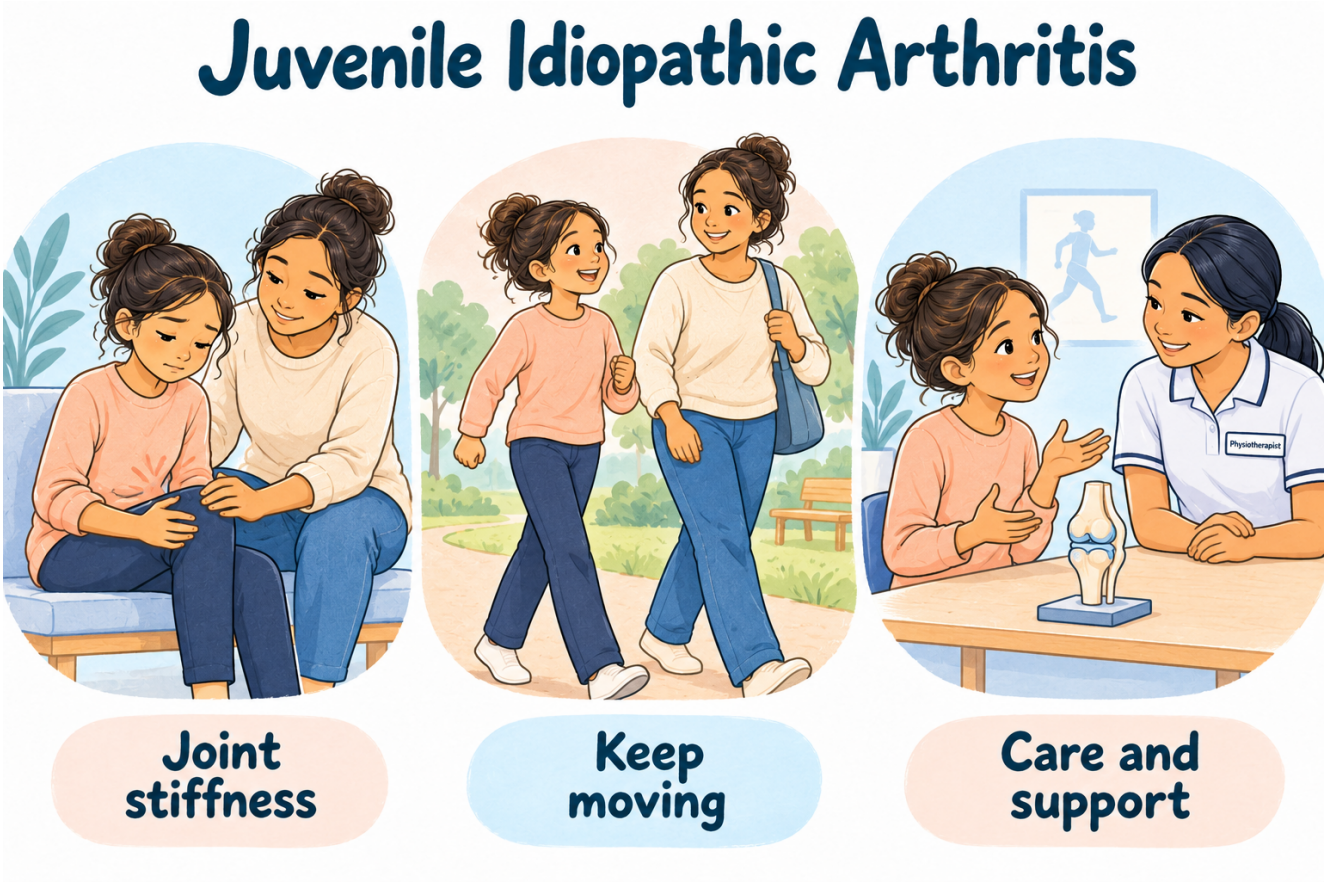
Juvenile Idiopathic Arthritis (JIA)

Information for children, parents and carers

Juvenile Idiopathic Arthritis (JIA)

A guide to symptoms, treatment and recovery



Understanding the condition

Juvenile idiopathic arthritis (JIA) is a group of conditions causing joint inflammation that starts before age 16. Joints may become swollen, painful or stiff. The immune system is involved; JIA is not contagious and is not caused by an injury.

Supporting your child

Nothing your child or family did caused JIA. Early specialist treatment, regular monitoring and a personalised activity plan help children stay active at school and at home. Many achieve remission; some need longer-term treatment.

Symptoms and assessment

Understanding the cause and when to seek help

Common symptoms

Joint swelling, warmth, pain or reduced movement; morning stiffness or stiffness after rest; limping, tiredness and reduced activity. Some children have little pain despite swelling. Fever and rash can occur in systemic JIA.

Different types of JIA

Oligoarticular: four or fewer joints in the first six months.
Polyarticular: five or more joints in the first six months.
Systemic: fever, rash and wider inflammation, as well as arthritis.
Enthesitis-related: inflammation at tendon or ligament attachments, sometimes the spine.
Psoriatic: arthritis associated with psoriasis, nail changes or swollen fingers/toes.

Why does it happen?

The exact cause is unknown. Genes, immune-system changes and environmental triggers may contribute. It is not caused by everyday play, exercise or anything a parent has done.

Assessment and diagnosis

A paediatric rheumatology team reviews symptoms and examines joints. Blood tests and ultrasound or MRI may help. JIA usually involves arthritis lasting at least six weeks after other causes are excluded. Do not wait six weeks to seek advice about a swollen joint.

Eye checks are essential

Uveitis is inflammation inside the eye and may have no symptoms. Attend specialist eye screening at the intervals set by your child's team, even when the eyes look and feel normal.

Key message

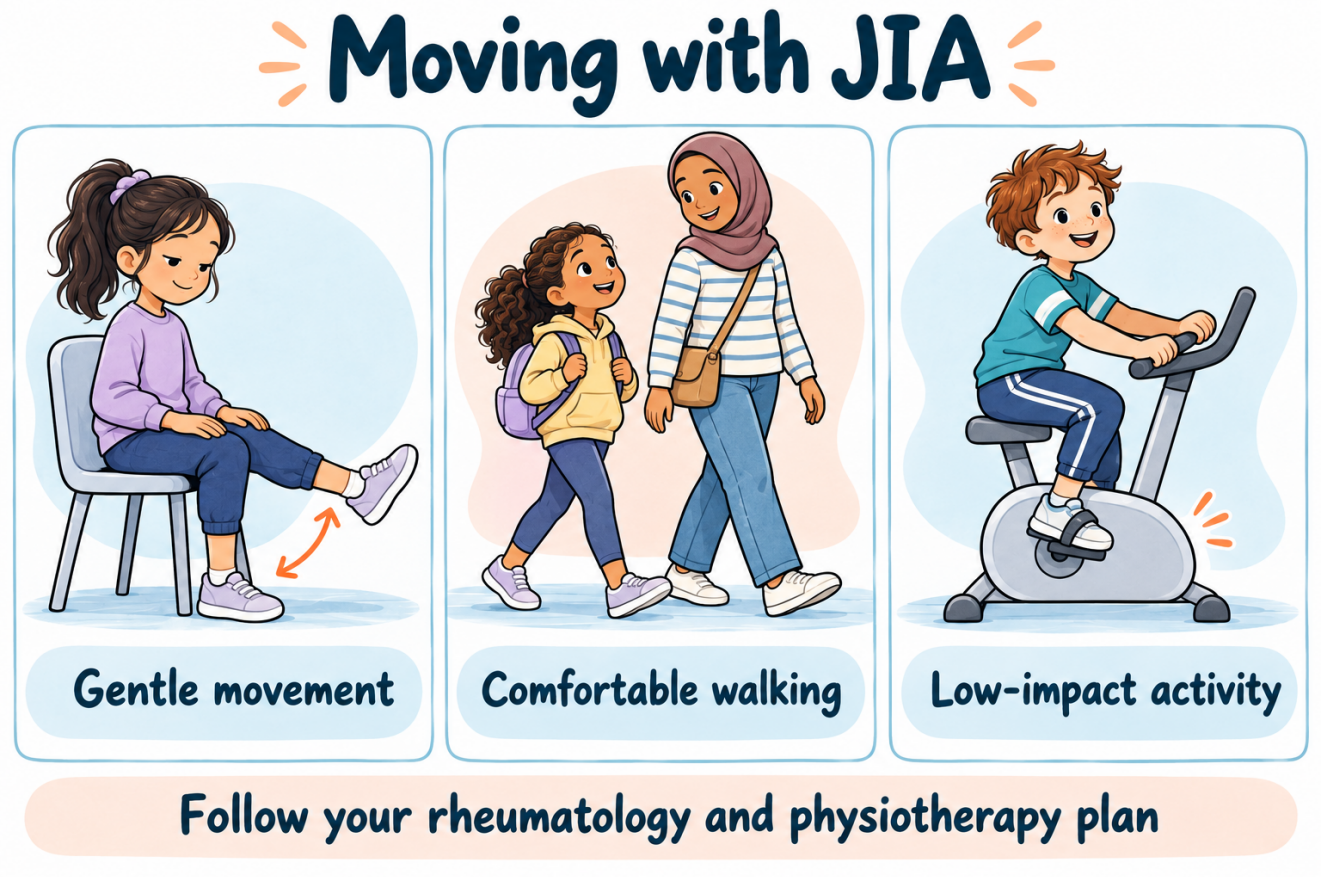
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Exercises and rehabilitation

Activity guided by your child's healthcare team

Before starting activity

These pictures show activity options, not a fixed exercise prescription. Your child's rheumatology physiotherapist should tailor movement, strengthening and exercise to affected joints and symptoms.



Activity guidance

Gentle movement: practise comfortable joint movements as taught.
Activity: build up walking, cycling or swimming to suit your child.
Strength: follow prescribed muscle-strengthening exercises.
During a flare: reduce intensity and impact; use the team's advice rather than forcing a swollen joint.

Important precautions

Keep activity enjoyable and allow rest breaks. Stop and seek advice if pain, swelling or limping increases. A very painful hot joint, inability to bear weight or a child who is unwell needs urgent assessment.

Treatment and next steps

Caring for your child and finding support

Treatment from the specialist team

Medicines may include anti-inflammatory pain relief, steroid injections or tablets, methotrexate or other disease-modifying drugs, and biologic medicines. The team selects treatment and arranges blood-test monitoring. Take medicines only as prescribed; do not change doses without advice.

Physiotherapy, school and daily life

Physiotherapy supports movement, strength and participation. Occupational therapy can help with handwriting, joint protection and daily tasks. Discuss PE adaptations, movement breaks and fatigue with school. Support balanced meals, sleep and emotional wellbeing; ask about calcium or vitamin D if needed.

Flares and when to get help

Contact the team for increasing swelling, stiffness, limping or medicine side effects. Seek same-day advice for fever or infection while taking immune-suppressing medicines, or painful/red eyes, light sensitivity or blurred vision. Sudden loss of vision needs emergency care.

Long-term support and outlook

Attend rheumatology, blood-test and eye-screening appointments. Many children live active lives and some achieve remission. Use JIA-at-NRAS (jia.org.uk) and Arthritis UK (arthritis-uk.org) for family support. Eye screening remains important even when joint symptoms improve.

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