

*In My Hands:  
Therapeutic, Self-Help,  
Hand Exercises for  
Strength and Dexterity*



# Activity, Time and Materials

## ACTIVITY:

Muscle strength decreases with age. Many elderly people have degenerative joint disease and arthritis, which affects not only the major joints in the human hand, but also the smaller joints. This interferes with normal, everyday activities, such as buttoning a shirt, brushing one's teeth, or folding one's laundry. Participants should engage in these hand exercises daily to increase flexibility and strength, and to improve fine motor skills. It also is recommended that these hand exercises are utilized prior to each and every art activity described in this compilation. The exercises will be preceded by a discussion of folk medicine and other forms of traditional self-help to improve one's own personal health. Activities coordinators with physical or occupational therapists, or other appropriate medical staff, should direct this lesson plan.

**Important Note:** It is up to the medical staff at each elder care facility to review these exercises and determine who should or should not participate based on each individual's medical history. If pain occurs during these exercises, cease the movement immediately. It is recommended that the elder care facility's physical therapist or other trained staff guide the group in the exercises described when first conducted.

## TIME:

Sixty minutes over one session (including both the discussion and the exercises; if it's just the exercises, then plan on thirty minutes twice a day).

## MATERIALS:

- The book *Sundogs and Sunflowers: Folklore and Folk Art of the Northern Great Plains*

## **“THREE PLAGUES” (LONELINESS, BOREDOM, HELPLESSNESS):**

These activities are designed to increase motor capabilities, most especially in the hand area. Degenerative joint disease and arthritis may leave many individuals in a diminished capacity, where they are unable to perform everyday activities and are feeling helpless. Hand exercises, as illustrated in the images provided, may increase an individual’s capacity to do the things they love, decrease their sense of helplessness, and lead to a more independent and confident lifestyle. Doing these exercises as a group prior to engaging in any of the art activity plans described in this compilation may increase the elders’ ability to more fully participate, thus decreasing their sense of helplessness, loneliness, and boredom. Participating in a group discussion that leads to creating bonds, based on holding things in common between individuals, will also aid in decreasing their sense of loneliness and boredom.

### **ASSOCIATED MEDICAL STUDY:**

M.A. Williams et al. wanted to “estimate the clinical effectiveness and cost-effectiveness of adding an optimised [sic] exercise programme [sic] for hand and upper limbs to standard care for patients with RA [rheumatoid arthritis]” and to “qualitatively describe the experiences of participants in the trial with a particular emphasis on acceptability of the intervention, exercise behaviours [sic] and reasons for adherence/non-adherence.” The study involved 21 rheumatology and therapy departments. 490 patients received “usual care or usual care plus an individualised [sic] exercise programme [sic]. Usual care consisted of joint protection education,

general exercise advice and functional splinting if required. The exercise programme [sic] consisted of six sessions of strengthening and stretching exercises with a hand therapist, daily home exercises and strategies to maximise [sic] adherence. . . . The qualitative study found the exercise programme [sic] to be acceptable and highlighted the importance of the therapist in enabling patients to establish a routine and incorporate the exercises into their lives.

“The results of the ‘Strengthening and Stretching for Rheumatoid Arthritis of the Hand’ trial suggest that the addition of an exercise programme [sic] for RA hands/wrists to usual care is clinically effective and cost-effective when compared with usual care alone. No adverse effects were associated with the exercise programme [sic]. The economic analysis suggests that the intervention is likely to be cost-effective.” [Abstract]

*—Williams, M.A., E.M. Williamson, P.J. Heine, V. Nichols, M.J. Glover, M. Dritsaki, J. Adams, S. Dosanjh, M. Underwood, A. Rahman, C. McConkey, J. Lord, and S.E Lamb. “Strengthening and Stretching for Rheumatoid Arthritis of the Hand (SARAH): A Randomised Controlled Trial and Economic Evaluation.” Health Technology Assessment (Winchester, England) 19, no. 19 (March 2015): 1-222.*

(Note: The activity plan described, as well as the exercises illustrated by Dr. Parul Gupta, are completely independent of the medical study cited above.)

# Activity Plan

## SESSION 1 (60 MINUTES):

Allow approximately 30 minutes for discussion plus 30 minutes for exercises. It is recommended that the exercises be repeated twice daily.

1. The person leading this activity plan should explain to the participants that they will engage in a discussion of folk medicine and then conduct hand exercises designed to improve flexibility, strength, and fine motor skills. Explain that muscle strength decreases with age, and that many elderly people have degenerative joint disease and arthritis, which affects not only the major joints in the hand, but also the smaller joints. This interferes with normal, everyday activities, such as buttoning a shirt or brushing one's teeth.

2. To begin the discussion on folk medicine, read the following out loud to the group:

According to the book *Sundogs and Sunflowers*, "Folk medicine is especially strong among the people of the Great Plains partly due to geographic isolation, a close connection to the land, and an enduring traditional identity. In a vast area with many small towns separated by great distances measured by time rather than miles and with physicians few and far between, many people use home and herbal remedies to treat day-to-day ailments like toothaches, stomachaches, cuts, and colds" (page 164). Because of this situation and due to other factors, many people often sought and still continue

to seek to help themselves when it comes to one's own health.

3. Now, set the stage to initiate a conversation between the participants (not just between the person directing this activity plan and the participants) about folk remedies. Do this by reading aloud to the group the following selected examples from *Sundogs and Sunflowers*:

- folklore item "10. A Ketchup Bottle & Needle," page 169, Chapter 7
- folklore item "13. Use Ice Water," page 170, Chapter 7
- folklore item "20. Lard & Pepper," page 171, Chapter 7
- folklore item "24. A Family Recipe," page 172, Chapter 7
- folklore item "38. Kerosene on a Stick," page 176, Chapter 7
- folklore item "73. Another True Story," page 186, Chapter 7

After reading the above examples, ask participants to share any folk remedies or folk remedy stories they might remember. Try to initiate a dialogue between the participants themselves. Ask them to describe the folk remedy and whether or not it seemed to work. Ask them if their parents or grandparents ever utilized folk or home remedies and to share what they did, with what they did it, and whom they were helping.

4. The person directing the activity should now explain that there are folk or home remedies specifically for arthritis. Read aloud to the group the following selected examples from *Sundogs and Sunflowers*:

- folklore item “5. A Piece of Copper Wire,” page 167, Chapter 7 (also show the picture to those attending the activity)
- folklore item “6. A Teaspoon of Lemon Juice,” page 167, Chapter 7
- folklore item “7. A Potato in the Pocket,” page 167, Chapter 7

Again, as in the previous examples, entice the participants to share folk or home remedies they may have heard about regarding arthritis and other joint or muscle pain. The sharing of this information and the recognition that those in attendance may experience the same kinds of pains may help to form a bond between individuals, thereby helping to alleviate a sense of loneliness.

5. The person directing the activity then should read the following out loud to the group:

The examples given are not provided so as to be used, but to illustrate that many people seek different ways to help themselves when it comes to health matters. Some folk or home remedies have not been proven scientifically (nor disproven, for that matter) to be effective. At the same time, the roots of various Western medical practices can be traced back to traditional folk medicine. According to the book *Sundogs and Sunflowers*, “Purple foxglove

or ‘fairy’s glove’ was in folk use long before it was ‘discovered’ in England in 1785 by botanist-physician William Withering. He learned of its medicinal use from a folk healer, an old woman in the Birmingham area. It is the source of digitalis used today by physicians to treat serious heart ailments” (page 164).

6. The person directing the activity now should read aloud to the group the following example from *Sundogs and Sunflowers*, which is preceded and concluded by text that should also be read:

Massage has a long tradition within folk and home remedies. Take reflexology, for instance. (Now read and show the pictures from the folklore item “Reflexology: Therapeutic Foot Massage,” on page 166, Chapter 7.) Today, modern massage therapy and chiropractors are accepted by many within the Western scientific medical world as being helpful in promoting health.

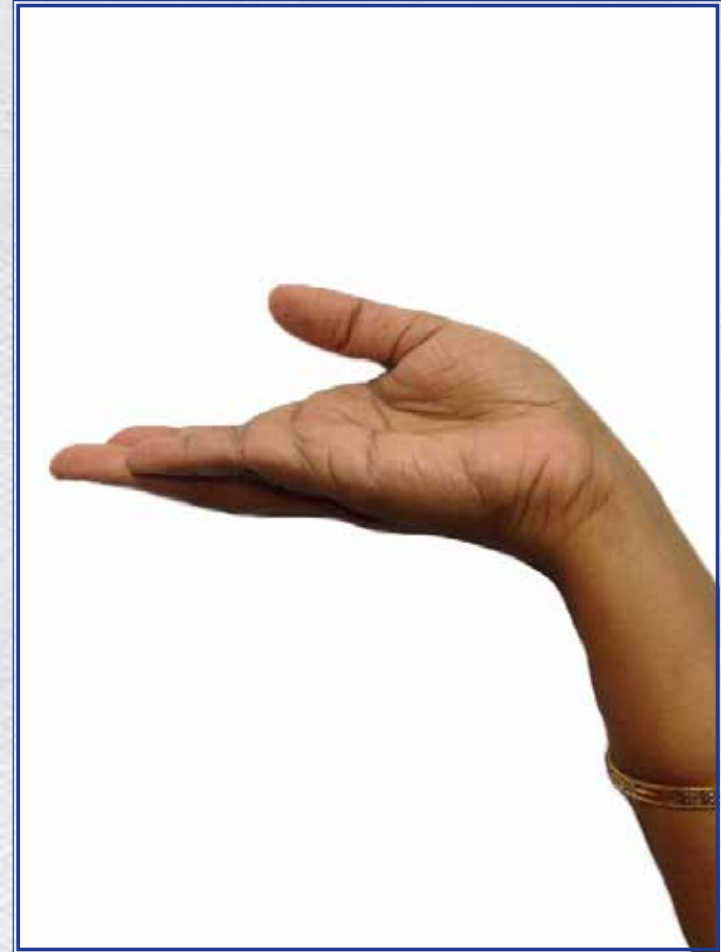
7. Explain to the group that they now will conduct hand exercises and stretches deemed helpful by medical science and recommended by health care professionals. Demonstrate and guide the people in attendance by following the images and instructions provided. (Repeat each exercise thirty times, twice each day for both hands.)



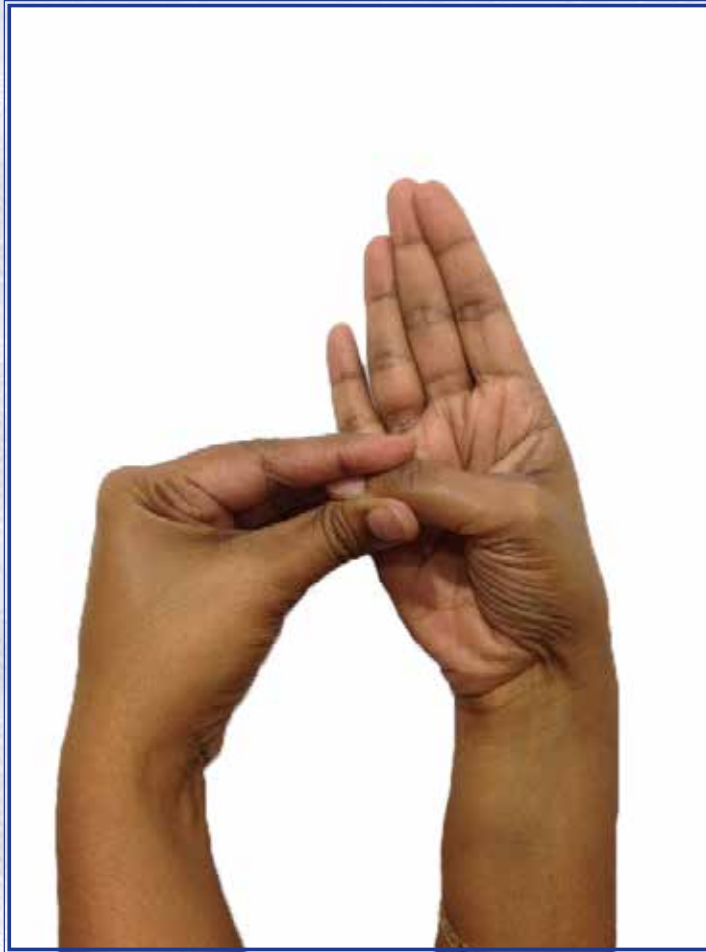
*Finger position in which you start with touching your thumb to each fingertip. Touch all the fingertips with your thumb.*



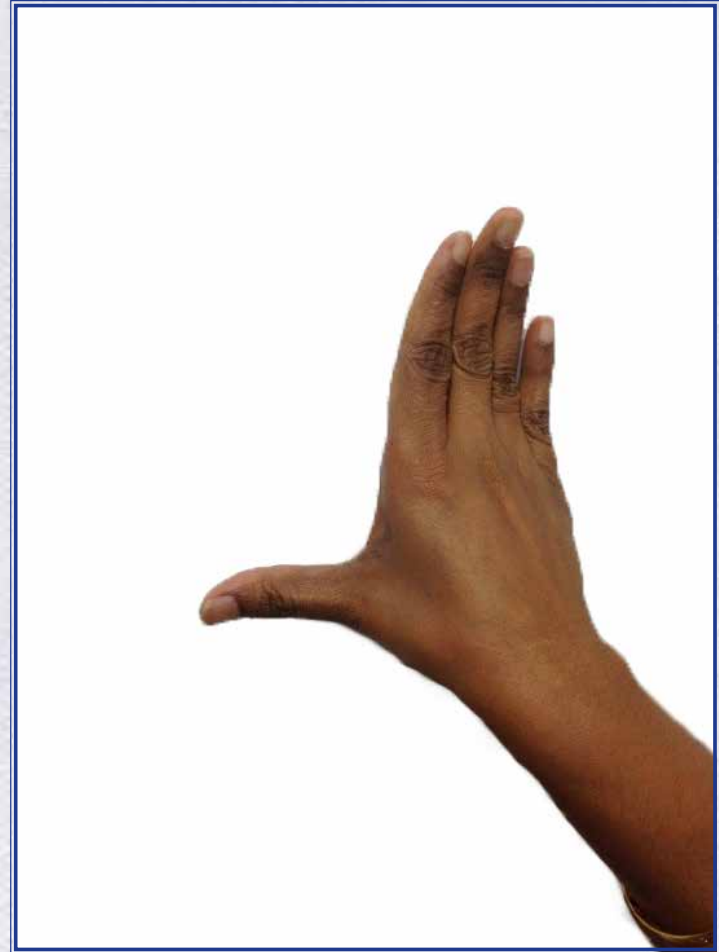
*Move your thumb across the palm as far as possible and hold that position for a few seconds. Relax and move the thumb to a "hitchhiking" position.*



*Flexion and extension of wrist. Flex wrist and with other hand gently bend wrist until a stretch is felt. Hold for a few seconds. Relax and move wrist in the opposite direction, again using your opposite hand to achieve a gentle stretch. Repeat.*

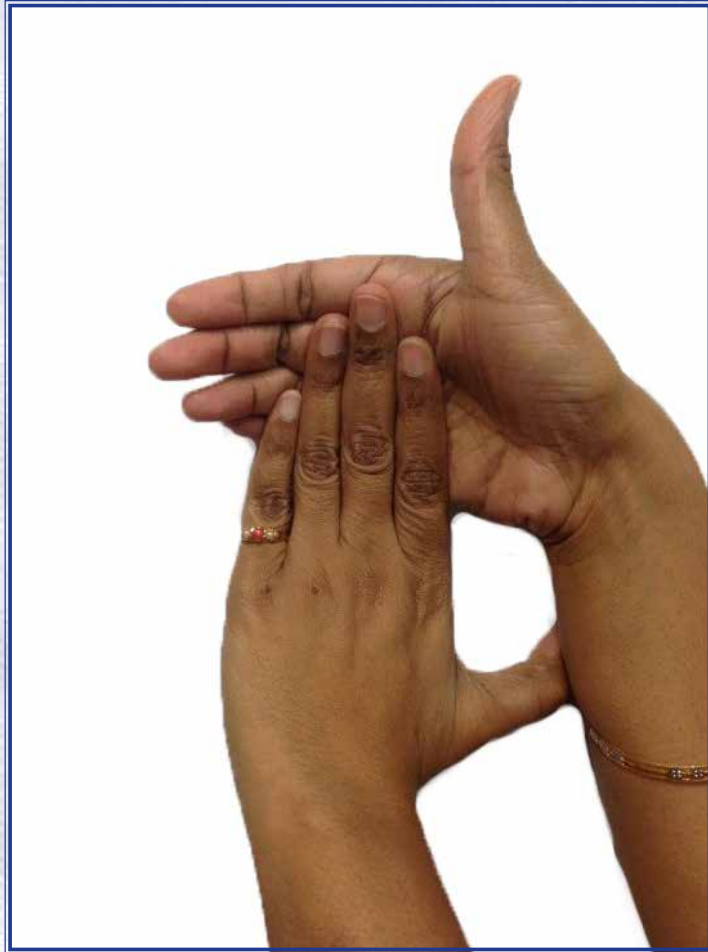


*With one hand, gently bend thumb at the knuckle across the hand until a slight stretch is felt. Hold for a few seconds. Relax, then repeat.*

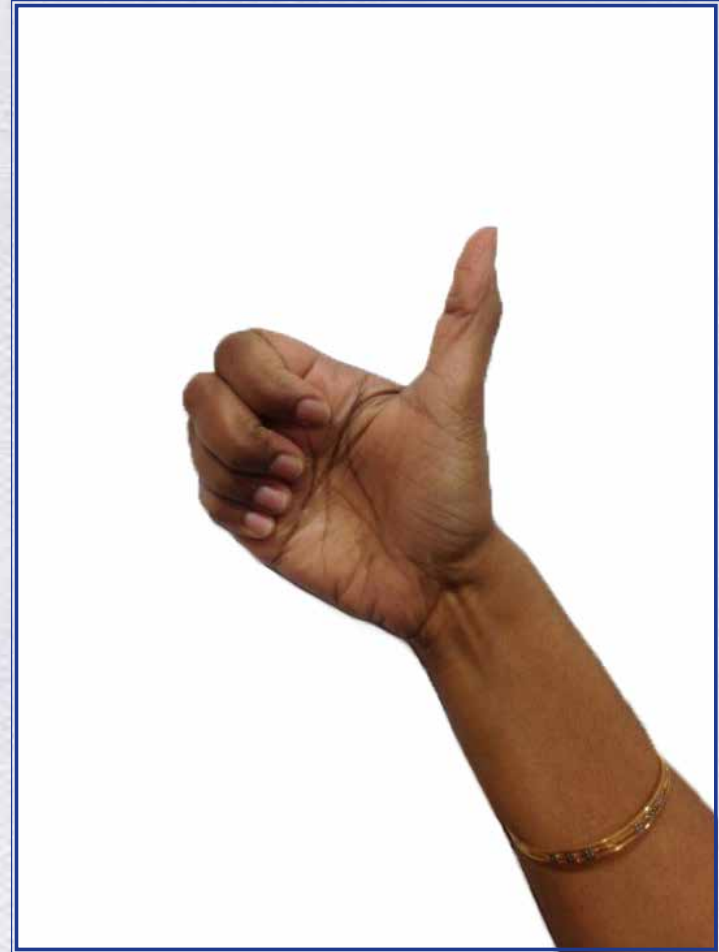


*Thumb abduction and adduction. Extend thumb away from the palm as far as possible. Hold for a few seconds, return thumb towards fingers moving just the thumb, and repeat.*

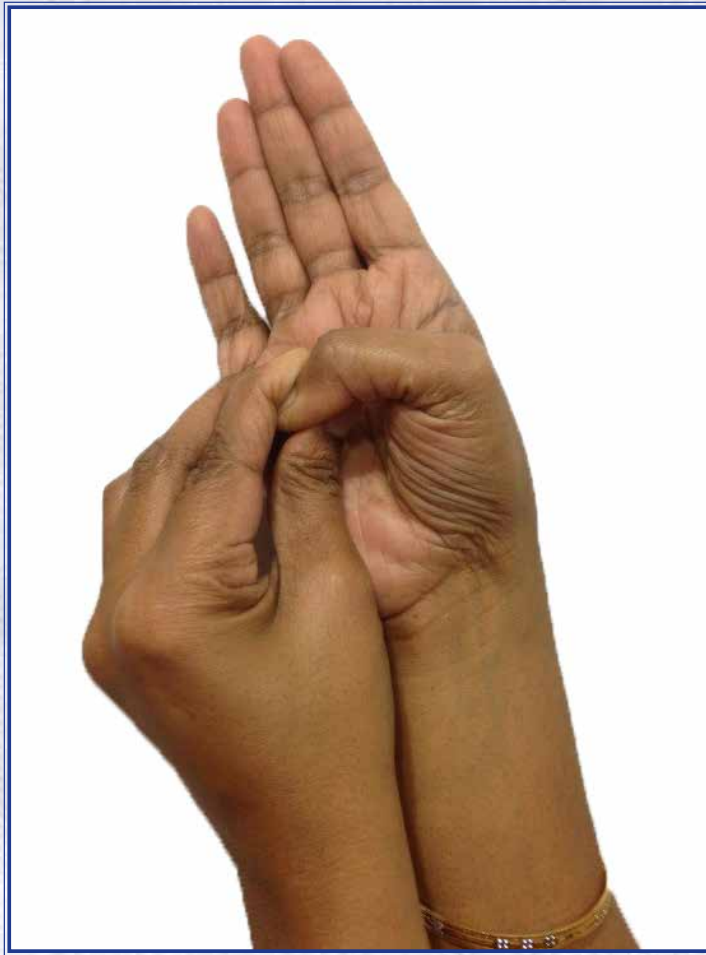




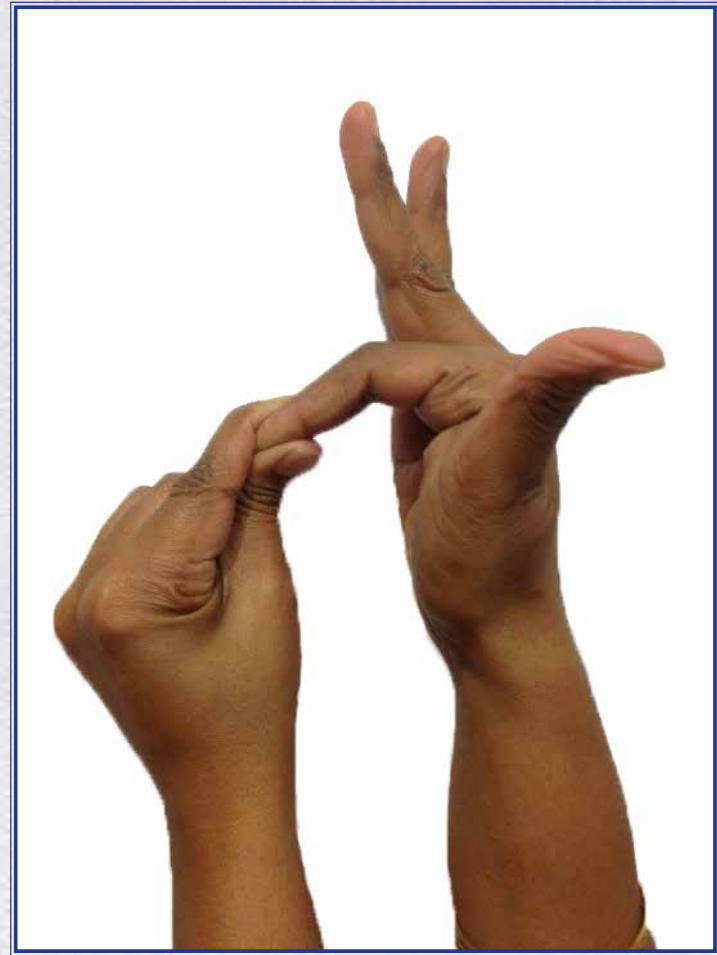
*With one hand, slowly and gently push against the other to bend the wrist backward until a stretch is felt. Hold for a few seconds. Relax, then repeat.*



*Beginning with an outstretched, open hand, and starting at the fingertips, roll hand into a fist. Hold for a few seconds, then repeat.*



*With one hand and with no resistance, gently bend thumb of the other hand at the knuckle. Hold for a few seconds, relax, and straighten thumb as much as possible. Repeat.*



*With one hand and with no resistance, gently bend the third row of knuckles of each finger of the other hand. Hold for a few seconds, relax, and straighten finger as much as possible. Repeat. Then repeat the process for the middle and first knuckles of each finger.*

8. The first time this activity is conducted as a group, include the folk medicine discussion. After that, just the exercises can be done. People may want to do these exercises for a few minutes prior to starting other art activities, as well, in order to be able to more fully participate. As a matter of daily routine, it is recommended that hand exercises be utilized twice every day. If pain occurs during these exercises, cease the movement immediately.

**AUTHOR • PARUL GUPTA, M.D.:**

Dr. Gupta graduated from LLRM Medical College in Meerut, India, and specializes in palliative care and geriatric care. She is certified by the American Board of Internal Medicine and the American Board of Geriatric Medicine. Dr. Gupta completed a fellowship in Geriatric Medicine at the University of Missouri in Kansas City and a residency in Internal Medicine at the Mount Sinai School of Medicine in Jersey City, New Jersey. She previously served as the Director of Geriatric Primary Care in the Veterans Administration Health Care System in Fargo, North Dakota. Currently, Dr. Gupta is the Director of the Elder Care Program at Essentia Health in Fargo, North Dakota. Dr. Gupta enjoys working with the geriatric population and her stated goal is to improve the health of her patients and to prevent and treat diseases.

**AUTHOR • TROYD GEIST:**

Troyd is the state folklorist with the North Dakota Council on the Arts who is charged with encouraging the preservation and continuation of folk and traditional arts, heritage, and culture. He holds a Master of Arts degree in Sociology/Anthropology from North Dakota State University, and has participated in and conducted projects involving the impact of folk art and folk traditions on personal health and well-being. Those efforts include traditional storytellers working with fetal alcohol research and prevention programs, Bell's palsy as viewed and treated in traditional cultures, familial Alzheimer's disease tracking using anthropological methods, and the use of culturally infused narrative and traditional music for guided imagery. He directed the original *Art for Life* pilot project in 2001-2003, which measured the effects of long-term folk arts and artist interaction on combating the negative impact of the "Three Plagues" (loneliness, boredom, and helplessness) that many residents in elder care facilities experience. Subsequently, he developed the *Art for Life Program*. With Dr. Timothy J. Kloberdanz, Troyd co-edited, co-compiled, and co-authored the book *Sundogs and Sunflowers: Folklore and Folk Art of the Northern Great Plains*.

*(All images of hand exercises provided courtesy of Dr. Parul Gupta.)*