



ASTRETCH

SUMMER 2015

www.asaustralia.org

ANKYLOSING SPONDYLITIS AUSTRALIA



empowered.org.au a website review by Greg Johnson

In October, Arthritis Australia added a new online resource:- www.empowered.org.au

The website was launched on World Arthritis Day to help people with inflammatory arthritis, especially young Australians, to better manage their condition. This new website has been designed to bring together some great information in one place to support those living with rheumatoid arthritis (RA), ankylosing spondylitis (AS) and psoriatic arthritis (PsA).

The website starts with an excellent welcome and introduction from Ita Buttrose. She says that the site has been designed to help you understand your arthritis and it aims to empower you to live and live well.

There are two main parts to the website. The first part asks where you are on your arthritis journey and the second provides additional information if you want to know more. By understanding how other people manage their arthritis journey, this site is designed to empow-

er yours. It combines video interviews and reading material that has clear, credible information delivered by people living with inflammatory arthritis as well as rheumatologists and other health care professionals.

Where are you in your arthritis journey?

This first part follows the theme of the arthritis journey and asks **‘what should I do?’**

- ◆ “I’ve got hot, painful swollen joints”. This section is for people with symptoms and looking for an answer.
- ◆ “I am off to see the doctor” is for people who require a medical assessment and diagnosis.
- ◆ “I am living with inflammatory arthritis” is for those people where a diagnosis has already been made.

Each of these sub-sections can be viewed as a YouTube video by listening to the various presenters or you can read or print the information by clicking on the ‘View

transcript’ button. Be sure to scroll down the list of choices for each of the talks. This section is not disease specific but includes information for all the inflammatory arthritis’ - RA, AS and PsA.

Although much of this information is relevant and similar for all the inflammatory arthritis’, in some cases there may be differences. Hence, you may need to listen carefully to ensure the information is relevant to both your condition and your circumstances.

[I’ve got hot, painful swollen joints](#)

There are six videos:-

1. About Inflammatory Arthritis
2. The onset of symptoms.
3. The first signs of RA
4. The first signs of AS. It typically begins with lower back pain which is difficult to distinguish from other back pain.
5. The first signs of PsA
6. The importance of seeing your GP quickly.

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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Contacts

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I am off to see the doctor

This section has 12 videos:-

1. Discussing symptoms with your GP. Your GP will ask about symptoms, conduct some tests and may refer you to a rheumatologist.
2. A rheumatologist is a specialist who has expertise in treating arthritis.
3. Your first visit to a rheumatologist
4. Diagnosis opens a door
5. Working with your rheumatologist
6. The aims of treatment. Rheumatologists want to help you by controlling inflammation via medication and suggesting lifestyle changes.
7. The risks and benefits of medications
8. Disease Modifying Anti-Rheumatic Drugs (DMARDs)
9. The biological DMARDs
10. Treating rheumatoid arthritis
11. Treating ankylosing spondylitis via exercise and anti-inflammatory therapy.
12. Treating psoriatic arthritis

I am living with inflammatory arthritis

There are 14 videos including several presentations from people with RA, AS and PsA:-

1. There is reason to hope. This video has several people who have lived with inflammatory arthritis giving a positive opinion about how to live a happy fulfilling life.
2. Assembling a support team. There is support available but you need to make that support work for you.
3. Suggestions from an occupational therapist
4. Suggestions from a dietitian
5. Suggestions from a physiotherapist
6. Suzie's has had two children after a rheumatoid arthritis diagnosis 13 years ago.
7. Wendy was diagnosed with inflammatory arthritis as a child and now has a family and built a career.

8. Ray was diagnosed with Psoriatic Arthritis after he retired. He has just bicycled across Spain.
9. Matt's was diagnosed with AS at University.
10. Many people ask about pregnancy.
11. Suzie's pregnancy story
12. Wendy's pregnancy story
13. Complementary medicines
14. Success stories

I'd like to learn more.

The second part of the website asks if you would like more information about each of the inflammatory conditions. Click on the 'Learn More' button to read further on RA, AS and PsA.

Ankylosing Spondylitis

The AS section is divided into several sub-headings detailing some very specific information:-

- ◇ What is ankylosing spondylitis?
- ◇ Symptoms of AS
- ◇ How will my doctor diagnose AS?
- ◇ Living with AS
- ◇ Will medicine cure my AS?
- ◇ What are the right medicines for me?
- ◇ Exercise and activity information
- ◇ Protecting your spine and joints
- ◇ Pregnancy and AS
- ◇ What treatments are available?
- ◇ What other assistance is available?
- ◇ Who can help?

Some of the sub-headings have fact sheets or useful contacts including links to information from other websites.

AStretch recommends that our members read the website in its entirety.

It is fairly comprehensive and lengthy so you may wish to visit it on several occasions. The site would also provide useful information for family and friends. You may also wish to suggest this site to your GP and your other health care professionals so that they can recommend it to their patients thus empowering others.

Greg Johnson

Bone Health in AS *by Professor Peter R Ebeling AO*

Presentation made at Victorian 11th annual AS Information Seminar at Austin Health

Osteoporosis is a common problem in the general Australian population with 1.2 million Australians having osteoporosis and 5.4 million having osteopenia (or low bone density), which is a risk factor for osteoporosis. The numbers of Australians affected is due to increase because of ageing of the population. By the late 2050s, one in four Australians will be aged ≥ 65 years. The population aged ≥ 85 years is set to grow from 344,000 people to between 1.7 and 3.1 million by then and this is the group having the highest number of hip fractures. Hip fractures are the most expensive to treat and 17,192 cases of hip fracture occurred in 2007-8. The direct cost of broken bones or fractures due to osteoporosis in Australia today is \$1.57 billion per year based on 2012 costs.

Patients with ankylosing spondylitis (AS) are at an increased risk of minimal trauma fractures, particularly spinal fractures, and osteoporosis. This is partly due to the inflammation associated with AS which increases the rate of bone breakdown and the rate of bone loss.

A recent Danish study comparing patients with AS and the general population showed that the risk of any fracture was increased by 54% in patients with AS and that spinal fractures were increased by 442%. The risk for having a fracture was highest in the first 2 years following the diagnosis of AS. This early increase in fracture risk suggests that patients with AS should be assessed for fracture as soon as possible after diagnosis.

A prior Dutch study showed that in 113 young patients with AS, < 15% already had at least one spinal fracture, the majority of which were asymptomatic, undetected by routine diagnostic procedures and were located in the middle of the upper part of the spine

between the shoulder blades. These patients also had low bone density in the spine.

Patients with AS are also prone to specific types of spinal fractures due to the inflammation associated with AS and the connections between the spinal bones when they are involved with bony changes.

Some of the factors increasing the risk of spinal fractures in AS are:

- Being male
- Flare of back pain – is it a spinal fracture instead?
- Imaging – x-ray, CT, MRI, bone scan
- Persistent inflammation
- Long disease duration
- Hyperkyphosis (increased spinal curvature)

A bone health assessment is very important for patients with AS and should:

- Ensure regular weight-bearing exercise for at least 20-30 minutes 4 days per week
- Ensure adequate calcium intakes of at least 3 serves per day
- Ensure serum vitamin D levels >50 nmol/L at end of winter/early spring
- Check spine and hip bone density on a bone density scan
- Exclude spinal fractures by performing an x-ray of the spine

Treatments for osteoporosis in patients with AS are available and include:

- Medications that suppress inflammation and the increased rates of bone breakdown seen in AS



Professor Peter R Ebeling AO Head, Department of Medicine, School of Clinical Sciences, Monash University, Monash Medical Centre, Clayton.

- NSAIDs like naproxen or ibuprofen reduced clinical spinal fracture risk by 30% in a UK GP database study
- The antiresorptive drugs used to treat other patients with osteoporosis, called bisphosphonates or denosumab, can be considered in high-risk patients, and bisphosphonates will also reduce inflammation as well as reducing bone loss and increasing bone density
- Bisphosphonates are given as weekly or monthly tablets orally, or as an annual intravenous infusion, while denosumab is given as a six-monthly subcutaneous injection
- Newer anti-inflammatory drugs which cause tumour necrosis factor (TNF) blockade reduce inflammation and also reduce bone loss

No known treatment reduces the formation of bony bridges between spinal bones called syndesmophytes.

Peter R Ebeling

Trekking Kokoda by Greg Glidden

I was on the flight from Brisbane to Port Moresby with my son when it hit home! **“What have I let myself in for? – there’s no turning back now.”**

Aaron is interested in military history. Some twelve months earlier, he had informed me of his intention to walk the Kokoda Trail with a reputable organisation that had a major focus on Australia’s WWII Kokoda military campaign. He also told me that it would mean a lot to him for “dad and son” to do this together.

In September 2008, I found myself on a plane to Papua New Guinea, part of an *Adventure Kokoda* group of fifteen trekkers: a Tasmanian celebrating his 50th, my son in his 30s and the others late teens to late 20s. Here I was, 63 years young, hoping that the past twelve months of “training” had prepared me for the eight days of trekking the rugged terrain ahead!

A Stress ECG test had demonstrated my fitness from a cardiac perspective, most likely owed to my many years of walking. Training included walks up and down the steep slopes at Mt Gravatt and Mt Coottha, and the stairs at Kangaroo Point. Practicing to use trekking poles correctly was an important component.

My doctor had signed the form that I was capable of completing the activity. We had discussed my desire to grasp this opportunity to share the adventure with my son; that my Ankylosing Spondylitis had been relatively under control over the previous few years; that I had no other major health issues; and, importantly for me, *Adventure Kokoda* offered the choice of paying extra for a personal porter to “lighten the load”.

Travel Insurance would not cover my “pre-existing” AS. In other words, emergency lift-out by helicopter for something like a broken leg would be covered but not for my back becoming too sore to continue the trek. Those of us with AS know that there are times when something needs to be done and we just have to get on with it and do it. My family fully supported my going and, suffice to say, my doctor ensured that I would have the necessary medication to see me through.

My personal porter, Julius Romeo of Aburari Village, not only “eased the burden” but gave words of encouragement on the long steep climbs and assisted with traversing creeks on sometimes-slippery logs. I had purchased a good quality trekking back-pack, waterproof, with adjustable shoulder

and waist straps that ensured correct weight distribution. This enabled me to carry some equipment. Trekking poles proved invaluable, shortened for steep climbs and lengthened for descents. They took the strain off the knees on steep descents and were akin to an extra pair of legs for stability. Maintaining a firm footing was always foremost in mind – “slips must be avoided to obviate back injury”!!

Adventure Kokoda provided personal tents, sleeping bags and sleeping mats. I took a small self-inflatable mattress for extra comfort for a good night’s sleep. Bathing in cold mountain streams each evening was a bracing experience when a hot shower would have been most welcome!

Aaron had done his research well in choosing *Adventure Kokoda*. This organisation was established in 1991 by an ex-army major, Charlie Lynn, who had twenty-one years’ service experience. Our trek guide, Simon Hart, was ex-navy, a former Captain of HMAS Brisbane who had risen to the rank of Commodore. He had decided that leading treks across the Kokoda Trail was a much more fulfilling task than “sailing a desk” in Canberra. One could not fault his professionalism as the Leader, his detailed knowledge of tactical and strategic aspects of the WWII Kokoda campaign, of the battle sites and deeds of valour, of the track itself and the villages along the way. The rapport that he had built up with villagers was apparent. At some villages, Simon had arranged a “singsing” – there was something magical, listening to the beautifully-harmonising voices of the village women, under the stars, in so remote a location.

Although the oldest of the group, I never was last to arrive at stops along the way or evening camp. When stopping for a short breather, look back and congratulate yourself on how high you have climbed, try not to look up and be discouraged by how much higher there is to go. Whenever the going seems too tough, be spurred on with a thought for the sacrifices of our soldiers, many injured, tackling this muddy and steep terrain, laden with packs and rifles in the face of enemy fire.

On schedule, we arrived at our destination, Owers Corner. A bus was waiting to take us to Bomana War Cemetery and on to our hotel at Port Moresby, where a hot shower and a cold beer waited. Eight days of trekking from the Kokoda Airstrip had been completed, no emergency evacuations

needed along the way.

The Goldie River had given us one last rush of excitement. It was swollen and swiftly-flowing from heavy rains. A rope needed to be strung across to ensure our safe crossing in chest-high water. From the far bank was a short but steep (and one final) climb to Owers Corner.



Words cannot express the emotions experienced, trekking the Kokoda Trail: to be in the exact spot where battles were fought and medals were earned, to stand (or sit on a rock, perhaps) where the battles actually took place while listening to the re-telling of them. A young Australian, Private Bruce Kingsbury, twenty-four years, was posthumously awarded the Victoria Cross for bravery at the Battle of Isurava. His bravery in the face of enemy fire re-invigorated his weary mates. We attended a dawn service at the Isurava Memorial. This had been opened by the Prime Ministers of New Guinea and Australia in August 2002, the 60th anniversary of the battle. The memorial comprises four granite pillars, each inscribed with a single word – Courage Endurance Mateship Sacrifice – so simple, so moving!

The idea of trekking the Kokoda Trail may seem daunting. All effort expended, any discomfort that may have been endured is repaid in full by the knowledge gained of battles fought for Australia and of simple village life, the outstanding scenery, the camaraderie developed with fellow trekkers and the sense of personal achievement upon completing the trek.

From an “AS” perspective, I coped well and had no “flare-ups”. There never was anything that gave me concern for facing the following day. With the fresh mountain air and strenuous exercise, I slept better than I had been for a long time. I decided to take a strong painkiller each night to ensure a good night’s sleep. I came home minus any lasting effects, feeling much fitter than I had been for many years and much better for it.

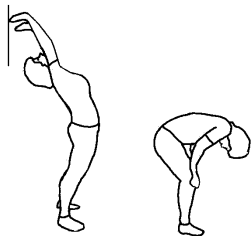
Greg Glidden

AS Exercises by Margaret Lewington (Physiotherapist)

For this issue's exercises, you can do them almost anywhere anytime. Take up the challenge to move as much as you can.

Preferably, stand near a wall so that you can gauge how far you are moving, but if not near a wall, anywhere will do. In all the exercises, keep your knees slightly bent – just off lock – soft. If you bend them a little more than this, you will get more stretch in the upper back, or if they are almost straight, you will get more effect in the low back. Some done each way can be useful.

1. Stand with your back to the wall, but a step away. Firstly, bend forwards, curling your low back. Rest your hands on your knees, let your head hang. Pause here, and let gravity give you a little more stretch.



Now stand up tall, push your hips forwards, arch your low back, lift your chest, look up, but not too far – keeping your head in alignment with your body. Raise your arms over your head and reach back and try to touch the wall.

2. Stand with your back to the wall, a step away. Turn around to one side, as far as you can, and try to touch the wall. Stretch and reach with both arms, trying to turn as



far as you can. Come back to the front and now go around to the other side.

3. Side on to the wall - place one arm on the wall - move your hips to the side, away from the wall. Stretch and lean out as far as you can. Now move your hips to the other side, in towards the wall. Pause & hang.

As you take them out again, also raise your arm over your head and reach towards the wall as much as



you can. Breathe in as you stretch. Make sure you keep side on – don't twist or roll forwards, keep your arm in line with your ear. Turn and face the other way and repeat.

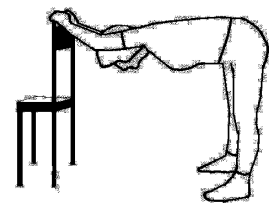
4. Side on to the wall – with one arm on the wall. Take your other arm around in front of your chest, turning your upper body, and try to touch the wall. Then take your arm back out again to stretch the front of your chest, look at your hand.



You can touch above your hand on the wall, and also touch below your hand. Keep your chest up.

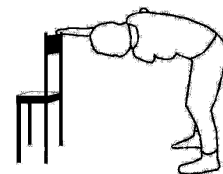
5. Stand facing a chair or bench. Step back so that you can drop your chest towards the floor, keep your

trunk parallel to the floor and your hips at a right angle. Let your chest drop between your arms, but keep your head in line with your body.

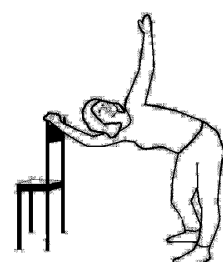


If you let your head drop too far, you tend to arch your back. The aim is - breastbone to the floor. Now place both hands to the left of the chair & move your hips to the right. Drop your chest, feel a stretch down the right side of your ribs & waist. Repeat with arms to the right.

6. Keeping in the position above, take one arm under your body and around as far as you can past your other shoulder. Look under your arm towards your hand.



Now drop your arm down towards the floor and then lift it up and out to the other side (lift elbow). Continue to look at the hand. Keep your head and chest down, so as to turn and twist as much as possible, and avoid arching your back instead.



Ankylosing Spondylitis Victoria Inc Report *by Annie McPherson*

Welcome to our new members, Peter, Narelle and Maryanne, some of who made it to our AS Information Seminar at Austin Health in October. Warm welcome also, to our associates at the Mornington Arthritis Support Group where Sarah Crilley keeps us up-to-date with their meetings and members, including some ASers (www.facebook.com/Mornington-Arthritis-Support-Group-342851225914165)

The AS Exercise program at Caulfield Community Health Service has been fully booked for the Spring session. Later this month we will be presenting a paper regarding our Peer Support Group's activities and services to Community Advisory Committee at Austin Health.

Some of the newer members have attended the RSL Coffee and Chat sessions over the past couple of months.

In late September at the Exhibition Buildings' gardens in Carlton, I joined families and friends to farewell our member Shayne, Georgia Prince, of Arthritis and Osteoporosis Victoria (A&O Vic), Mike McKenzie and Stan Proctor on their "Make-A-Move-Ride" cycling journey to Darwin.

AS Victoria committee and members congratulate Mike McKenzie, Stan Proctor and the team on completion of the cycle ride from Melbourne to Darwin. Well done Shayne for your participation in the first 2 days of the journey.

In late October we held our 11th annual AS Information Seminar at Austin Health with guest speaker Professor Peter Ebeling AO, endocrinologist and Chair Division of Medicine Monash Health and Head, Department of Medicine, School of Clinical Sciences, Monash University. Simon von



AS Seminar 2015 . Belinda Coulter and Simon von Saldern are in the first row

Saldern, Manager Finance and Administration, A&O Victoria led the evening's event with a brief introduction to their services and programs and introduced each speaker.

Prof. Ebeling's background in clinical practice, increasing osteoporosis awareness and advocacy and research is highly regarded and acknowledged in his field. Last year 2014, his work was recognised by A&O Victoria with the Lorin Prentice Memorial award. Prof. Ebeling's presentation covered the association between osteoporosis and AS and a summary can be found in this edition of AStretch.

Belinda Coulter, physiotherapist from Caulfield Community Health Service (CCHS) led a stretch break before the refreshments recess. Afterwards she provided a summary of the AS exercise program conducted at CCHS, held twice yearly.

Dr. Lionel Schachna conducted a Q&A session on all things AS, fielding a number of questions from the audience.

Our AS Victoria's committee extends its thanks to Austin Health and the Spondylitis Clinic, A&O Victoria, Abbvie Pharmaceuticals, the National Prescribing Service, Café Adamo and MBE Kew for providing their services,

resources and fact sheets for this event. We would also like to thank all the volunteers who assisted us on the night, it was a great team effort for a successful event.

I managed to chat with a number of new members and attendees who all commented on the excellent presentations, and how there was a great deal of AS information to grasp and consider.



As we come to the close of the year, one more round of Coffee and Chat nights at the RSL's to go and Summer holidays will be here. Our committee wishes you all well, and have a safe and happy Christmas break, we look forward to seeing you in 2016 at one of our functions.

Regards

Annie McPherson - President

AS Victoria Inc

Mob. 0408 343 104

South Gippsland Arthritis Support Group

Our Coffee and Chat sessions at Leongatha and Korumburra has been quieter last month with school holidays and the long weekend in November.

In October I joined the **Health Issues Centre** for a Peer Support Group Leader Workshop and Forum at Traralgon PSG. The groups attending were from regional areas of Gippsland including Warrigal, Sale and Bairnsdale.

Ankylosing Spondylitis Victoria Inc Report *continued from Page 6*

The program included a discussion lead by Rosemary Ainley of Young Women's Arthritis Support Group (YWASG) on the subject of Positive Impact of Social Media for Support Groups. In the afternoon a workshop on "Growing your Group"- focused on partnering with local Health services and Hospitals to assist with increasing awareness in the community.

In October I assisted at the **A&O Vic** Elsternwick "Young Adults with Arthritis+ Workshop" talking with young

people about managing their AS conditions. We had a rheumatologist **Dr. Emma Guymer** presenting along with the leaders of the YWASG. As a result, the group have updated their Facebook page to provide a friendly online community to discuss living with a chronic MSK condition.

www.ywasg.com

www.facebook.com/ywasg

Contact Adam : 0408 353 785 or phomdin2@bigpond.com



Regards and a Merry Xmas to all,

Adam Collard
Vice President
AS Victoria Inc

Make a Move Ride by Shayne van der Heide

I was diagnosed with AS 13 years ago when I lived in Corowa on the NSW-Victorian border.

Finally I was able to get some answers about my chronic back pain. Up until recently I did not know of anyone else who suffered from AS and was introduced by a friend to Ankylosing Spondylitis Victoria. This support group introduced me to a wealth of information about AS.

One Facebook post that caught my eye was about two guys who were riding to Darwin to raise money and awareness of AS. As a keen bike rider myself, I made some inquiries about joining the ride for the first 2 days at least.

Mike was very excited to have extra riders join the tour. With the support of my employer Chisholm Institute and sponsorship of a new riding kit, I was all set to join Mike and Stan.

On a perfect Sunday morning, no wind and nice sunshine, Mike, Stan, Georgia,



Georgia Prince, Shayne van der Heide, Mike McKenzie, Stan Proctor and Glen Carter

Glen and myself started the 112 kms ride from Melbourne to Ballarat. After weaving our way through the suburbs of Melbourne we hit the open road of the Western Highway. Our first stop was the half-way point and lunch at Bacchus Marsh. Unfortunately just out of Bacchus Marsh and just before we hit the first major climbs of the trip, Glen suffered a mechanical failure and turned back to Bacchus Marsh. Those 29 kms of continuous climbing almost bought me undone, with my AS flaring up. With Mike's encouragement and after 6 hours in the saddle we made it into the first overnight stop at Ballarat.

Day 2 was a 92 km run from Ballarat to Ararat. Mike, Stan and myself set off on another nice day with a bit of a headwind. Day 2's ride was reasonably flat when compared to day 1. Beaufort was the half-way point and lunch. This was also the end of my journey. Since my body was still suffering a bit from Sunday's tough ride, the 50 kms to Beaufort was enough for me. I met up with Mike and Stan in Ararat with a great respect for the effort they had in front of them.

Cheers

Shayne van der Heide
AS Victoria member



Mike and Stan arriving at Darwin



Aussie Jingle Bells



AS Group of Queensland Report *by Ross Wilson*

Another year is quickly coming to an end and I find myself thinking of all the things I need to do before the Christmas break. I have gotten out of doing any Christmas break projects at home for the last couple of years now but this year I've been conned into tiling the upstairs hallway! So I'm busily preparing everything so it all goes smoothly. Christmas isn't the best time, with a lot of business' shutting

for the holiday period, to find out you have forgotten something. I will however get a small break when we go to spend some time after Christmas with our daughter in Mackay.

once again be planning events for the coming year, so if you have any ideas please let us know and we will do our best to make it happen.

So whether you are like me and have a project or two lined up or you have to work through or maybe just plan to relax and enjoy the break, please stay safe and have a Very Merry Christmas and a Wonderful New Year.

Ross Wilson



An after class supper at Tomato Brothers Pizza and our Annual Christmas Dinner at My Thai Restaurant at Auchenflower were both well attended. I think those who came along enjoyed some great food and company. We will



Tribute to Jane Barefoot *by Margaret Lewington*

Jane passed away peacefully in October.

Jane Barefoot is legendary to the AS community. She made a substantial contribution to the wellbeing of people with AS both in the UK and abroad – including here in Australia.

She is remembered with great affection by many patients and physio's.

She was a pioneer in the active management of AS. She was working in Bath when the AS programme needed a leader. There was little knowledge on what treatment was effective. Jane had the opportunity to expand and develop the programme - adding educational sessions, increase the exercise and activity sessions, and developing measurements to quantify the results. Dr Dixon was the rheumatologist at the 'min' and he encouraged the active treatment.

Jane saw that there needed to be concrete evidence of the efficacy of the course. She made measurements at the

beginning and end of each course to monitor progress. These showed that the exercise programme was effective in improving movement and function. Jane presented these findings at international conferences. Versions of these measurements are still used today in research worldwide and as part of the approval for TNF.

Her exercise programmes remain the basis of current exercise routines.



The AS patient was always a priority to Jane. She was involved in the early days of NASS (the UK patient society). She taught and enthused many physio's to help run exercise groups throughout

the UK. She listened to, learned from, and advocated for patient knowledge and best treatment.

Jane made many trips to Australia, conducting workshops for patients and physios.

She was an enthusiastic, passionate and generous person, professionally and personally. I am privileged to call her a close friend and mentor.

This year, she celebrated her 90th birthday in good health and with family and friends. She still took a weekly hydro group and 2 Spanish language classes. Unfortunately, a few months later she had a stroke. She did not regain much movement or recovery. She recently passed away peacefully.

All of us who knew Jane will remember her fondly. The AS community - patients, physios and others, will be indebted to her and thankful for her, forever.

Marg Lewington

Calendar of Events

VICTORIA

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

Dec 1st SGASG Korumburra Middle Pub for Christmas Lunch 12:30pm

Dec 7th SGASG Leongatha RSL Coffee & Chat 6:00 pm

For 2016 Calendar refer to our website in the new year.

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

The holidays are here.



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: \$15 or 10 classes for \$120

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: Arthritis WA,

17 Lemnos St, SHENTON PARK.

Cost: \$8

Enquiries: Lindsay

lindsay.dutton@health.wa.gov.au



Facebook Groups

[AS Brisbane](#)

[AS Sunshine Coast](#)

[AS Group VIC](#)



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)

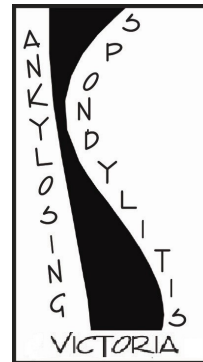
www.nass.co.uk

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.com

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: \$ _____ (Donations over \$2 are tax deductible)

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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