

SUMMER 2012
NEWSLETTER

AStretch

ANKYLOSING SPONDYLITIS AUSTRALIA

www.asaustralia.org



LOOKING AHEAD

Best practice for the care of people with Ankylosing Spondylitis (AS) by NASS

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The work of the Looking Ahead project in the UK was recently published on the NASS website. A summary of some of its findings are reprinted here. The full article can be viewed at:

<http://www.nass.co.uk/research/published-reports/>

Executive summary

1. Ankylosing spondylitis (AS) affects 2–5 adults per 1000 in the UK. It usually begins in early adult life and may cause life-long spinal pain and progressive restriction. Fifty per cent of people with AS also experience inflammation and damage at other sites, especially the hip and the eye.
2. AS causes substantial personal costs and costs to society: a major component of these costs relates to work disability.
3. The recent introduction of biologic drugs has provided opportunities to reduce the suffering of people with severe AS dramatically and to improve their quality of life and work productivity.
4. In spite of recent developments in health care, many people with AS in the UK do not receive optimum care because of delayed diagnosis and lack of access to appropriate expertise.

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*The information contained in this news-
letter 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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Looking Ahead - continued from page 1

5. Early recognition of key features of AS is essential for effective treatment. Chief among these is the identification of inflammatory back pain (IBP) in primary care settings and its differentiation from other causes of back pain.

6. In the past, diagnosis was heavily reliant on the presence of radiographic changes in the sacroiliac joints which often take years to develop. The application of magnetic resonance imaging (MRI) techniques may detect abnormalities early and allow earlier diagnosis. This means that diagnosis can now be made before radiographic changes have occurred.

7. People with suspected AS should be referred early to a rheumatologist for assessment.

8. Specialist services for the diagnosis and management of AS are unevenly distributed throughout the UK leading to unequal access to optimum care. NHS Trusts should ensure that all patients have access to expert multidisciplinary teams, including specialist spinal surgeons, and the full range of appropriate treatments and support.

9. All patients with AS should have access to all conventional treatments, including physiotherapy when needed, community support for exercise programmes, and biologic therapies delivered according to national guidelines.

10. AS typically advances slowly over many years, often leading to insidious decline in physical and social abilities. Comorbidities, such as osteoporosis and cardiovascular disease usually develop silently. Therefore people with AS should be offered regular long-term monitoring by appropriately trained and resourced members of the expert multidisciplinary team.

The key problems which inhibit universal high quality care for individuals with AS in the UK are:

1. Recognition of possible AS

Underpinning the problems with providing universal high quality care to people with AS is the low profile of the disease among both the medical profession and the general public. As a consequence people who develop symptoms have no familiarity with the disease: medical professionals confronted by people who may have AS may not consider it as a possible diagnosis and specialist services are under-developed in many instances.

2. Pathways of referral for people who may have AS

The chief problem is delayed diagnosis: many people go undiagnosed for 8 – 11 years. The relative rarity of AS compared with the high incidence of mechanical back disorders together with the limited familiarity with AS in primary care make the diagnosis of all but the most extreme cases a difficult and challenging prospect.

Driving with AS

by Janelle McFarlane, Linda Bradbury, Louise Bassingthwaite

Driving and Ankylosing Spondylitis (AS)

Many people with AS continue to drive safely, even with restricted neck mobility. We would like to help you consider the adaptations and driving techniques that can assist you to drive safely with AS in the future.

The Law:

According to the law, it is the driver's responsibility:

- To report any condition likely to affect ability to drive safely to the Driver Licensing Authority (e.g. Queensland Transport, VicRoads, RTA).
- To respond truthfully to any health professional regarding their health status and the likely impact on their driving ability.
- To adhere to treatment.
- To comply with requirements of the conditional license including periodic medical reviews.



Blind Spot Mirror.

How can the team at the Princess Alexandra Hospital help?

We can refer you for an occupational therapy driving assessment. This assessment is not only to identify safe and unsafe drivers but also determines whether the driver would benefit from driving rehabilitation, vehicle modification, driving restrictions or other interventions which may assist you to continue driving safely. The assessment is comprehensive and looks at all skills required to drive (eg. vision, movement and thinking skills). This can be frustrating for patients who are seeking advice for a single aspect of their health, e.g. neck mobility, but a full assessment will ensure that all options to enhance your safety whilst driving are considered.

What can I do to keep safe on the road?

Thinking about driving issues early is important, so we give this information to all of our patients, regardless of how their AS is going. However, if you are feeling like you may need to optimize your driving, some ideas could include:



Panoramic Rear View Mirror

Short term issues and goals for enhancing driving (specific to AS):



Car seat swivel cushion

- Vision** - Some people with AS can experience iritis (inflammation in the eye). It may not be wise to drive during an acute episode of iritis as the pain and difficulty dealing with glare can be very distracting.
- Fatigue** - Avoid driving when you are tired. If you have to drive for a long period of time, plan your journey, taking regular rests when needed.
- Pain** - You should be aware that pain can slow your responses. Some medications can also impair your ability to drive safely. When you are starting any new medications, it is therefore important to check with your pharmacist that they are safe to use when driving.
- Stiffness** - Planning frequent stops to stretch may improve how you feel when you arrive.

Long term issues and goals for enhancing driving:

- Keep as physically fit as possible (engaging in regular activity & flexibility programs).
- When you are thinking about your next car, consider purchasing one with automatic rather than manual gears and smaller vehicles with power steering. Checking the head space when accessing the vehicle is also advised.
- Vehicles can be adapted: this can range from modification of the key to allow easier start-up, to adding mirrors and fitting swivel mats for body rotation or even installing a camera system for side and/or rear vision.

Driving is an activity that is important and highly valued - we want to assist you in driving safely with AS. If you have any concerns, please speak to the clinic nurses, physiotherapists or doctors - they will be able to advise you when considering your driving needs.



Car seat back support

See the photographic examples of vehicle modification devices that may be recommended for reduced neck mobility

Please contact the Driving Assessment and Rehabilitation Service at the PA Hospital (07) 3176 5008

International Spondyloarthritis Congress

by Margaret Lewington

REPORT OF 8TH INTERNATIONAL CONGRESS ON SPONDYLOARTHROPATHY OCT 2012

This biannual Congress has become the premier international research meeting focussing on SpA. It has a strong tradition of convening a broad range of researchers spanning molecular biology and cellular immunology, genetics, epidemiology, and clinical research including imaging and clinical outcomes. The success of the meeting has been attributed to the high calibre of the research, a format which involves multidisciplinary expertise, and a venue which encourages both social and scientific interactions.

The program for the meeting showcased advances in genetics, immunology, bone biology, and inflammation in the gut



Dr Irwin Lim
Linda Bradbury
Margaret Lewington

and skin, as well as bone and joint. It is encouraging to see and hear the best minds in the world sharing their recent advances and communicating and collaborating to achieve future progress, to improve the life of people with AS and other SpA's.

Australia was well represented, and especially Queensland. Professor Matthew Brown's team from

the PA hospital had several podium presentations as well as posters. Dr Irwin Lim from Sydney also attended.

Matthew did a presentation 'Advances in the Genetics of AS'. This was supported by two short oral presentations by Adrian Cortes and Phil Robinson on more specific areas of genetic research as well as posters by Tony Kenna, Mary-Ellen Costello and Gethin Thomas.

Many things are a work in progress, so there will not be any massive immediate changes in management, but there are many things being examined and researched that are coming along. A lot more is being understood about the disease, and this can then lead to positive advances in management.



Some of the UQ research team including Dr Gethin Thomas (Group Leader), Adrian Cortes (PhD student), Linda Bradbury (Rheumatology nurse), Dr Tony Kenna (Research Fellow) and Mary-Ellen Costello (PhD student).

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



Physiotherapy Report

by Margaret Lewington

As the biannual Spondyloarthritis Congress in Gent is such a highlight in the AS and SpA area, I once again made the trip to be among the world leaders and thinkers and those interested and committed to improving care and management of AS and other spondyloarthropathies.

I travelled via London and called in to the NASS office to say hello to the staff and to Ingrid who I had met previously. This also afforded the opportunity to meet Sally for the first time. I and the group are often in contact with NASS and so it was a great chance to have a coffee and chat and discuss projects from both sides. They are very busy with many projects, especially GP awareness and were packing up brochures to take to yet another GP event to increase awareness and knowledge for the next day.

Debbie, the executive director of NASS was not in the office, but I was able to catch up with her again in Gent. As we have said before, NASS has an excellent website which is well worth putting in your list of 'favourites' and visiting often.

The congress in Gent was excellent, as usual. The presentations and the over 100 posters are a challenge to view, whilst also doing some networking and chatting. At the last 2 congress's we had at least six physios, but this year I think there was only two - myself and Claire from the UK.

This was a little disappointing, but not surprising as the program is currently heavily biased to science and medication. Claire is the physio advisor to NASS and Chair of the AS physio group in the UK. We always have a lot to discuss and share.

Following the congress, I planned some time in France. First stop was Paris, where I was able to catch up with Kelly. Kelly has been a regular at Tuesday pool class over the last 18 months since she was diagnosed, but has recently left to live in Paris. She is doing well, continuing to exercise - running along the canal near her apartment, swimming and exercising in her petit apartment as much as she can. She sends her greetings to all and will be at class in April as she returns to Brisbane briefly.

I also met up with Ashley. Ash is from the Gold Coast and has been overseas for several years - travelling and working. He recently had severe back pain, had it investigated and was diagnosed with AS. He sent a call for help to the group via our website. After corresponding several times to offer information, advice and support, we decided to meet in Paris. We caught up twice, which was great. To have someone speaking in English about these things and also explaining the home situation was helpful. It is great that we can reach out to people even if they are a long way from home. Ash is now back on the Gold Coast, keen to concentrate on his health and hence we may see him at class very soon.

Following this, it was time to relax. I had two weeks in country France. Jane Barefoot, retired AS physio from the UK, who some of you know from her many trips to Australia, came over to join us for this time. She sends her regards to all who remember her and I said 'hello' from all of you. We had an active time, visiting many wonderful towns and villages, historical sites and sharing enjoyable meals. Then it was back to business!

Note: Please see more photos in the Out and About section at the end of page 6.



*Debbie Cook (director of NASS)
Margaret Lewington,
Claire Harris (UK Physio advisor to NASS)*

Osteoporosis and AS

By Annie McPherson

Some of you may be interested in reading about my personal experience with osteoporosis and its connection with AS. In 2001, I was diagnosed, as requiring bilateral hip replacements due to the severe deterioration in my hip joints. It seemed that the long term mismanagement of my AS in my twenties and thirties had caught up with me. Some of you may recall I have had AS since I was 15 years old. I had read in early editions of AStretch, that a small percentage of folks with AS could possibly have osteoporosis. I also have two aunts with this condition. Osteoporosis appears to be more common among people with ankylosing spondylitis as a result of inflammation of the spine, and lack of movement and stiffness of the vertebrae. I requested my GP Dr. Jane, to order a DEXA scan prior to the hip surgery as I knew we would not be able to assess the bone density at my hips after the hip replacements. My rheumatologist Dr Tim, explained the DEXA reading of my spine may be falsely elevated due to bony overgrowth due to my advanced AS, so we also requested a wrist scan. All this effort was most fortunate as my DEXA scan revealed advanced osteoporosis and we were able to start treatment with the appropriate medication prior to the hip surgery. Every couple of years now, I have regular DEXA scans of my lumbar spine and wrist (instead of the hip joint, now a prosthesis) for comparison to the original reports.

In August, a group of members of the South East Melbourne Osteoporosis group participated in a webinar, via the internet on a member's computer at her Malvern residence. This was my first viewing of a webinar, where a seminar is streamed over the Internet and displayed on the members TV. It's very neat technology and fortunately we had a resident techno expert on hand. The event was organised by Arthritis NSW and featured a presentation by physiotherapist, Sally Castell who talked about Osteoporosis and Exercise. Sally explained the current practice of a three fold approach to managing Osteoporosis, medication, nutrition and exercise. She then explained the stages of the condition: Normal bone health; Osteopenia and Osteoporosis with and without fracture. Sally explained the process involved in the condition with bone loss, measurement scans, medication, diet and possible outcomes. The focus however was on matching exercise and falls prevention programs for people at various stages of the condition with a view to maximising bone strength. Interestingly Sally gave a definition of the goal of exercise as:-

- To maintain peak bone mass by mechanical loading of the skeleton
- To reduce the risk of falls and fractures through balance training (strength training and weight bearing exercise)

Sally's exercise programs were then geared to suit people at the various stages of the condition as mentioned above within these guidelines. The overriding aims of the programs were: "maintain good functional fitness levels; maintain bone density and muscle mass; reduce falls risks." These programs should be reviewed with a physiotherapist or appropriate health professional. There were many very worthwhile messages in the webinar and I highly recommend purchasing /viewing the recording available through Arthritis NSW.

My exercise program and diet now include the work needed to maintain good bone health. I am pleased to say that my Osteoporosis is now well managed.

Out and About



◀ Ash, Margaret, Rod and Ash's girlfriend catching up at a café in Paris



Margaret and Jane Barefoot.. Jane sends her kind regards to those newsletter recipients who have met her on her many trips to Australia. ▼



◀ Margaret also catches up with Kelly in Paris. Kelly was a regular attendee at AS pool classes.

AS Exercises ***By Margaret Lewington*** ***Physiotherapist***

Neck posture and movement is important for all aspects of our daily activities. Keeping a good range of motion enables you to turn, look, back the car and move about with ease.

Pain and stiffness of the neck is common in AS. Therefore, daily stretching of the neck is a must for almost everyone with AS. Stretching the neck muscles often relieves tension, tightness and soreness in the muscles in and around the neck, as well as improving or maintaining movement.

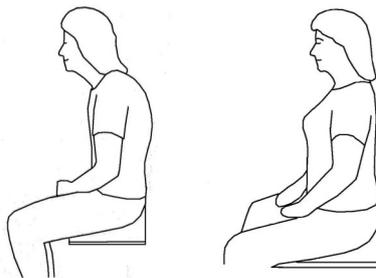
Stretching can be done in the shower, sitting at traffic lights, at a computer rest break, or when standing or lying. The following description is in the sitting position to assist in good body posture, but as long as you maintain good posture, other positions are fine.

Stretch in both directions. You may do each side alternately, or you may do all stretches first on one side and then on the other.

The same principles of stretching, as we have detailed before, are relevant. Stretch slowly, be relaxed, don't hold your breath. You may just do a long steady stretch or you may use 'contract/relax' and then perform a gentle but firm stretch. If you experience any tingling, dizziness or other strange feelings, stop and talk to your physio or doctor before trying again.

You can do all the stretches at once, or you may find it better to do 2 or 3 in the morning in the shower, and then others throughout the day. Do the ones that you find most helpful to you on several occasions throughout the day.

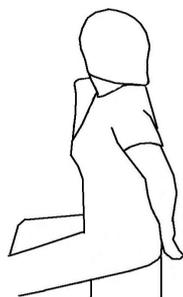
Posture correction



Sit with your feet flat on the floor and keep your hips, knees and ankles at 90°. Grow tall, lifting your chest, but not arching your low back. Softly tuck your chin in and feel the back of your neck lengthen. Don't lift your chin up or drop it down. Keep your eyes level. Hold this position, but relax the muscle tension and breathe!

Note: Return to this position before commencing each of the following neck exercises.

Neck rotation / turning



Sit tall, relax your shoulders. Turn to look over your right shoulder. Place your R hand on your left/front cheek. Keep your L shoulder back by placing your L arm either beside you, behind you, under your bottom or holding the chair. Use your R hand to help ease your head around further to the R, until a stretch is felt. For contract/relax - with no movement, push gently with your cheek into your hand(2 sec), relax(1 sec) and then try to turn a little further - look, turn and gently pull around with your hand. Hold the stretch for at least 5 sec. Repeat - for 3 stretches.

Push gently into your hand to return to the front.

Neck side bending

Sit tall; let your R ear drop sideways towards your R shoulder. Place your R hand over the top of your head (hold the side of your head or your ear to get a firm hold). Hold this position and apply the stretch by reaching your L arm towards the floor. Also, think of lifting your ear away from your shoulder - lengthening the side of the neck. Hold for 5 seconds.



For 'contract/relax' - Push up into your hand a little to make the muscle work but not letting any movement occur, relax and then take the head over a little further. Repeat twice more. When finished push into your hand to slowly come back to the upright position.

If you are familiar with this stretch and want a small variation, before you tilt to the side, (a) look slightly to the left and then side bend, so that you end up looking slightly upwards (stretching the back-side muscles) and (b) look slightly to the right and then side bend, so that you end up looking slightly downwards (stretching the front-side muscles).

This changes the angle of stretch to target some of the neck muscles more specifically. Only do this if you are familiar with your stretching routine.

AS Exercises continued

Neck flexion (forward bending)



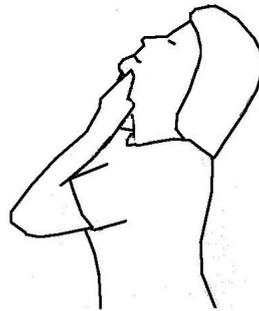
Softly tuck your chin in, then bend your head forward. Place your hand over your head to assist the feeling of a stretch in the back of the neck, especially high up at the base of the skull. Try to curl and round the neck, not just pull down on it. Push back into your hands, relax and stretch forward.



This time relax the neck first and let your chin drop more towards your knees than tucking it in. Allow the whole of the back of the neck and the upper back between the shoulder blades feel the stretch. Still sit tall, don't slouch your posture.

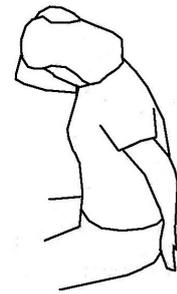
Neck extension (looking up)

Sit tall and look up to the ceiling. Lift your chin up and take the whole head backwards. Don't allow your chin to poke forward, causing only the top of your neck to bend back. Some find it helpful to put a hand behind the head to support and guide the head, especially if you are not very stiff.



Place the other hand on your chin and ease the head back until a stretch is felt in the front of the neck. Push forwards, relax and then help it back. Do 3 stretches. It is very important at the end of this stretch to push forwards to come to the upright position, hence using the muscles to help your head to the upright position, not to just let go and try to lift your head forwards unsupported

Neck diagonal



Turn your head to the right and a little forwards, to look under your right armpit. Place your right arm up and over your head to hold. Place your other arm behind your buttock, to keep the shoulder still. Gently stretch forwards, down and across, feeling the stretch in the muscle that goes to your shoulder blade.

Push back into your hand gently, relax and stretch forward down and across. Repeat X 3

Always do neck stretches with care.

Do not be forceful.

Be firm and steady.

If there is pinching or uncomfortable pain on the opposite side to the stretch side, don't continue, as you may be compressing other tissues.

Remember to keep good posture, relax and breathe out.

Ankylosing Spondylitis Victoria Inc Report by Annie McPherson



ANKYLOSING SPONDYLITIS VICTORIA INC

The AS Group of Victoria's Annual General Meeting was held in June at Austin Health, Heidelberg, with the committee and a small number of members attending. Committee members maintained their roles as per last year: Annie McPherson - President; Belinda Martin - Secretary; Maria Makris - Treasurer; Vicky Genius - Member Coordinator; Sophia Koulbanis - Events Coordinator; Ordinary committee members - Adam Collard and Ellen Makridis. Important items discussed included procedures and preparations for incorporation, a new web site for AS Victoria and the joint AS seminar with Austin Health's Spondylitis Clinic.

As mentioned briefly in the last AStretch, in early July I was visiting Brisbane whilst on holidays with family and was able to catch up with Margaret Lewington and some of the AS QLD Brisbane group in the hydro water exercise class. It is always great to refresh on some of those good and taxing water exercises. Afterwards we chatted on a number of common issues involving our groups, as it is important to have good communication with other AS peer support groups. As our previous Tasmania AS leader commented *AS is much easier to tackle as a group.*"

Our annual "Xmas in July" dinner was held in July at the Rosstown Hotel, Carnegie with a good turn-

out of regulars from the South Eastern region. As always the food and beverages were very good and despite the cold night outside, we all enjoyed the evening. We would like to have a second event in this region and it would be great to have some feedback from folks interested in attending an information seminar or social function.

In September, our team completed the procedures for incorporating our group with notices, letters and voting papers distributed to members. At the group's General Meeting held in early October at the Austin Health, voting for incorporation was approved, the application forms completed and office bearers of Maria Makris as Public Officer and Vicky Genius as Vice President appointed.

I would like to thank and acknowledge committee members Vicky and Maria for all their help in the successful completion of the project. As of 15th, October we are now incorporated in Victoria, and we are known as "Ankylosing Spondylitis Victoria Inc."

In mid-October we held our AS annual seminar jointly with Austin Health's Spondylitis Clinic at Austin Health Education Precinct in Heidelberg. Approximately 50 participants including people with AS, their friends and families attended and heard a number of excellent guest speakers. Dr Scott Baker, Endocrinologist and General Physician at Austin Hospital presented on Osteoporosis and how this can affect people with AS. Dr. Lionel Schachna, Rheumatologist at Austin Health known to many of our readers, provided a question and answer session on AS related topics including diet, medications through to current research from both Australian and International

groups. Mayur Jivanjee, Physiotherapist, provided an interesting talk on the exercise aspect of managing our AS and various approaches. Dr Emma Gollings, Psychologist presented on the emotional influence of living with a chronic condition and techniques to manage issues that may come up. Linda Martin, Chief Executive Officer of Arthritis Victoria talked about services and programs available throughout Victoria including the Arthritis Map feature of their website and the Rheumatology nurse Helpline. Our group really appreciates the time and effort given by the presenters and thank them for providing an enlightening evening. We would also like to thank the various contributors for their support and materials for the event, Austin Health, Abbott Pharmaceuticals, National Prescribing Service and Arthritis Victoria. Finally, Belinda and I would like to acknowledge the work of our committee members, whom we depend on for such a successful event.

As this newsletter goes to print, our November spring dinner in Fitzroy will be around the corner, so I do hope you can join us to meet new members. We would like to welcome two new members Alison and Leon, who were able to attend our seminar in October. As we approach the year-end, on behalf of the committee we wish you all an enjoyable summer break and safe travelling. We will be in touch in late January with our 2013 updates and activities planned.



ARTHRITIS VICTORIA ACTIVITIES:

During the winter months I have been participating in a number of projects with other volunteers from Arthritis Victoria (Arth.Vic) in the interest of consumers with arthritis conditions. I have been involved in two PHD study projects with other Peer Support group leaders and volunteer/consumers. The first project highlighted in consumer surveys, was conducted earlier in the year and initiated through the Research and Policy group funding at Arth.Vic for a LaTrobe PHD student. The subject "**The multimorbidity medicines journey: mapping the problems and needs of people with arthritis+ for using and managing medicines**" concerns many folks managing multiple conditions and medicines. I have attended several focus group sessions along with another consumer with arthritis. Coincidentally, in September I was invited to attend a National Prescribing Service (NPS- the government agency mentioned in our last newsletter) focus group, where they were reviewing their Medicines List document. The Medicines List, is a document used to notate all your medicines on one sheet and it is available from the NPS web site, pharmacists or some doctor's clinics. Several Arthritis Victoria consumers attended the focus group where we discussed the different types of lists and how consumers (and their families) currently use them. The NPS is currently developing a Medicines List "app" for iPhones and it will be available for downloading from the NPS web site shortly. It could be a very useful tool and convenient for taking to medical appointments and reviews.

The second project's subject is a **review** of the **Peer Support network** of Arth. Vic, with a PHD student from Chisholm TAFE working with a team of leaders selected from these groups. A consumer survey was developed and distributed via the network. The results reveal that being a member of **peer support** were the **activities, friendship and knowledge gained** from interacting with a group of like-minded people with similar health conditions and issues were the primary benefit. A summary of the survey's findings will be available in the Arth.Vic Consumer Information Bulletin, November 2012 and Arth.Vic plans to implement some of the improvements to the support network later in the year.

The third project is the **BreastScreen Victoria consumer forum on making mammograms more accessible for all women** including those with disabilities and previously mentioned in these newsletters. In August I attended the showing of a new film at the Sun cinema in Yarraville which BreastScreen has made for their web site. The films present wom-

en's testimonials and their experience with a mammogram x-rays. The project is the result of a clear indication from the BreastScreen Victoria consumer/stakeholder forum held in March this year, where women indicated the need to understand what a mammogram x-ray was all about. The women's talks were presented in a calm and enlightening manner, some in a number of languages (Mandarin, Italian, and Greek) with subtitles. They follow a series of subject's experiences and are along similar lines to Arth.Vic Osteoporosis DVD recorded a couple of years ago. The segment of the film, where a woman demonstrates having a mammogram x-ray was very instructive. The films are now available on the BreastScreen web-site www.breastscreen.org.au. ***It is really encouraging to see such a successful outcome from consumer participation actually take shape in a realistic fashion, and I believe this will be a very powerful tool for women to gain an insight into the procedure.*** Afterwards I spoke with Nikki McGrath, Maura Conneely, and Vicki Pridmore, BreastScreen staff whom I had met earlier in the year at the consumer/stakeholder forum. We were able to discuss with Melissa Chabluk, State Radiography some of the issues previously raised covering mobility issues for women with the mammogram x-ray procedure and clinic venue.

Kind regards,

Annie McPherson



*AS Victoria Inc wishes
all our readers a very*

*Merry
Christmas*

AS Group Queensland Report by Ross Wilson



Our group at Wivenhoe Dam

It looks like summer has arrived. The days are hotting up, there are more hours of sunshine and as I write this article there's a thunder storm moving in. The stretch of fine weather we've enjoyed over the past few months has been great, but some rain is really needed to freshen things up for Christmas.

The weather was perfect for our picnic at Wivenhoe Dam, so my wife and I decided to drag the Ducati out of the garage and ride up. The plan was to meet at the Fernvale pie shop; the only problem was it was also the stopping point for the Gasoline Alley Harley Davidson Group ride. We managed to find a park in the middle of a couple of hundred Harley's and locate the other members of the group. Fortunately for us the Harley's weren't going to the dam and headed off towards Mt Glorious. We found a great spot under one of the shelters close to the car park and once again Steve put on a great BBQ. Desert was well catered for with plenty of home cooked goodies. Diets were definitely forgotten about for the day.

Margaret and Rod Lewington have been tripping around Europe again with Marg taking some time out to attend some conferences along the way. They also caught up with AS Guru and good friend of the group Jane Barefoot as well as committee member Kelly Paton who is settling in well in Paris.

While Margaret was away we were ably taken care of at hydro by Wendy and Wendy. Thank you ladies for taking the time so that we could continue the classes we all rely on.

Our Christmas Dinner is at the Sing Sing Restaurant at Annerley. I've heard good things about it so please come along and join us for some fine food and company and if we are lucky Steve might even sing a few songs.

On behalf of the committee I would like to wish everybody a very merry Christmas and great New Year.



Stay safe,
Ross Wilson



Calendar of Events

Merry Christmas and happy new year to all our AStretch readers!

Victoria

👤 February 2013 - **Social get together.** Notices to be sent in late January when details are finalised.

Queensland

👤 **Saturday, 22nd December - Our Christmas Party** starts at 6.30pm at Sing Sing Restaurant, 227 Ipswich Road (near the PA Hospital). It's \$30.00 a head. Drinks are available but there's a \$5 corkage charge per bottle if you bring your own. Their web site is www.singsingrestaurant.com.au

Contact badpunter@hotmail.com

👤 **Sunday, 17th February 2013 - Rock Climbing** at 10.00am at Urban Climb, 220 Montague Road, West End. It's \$20.00 to climb, \$5 for harness, \$5 for shoes and \$7 for a chalk bag but please bring your own gear if you have it. Sand shoes are acceptable.

General Information on the web

Spondylitis Association of America (SAA)

www.spondylitis.org

The National Ankylosing Spondylitis Society

(NASS) (United Kingdom)

www.nass.co.uk

Ankylosing Spondylitis International Federation

(ASIF)

www.spondylitis-international.org

Arthritis Australia

www.arthritisaustralia.com.au

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

Optional Information

(this will help us to provide activities suitable for all members of our group)

Are you a member of Arthritis Victoria? Y / N

Are you happy for us to pass on your contact details to other members of the group in your area? Y / N

Gender M / F

Age Group

- 0 – 20 years
- 21 – 30 years
- 31 – 40 years
- 41 – 50 years
- 51 – 60 years
- 61+ years

Preferred Language

.....

Do you suffer from Ankylosing Spondylitis? Y / N

Do you know someone who suffers from Ankylosing Spondylitis? Y / N

What other conditions do you suffer from?

.....

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

.....

Optional Information

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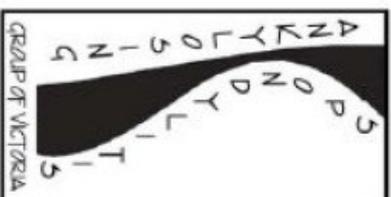
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Ankylosing Spondylitis Victoria Inc



Membership Form
 Providing education and support
 for people
 with Ankylosing Spondylitis

Who we are and what we do....

The AS Group of 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:

- Support to patients
- Forums for exchange of ideas and experiences
- Distribution of information
- Support to the medical profession and researchers
- Co-ordinate and provide information and speakers for education, information and workshop seminars on Ankylosing Spondylitis
- Co-ordinate with associated Arthritis groups and support groups
- Co-ordinate and participate in Arthritis Victoria activities
- Arrange social functions and activities for people with AS, their families and friends

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.

AS Group of Victoria
Under the umbrella of self help groups affiliated with Arthritis/Osteoporosis Victoria

Membership Details

First Name.....
Surname.....
Phone.....
Email.....
Address.....
.....

Membership Type (membership expires June each year)

- | | |
|------------------------------------------------------|-------------------------------------------|
| New | Renewal |
| Mailout # membership (\$25.00) | Concession* Mailout# membership (\$20.00) |
| <input type="checkbox"/> Email member ship (\$20.00) | Concession* email membership (\$15.00) |

Donation \$.....
Total \$.....

Membership runs to the 30th of June each year and is payable by cheque, money order or direct deposit. Please contact our treasurer for details (asvic.treasurer@hotmail.com).

Signed.....
Date.....

Detach this section and send to:
AS Group of Victoria
PO Box 3166
Burnley North 3121

*Concession rate available for pensioners, unemployed with health benefit card and full time students with student card.
Mailout membership means all correspondence will be sent by Australia Post