WINTER 2008

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AStretch

Ankylosing Spondylitis Australia

Inside

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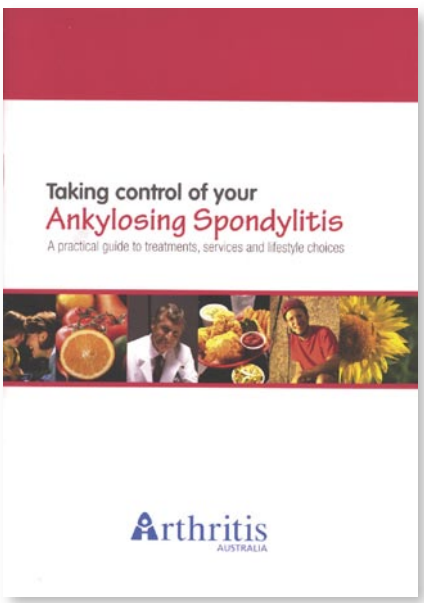
Taking Control of Your Ankylosing Spondylitis Booklet Review

by Greg Tate



Lisa Bywaters, the Librarian at Arthritis Victoria recently provided a copy of the new AS booklet - "Taking Control of your Ankylosing Spondylitis", a practical guide to treatments, services and lifestyle choices for me to review.

The booklet was produced by Arthritis Australia and the Australian Rheumatology Association and sponsored by an educational grant from Abbott.

The booklet is more general in content and terminology rather than technical and newly diagnosed people would do very well to start by reading this and then provide it to their families, partners or employers to help them understand the Ankylosing Spondylitis condition.

You will learn strategies on management of your ankylosing spondylitis by working with your health care team including your GP and Rheumatologist together with Physio and Occupational therapists to manage the disease and reduce symptoms. It describes how to choose foods and activities that are appropriate to your situation and how your medicines can help in the short and long term. Sections on how to find support to cope with the emotional and lifestyle impacts of the disease are also included.

At a practical level, the inside cover has an area to enter your GP and Specialist contacts and the names and numbers of your support team, a good place to enter your local AS support group contact.

There is also a table for entering your medicine names and dosage details. Although there are no specific exercises included it does extoll the virtues of daily stretching and moderate cardio exercise on most days of the week.

Throughout the booklet are website addresses pointing you directly to where you can find more information on each topic.

All of this valuable information is based on the latest research and recommendations, and has been reviewed by Australian experts in the field to make sure it is current and relevant to your needs. So go ahead – take control of your ankylosing spondylitis!

Contact Arthritis Australia by free call from within Australia on 1800 011 041 or call your local Arthritis Foundation for information on how to obtain a copy of this booklet.

The key to living successfully with ankylosing spondylitis is understanding your condition and taking control of it as soon as possible.

Reports From the ARA/RHPA 50th Annual Scientific Meeting May 2008 Adelaide, SA

In May 2008, the combined Annual Scientific Meeting of the Australian Rheumatology Association (ARA) and Rheumatology Health Professionals Association (RHPA) was held in Adelaide. This meeting provides an opportunity for rheumatologists and other health care professionals who treat rheumatic conditions to update their knowledge about new therapies and to discuss the results of research conducted around the country.

At this year's meeting, we presented the experience of AS patients attending the Austin Spondylitis Clinic in Melbourne who have received one or more of the TNF medicines. Up to the end of 2007, a total of 131 individuals with AS had been treated with a TNF medicine in our Clinic – either infliximab (Remicade®), etanercept (Enbrel®) or adalimumab (Humira®). Infliximab is given by intravenous (into the vein) infusion every 6 weeks (after starting a program of infusions at week 0, 2 and 6). Etanercept and adalimumab are given by subcutaneous (beneath the skin) injection weekly and fortnightly, respectively.

At the time of commencing a TNF medicine, our patients were on average 42 years old and had AS symptoms for about 19 years. Not surprisingly, 75% of our patients were male. An excellent response (BASDAI 50) was achieved by more than 90% of patients, generally within 2-6 weeks of commencing treatment. Of the total of 131 patients, more than two-thirds were still on their first TNF medicine, and only 5 had stopped TNF medicines completely. A total of 23 (18%) patients had switched to a second TNF medicine either because of poor treatment response or side effects, and 10 (8%) patients were on their third TNF medicine.

Although side effects were uncommon, there seemed to be a higher than expected rate of chest and sinus infections. Most were adequately treated with oral antibiotics. Only one infection was severe enough to require hospital admission. Seven patients developed new-onset psoriasis. While severe psoriasis is treated with TNF medicines, some people treated with TNF medicines will go on to develop psoriasis for the first time! This counterintuitive side effect is thought to be related to changes in immune processes in the skin brought about by the TNF medicines.

The possible risk of cancers with the use of TNF medicines is a concern of many AS patients. Reassuringly, we only found one new cancer among our patients on TNF medicines, a stomach cancer which occurred after less than 6 months of treatment. We found no cases of lupus or multiple sclerosis in our patient group.

In summary, our local experience with TNF medicines in AS is very positive. The vast majority experience a major improvement in pain and stiffness, fatigue, spinal mobility and quality of life. While some patients switch to an alternative TNF medicine, few will stop treatment completely.

Lionel Schachna

The vast majority experience a major improvement in pain and stiffness, fatigue, spinal mobility and quality of life.

Adelaide was the host of the annual meeting of rheumatologists and health professionals this year.
The conference was well attended and delegates were rewarded with a stimulating scientific programme along with some excellent wining and dining in a lovely city.

The conference opened with AS as the first topic. An invited speaker, Roger Sturrock from Glasgow presented on 'New aspects of therapy in the changing paradigm of spondyloarthritis'. Roger gave a review of the use of the biologic therapies in his unit in Scotland, with details of clinical changes and results seen, and some insight to the research he and his team are conducting.

Later in the meeting, Roger also gave a breakfast session on the diagnosis and management of Spondyloarthritis. This was an excellent overview of current trends.
There were a few presentations from local speakers, along with several posters on various aspects of management in AS.

One of the post conference meetings also extensively featured AS. This was in the area of genetics, and was an excellent opportunity for people working on different areas of genetics to collaborate.

It is encouraging to see that there is still significant interest in topics related to AS and that many people are involved in studying and investigating the condition from many aspects.

It can only benefit the patient population to see this level of interest in the presentations

Margaret Lewington

It is encouraging to see that there is still significant interest in topics related to AS

Exercise - The Granddaddy of all therapies for Ankylosing Spondylitis - by Scott P. Edwards

As most people with ankylosing spondylitis (AS) will tell you, exercise, along with good posture and medications to reduce pain and stiffness, is a key ingredient in a successful therapy program.

"Exercise is generally regarded as an important part of treatment," said manual physical therapist Carl Heldman, DPT, "and current research shows support for short-term improvement with exercise."

Heldman, the Director of Physical and Manual Therapy at Emory Healthcare's Orthopaedics & Spine Centre in Atlanta, spoke about the value and importance of exercise for spondylitis at the Spondylitis Association of America's Atlanta Spondylitis Educational Seminar on February 9. Nearly 85 AS patients and family members attended the seminar.

A former athletic trainer for the Philadelphia Phillies baseball team, Heldman was recognized as a fellow of the American Academy of Orthopaedic Manual Physical Therapists in 2006. Manual physical therapy is a specialized form of physical therapy in which practitioners use their hands, as opposed to devices or machines, to put pressure on muscle tissue and manipulate joints in an attempt to decrease pain caused by muscle spasm, muscle tension, and joint dysfunction. It has become one of a number of modalities used to treat AS

A remarkable mechanical structure

One of the early symptoms of AS is frequent pain and stiffness in the lower back and buttocks, which comes on gradually over the course of weeks or months. Dull, diffuse discomfort is usually felt on one side, primarily early in the morning and at night time. Over months or years, the pain and stiffness can spread up the spine into the neck.

In a minority of patients, pain starts in peripheral joints, including the hip, ankle, knee, heel and shoulder. Advanced symptoms of the disease include chronic, severe pain and stiffness of the back, spine and, possibly, peripheral joints, as well as loss of spinal mobility and flexibility due to chronic inflammation and, sometimes, spinal fusion.

One of the most complex and remarkable mechanical structures in the human body, the spine's primary function is to protect the spinal cord and nerve roots, as well as provide an incredible amount of flexibility to the trunk of the body. The spine, then, is the body's primary support structure. Without a spine, humans would not be able to stand up or to keep themselves upright, nor would they be able to move about freely and bend with flexibility. Spondylitis is considered a form of arthritis of the spine.

The spine is made up of 24 small bones, called vertebrae, that are stacked one on top of the other to create the spinal column through which the spinal cord and its nerve roots run. The cervical spine (the upper part) is comprised of seven vertebrae; the thoracic spine (centre) consists of 12 vertebrae; and the lumbar spine (lower) is made up of five, sometimes six, vertebrae.
Just below the lumbar spine is the sacrum, a group of specialized vertebrae that connect the spine to the pelvis.

Viewed in profile, the normal spine is curved like the letter "S." The cervical spine curves slightly inward, while the thoracic spine curves outward, and the lumbar spine curves back inward. This curved shape helps a healthy spine withstand all sorts of stress.

"It's very important that we have these biomechanical curves," said Heldman. "These curves are responsible for absorbing force as we step, as we move, as we pick things up. It is when we lose the flexibility of the spine that we lose the ability to offset some of these loading forces. It becomes a bigger issue if the back becomes fused. Now, all of a sudden, we don't get the tilting, we don't get the bending mechanism."

In its neutral position (also called neutral spine or neutral posture) the spine is in its proper alignment, allowing the body to function in its strongest, most balanced position. Neutral spine also minimizes stress to joints, muscles, vertebrae and other tissues, reduces the risk of injury, and increases efficiency of movement.

As AS progresses, however, many patients experience spinal kyphosis, a curving of the spine that causes the back to bow, leading to a slouched posture. Consequently, individuals suffering from spinal kyphosis may experience difficulty sitting, standing or

Continued page 3

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Exercise - The Granddaddy of all therapies for Ankylosing Spondylitis - continued

Continued from page 2

lying comfortably. Some are unable to see the horizon because of their stooped posture, leading to difficulties with daily activities. In addition to postural problems, inflammation from AS causes damage to the vertebrae. In response. the body grows more bone tissue to repair this damage. Over time, bony outgrowths. called syndesmophytes, fuse together. causing pain and reducing mobility. Nearly 70 percent of AS patients will suffer from some level of spinal fusion.

So, what do AS patients do? As Heldman said to the audience: "I have this new pathology, this new disease process. What do I do? For love of God, I want to move. I want to be able to walk out my door. Walk my dog. Pick up my grandkids." Heldman suggests exercise as a good starting point.

Improving muscle function, decreasing pain

"Exercise," Heldman told the Atlanta audience, "is the granddaddy of it all. This is the one we keep coming back to because it's the only one that we can keep showing, over and over again, hey, we can actually do something with this."

Over time, he said, exercise provides long-term joint protection. As joints get overstretched, they can become irritated by inflammation. Chronic inflammation is one of the primary manifestations of AS. To avoid that inflammation, Heldman says joints need to get nutrients, and one way to get them the nutrients they require to remain healthy is through exercise.

The two most common joint nutrients are glucosamine and chondroitin sulfate. Glucosamine is a natural compound, made from glucose (sugar) and the amino acid glutamine. It is needed to produce a molecule used in the formation of cartilage, the connective tissue that provides a cushioning effect in joints, and other tissue found in joints. Glucosamine supplements are widely used to treat arthritic conditions. Chondroitin sulfate is a natural molecule that gives cartilage its elasticity and is believed to ward off cartilage destruction by certain enzymes.

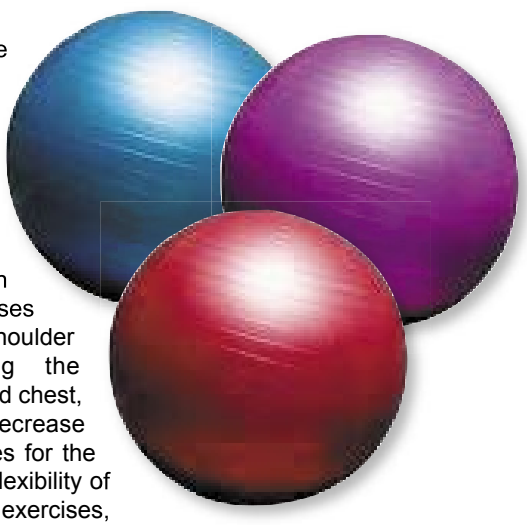
"Every joint in your body get its nutrients from passive movement and active movement," Heldman said. "Movement is what feeds the joint tissue."

In addition to joint protection, exercise improves muscle function and may also slow down [AS] disease progression. "We'll definitely decrease some disability [with exercise]," said Heldman, "because, obviously, if we get you moving better, you're going to want to do more of it. If we can get you moving better, we can help decrease some of the pain and limit some of the structural deformities."

Everyone should be assessed prior to beginning any type of exercise program. That way, clinicians can determine what each patient "brings to the table, such as surgeries and total joint replacements, as well as other illnesses and medical conditions."

The recommendation for AS patients is moderate exercise, not high-intensity workouts. The normal response to heavy weight lifting and high-impact aerobics, said Heldman, is muscle breakdown and inflammation. Moderate exercise is good because the process of breaking down muscle and building it back up is not so traumatic on the body. The consensus among clinicians is that 200 minutes a week of moderate exercise at about 30 minutes a day is sufficient for the early stages of AS.

Heldman said that AS exercise programs should focus on posture, mobility, flexibility, and respiratory function, all of which are important issues for people with AS.



Posture: The primary postural muscles that can benefit from stretching exercises include those in the back, shoulder and chest. Strengthening the muscles in the upper back and chest, Heldman said, helps to decrease kyphosis. Extension exercises for the lower back help to increase flexibility of the lumbar curve. A number of exercises, including pelvic tilts, can assist with this. Theraband exercises can also be helpful. Resistance with these colorful latex bands and rubber tubing products provides both positive and negative force on muscles, improving strength and range of motion. These products are color-coded to show progression from one resistance level to another.

"The part of the theraband that makes it

Continued page 4

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Exercise - The Granddaddy of all therapies for Ankylosing Spondylitis - continued

Continued from page 3

tough toward the end of the range," said Heldman, "is that the elastic becomes stiffer and it becomes harder to complete the motion. You need to start with less tension, or change the color of the band that you're working with so that you can complete the motions."

Mobility: Range of motion (ROM) exercises can help reduce stiffness and keep joints flexible. ROM is the normal amount joints, especially peripheral joints like the arms and legs, can be moved in certain directions.

"This is our core," said Heldman, "this is our base. It's what holds us here." He recommends exercises that flex, extend and rotate the spine, neck, pelvis, knees and ankles.

"We should see free swinging of the limbs," he said. "Flexion, extension and rotation of the spine, just big movements. A little bit of some pelvic tilting, back and forth with the pelvis. Flexion, extension and rotation of the hip. And a combination of knee and ankle movements."

People with AS should try to move their joints through their range of motion on a daily basis, moving gently if they are experiencing joint pain.

Flexibility: A dramatic loss of flexibility, especially in the lumbar spine and later in the upper back, neck and other joints, is an early sign of AS, so maintaining flexibility is of utmost importance. Passive stretching in which one stretches a muscle and holds it in a stretched position can help keep AS sufferers limber and relieve muscle and joint aches and pains.

"The nice part is that passive stretching has been shown to be effective," Heldman told the Atlanta seminar audience. "That means that if you can get to the point where you can maintain the stretch, you are going to maintain some of that flexibility."

He says to focus on the neck and chest muscles, as well as the hamstrings (the muscle group at the back of the thigh), the hip flexors, and the muscles that run along the spine.

"We always want to do a little bit of warm up prior to any kind of flexibility work," he said, "because by doing a little bit of warm up, even just a little bit of bike riding or a little bit of fast movement walking around, it is enough to raise the body temperature, which improves the expendability of the muscle tissue, making it more pliable and allowing us to move more freely."

Respiratory function:- Heldman said that everyone with AS "should be doing some kind of breathing regimen" to maintain and improve vital respiratory capacity. AS may affect the rib joints and muscles between the ribs, making breathing difficult. As a result, the lungs fail to become fully ventilated. In late-stage AS, the chest wall can become fixed, affecting both inhalation and exhalation.

Breathing exercises can help make use of the entire lung and keep the chest muscles active, allowing more oxygen in with each breath and making each breath more effortless. Heldman said any kind of "abdominal, diaphragmatic or full ribcage expansions should be encouraged with daily breathing to get good movement [of air] into the lungs."

For full rib cage expansions, you should sit or stand, with your elbows pulled back firmly. Then, you should inhale deeply and hold your breath. After 5 seconds, you should exhale slowly and completely, and complete the process again. For diaphragmatic breathing, you should lie on your back with your knees bent and supported by pillows. Place your fingers on your belly, just below the ribecage. As you inhale, your belly and lower ribcage should rise, while your chest remains still. Inhale for a 3-count and exhale for a 6-count. This should be repeated several times.

Caution urged with equipment, other forms of exercise

Heldman said that exercise equipment, including exercise balls, recumbent bicycles, and inversion equipment, and other types of exercise programs could also be helpful. Exercise balls allow AS patients to do exercises that they might not be able to do on their own because they have a rotational component. This is especially helpful for those with a rigid spine because it gives them extra support.

He cautions that there is no scientific evidence that supports the use of inversion tables that stretch the back muscles to relieve lower back pain. "We don't have anything that says yes or no to the inversion table because there's not one study out there that took a bunch of people with AS and put them on inversion tables without any other contributing modality. That becomes the problem, so, for me to sit here and say yes or no, we don't have the research to back it."

Pilates and yoga have a growing following in the United States. Pilates focuses on the core postural muscles, which help keep the body balanced and are essential for supporting the spine. Pilates exercises teach awareness of breathing and alignment of the spine and aim to strengthen deep torso muscles.

"The problem with some Pilates," said Heldman, "is the intensity level. We have to be respectful of that. Some of the positions that are asked to be held may be too high for the individual to engage and evolve in." He also said that, like inversion tables, he has not seen research, showing one way or the other, that supports the use of Pilates.

An ancient Indian ritual of exercises and poses, yoga helps to build flexibility, strength and concentration. Again, he said that some yoga positions may be too advanced for AS patients and that care must be taken to not overextend when doing yoga.

In the end, Heldman said, finding exercises that work for you and do what they are intended to do should be sufficient, as long as they are approved by your health care professional.

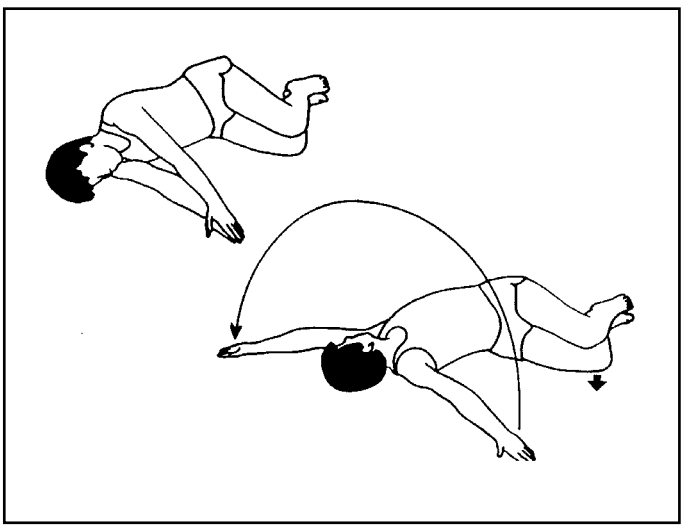
"If you feel comfortable enough with what you are doing or have done in the past and attempt to do that on your own, I would say, please try, because it's the only way you're going to find out what works. If you find that it works for you and it's doing what it should and it makes you feel better and it makes you move better, by all means, do it - as long as you're not hurting yourself or making it worse."

This article has been reprinted from the Summer 2008 issue of the Spondylitis Association of America Spondyltis Plus magazine.

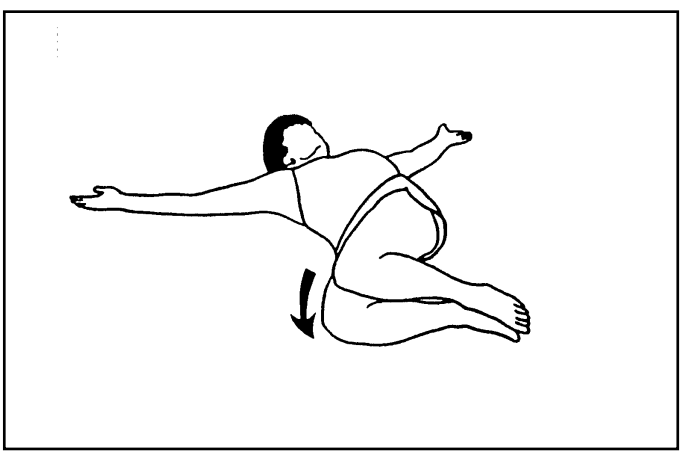
Physiotherapy - AS Stretches

by Margaret Lewington (B.Phty. Cert Hydro.M.A.P.A)

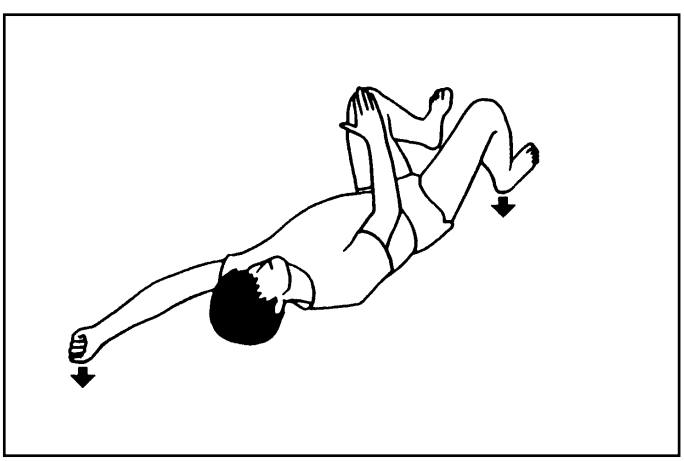
In this issue we are going to get down on the floor, on your back. Use a mat for comfort and warmth, If the floor is too difficult, the bed is an alternative. Choose a warm part of the house, and put on your comfy tracksuit. The TV or radio may keep you company.



1. Arm Roll
Lie on your side.
Bend your knees a little and keep them together and in contact with the floor. Start with both arms extended out in front and on the floor.
As you breathe in, lift your top arm up and over behind you, turning your head to watch your hand. Take it as far as you can and pause. Breathe out as you return the arm.
Repeat 8 times.
Then turn over and do on the other side.



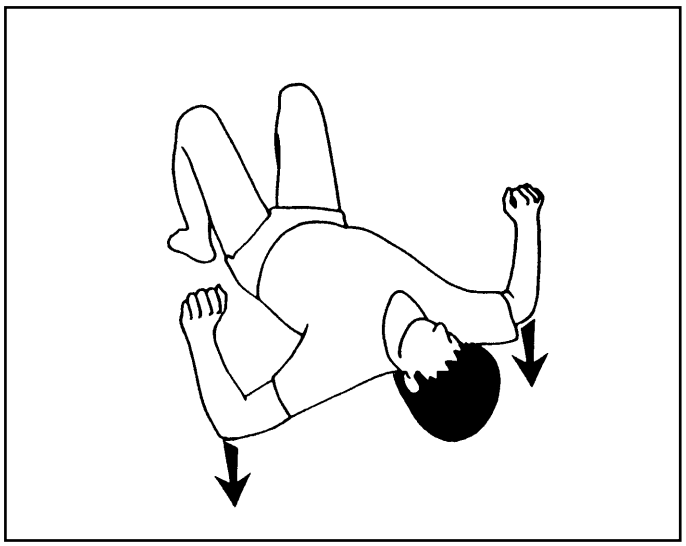
2. Hip Roll
Lie on your back.
Let your knees roll as far as possible to one side.
Lift them up and let them roll to the other side.
Keep your shoulders still and in contact with the floor.
You may turn your head to the opposite side to your knees.
Repeat 10 times, moving slowly and pausing each side to get a good stretch.



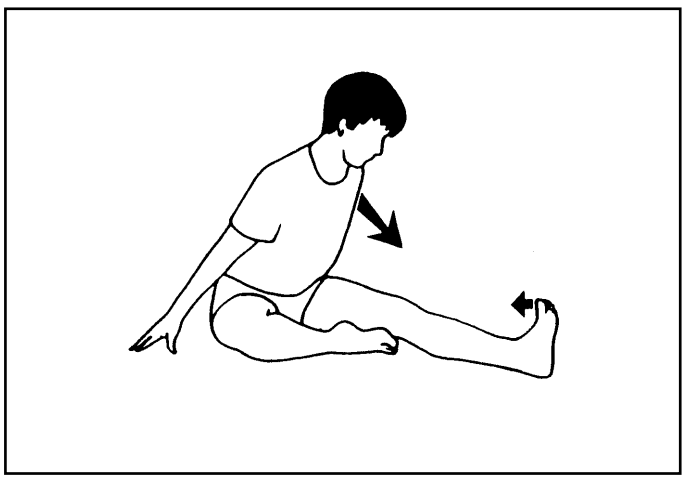
3. Curl and stretch
This exercise aims to strengthen the stomach and back muscles and follow this with a stretch.
Press your left knee with your right hand while also pushing the left fist and right heel onto the floor.
Hold for 10 sec, but do not hold your breath.
Now straighten and stretch both arms and legs long especially the left leg and right arm.
Alternate sides.
Repeat 8 times.

Physiotherapy - AS Stretches

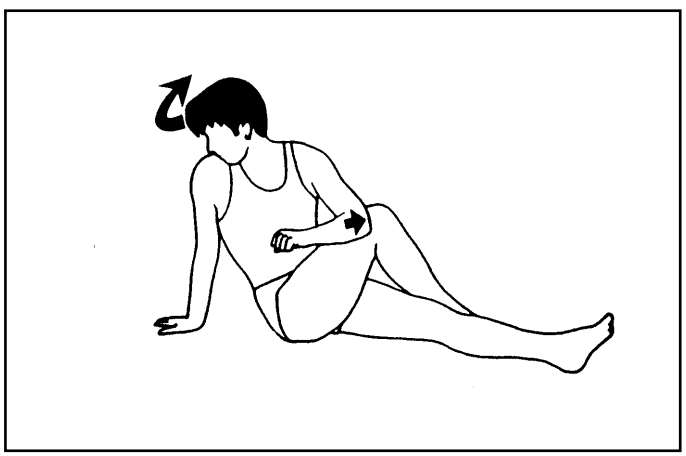
by Margaret Lewington (B.Phty. Cert Hydro.M.A.P.A)



4. Mid-back lift
Strengthening the muscles of the shoulder and back and arching the upper back.
Lie on your back and bend your knees with your feet flat on the floor. This will let you flatten and support your low back.
With your arms out to the sides, bend your elbows to raise your hands off the floor.
Push your elbows into the floor, try to bring your shoulder blades together and lift your upper back off the floor, hold for 5 sec, and repeat 5 times.
Avoid pushing your head into the floor too hard.



5. Stretch the muscles at the back of the leg
Sit tall, with one leg straight in front and the other knee bent and relaxed. This leg may be in any position most comfortable.
Pull up the foot of your straight leg, push the heel away to lengthen the leg, keep the knee straight.
Bend your body straight towards the front taking your chest towards your knee.
Avoid rounding or curling your back.
You will feel tension and stretch at the back of the straight leg. Hold for 20 sec and do 3 on each leg.



6. Improving spinal mobility and stretching buttock muscles
Still in the sitting position cross your right leg over your left leg and place your right foot on the outside of your left knee.
Pull your right knee across your body with your left elbow. While you also turn your head and shoulder behind to the right as far as possible.
Hold for 10 sec. Repeat 3 times. Breathe slowly.

AS Group of Victoria News

The AS Vic group participated in a number of productive community group activities over the last couple of months:

Joint Walk
A Joint Walk was held in Jell's Park, Mt Waverley, Sunday 13 April as part of the Arthritis Victoria Awareness Week. A brave group ventured out, led by our Greg, and everyone got the joints moving. And move they did, due to the torrential rain that hit half way through the walk. It takes more than that to dampen the spirit of the AS group of Victoria members who then proceeded to enjoy coffee and snacks outside the Cafe! This, as a result of being informed that all tables inside were reserved for the Sunday lunch - suspicion had it that they weren't keen to be mopping up the puddles that would have collected under their chairs.

AGM
We held our Annual General Meeting at the Austin Hospital, Education Centre, in June. Fortunately we had a good postal response from our members, nominating and voting for the committee. The response was great and we were all re-elected to the same positions. In addition, we welcomed Vince O'Grady to the committee to accommodate our increasing number of events and participation in seminars. We reviewed the year's activities, which is now available, in summary format, for our members.

Our committee now comprises:
President – Annie McPherson
Secretary – Maria Makris
Treasurer – Rosemary Stephens
Editor – Greg Tate
Events Co-ordinator – Vince O'Grady.
Committee volunteers – Ellen Makridis, Dannielle Wood, Michael Tai, Belinda Martin.

Included in our activities is telephone support to newly diagnosed AS people. Everyone always comments how beneficial this initial contact is in the early stages of identifying their condition and learning management techniques. This year we were able to provide a number of new publications and media recently produced by various groups in the Australian arthritis community.
Several of the new publications were initiated by the AS Group of Queensland (members past and present) and credit is due to them for the excellent results. A highly professional set of documents and media, are now available to help people manage and understand their condition, and it is a great way to assist people in their daily life.

Arthritis Victoria, Consumer Advisory Committee:
Recently, I was approached by the chair, Mr. Noel Smith, an Arthritis Victoria water exercise leader and community speaker, to apply for a position on this committee. I had previously been in contact with Noel through the Royal Talbot Hydrotherapy water exercise, Monday nights' group during the 1990's. My proposed contribution paper was based on a number of the Ankylosing Spondylitis objectives including consumer community involvement, self education and supporting research and the application was accepted by the board.
The purpose of the Consumer Advisory Committee is to have representatives from the Arthritis Victoria consumer stakeholder groups contribute to the work-plan of the board for policy and decision-making. The process involves discussion, recommendations and/or proposals jointly with Arthritis Victoria staff representatives on projects, activities and actions suitable for the consumers of Arthritis Victoria.
This provides self help groups, like AS Group of Victoria (amongst other groups) with a direct avenue to the board. We will keep you posted on issues that are raised through this group.

Arthritis Victoria, Early Arthritis Network Seminar, Carlton, June 2008
The seminar was well attended by a number of people with Ankylosing Spondylitis (AS) and their family members.
Sabina Ciciriello, Rheumatologist Royal Melbourne Hospital, always an informative speaker gave a talk on "Inflammatory arthritis". This included a segment from the recent Australian Rheumatologist Association conference in Adelaide were there was suggestion of a new treatment program - when correctly diagnosing [AS] in a patient, prescribing the stronger medication immediately and getting the symptoms managed first. Then when symptoms are more under control, prescribing the "maintenance" medications. Also commenting there were even more biologics on their way through the drug trials program.

Christmas in July
Our annual, winter Christmas in July dinner at the Rosstown, Carnegie was attended by a small group from near and far (including country Victoria), including some new members.
All enjoyed a convivial social evening by the warm fire catching up on news and activities.

Our next function will be a seminar in early September at Caulfield with a focus on study groups and research.

Annie McPherson

ANKYLOSING SPONDYLITIS GROUP OF VICTORIA

AS Group of Queensland News

Hi everyone and welcome to the Queensland News.

The water exercise DVD continues to be well received and I must thank Greg Tate for the great review in the last issue of AStretch. We have also had some favourable responses from a number of overseas groups. So if you haven't got your copy yet, please contact the group and we'll send one straight off. They will also be available at the Symposium on the 16th August at the Russell Strong Auditorium at the Princess Alexandra Hospital (PA).

Everything for the Symposium is coming together nicely and by now all members should have received the flyer and registration form. We have assembled a great group of speakers (see programme on right) covering many areas including the latest treatments, fatigue in AS, medication, managing a chronic condition, genetic research and of course exercise. It promises to be a great day and a must for people living with and caring for people with AS.
If you require more information please contact the group.

Margaret Lewington has a busy month ahead; not only is she heavily involved in our symposium but will be making the long haul across to Perth as a guest speaker at a seminar on AS run by Arthritis WA. For more information on this please contact Arthritis WA.

On the social front, a group of about 20 enjoyed a great after hydrotherapy class dinner at the Earth and Sea Pizzeria.
Unfortunately the bike ride/picnic on the 1st of June had to be called off because of the weather but will be rescheduled for later in the year.

Our Secretary, Kate, has had itchy feet again and is currently roaming around China. She certainly does not let her AS hinder her adventurous spirit.
Good on you Kate.

Hope to see you all at the Symposium in August – until then stay well.

Ross Wilson

The Ankylosing Spondylitis Group of Queensland

HYDROTHERAPY in Brisbane

Pool Exercise Sessions for people with AS

Supervised by Margaret Lewington
(B.Phty. Cert Hydro. M.A.P.A.)
WHEN: Tuesday Nights
TIME: 6.30 – 7.30 pm
WHERE: Hydrotherapy Pool,
Level 2, Ned Hanlon Building,
Royal Brisbane & Women's Hospital,
Butterfield Street Herston.
COST: $10 or 10 classes for $90
ENQUIRIES:
Margaret 0404 414 501
or 07 3376 6889

AS Group of Queensland Symposium Programme August 16 2008

9.00 am **Registration, tea/coffee**

9.30 am **Dr. David Careless - Overview of Ankylosing Spondylitis**
Dr. David Careless is a Rheumatologist and General Physician in Private Practice at Ipswich. He is a visiting medical officer at the Ipswich Hospital. He did his rheumatology training at the Princess Alexandra Hospital and Toronto Hospital in the 1990's.

10.00 am ***Jann Anderssen - Living well - achieving self-management***
Jacqui McInerney is a Pharmacist with extensive experience in hospital and community pharmacies. She currently is also a tutor of pharmacy students at the University of Queensland.

10.45 am **Morning Tea**

11.15 am **Jacqui McInerney - Medicines for AS and the role of the Pharmacist**
Jann Anderssen works at Arthritis Queensland (AQ) as the Self-Management Coordinator. Her background is in physiotherapy, having worked mainly in Community Health in both rural and urban settings. Her experience in these settings led to a growing interest in community based self-management programs. Her role at AQ has led to opportunities to present workshops and lectures on this topic to the general public, health professionals, undergraduate and postgraduate students.

11.55 am **Linda Bradbury - The role of the specialist nurse in the AS clinic and Fatigue and AS**
Linda Bradbury is a registered nurse who trained in London, UK. After working in various disease areas, she specialized in rheumatology and completed her Masters Degree in Advanced Health Care Practice in 2005. She has been working with Professor Matthew Brown for the last 10 years as a research nurse in the musculoskeletal genetics group. When Matthew moved to Brisbane, she took up the opportunity to continue working with the group and is now also the specialist nurse in the AS clinic.

12.30 pm **Lunch**

1.30 pm **Margaret Lewington - Keeping active - more than just going for a walk**
Margaret Lewington graduated in 1978 and has worked in various settings. After undertaking postgraduate training in Hydrotherapy in 1989, she commenced her own private practice in the areas of Aquatic Physiotherapy and Ankylosing Spondylitis. She has taken the AS pool exercise class since 1990 as well as conducting educational and exercise weekend seminars for people with AS. She has also presented at National Rheumatology Conferences and has traveled overseas to further her interest in AS. She sees people privately for both pool and land physiotherapy treatments.

2.10 pm **Dr. Matthew Brown - What's around the corner**
Dr. Matthew Brown is a clinical Rheumatologist who trained in Sydney before moving to Oxford, England in 1994, to work in genetics of bone and joint diseases. After 12 years there, he returned to Brisbane where he is professor of Immunogenetics at the University of Queensland, and practices rheumatology at the Princess Alexandra Hospital. There he runs a specialist clinic for Ankylosing Spondylitis (AS) patients.

2.50 pm **Panel Discussion & Thank you speech**

AS Group of Tasmania News

Hi from Tassie

We have been shivering a bit of late here in the south and although the wind chill factor off the snow capped Mt Wellington is a little hard to take, "The Mountain", as we locals affectionately call her, presents a magnificent sight to not only locals but visitors as well (and the snow will help with our water supplies over the summer).

On a personal front I have had a few trips to the osteopath and am amazed by the results and at the same time have been working with a personal trainer doing one on one boxing.

Although the boxing may seem an odd choice for a person with AS I have not had any ill effects from it but of course this type of exercise is an individual choice.

However, I can thoroughly recommend the use of a personal trainer.

A get together breakfast is planned for August at Salamanca – email algroves@bigpond.net.au for details

Bye for now, Alicia (for Murray who is exploring the great outdoors)

"Remember, AS is easier to tackle as a Group."
- AS Group of Tasmania

AS Group of Western Australia Information

The WA group holds two sessions of land exercises and hydrotherapy each Monday at the Shenton Park Hospital. While one group of participants starts with hydrotherapy, another commences with land exercises and after an hour they swap. It is an excellent way to achieve a balance between land and water exercises.

Western Australia Hydrotherapy (Perth)

Where: Royal Perth Rehabilitation Hospital
Shenton park Annexe Selby St Shenton Park.
When: Every Monday evening (Public Holidays excepted)
Cost: $6.00
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 end of first hour

AS Australia Calendar 2008

STATE	EVENT	DATE	TIME	CONTACT
QLD	Ankylosing Spondylitis Symposium Princess Alexandra Hospital Woolloongabba	Saturday August 16	9.00 am	Lynn Adamson 3263 5216
TAS	Breakfast @ Salamanca	August	Contact algroves@bigpond.net.au	
VIC	Information Evening - Focus on Study groups & Research Ashley Ricketts Centre, Caulfield Community Health Centre	Tuesday September 9	7.00 pm	Belinda Martin 9496 4045

AS Group Membership Form

Ankylosing Spondylitis Group of Victoria Membership Application Form

I wish to become a member / renew my membership of the Ankylosing Spondylitis Group of Victoria and enclose my remittance, contact details and preferred membership type.

✓ ☐ New Member ☐ Renewal

YOUR CONTACT DETAILS:

Name:

Address:

Telephone:

Email:

The Ankylosing Spondylitis Group of Victoria complies with the Privacy Amendment (Private Sector) Act 2000 and will not sell your personal information to another organisation. You will be notified of Ankylosing Spondylitis Group of Victoria events and services and ways of assisting us to maintain these services. If you wish your name to be removed from our database at any time please write to us.

✓ **MEMBERSHIP TYPE:**

Note: Membership runs through to 30th June 2009

☐	Full: (Includes mail out of Newsletter)	$25.00
☐	E-mail: (Newsletter by e-mail only)	$20.00
☐	Concession: *	$20.00
☐	E-mail Concession: *	$15.00
☐	Donation:	$

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

TOTAL: $

● **SIGNATURE:** _ _ _ _ _ _ _ _ _ _ _ _ _ _

Please make cheques or money orders payable to:

Ankylosing Spondylitis Group of Victoria

RETURN COMPLETED FORM TO:

Ankylosing Spondylitis Group of Victoria
P.O. Box 3166
Burnley North, VIC, 3121.

FOR MORE INFORMATION:
Contact Belinda Martin - (Phone) 03 9496 4045 (Email) belinda.martin@austin.org.au