

ASTRETCH

WINTER 2014

www.asaustralia.org

ANKYLOSING SPONDYLITIS AUSTRALIA



The ABC of AS by Linda Bradbury RGN, MSc, MNPSt, Nurse Practitioner—Rheumatology

At the symposium recently, I decided to take the audience back to school and to the alphabet..... but with a difference!

A is for Disease Activity and Physical Activity

The main aim of managing AS is maintaining a flexibility programme but in this presentation, I only talked about disease activity as Margaret Lewington was speaking later in the day about physical activity.

Smoking

Most people know the link between smoking and heart and lung disease but not many know about smoking and AS. Smoking triggers more inflammation and can therefore increase disease activity.

Weight

One thing that is very difficult to manage is weight: As inflammation increases, weight often drops and as inflammation becomes under control, weight will increase. We also worry about weight because of the effect on the joints as well as the risk of some medications not working as well.

How do we assess disease activity?

Taking a detailed history of the type of pain, where and when is important – this works out whether the pain you are having is inflammatory in nature. We also ask patients to complete a questionnaire about their pain which gives us an indication of how severe it is. Finally, raised inflammatory markers in the blood (ESR and CRP) can be good indicators although they can be raised for other reasons eg infection.

Medications

Initially, AS is usually treated with a non-steroidal anti-inflammatory drug (NSAID) eg naproxen, indomethacin, meloxicam etc. These are often taken at night so they work their magic while you are asleep – they help with the pain experienced at night as well as the morning stiffness and pain. Not everybody can take NSAIDs and so you need to take advice from your specialist.

Some people with AS can also experience pain in their peripheral joints and so disease modifying anti-rheumatic drugs (DMARDs) can be useful eg methotrexate or sulphasalazine. These drugs don't work straight away; it can take weeks or months to have their full effect.

If your disease is still not under control, your specialist may suggest one of the class of drugs called anti-TNFs eg adalimumab, etanercept, golimumab or infliximab. All drugs are given either by subcutaneous injection or infusion and so there are patient support programmes available to help. As they are very expensive medications, patients have to meet certain Medicare requirements to gain initial access on the PBS as well as being able to continue treatment. During the presentation, I went into more detail about safety issues whilst on these drugs eg infection risk, vaccines, storage and travel as well as injection site reactions, injection pain and the importance of annual skin checks. But, not everybody is suitable for anti-TNF therapy and this is assessed on an individual basis by your rheumatologist.

It is important to tell any health care professional (including dentists) what medication you are taking. All drugs have side effects and sometimes there are special precautions to

The information contained in this newsletter should not take the place of advice and guidance from your own health-care providers.

Be sure to check with your doctor about changes in your treatment plan.

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be taken – please take advice from your specialist if you have any concerns.

B is for **B**ody *Other considerations*

There are some diseases that are associated with AS: 30% of patients will get iritis, 10% psoriasis, 10% inflammatory bowel disease ie Crohn’s Disease or Ulcerative Colitis (**not** irritable bowel disease) and 1% aortic valve disease. Osteoporosis is also linked with AS

Smoking

It is important to stop smoking - advice can be given by your specialist or your GP. You may need nicotine replacement therapy depending on how addicted you are – we assess this by asking how long it is before you have your first cigarette in the morning and how many cigarettes you smoke. Pick a time to give up and stick with it, document how much money you are saving and treat yourself!

Diet

There is no diet proven by research that has been shown to help arthritis (except gout). Care should be taken when following strict diets particular with dairy free diets because of the risk of osteoporosis – you should take advice from your specialist if you are considering changing your diet to this degree. It is very difficult to assess whether a change in your diet is having an effect on your AS because of the nature of the disease. Inflammation can go up and down and you can feel better/worse from day to day. We would usually advise a well-balanced diet!

Fish Oils (Omega-3)

Oily fish such as tuna, salmon, herring, sardines and mackerel are rich in omega-3. Flaxseed and canola oil are not as effective and large amounts of fish **liver** oil is dangerous as this is rich in vitamin A. You are unlikely to obtain enough omega-3 in your diet alone to reach the recommended 2.7g/day for arthritis. It can take 2-3 months before you see any effect and if you are taking warfarin or aspirin you must take advice from your specialist before taking supplements.

C is for **C**ommitment

AS requires lifelong management. It is important to take ownership of your disease and to develop strategies to live your life as ‘normally’ as possible. Talk to your family and friends for support, involve your GP in your care and follow your specialist advice.

D is for **D**riving

AS can affect the whole spine and we are concerned about disease affecting your neck. This can cause limitations in how far you can move your neck and consequently rotation during driving. The licensing authorities provide guidelines as to the law and your responsibilities and it is important to be aware of these. At the Princess Alexandra Hospital AS specialist clinic, if we are concerned about the range of movement you have, we recommend a driving assessment with the Occupational Therapy department. The aim of this is not to stop you driving but rather to ensure that you are safe.

The Rest of the Alphabet?

Unfortunately, time prevented me from discussing any more of the alphabet in depth but something can be found for each letter:

- E** is for **E**xercise
- F** is for **F**atigue
- G** is for **G**enetics
- H** is for **H**ealthy..... etc

If you have any questions about my presentation or would like to attend the specialist AS clinic at the Princess Alexandra Hospital, please do not hesitate to contact me on:-

07 3443 7078 or l.bradbury@uq.edu.au.



Linda Bradbury, Philip Robinson, Penny Lewis and Margaret Lewington

Stop Struggling with your Spondyloarthritis: Cultivate Acceptance, Mindfulness and Self-Compassion (Part 1)

by Penny Lewis, Clinical Psychologist

For this article, I reflected on my personal journey with Spondyloarthritis (SpA) over the last 25 years and which psychological therapies have given me the most effective coping strategies. Top of the list are Acceptance and Commitment Therapy (ACT) and Compassion Focused Therapy (CFT). In part one of this article, I will discuss some core principles of ACT and how they can help with managing SpA. ACT is a mindfulness-based behaviour therapy and in part two of this article, I will talk more about the use of mindfulness and CFT.

ACT (pronounced as the word “act”) was developed in the late 1980s by American psychologists Steve Hayes, Kelly Wilson and Kirk Strosal. They saw it as an evolution of the well-established school of Cognitive Behaviour Therapy. Since its development, research involving controlled randomized trials has supported the effectiveness of ACT in managing a range of conditions including depression, anxiety and chronic pain.

As the name implies, ACT involves both acceptance and commitment. ACT aims to assist you to acknowledge and accept what you cannot control (thoughts, feelings, body sensations ... whatever life throws at you) so that you do not waste your energy struggling with and judging your illness and your reactions to it. Instead, you commit to take effective action in areas you can control – like how you want to be in the domains of your life that you value (e.g. relationships, health, and personal growth).

When you have a chronic illness, the aim of ACT is to create a life that is rich and meaningful **around** pain, illness and negative emotional states and thoughts - rather than a life **free** of pain/ illness/anxiety/depression/stress etc. Trying to be free of these symptoms is simply an unhelpful pursuit as, by definition, a chronic condition is one you need to learn to live with. Paradoxically, despite what many believe, acceptance actually leads to symptom reduction as we remove the overlay of the disabling distress that comes from the ‘I want this illness gone’ mindset.

Acceptance

The principle of “acceptance” has been the most valuable concept for me to embrace on my journey with SpA. The Buddhist teacher, Shinzen Young, developed this formula to explain suffering. He said Suffering = Resistance x Pain. This is where the notion of acceptance comes in, as *acceptance* is the opposite of *resistance*. So, the more you resist and struggle with your illness, the greater the suffering you experience.

In ACT, acceptance does not mean you like SpA or have no negative thoughts or feelings about it. It means:

- you stop struggling to get rid of it (which is not a battle you can win) or
- judging it (which only compounds your negative feelings) or
- analysing why you have a flare up now (when there are often no answers).

Instead, you acknowledge and make room for feelings like physical pain, or sadness about limitations, so that you can be the person you want to be *around* these feelings. You do not let your pain and illness hold you back from life-enhancing and meaningful actions. And you don’t let them stop you from being the person you aspire to be.

Clean and Dirty Distress.

ACT makes a distinction between “clean distress” and “dirty distress” when dealing with the emotional and physical pain associated with SpA. The essence of “clean distress” is that you are just experiencing the pure distress (“I’m sad, this is unpleasant”; “I feel pain in my left sacroiliac joint today”) without muddying the waters by adding in further negative thoughts like:

- judgements (“I should be able to cope better”; “I shouldn’t feel upset”), or
- assumptions (“This is my fault”; “Other people cope better than I do”) or
- predictions (“I’ll never be able to cope with this”; “I’ll end up in a wheelchair”).

“Dirty distress” also refers to additional feelings about your feelings (e.g. irritated about being sad - “I shouldn’t feel sad – I should just get on with it”). Thus, feeling irritated about your sadness over how you can no longer do that favoured activity is “dirty” distress. Judging yourself for being sad would also be “dirty” distress, while the sadness itself is “clean” distress.

Just to be clear, it is not about being a “stoic” and soldiering on regardless. Ignoring pain is not the answer. This could mean you do not pace yourself which could also take you down a path of more pain. And you do still need to make time and space to acknowledge the emotional distress that goes with the physical pain.

So how do you do this? Studies have shown that writing about or talking out loud (even if it is to yourself) about upsetting situations reduces emotional distress. On the other hand, just thinking about it increases negative feelings. Keeping a journal will assist you with expressing your emotions, particularly if you want an alternative to talking to loved ones about it. (When pain and illness is chronic,

Stop Struggling with your Spondyloarthritis continued from Page 3

friends and family do have their limits on how much they want to hear about it).

Clarify Values

In ACT we also help people clarify their values so they can take actions towards creating the life they want. One ACT exercise to assist with this is to picture your funeral and imagine what people from different areas of your life (friends, family, work) will remember about you and how you lived your life. If what you imagine is not what you would like, this may guide you in making some changes now while you still have time.

Some other questions to ask yourself which may also help with values clarification are:

- What do I want my life to be about?
- If my health was to get significantly worse in 12 months time, what would I regret not having done?
- What is most important to me?
- Are my choices and actions in line with what I value?
- How do I want to be with friends/family/community/myself despite the challenges of this chronic health condition?
- In this moment, if I were being the person I want to be, how would I act right now?
- If SpA wasn't such a problem for me, then I would

Think about if there is anything you value that you have put on hold because you are making your life all about coping with SpA. Actions and choices that take you away from the direction of what you value will lead to greater suffering. Actions and choices in the direction of what you value will lead to vitality.

Applying ACT to Flare-ups

Coping with SpA also means coming to terms with the fact that it is a chronic, waxing and waning condition. Flare-ups happen, and finding a reason for a flare-up can drive you crazy. One of the most frustrating aspects I have found is that there is often no pattern or obvious trigger to explain a flare-up. Therefore, no way of predicting it, and accordingly, no way of controlling it.

Rather than trying to look back over what I did or did not do to cause this flare-up, or planning for every way I might avoid it in the future, I find it is better acknowledging that I am having a flare-up because I have SpA - a condition that flares up. It is what it is.

So how do I want to be in the face of this flare-up? Kind

and gentle with myself in the present. Allowing myself some space to feel the sadness, anger, frustrations etc, before engaging with how I want to be in this next part of my day. Making choices in areas that I do have control over. Choices that will be in the direction of managing this flare up and my health as best I can. This may involve:

- meditating and/or medicating to assist with the pain
- doing some gentle stretches
- pacing what I do today
- reminding myself that flare-ups pass
- shifting my attention away from "why?" to other things (sounds, people, and activities) in my present environment and just doing what I can comfortably do
- setting aside some time to acknowledge (and even write about) my feelings now or later

Writing thoughts down (just as they are, without arguing with them) is a key strategy from ACT as it strengthens the "observing part of you" who can step out of negative spirals of thoughts and feelings. While you can't control whether you have negative thoughts and feelings, you can choose what to do next. You can choose to believe the thoughts (like "I can't do anything" or "I am a failure") or you can see them as just thoughts which come and go and may or may not be true.

ACT emphasises that it is best to be guided by what your experience tells you is doable, rather than what your thoughts tell you that you "should" be able to do. Therefore, give yourself permission to take small steps in the direction of meaningful activities if you are unable to do as much as you would like. Even if they are small steps, they are still in the direction of what is important to you.

In a nutshell

To summarise, ACT is all about accepting what you can't control, and committing to doing what you can in spite of the pain, fatigue and limitations that come with SpA. You do this in order to create a life you value around this challenging and chronic condition. One of the core skills used in ACT to help you step out of the negative spiral of dirty distress and shift your attention to meaningful activity is "Mindfulness". In part two of this article, I will explain what mindfulness is and how it is used with compassion to manage negative thoughts, sensations and emotions so that they do not stop you living a life you value.

Until then, for further information and resources about ACT, Mindfulness and Compassion, with free downloadable Mindfulness and Loving Kindness audios, I invite you to go to my website www.penlewis.com

Nordic Walking by Margaret Lewington (Physiotherapist).

In March, the AS group had an evening session to “Come and Try” Nordic Walking. One of the founders of the Nordic Walking academy, Maree, was in Brisbane to do an instructors training course for some physio’s. We met in a park in Newstead, just on sunset, by the river.



Following Maree’s introduction to Nordic Walking, its health benefits and demonstration of the technique, we all had a try. We then saw that it was not as simple as it looked. Following some corrections and practice drills, we all improved and managed to walk about more confidently. Using the poles encourages you to stand upright and use the arms more for a total body workout, which aids fitness, while decreasing some load on the lower body.



All these things are important for people with AS. As with all new skills, it takes time and practice to master. It was a fun evening and some of us stayed and shared fish and chips.

The following information has been reprinted from the www.nordicacademy.com.au website.

Health and Fitness Benefits of Nordic Walking

Around the world, millions of Nordic Walking participants are enjoying the immense health and wellness benefits that this new form of low impact fitness walking provides. Even though Nordic Walking originated as a cross-training exercise for elite cross-country skiers, it is an activity suitable for all ages and fitness levels.

It is little wonder that Nordic Walking is becoming a rapidly growing and popular type of fitness walking in Australia. The climate, infrastructure and landscape provide an ideal environment for wonderful Nordic Walks along beaches, through nature reserves and suburban parks, and even city footpaths.

The fitness and health benefits of Nordic Walking are significantly greater than regular walking, trekking or even jogging, with scientific research from Europe and the USA proving that Nordic Walking:

- Activates 90% of the body's muscles
- Burns up to 46% more calories than regular walking
- Increases aerobic effect by up to 25% compared to regular walking
- Decreases load and strain on the lower body
- Tones upper arms, shoulders and back muscles
- Improves lateral mobility of the spine
- Develops core stability and strength
- Promotes an upright posture

These benefits are achieved through the use of specially designed poles and a properly learned and performed Nordic Walking technique, whereby the poles are used as a resistance tool to engage the upper body. The result is a low impact, high results, total body exercise.

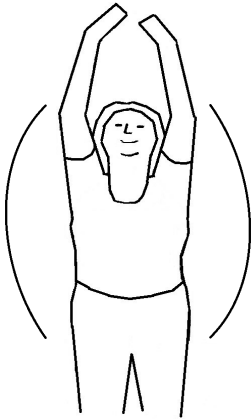
As a low impact walking exercise, Nordic Walking is something that can be done and enjoyed individually or as a group activity, anywhere a person can normally walk. Nordic Walking is perfectly suited to Australia's climate and can be performed on any terrain -- from sandy beaches, park trails and grassy fields to urban footpaths.

Please refer to the [benefits of Nordic walking](#) for further information.

AS Exercises *by Margaret Lewington (Physiotherapist)*

This series of exercises are inspired by Tai Chi and Qi Gong. It is important to relax and breathe while staying firm 'grounding' to the floor, activating your core, and keeping soft knees - allowing for free but controlled movement.

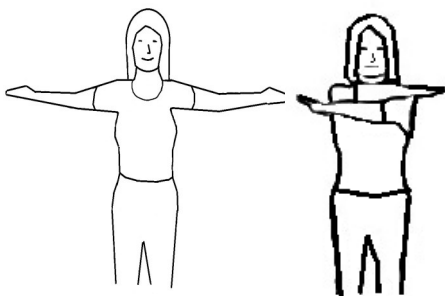
1. Arm lift



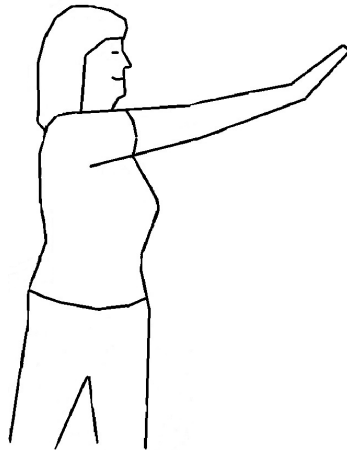
Start with arms by sides, lift them out to the side continuing to above your head. Relax to drop arms back to sides, you can cross arms in front. Breathe in as you lift them up, out as you relax down. Stretch tall, lifting chest.

2. Open chest

Arms in front at chest height. Now open them wide, breathing in, then back in front as you breathe out. Feel an opening and stretch across the chest and front of shoulders. (You may like to cross them in front.)

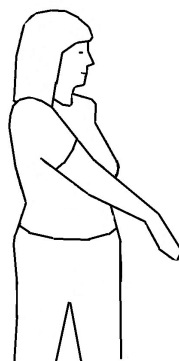


3. Arm push



Turn to the left, left arm relaxed at side, right hand pushes across at chest level to the left. Come back to centre and then turn to right and push left hand across, the right arm may swing slightly behind.

4. Arm swing



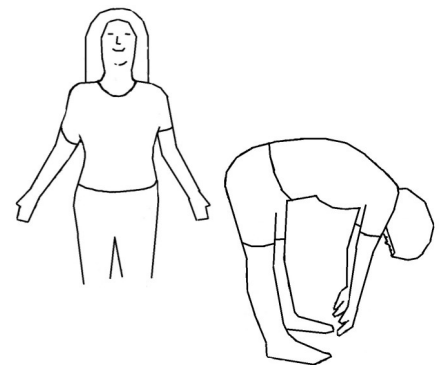
Let both arms hang at sides, relaxed. Turn your body side to side, letting your arms swing gently and relaxed as you turn. They will tend to wrap around you.

5. Arm reach



Similar to "Arm push" but as you turn reach your arm up and across diagonally to the side. Repeat to opposite side.

6. Body curl



Drop your head, curl and relax your back slowly, reaching your arms down the front of your legs as far as you can. Hang and rest for a moments. Feel your lower back stretch and lengthen. Bend your knees and use your legs to help you come back up slowly uncurling.

Ankylosing Spondylitis Victoria Inc Report *by Annie McPherson*

We welcome new members Tamara, Allan, Julie and Judy who have joined over the past couple of months.

At Austin Health, Repatriation Campus in the Tobruk Centre we held our first Arthritis Information Table for people attending the Rheumatology and Spondylitis Clinics on Tuesday 25 March during Arthritis Awareness week. It was a very successful activity with over 25 people enquiring and collecting materials we had provided. Noel Smith and John Catchpole, A & O Vic volunteers also chatted with some of the people, and it is always surprising how something as simple as an Information leaflet or fact sheet can help people understand things a little more. We have decided to continue this activity on a quarterly basis, so if you can help for an hour or so we would be most grateful. Perhaps if you are passing by the Austin Health in Banksia St. you could pop in for a chat.

During February I attended a Leadership course for Health Peer Support and Consumer Representatives conducted by the Health Issues Centre (HIC) in Melbourne. This is a not-for-profit group who represent the voice of consumers in health issues across Victoria. They promote improvements to the healthcare system from the perspective of the consumers as well as providing expertise on consumer participation, advocacy and patient-centred care. The course well covered all these aspects and the workshops working with other health support people and consumers were very beneficial.

We have received a number of invitations to attend workshops, forums and courses with the HIC and it would be great if more of our AS community could participate. Their activities are generally held in the city, Bourke Street premises in Melbourne during the day and easily accessible by public transport. To keep you informed and minimize our costs, we will be placing notices /reference on our web site – so keep an eye out for them.

Our Coffee and Chat nights at the Fairfield RSL are proving quite popular with a group of regular attendees and new members joining in for a chat on all things AS.

Our first Berwick event, a lunch at the Berwick Inn Hotel on Saturday 03 May for World Spondylitis Day was attended by a small group. The meals were excellent and we decided the venue definitely worth a return visit.

The Caulfield Community Health Service, Physiotherapy AS program has been very well attended during April and May with 10 participants, including several of our members. We look forward to hearing about their progress after it's completion in June. Our AS Victoria information packs were well received at the discussion session on Peer support groups.

Committee members Adam and Claire attended the A.&O. Vic. Peer Support Group Leader function and workshop with me in March. We had several discussion sessions on leadership, consumer engagement, managing committees and meetings, and a briefing on the new A.&O. Vic. social media and fund-raising campaigns.

In April I attended the A.&O. Vic. AGM at Elsternwick where the guest speaker was Prof. Peter Choong, who is the Sir Hugh Devine Chair of Surgery and Head of Department of Surgery, University of Melbourne at St.Vincent's Hospital, Melbourne; Director of Orthopaedics at St.Vincent's Hospital, President of the Australian Orthopaedic Association and Chair of the newly formed Musculoskeletal Clinical Leadership Group (MSK CLG). The A.&O. Vic advocated to the Victorian Government to facilitate this MSK CLG in late 2013 to address a statewide, coordinated approach to guide, inform policy, education and program development and to improve the care of people with MSK conditions in Victoria. Noel Smith, consumer representative and Dr. Andrew Briggs, Research Manager of A.&O. Vic. have been sponsored by A.&O. Vic to participate in this group.

On 15 May we have the A.&O. Vic Volunteer Celebration where volunteers are recognised for their contribution to the MSK community in Victoria. We have nominated Belinda Martin RN, past Rheumatology Nurse for the Spondylitis Clinic at Austin Health and past member of our committee since our origin in 2004. We have also nominated Maria Marris, current committee member and past office bearer since our origin in 2004. I am very pleased to announce the A.&O. Vic recognition committee have accepted the award nominations and they will be presented at our annual AS Victoria AGM in August.

Our AS Victoria Inc. members have received our request for funding support for the Arthritis & Osteoporosis Victoria Rheumatology Helpline. I am sure some of the new members recall my comments about the great service the Rheumatology Nurses provide in the field of MSK healthcare and may have even spoken with them directly. We totally support A.&O. Vic. in this campaign to keep this important service available to all.

Kind regards to all and we look forward to catching up at our next event.

Annie McPherson.



AS Group of Queensland Report *by Ross Wilson*

No more short weeks for a while, but I must say I did enjoy them. The only problem is they sure make the time fly by. It won't be long before we have to start thinking about tax time. Every year we say we are going to keep on top of the paper work, and every year it comes down to the last minute.

In March we had the opportunity to try Nordic Walking. An enthusiastic group gathered at the Old Gas Works at Newstead on a beautiful Saturday afternoon. The wide-open grassed area across the road was the perfect spot, which allowed us to spread out and limit the risk of injury from wayward poles. We were fortunate to have Maree Farnsworth, from the Nordic Academy in Melbourne, to guide us through the fundamentals. She made it look easy, but when it was our turn we discovered otherwise. I finally worked out that the more I thought about it the worse for me. My conclusion was to get the start right and then stop thinking about it. My wife found it hard, as she is use to swinging only one arm while being dragged around the streets by our dog. All in all it was a good workout and a very enjoyable afternoon. To finish the evening off a

few of us grabbed some Fish and Chips and a well earned drink.



*The AS Group of Qld
trying Nordic Walking*

Our second event was a BBQ at Roma Street Parklands but unfortunately the weather wasn't on our side, but "Mark to the Rescue". Mark Robinson our social director kindly offered up his lovely big undercover deck so we all enjoyed a great lunch and afternoon, nice and dry.

June 3rd is our next get together which is the AGM. It will be held at Tomato Bros Pizza at Wilston (Refer to notice for further details). Please consider coming along as we are always looking for ideas on how we can support our members. At this time a new Committee must be

elected, so please consider volunteering a little of your time to become a Committee member. We are always open to new faces and fresh ideas.

As the AS Group of Queensland is a support group of Arthritis Queensland we invite you to become a member of Arthritis Queensland. Your support will help them continue their ongoing work, supporting people suffering these conditions. Our support is even more important now as organisations such as this lose any form of Government funding. For a Tax deductible donation of \$20 you will receive membership.

Please check the calendar for upcoming events and I will look forward to meeting you in the future.

Regards

Ross Wilson



Ankylosing Spondylitis Group of Queensland Annual General Meeting

Everyone is most welcome to attend the 2014 Ankylosing Spondylitis Group of Queensland's Annual General Meeting. This is an opportunity to see what goes on and participate. This year the event will be held after our hydrotherapy session on Tuesday 3rd June, 2014 at Tomato Brothers Wilston, 75 Kedron Brook Road, Wilston. Pizza will be supplied but please bring/buy your own drinks.

Please RSVP if you are attending so we book enough seats.

Mark Robinson

Social Organiser

Ph 0407 425 750

asgroupqld@uqconnect.net

Calendar of Events

VICTORIA

Refer to www.asvictoria.org for details or Annie McPherson mob: 0408 343 104

June 22nd:- Sleep Play Live - Managing well day-to-day.
Arthritis Vic Annual Consumer Conference
St Kilda Town Hall

June 24th:- AS Information Table: Austin Health,
Tobruk Centre

Late July:- Rosstown Hotel, Carnegie, Date to be advised

Please also check Arthritis & Osteoporosis Vic. website for events www.arthritisvic.org

QUEENSLAND

Refer to www.asaustralia.org/qld/ for details or Mark Robinson mob: 0407 425 750

Annual General Meeting See Page 8 for details.

June 22nd:- Table Tennis 1 to 4pm.
Adults \$10, kids 8-16 \$5. This includes bat, ball and table hire. 88 Green Tce, Wilston. Parking underneath the centre which is just around the corner from hydro at the RBH.

Please RSVP if you are planning to attend by June 17th.

Hydrotherapy Classes

BRISBANE (QLD)

Sessions supervised by **Margaret Lewington** (Physiotherapist).

When: Tuesday evenings.

Time: 6:30 - 7:30pm

Where: Hydrotherapy Pool

Lvl 2, Ned Hanlon Building

Royal Brisbane & Women's Hospital

Butterfield St, HERSTON.

Cost: \$10 or 10 classes for \$90

Enquiries: Margaret on

0404 414 501 or 07 3376 6889

PERTH (WA)

Sessions supervised by experienced Physiotherapists.

When: Monday evenings (Public holidays excepted).

Time: Two sessions.

Hydrotherapy pool 5:30 - 6:30pm.

Gymnasium & pool 5:45 - 7:45pm.

For those current group members and those who have recently participated in an AS program with the Hospital or the Arthritis Foundation.

Where: Royal Perth Rehabilitation Hospital,

Shenton Park Annexe, Selby St,
SHENTON PARK.

Cost: \$8

Enquiries: Lindsay 08 9382 7307



**AS Brisbane has a
Facebook Group!!**

General Information

Ankylosing Spondylitis Groups of Australia

www.asaustralia.org

Ankylosing Spondylitis Victoria Inc

www.asvictoria.org

Arthritis Australia

www.arthritisaustralia.com.au

Spondylitis Association of America (SAA)

www.spondylitis.org

Contains message boards, online chat forums, and a members only section for resources

Ankylosing Spondylitis International Federation (ASIF)

www.spondylitis-international.org

The National Ankylosing Spondylitis Society (NASS - United Kingdom)

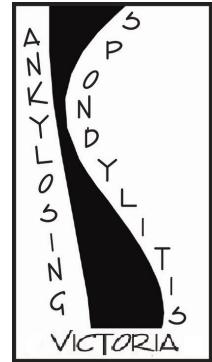
www.nass.co.uk

Contains an excellent questions and answers section and downloadable guidebook - A Positive Response to Ankylosing Spondylitis- Answer and practical advice.

Ankylosing Spondylitis Victoria Inc

Membership Form

AS Victoria Inc is an Arthritis and Osteoporosis Victoria Peer Support Group



Who we are and what we do....

AS Victoria is an organisation of people with Ankylosing Spondylitis who wish to improve knowledge and ability to manage the condition. Our group shares a number of goals and objectives for people and families living with Ankylosing Spondylitis.

We aim to provide the following:

- Provide a forum for the exchange of ideas and experiences.
- Distribute information to patients and medical professionals on AS.
- Provide and co-ordinate educational information, events, workshops and seminars on AS.
- Co-operate and interact with local, interstate, international Arthritis and peer support groups including participation in their events and activities.
- Arrange social events and activities for our group members, their families and friends

Some of the benefits of belonging to our group:

- AStretch newsletter
- Seminar evenings with excellent guest speakers
- Improved awareness of AS and the AS community
- Opportunities for interaction with other members at social gatherings and activities
- Land exercise DVD for people with AS

Membership Details

First Name: _____ Surname: _____

Mobile: _____ Home: _____

Email: _____

Address:

I wish to become a member of AS Victoria Inc support the purposes of the organisation and agree to comply with the rules for an incorporated association under section 46 of the Associations Incorporation Reform Act 2012.

Signed: _____ Date: ____/____/____

Send to:

AS Victoria Inc

PO Box 3166

Burnley North 3121

asvicweb@gmail.au

www.asvictoria.org

Ankylosing Spondylitis Victoria Inc complies with the Privacy Amendment (Private Sector) Act 2000 and will not sell your personal information to another organisation. You may be notified of AS Victoria Inc events, services and ways of assisting us to maintain these services. If you wish your name to be removed from our data base at any time please write to us. AS Victoria Inc passes on to members a variety of information on health and medical issues only for general, educational and informative purposes. AS Victoria Inc is not diagnostic or prescriptive and does not replace the services or advice of a qualified health care professional or purport to do so.

Membership Type

- New Renewal (annual 30th June)
- Mail out# membership (\$25.00)
- Concession* Mail out# membership (\$20.00)
- Email member ship (\$20.00)
- Concession* email membership (\$15.00)

Donation: \$ _____

Total: \$ _____

Cheque, money order or direct deposit -

AS Victoria Inc NAB BSB : 083 399 Account : 154321878

#Mail out membership all correspondence will be sent by Australia Post

**Concession rate available for pensioners, unemployed with health benefit card and full time students with student card.

Statistical Information (Optional):-

1. Are you a member of Arthritis Victoria? Y / N
2. Can we pass on your contact details to other members of the group in your area? Y / N
3. Gender M / F
4. Year of Birth: _____ 5. Preferred Language: _____
6. Do you suffer from A S Y / N 7. Do you know someone who suffers from A S Y / N

Do you have any other conditions?

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Are there any specific activities you would like us to organise?

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