903
http://www.aarda.org

The American Autoimmune Related Diseases Association is dedicated to the eradication of autoimmune diseases and the alleviation of suffering and the socioeconomic impact of autoimmunity through fostering and facilitating collaboration in the areas of education, research, and patient services in an effective, ethical, and efficient manner.
Arthritis Foundation
1330 W. Peachtree Street
Suite 100
Atlanta, GA 30309
http://www.arthritis.org

The mission of the Arthritis Foundation is to support research to find the cure for and prevention of arthritis and to improve the quality of life for those with arthritis.

Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
Toll Free: (800) 232-4636
TTY: (888) 232-6348
http://www.cdc.gov

National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institutes of Health
1 AMS Circle
Bethesda, MD 20892-3675
Toll Free: (877)22N-IAMS
Direct: (301)495-4484
TTY: (301)565-2966
Fax: (301)718-6366
niamsinfo@mail.nih.gov
http://www.niams.nih.gov

The mission of the National Institute of Arthritis and Musculoskeletal and Skin Diseases is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases, the training of basic and clinical scientists to carry out this research, and the dissemination of information on research progress.

National Osteoporosis Foundation
251 18th Street S,
Suite 630
Arlington, VA 22202
Toll Free: (800) 231-4222
Local: (202) 223-2226
Fax: (202) 223-2237
info@nof.org
http://www.nof.org

The National Osteoporosis Foundation (NOF) is the leading nonprofit, voluntary health organization dedicated to promoting lifelong bone health in order to reduce the widespread prevalence of osteoporosis and associated fractures, while working to find a cure for the disease through programs of research, education, and advocacy.
References


