



WINTER 2010
NEWSLETTER

AStretch

ANKYLOSING SPONDYLITIS AUSTRALIA

www.asaustralia.org



Allied Health Professionals Day Report by Margaret Lewington

The 26th March 2010 saw over 100 Physiotherapists, Occupational Therapists, Nurses, Podiatrists and others interested in the management of Arthritic conditions attend the Annual Health Professionals seminar presented by Arthritis Queensland.

I was again invited to have a display stand to promote the AS group of Qld. I displayed a number of educational posters, books, newsletters and other resources.



Prof. Matthew Brown and Margaret in front of the AS stand.

Other trade displays included information on the TNF medications, osteoporosis medications and therapies, Lifetec - with aids and supports and alternative therapies such as the fish oils.

Prof. Matthew Brown spoke at the meeting this year on the topic 'AS – diagnosis and management', which provided a timely update. Matthew asked for a show of hands from the audience for who knew someone with AS. Almost half the audience responded, which was quite a surprise, but very encouraging that awareness is increasing. Matthew was able to stress the need for early diagnosis, referral to rheumatologists and hence the provision of best management. This included informing the audience of an update on the TNF medications as well as reinforcing the role of physio with the importance of posture and exercise.

I found a high level of significant interest from the people who came up to the stand and spoke with me. Last year, there were more general queries, knowing little about AS. This year, people were asking more detailed questions

and were particularly interested in the activities of the group and the resources available. There were many physio's who spoke of contact with patients and were appreciative of receiving resources to take back to their practices. Many copies of our most recent newsletter were taken, as well as flyers for the weekly hydro class, guidebooks, land DVD's and some pool DVD's were purchased.

Overall, it is an excellent opportunity to raise awareness and provide education about AS and to distribute resources and inform health professionals of the existence of and activities of the AS group. I thank Arthritis Qld for the opportunity and support.



INSIDE THIS ISSUE :

NASS Article:

"Working with Ankylosing Spondylitis: Survey results"

See page 4

Contents

Allied Health Professionals Day by Marg Lewington	1
My Experience with AS by Sharon	2
EXERCISE - What the experts are saying: by Marg Lewington	3
Working with Ankylosing Spondylitis: Survey results from NASS	4
Physiotherapy - AS Exercises by Marg Lewington	7
Victoria Report by Annie McPherson	8
Queensland Report by Ross Wilson	9
Calendar of Events	10

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.

Contacts

AS Group of Queensland
PO Box 193
Taigum QLD 4018
p: 07 3263 5216
e: qld@asaustralia.org

AS Group of Victoria
PO Box 3166
Burnley North VIC 3121
03 9496 4045
e: belinda.martin@austin.org.au

My Experience with AS by Sharon

December 2008:

Hi there, my name is Sharon. I've been asked to share my AS story with you so will do my best not to bore anyone to tears. By way of introduction, I'm 52 years old and I first started having problems at around age 17 or 18 when I couldn't get out of bed in the mornings. From the moment I moved a muscle I would get a stabbing pain through my hip and buttock which felt like someone had a knife to it.

At age 22 I was diagnosed with AS by my local GP in Darwin. He was fairly switched-on given that this was 30 years ago and, as I've been told countless times, this condition is more common in males. I remember one classic diagnosis while I was still in my teens when one physician told me, "You have arthritis". I asked what I should do about it and his response was, "Learn to live with it". No medication, no therapy, just live with it. I shudder to think what my life would be like now if I had.

The next 10 years or so were pretty miserable when the condition was at its worst. Each day was literally a venture into the unknown, not knowing whether or not I would be able to get out of bed, never mind go to work. It must be very difficult for others to understand how a person can be fine one minute, and within the space of 15 or 20 minutes be unable to walk.

As anyone who's had an acute flare-up knows, that's just the way it goes. I suppose it's human nature to want to find reason and order in things. When I'm not well, even people I've known for ages will ask, "Do you think it might have been brought on by this or that?" The fact is that it could very well be from nothing at all.

In fact, as I write this I am on my second day off work with a flare-up of my SIJ. It just so happens that I do know what brought this on. I was out with friends all day on the weekend, sitting and chatting, then went to a movie in the evening. Some days that's all it takes to bring it on - something which a healthy person finds hard to comprehend. How can sitting around having a meal and a few drinks bring you unstuck? Who knows, but it can.

I'm trying to qualify for the TNF injections now and meet all the criteria except the ESR which just doesn't seem to be rising. They say that when life gives you lemons you should make lemonade (or tequila slammers) so I had a blood test this morning while I'm in flare-up mode. Who knows, it may just help.

I've been on a whole raft of medication over the years and for the last 10 or so I've been on cortisone. I now need to come off this and it's proving challenging. I am very, very nervous about how it will all go but really have no choice. I'm at a point in my life where loss of bone density is a real issue and of course steroids accelerate bone loss.

Over the years I've been to various alternative and complementary therapists and it's usually the ones who have no experience of this condition who believe that with just a bit of work, they can fix me. I wish! A few months ago I began seeing a physiotherapist in Brisbane who specialises in AS (the only one I've met over all these years). I've also been attending her weekly hydrotherapy sessions targeted specifically at AS and am finding these, along with our one-on-one sessions, really helpful. I had only ever met one other person with AS prior to joining this group.

My condition is assessed as severe and at times is very isolating.

It's great to finally be with a group of people all travelling the same road and the best thing is that no-one asks me, "Do you have a sore neck?" If I had a dollar for every time I've been asked that, I'd never have to work again!

My primary problem areas these days are my neck and hips and whilst I'm never going to be pain-free, the therapy is giving me relief in these areas.

My neck in particular feels so much better after treatment that all I need to do is work out how to keep that feeling. Hmm, might need to work on that one a bit more.

By and large my condition now is like the nursery rhyme about the little girl who had a little curl. "When it's good

Continued Page 3

it's very very good; when it's bad it's horrid." They say that what doesn't kill you makes you stronger.

To AS I would say, I think I'm strong enough now...please go away!.

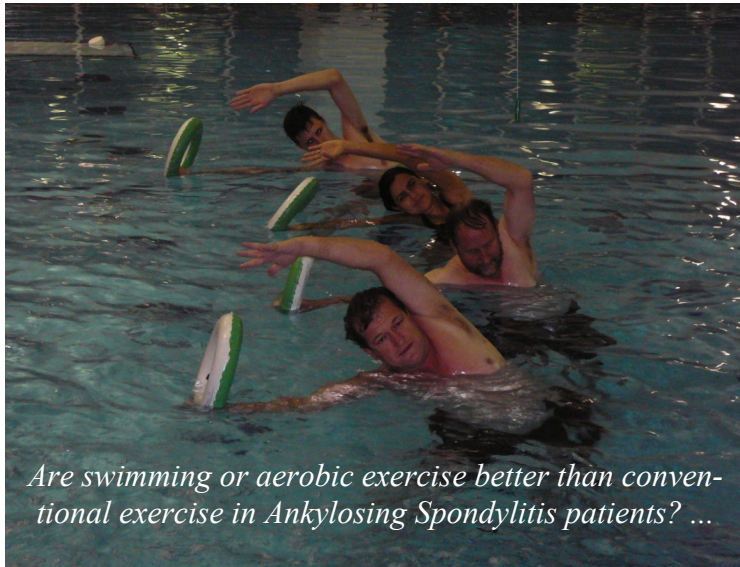
May 2010:

Since I wrote this article I qualified for and started one TNF but unfortunately it didn't give me the results I needed. I am now on another TNF which seems to be keeping a lid on my symptoms without

the need for cortisone. I still attend hydrotherapy and try to get in some walking every day.

This will be my first winter on TNF and without steroids for a long time so I'll be interested to see how things go.

Exercise - What the experts are saying: by Margaret Lewington



There have been several studies over the years that have looked at different types of exercise and physiotherapy for Ankylosing Spondylitis and whether it is effective.

The Cochrane Collaboration is a well recognised reviewer of medical literature. It recently updated its review of 'Physiotherapy Intervention for Ankylosing Spondylitis'. Its objective was to summarise the available scientific evidence on the effectiveness of physio interventions in the management of AS.

Their plain language bottom line was **'Physiotherapy or exercise are helpful to people with AS.'** and **'Physiotherapy is an important treatment to maintain or improve movement in the spine, improve fitness and decrease pain.'**

The author's conclusion's are – 'The results of the review suggest that an individual home-based or supervised exercise program is better than no intervention; that supervised group physiotherapy is better than home exercises; and that combined inpatient spa-exercise therapy followed by group physiotherapy is better than group physiotherapy alone'. Inpatient spa-exercise therapy is where people attend a physio centre/hospital and do an intensive education

and exercise program. People who do this, and then continue attending a group session, do better than those who just attend the group. **Hence, exercise is the key, but if you can do it with supervision and instruction, as well as with others, it will give more benefits.**

There are some other recent studies with interesting findings as well.

One study by M Elyan and MA Khan (the rheumatologist who has severe AS himself and has visited Australia a few times and some of you will remember meeting), has published a paper 'Does physical therapy still have a place in the treatment of Ankylosing Spondylitis.'

They reviewed studies of various physiotherapy programs in AS to identify their benefits in the treatment of AS. Their conclusions were that **'Despite the advances in the pharmacological therapy of AS, physical therapy remains as essential part of the management plan.'** "... physicians should implement such non pharmacological therapy as part of a comprehensive management strategy for this disease. All patients should receive instructions on proper posture and home exercises and be encouraged to perform water exercises if they can'.

Another study 'Are swimming or aerobic exercise better than conventional exercise in Ankylosing Spondylitis patients? A randomized controlled study' by Karapolat, H. et al. The aim of this study was to compare the effects of conventional exercise, swimming and walking on the pulmonary functions, aerobic capacity, quality of life, Bath indexes and psychological symptoms in patients with ankylosing spondylitis.

There were three groups of patients. One did conventional exercise and swimming, the second did conventional exercise and walking and the third just did the conventional exercise. Exercise sessions were performed three times a week for a period of six weeks.

Conclusions: 'Swimming, walking and conventional exercise had beneficial effects on the quality of life and pulmonary functions. **Aerobic exercises such as swimming and walking in addition to conventional exercise increased functional capacities of patients.**' A significant improvement was observed in energy, emotional reaction and physical mobility in all three exercise groups.

A third study was done in Turkey by Durmus, D et al – 'Effects of a home-based exercise program on quality of life, fatigue, and depression in patients with ankylosing spondylitis'. 43 patients were included in this study with one group doing a 12 week home-based exercise program and another control group. Functional capacity, disease activity, fatigue, depression and quality of life were all measured.

The improvements for all the parameters were better in the exercise group than in the control group. **Home-based exercise programs are very effective in improving quality of life and reducing fatigue.** Because of these advantages, home exercise programs should be advised for the management program in AS in addition to medical treatments.'

Working with Ankylosing Spondylitis: Survey results from National AS Society of the UK

Work and work-related issues have long been a concern for many people with AS. The anxieties are many and wide ranging. People worry that AS may impact on their ability to progress as their skills and training merit. They worry that they will not be able to work full time, as they wish, but may be forced to work part time. They worry about being discriminated against by employers and employees.

To gain a better understanding of how AS affects the working lives of those living with AS, we conducted the Survey on Work. What we found supported the anecdotes that I have heard from members: that they are not receiving useful advice from either their healthcare professional or employer on coping with their condition at work and work issues were often not even being discussed.

We also wanted to look at ways to overcome the barriers that people with AS were facing. What would help people with AS remain and feel supported in work? It was not a surprise that people were waiting too long to receive an accurate diagnosis for their AS: this was bound to have an impact on how productive they were being at work. A delayed diagnosis also means later access to effective treatment. Importantly, the survey found that access to effective treatment does indeed help people to stay in work.

With the survey results in hand, we assembled a group of experts to discuss how government, healthcare professionals, people with AS and employers could work together to improve the working lives of people with AS. With their help, a set of recommendations were developed that we hope will become an important step towards raising awareness of AS, its early and effective management and helping people with AS remain supported and happy in the workplace. The issues around AS are complex: we know

this. But only concerted action from the entire range of stakeholders will make a difference to those living and working with AS. The panel has made specific recommendations, but for NASS and its members it is a simple call to action: **educate both healthcare professionals and the public on what AS is and how it can be best identified so that people with AS are more swiftly diagnosed and their condition properly managed.** Policymakers need to understand that the early identification and effective treatment of AS is an efficient use of resources because it benefits not only the individual concerned, who should not have to wait years for diagnosis and treatment, but society as a whole. It is time to change the experience of the many thousands of people in the UK who have AS.

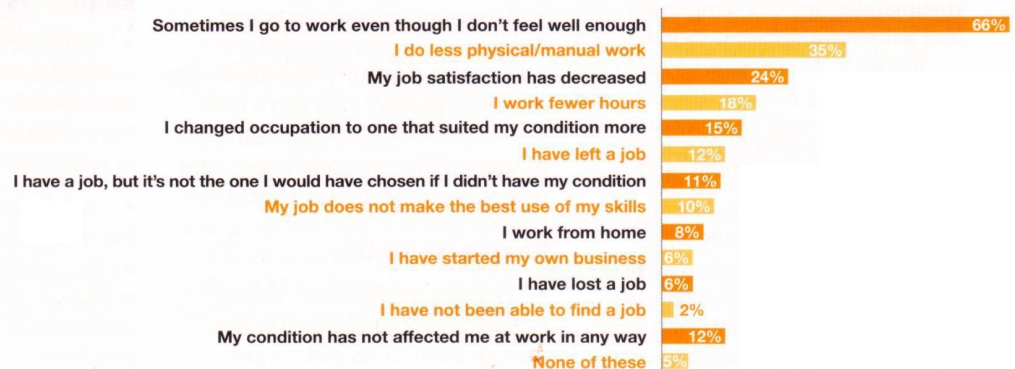
The survey

Supported by an educational grant from Abbott, the survey was designed by us with the help of an independent research company specialising in healthcare. The survey, although predominantly

focused on work, aimed to gain a comprehensive view of the effects of AS in different areas of life which also included family and social life. It was distributed to 1,000 randomly selected members of NASS by email and by post. 324 responses from people with AS were collated with some very revealing results:

- Working life was one of the most affected areas of life for patients with AS, affecting 42% respondents. The more severe the AS, the more that working life was reported as being affected. In fact, those with a higher BASDAI score (and so more severe AS) were twice as likely to report that their working life had been affected, than those with a lower BASDAI score. Similarly other areas of life (including family life, psychological health and sex life) were affected significantly more for patients with a higher BASDAI score.
- 66% of patients reported going into work sometimes, **even when they didn't feel well enough** as a result of their AS. Almost a quarter (24%) said that their job satisfaction had decreased since their symptoms started.

Experience at work since symptoms started and as a result of AS



Those with a higher BASDAI score, reflecting more severe AS, were more likely to report lower job satisfaction. 18% of all participants said they had lost or left a job as a direct result of their AS while only 12% of patients said that their condition had not affected them at work in any way.

- Nearly two-thirds (61%) of respondents were concerned about the impact of the deterioration of their condition on their job or employment prospects. A quarter worried about finding a job that fits around their condition (25%) or losing their job (24%). And nearly one-third (30%) were concerned about discrimination because of their

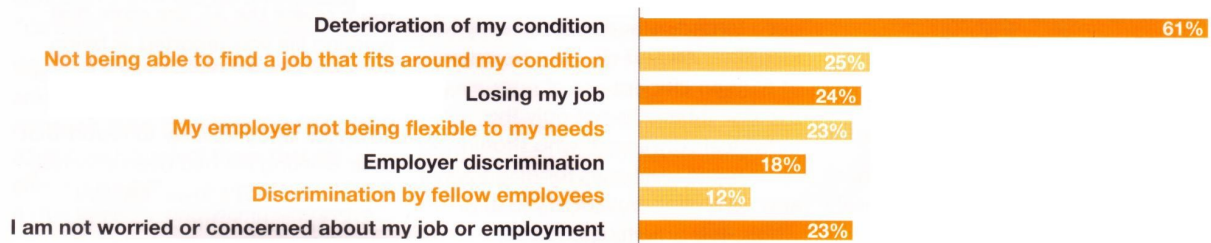
AS, from employers or colleagues.

- A key finding that appears to contribute to the delay in diagnosis is a lack of timely referral to an appropriate specialist. Thankfully 62% of respondents were referred to a rheumatologist leaving 38% of respondents who were not directly referred to a rheumatologist, instead being referred to an orthopaedic surgeon, physiotherapist, chiropractor or other specialist. This indicates a likely low awareness of AS among non-rheumatologists which increases the length of the patient journey. Indeed, in the survey, nearly half (47%) were referred to a specialist **more than one year** after seeing their GP for the first time and in fact

one in 10 (11%) had to wait **more than 10 years**.

- Lack of information and support has often been identified as a barrier to coping with AS and leading a full and productive working life. So it is unfortunate that one-third of all respondents (32%) received no useful advice about coping with their condition at work. Of those who did receive any advice, only a third (38%) had received useful advice from either their healthcare professional or employer on coping with their condition at work. Half or more respondents reported that their rheumatologist or GP **did not** discuss employment with them.

Concerns about a specific job or employment in general



The call to action

The survey clearly demonstrated that AS affects many areas of life, particularly work. We focused on work because AS is commonly diagnosed in early adult years, just as people begin their working lives. To address these challenges a panel of experts were invited to discuss the survey results and formulated a set of recommendations for government, rheumatologists, GPs, employers and people with AS that includes:

Government

- To create a national director for musculoskeletal conditions; and
- To establish a Health and Work Taskforce to identify where government departments may best work together to improve patient outcomes (e.g. Dept of Health and Dept of Work and Pensions).

GPs

- The Royal College of GPs should develop and promote clear and adequate post-graduate training programmes in musculoskeletal disease for all trainee GPs to ensure better awareness of inflammatory musculoskeletal conditions such as AS; and
- To ensure the introduction of appropriate means of identifying possible inflammatory musculoskeletal disease in primary care and a clear referral pathway to a rheumatologist to shorten the patient journey from diagnosis to effective treatment.

Rheumatologists

- To consider the ability to stay in work an important goal in the management of AS and set out

effective standards of care for people living with AS; and

- To work with the entire range of healthcare professionals to highlight the importance of multidisciplinary teams to manage AS, support people in planning their working lives and staying in work and ensure the availability of these teams.

Employers

- To provide appropriate training to educate co-workers and enable their managers to support people with long-term conditions (LTCs) such as AS to stay in work; and
- To be creative in their approach to job design for people with LTCs such as AS, including implementing flexible working hours, amended job descriptions and promoting inclusive recruitment practices.



Dr Alan Nye, GP, Dr Andrew Keat, Consultant Rheumatologist, Andrew George MP and Ms Pauline Lucas, Human Resources Director, NHS at a round table meeting in London to discuss the work survey results

Patients

- To join together to demand – from healthcare professionals, government, and employers – swifter access to diagnosis, and the right management, and treatment and support to stay productive in work, and get the best outcomes from their working lives and their lives outside work; and
- To take an active role working with their healthcare professional

team, informing themselves of the most effective management strategies and treatments for their condition and their psychosocial well being.

The implementation of these recommendations could make a great difference to those with AS and it is hoped that a range of stakeholders adopt this guidance when and where possible. After all, changing the lives of thousands in the UK can only be achieved if we all work together.

The full report will be available on the NASS website in due course. The report will feature in much of our work this year particularly awareness raising activities. An abstract of the survey has been selected for a poster presentation at this year's British Society of Rheumatology Annual Conference. This will be the first time that NASS has been represented at the BSR conference in this way.

We are grateful to everyone for taking part in the survey and we are particularly grateful to the panel of experts for giving up their time in the effort to improve the lives of those living with AS. The panel included:

- Andrew George MP, who was diagnosed with AS over 25 years ago
- Dr Andrew Keat, Consultant Rheumatologist at Northwick Park, with a research interest in AS
- Dr Alan Nye, a GP from Oldham, with a special interest in rheumatology
- Professor Julie Barlow, Professor of Health Psychology at Coventry University and member of NASS who also has AS
- Ms Pauline Lucas, Human Resources Director at NHS London, (the NHS is the largest employer in Europe)

Jane Skerrett
Director

Reproduced with thanks from the Spring 2010 edition of AS News, the newsletter of our UK sister society National Ankylosing Spondylitis Society (NASS)

Hydrotherapy in Western Australia (Perth)

WHERE: Royal Perth Rehabilitation Hospital
Shenton Park Annex Selby St Shenton Park

WHEN Every Monday evening
(Public Holidays excepted)

COST \$ 7.00

PHONE 08 9382 7307 Lindsay

TIMES:

Hydrotherapy Pool
5.30pm Hydrotherapy exercises

Gymnasium
5.45pm - Land Exercises

Note: All sessions are conducted by experienced Physiotherapists. Total Session time is two hours with groups changing over at the end of the first hour.

Also: Another AS/spinal mobility Pool Class is available at South Care, St John of God Hospital - for details: 08 9366 1730

Physiotherapy AS Exercises

The exercises for this issue are all done lying on your tummy, resting on your elbows.

You may like to get down there now and flick through the rest of the newsletter in this position!

For some, this may be difficult. Give it a try - gently. Take it slowly and carefully, if you are having trouble. It may be easier on the bed. Just try for a minute, don't overdo it. Maybe try a different one of the exercises each time you do.

For others, those less stiff, especially those newly diagnosed, it is a very important exercise to do regularly.



1. In this position, you get an excellent stretch on the front of the hips – to counteract all the sitting and bending forwards we do, and a stretch of the tummy muscles. The low back sags in a soft arch, the upper back also sags a little – the breastbone forwards and towards the floor – look forwards but not up – the head staying in alignment with the spine, avoiding poking the chin forwards and shortening the muscles at the back of the neck. For extra emphasis – lift your tummy a tiny amount, looking down at the floor, then drop and sag to the floor, looking forwards.

2. Look down at your belly. Don't arch your back, just let your head drop forwards and feel a stretch at the back of your neck and down your back, as these muscles and tissues stretch. Tuck your chin in gently, to feel the stretch in the back of the neck, right up to the base of the skull – lengthening the back of the neck. Give it time to lengthen. Look forward again – not up. You may like to use your hands on the back of your head to add extra stretch.



3. This time, look down, but on an angle, taking your chin towards your armpit. Look down and under your arm. When you look to the right, you should feel the stretch in the muscles in the neck to the left shoulder blade. You can use your hands to help again.



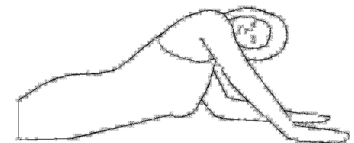
4. Keeping evenly supported on both elbows, look to the left and then to the right. Turn your head as far as possible. To get a little further, help with your hands. If you look to the right, place your right hand on your chin and your left hand on the back of your head. Carefully help to turn a little further – take it smoothly and firmly, but don't force it.



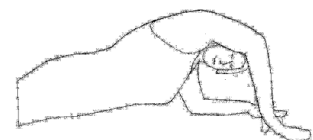
5. Now turn your head and body to look at the outside of your ankle. Look all the way around. Feel the stretch on the opposite side of your body, between the hip and shoulder. Back to the middle and then around to the other side.



6. Push through one hand to straighten your elbow and look up towards the ceiling. Pause and stretch. Breathe in and out. Now come back onto your elbow and straighten the other arm and look up to the other side.



7. Start balanced on both elbows. Now lift one elbow and turn your head and look under the elbow. Place it down and lift the other elbow and look under it. Lift the elbow as high as you can and drop and turn your head as much as possible, to look under the elbow.



**Margaret Lewington
Physiotherapist**

Victoria Report by Annie McPherson



AS Vic members enjoying the delicious BBQ lunch at our World Spondylitis Day event in Berwick

Our committee experienced a whole gamut of injuries, illness, allergies and accidents over the summer months and consequently we have not had our usual selection of activities and events. As we are all volunteers and most are working full time, it can be difficult sometimes to have sufficient representatives to arrange these activities. Over the last few weeks I have been conversing with a number of our members on a range of topics and as you all know we sometimes have our ups and downs. It is always important to keep in touch with your health practitioner team and notify them, when appropriate, of changes in your situation. In early April we had a small number of members attend the annual Joint Walk in Jells Park Mt Waverley. It was a very busy morning at the meeting point and whilst we waited for others to join in we noticed this is a very dog-friendly park. There were oodles of dogs, in every shape, size and colour with owners to match. Perhaps next year some four-footed friends could join our group. Jennie O'Reilly's course at the Caulfield Community Centre, Physiotherapy gym is getting great support with a full class again this term, April and May. Many people find this combination of the gym, water exercise and group discussion a great approach to learn how to practically manage their condition

A small group gathered at Suzanne and Bill's lovely and spacious home in Berwick on Sunday 02 May for our first celebration of World Spondylitis Day. Suzanne and Bill had prepared a delicious spread of salads, fruit platter, cakes and rissoles, all so tempting.

Whilst the keen gardeners toured the cactus, vegetable, fern and azalea gardens, Bill fired up the BBQ in the spacious carport. The heater blazed away and with all the potted plants and palms and comfortable seating it was really pleasant for this time of year, when it can be a nippy day in Melbourne. We all joined in for a lively afternoon chatting about gardening and a host of other experiences living with a chronic condition including mountain climbing and building furniture. Later in the afternoon, the conversation continued with sharing of tips, ideas and issues. Different topics such as rheumatologists, concerns about treatments by emergency workers, and allergic reactions with medications were discussed. There was a general interest in starting a regular monthly or bi-monthly get together for people to exchange ideas, and increasing the general awareness within the community of AS. The event was attended by a small group this year, and all enjoyed themselves and they would be happy to have another family event next year. We would especially like to thank Bill and Suzanne who really excelled themselves as wonderful cooks and hosts by welcoming us into their charming home.

Arthritis Victoria Activities

We would like to take this opportunity to extend our thanks and appreciation to Helen McLauchlan, Health Educator from the Training and Education unit of Arthritis Victoria who has always provided excellent guidance and professionalism in assisting us in managing our support group and contributing to our seminars. We first came into contact

with Helen via our involvement in the AS education program at the Royal Melbourne Rehabilitation unit in Parkville, which has been discontinued. During her three years at Arthritis Victoria we have been in regular contact with Helen joining in with activities and events. Over the past couple of years Helen has presented interesting sessions on exercise and movement at our AS Information nights and seminars. We wish her every success in her new endeavours in 2010.

The Consumer Advisory Committee in March covered the issues of Arthritis Victoria new Advocacy policy, Consumer engagement strategy and government committees participation. Our AS Group of Victoria has been selected to complete a survey on Advocacy and members should have received their copies in March. Arthritis Victoria is keen to learn about issues and matters that are important to our members (consumers). They are continuing to investigate the issues we have already raised on mammograms and patient handling for people with AS. If you would like an update on these issues please contact me.

On the matter of the Medicare joint injection items' rebate, in March this year, we received a response from David Hennessy, Director, Medical Specialist Services Review, Medicare Benefits Branch, on behalf of the Minister for Health and Ageing, the Hon Nicola Roxon, MP. The most important portion of the response is as follows: "On 31 January 2010, the Department received a submission from the rheumatologists regarding complex joint injections and aspirations. Given the apparent changes that have occurred in clinical practice, the Department has indicated that it is willing to examine further the issues raised. These services are now being reviewed under the new MBS Quality Framework." We will continue to keep members posted on any new developments.

Arthritis Victoria is currently recruiting participants for a new committee, the Research Advisory Committee, which would meet four times a year. If you have an interest in research, please contact me for details.

In April, I gave a Community Speaker short talk to the first year students of the Physiotherapy department at La Trobe University, Bundoora as a part of a "Living with a chronic condition"

Victoria Report Continued:

lecture. This was an interesting exercise, as it was apparent the students had little exposure to the AS condition. They appeared quite baffled when I explained progression of the disease and that it can vary considerably from patient to patient from mild lower back pain to greater spinal involvement. I emphasised that Allied Health Professionals, such as physiotherapists, are an important link in a patient's program when managing AS.

The Mollie Riches Award 2009: Recently, we were delighted to be advised we have been awarded the Mollie Riches Trophy for 2009 from Arthritis Victoria.

As the letter explains, "This award is presented annually to a self help group which makes a significant contribution to community awareness of arthritis health issues, the mutual support of members and the growth of the group. It is a peer acknowledgement from Arthritis Victoria as "The Mollie Riches Trophy is an encouragement award for self help groups to do more than what they are doing".

This award from the board of Arthritis Victoria, recognises the extraordinary effort that the volunteers who manage our group, contribute to our events and activities and our members who have participated with us over the year. Unfortunately due to illness we are unable to attend the presentation at the Arthritis Victoria Annual General Meeting. We will advise the members when the presentation of this trophy to our group is to be scheduled, later in the year.

Queensland Report by Ross Wilson



AS Queensland members and relatives enjoying the great BBQ lunch at New Farm

There are two upcoming events to pencil in over the next few months. A dinner, at Mundo Churrasco Open Flame Bar & Restaurant located at 63 McGreger Tce Bardon is planned for the 17th July at 6.30pm. Also, there will be a bush walk/BBQ at Daisy Hill Conservation Park on 15th August at 10.00am meeting in Car Park 2.

The Koala Centre is also there if you would like to check that out as well. If anyone has a mountain bike and would prefer to ride let me know. Details can be obtained closer to the day by contacting me on 0407118826. Lastly, just a quick note, memberships are now due for 2010-2011. Please refer to the back page.

The Queensland Group held its AGM in March at the Earth and Sea Pizzeria. After a short meeting the food arrived with perfect timing and as usual was first class. The Committee remains the same with myself as President, Maritza Prada Sullivan as Secretary, Lynn Adamson as Treasurer with Graham Collins, Steve Fletcher and Bill Harvey as general committee members. Combining the meeting with our after Hydro class supper was well received. It is something we can do again in the future.

Professor Matthew Brown and his research team at the PA Hospital are still looking for patients to help them with their vital research and I urge all who can to help them with this. As most of us already are having regular blood tests, all that is required is for a kit to be obtained from Linda and next time you

are having tests take the kit along and they will do the rest. Please contact Linda Bradbury at bradbury@uq.edu.au or on (07) 3176 5999 if you can help.

In this Edition of AStretch, one of our members, Sharon has shared the story of her journey of living with AS. I would like to thank Sharon for sharing this with us and urge others to also share their stories as everyone is different in some way and we can all learn and relate.

Our BBQ at New Farm park in May was an enjoyable day attended by a small group. With light cloud keeping the sun at bay, it was very pleasant by the river and Steve put on a great spread of food as usual. There was a bit of concern when we first arrived to find the park closed due to a Fun Run. But all was good and they had finished and moved on by the time we got started.



COMING EVENTS:

**A DINNER AT MUNDO CHURRASCO
OPEN FLAME BAR & RESTAURANT
SATURDAY 17 JULY 6:30 PM**

**BUSH WALK AND BBQ DAISY HILL
SATURDAY 15 AUGUST 10:00 AM**

Hydrotherapy in Brisbane

Supervised by Margaret Lewington
(B.Phty. Cert Hydro)



WHEN: Tuesday Nights

TIME: 6.30 - 7.30 pm

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 0404 414 501
or 07 3376 6889

SPECIAL EVENT! LAND EXERCISE GROUP

For **six weeks**
29th June - 3rd August

6:30 - 7:15 Land Exercises
7:15 - 8:00 Pool Exercises
Come to either or both!

(6:30 - 7:30 usual pool class continues)

Calendar of Events

Victoria

Reminder :- Memberships are now due for 2010 - 2011

AGM- Austin Health, Heidelberg Tuesday 8 June 6:30 pm

Christmas in July dinner - Rosstown Hotel, Carnegie Friday 23 July 2010 evening

Queensland

Reminder :- Memberships are now due for 2010 - 2011

Enjoy a Dinner-Mundo Churrasco Open Flame Restaurant & Bar Sat 17 July 6:30 pm

Where: 63 McGregor Tce, Bardon www.mundochurrasco.com.au

Numbers and Payment (\$29.50) Required by 6th July Contact Steve 3824 2594

Joint Bush Walk and BBQ -Daisy Hill Conservation Park Sat 15 August 10 am

Further details - Ross - 0407 118 826

Entertainment books for sale AU\$65 contact Lynn (07) 3263 5216

General Information on the web

Spondylitis Association of America

www.spondylitis.org

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

European League Against Rheumatism

www.eular.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 International Federation (ASIF)

www.spondylitis-international.org

Arthritis Australia

www.arthritisaustralia.com