



A Stretch

Ankylosing Spondylitis Australia

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Report of the Sixth International Congress on Spondyloarthropathies, Gent, Belgium, Oct 2-4 2008 - Margaret Lewington

In October I was fortunate to be among 350 other people from around the world in the magnificent city of Gent to share the latest discoveries and advances in the understanding and management of the spondyloarthropathies.

The co-presidents of the meeting were Jurgen Braun from Germany and Matthew Brown from Australia. We heard from leading researchers and speakers from around the world, with many disciplines both presenting and being present.

The programme was designed to highlight the major advances occurring in genetics, immunology, osteoimmunology, the investigation of how inflammation influences bone resorption and formation. There was also an extensive programme about advances in clinical management, including a focus on diagnosis and management of early Spondyloarthritis, and on developments in new biologic therapies.

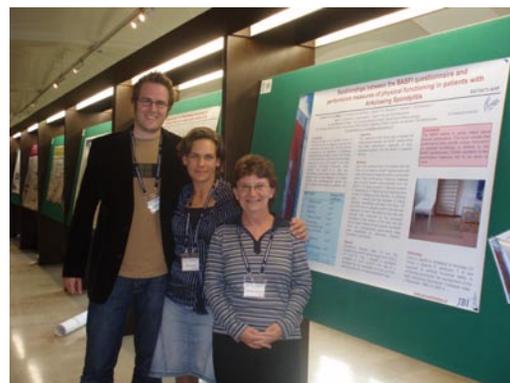
As well as the talks, there were 103 posters displayed. This demonstrates the large and growing interest in this area. Matthew, Linda and the team at the Princess Alexandra Hospital in Brisbane had 2 posters on display. One of these was comparing the Xray changes with the physical measurements and the other was looking at an association between disease severity and the coexistence of either psoriasis and/or inflammatory bowel disease.

I was pleased to see a couple of posters with a significant physiotherapy content. I identified 4 other physio's attending. Two from the UK, (one of whom I already knew) and Torben from Denmark and Salima from the Netherlands. We enjoyed our meeting and hope to reacquaint in another 2 years! I also met Cobe, a retired physio, who has AS and was representing her patient society from Belgium.

Gent is a lovely location, we indulged in an enjoyable social programme and most of all, we were updated on the current state-of-the-art from the world leaders in their many disciplines. It is always exciting to be amongst others with a keen interest and dedication to optimising the quality of life of people with Spondyloarthropathies.



Linda and Margaret in front of the PAH poster.



A trio of Physios.

Fatigue and Ankylosing Spondylitis

- Linda Bradbury

The most frequently reported problems of AS are pain, morning stiffness and fatigue. Although fatigue has been identified as an important issue in many disease areas, there is limited evidence investigating fatigue and AS. To complete my MSc in Advanced Health Care Practice, I undertook a study to investigate the research question: 'What impact does fatigue have on the psychological, physical and social well-being of patients with AS?' The objectives of the study were to determine what fatigue means to patients with AS, to explore how it affects all spheres of their lives and to discover any coping strategies that may be useful. This work was presented as a poster at the Rheumatology Healthcare Professionals Association conference last year and more recently at the AS Group of Queensland symposium.

Using a single-item question on one of the self-administered questionnaires used in the clinical setting, eight patients with AS (four male and four female) were identified with fatigue as a significant problem. The patients' experiences were investigated using a semi-structured, one-to-one interview with each participant. These were tape-recorded, transcribed and analysed to produce 7 common themes: 'Different meanings', 'Unpredictability', 'Emotional consequences', 'Perceptions', 'Awareness', 'The need to adapt' and 'The future'.

It was identified that a full range of terms should be used when approaching the subject of fatigue with patients. Changes to the clinic format would allow in-depth discussion of feelings such as frustration, anger and embarrassment as well as financial, career and social concerns. A leaflet on fatigue in AS was developed to provide information for patients, families and the health care professional. (Shown on right.)

In conclusion, this study has demonstrated that fatigue is a significant concern in patients with AS. It can affect every sphere of the patient's life and therefore requires understanding and determination to cope with the wide-ranging consequences.

Fatigue and Ankylosing Spondylitis Information for patients and families

What is fatigue?

Most people feel tired after a hard day but fatigue associated with Ankylosing Spondylitis (AS) is different. It can be overwhelming leaving you feeling completely wiped out. Fatigue is often known as a 'silent' problem which means that it can be difficult to explain – family and friends may find it hard to understand.

Fatigue can however, mean different things to different people. You may hear it described as more than tiredness or exhaustion resulting in your body feeling 'heavy'. Some people explain it as having difficulty concentrating or feeling drained or weary. You may feel like this or you may find that fatigue means something different to you.

How can it affect me?

Fatigue is unpredictable – not everybody with AS will suffer with fatigue. It can affect people in different ways, some people will feel worse than others and some people will feel worse at different times of day. You may feel frustrated, annoyed or even guilty at not being able to do things. This may result in you feeling angry or depressed at times – these feelings are understandable and common. You may also find that you are too tired for simple tasks which affects your ability to cope at work as well as difficulties in balancing your work and social life.

Why do I feel like this?

We don't really know why some people with AS suffer from fatigue – it might be part of the inflammatory process. Some people say that it is worse when they are having a 'flare' of their AS but this is not always the case.

What can I do?

There are no right or wrong ways of dealing with fatigue and people cope in different ways. Some of the following tips might help you though:

- Pace yourself – plan your daily activities in advance, decide on your priorities and allow yourself to have a rest when you need to. Plan to have a sleep or short nap if you know you have something to do later in the day.
- Rest when you need to – listen to your body.
- Talk to someone – tell your doctor, nurse or physio how you are feeling, they will understand. Give your family and friends this leaflet – it will help explain how you are feeling.
- Keep a diary – write down how you are feeling, this may help to clear your mind and identify when you feel better or worse. If you can recognise any pattern this will help you plan your days.
- Relaxation techniques – ask your doctor, nurse or physio for advice or exercises you can do to help you relax.
- Eat a healthy, balanced diet.

Linda Bradbury works as a Specialist/ Research Nurse in Brisbane – specialist nurse in the AS clinic, Princess Alexandra Hospital; research nurse working on the Genetics of AS with Professor Matthew Brown, Diamantina Institute.

Sex, intimacy & relationships

- Vanessa Raskin

Fullfilling relationships are not out of reach, you just need to think a bit differently

All relationships require a commitment from the people involved to make the relationship work well. Consider relationships with your friends, family or work colleagues: there are good times, great times and there are also bad times. Good relationships, whether platonic or sexual, require us to communicate well, negotiate possibilities and be understanding and empathetic to the people we are involved with. Relationship difficulties are not unique to people with musculoskeletal conditions, " however we do need to consider the impact that a condition can have on the person with the condition, their partner and the people around them. There may be many difficulties a person with a musculoskeletal condition faces when trying to start a new relationship and meet new people. There are also a number of difficulties in maintaining good relationships with the added pressures of managing a chronic musculoskeletal condition. Let's look at some of these challenges and some of the ways that we may be able to overcome, them.

The emotional impact

People with chronic musculoskeletal conditions often experience a range of difficult emotions. It is common to experience feelings of grief and loss, despair and frustration as you live with your condition. You may also feel these emotions if your relationship, especially an intimate one, suffers. A loss of intimacy and sexual connectedness can also have a negative impact on your health and well-being. It is perfectly normal for you, and your partner, to grieve for the loss of intimacy and the connection you may have felt in your sexual relationship. In fact it is normal to grieve when any sort of loss has occurred, and this can include a loss of health, social networks, outside activities, interests, future plans and spontaneity.

Grieving the loss of intimacy is often difficult to deal with as this type of grief tends to be unrecognised, unacknowledged and usually unresolved. But it is important to realise that your feelings are normal and to be realistic about your situation, the relationship and yourself. You should also understand that it is common for intimate relationships to suffer. The loss

of a sexual relationship doesn't mean that you no longer care about your partner, or no longer want to be close to them. Instead it is usually a result of the changed circumstances you are living with. Both people with musculoskeletal conditions and their partners often experience guilt and self-doubt during this time, thinking they are the person one who feels this way. This can add to feelings of emotional isolation. Living with a chronic condition can also have a negative impact on your self-esteem. You may feel that you are a burden on others, and perhaps it may be hard for others to see you for what you are as a person; they may just see your disability. On the other hand, you may find that because you may not have any observable physical disability some people don't understand how much your condition affects you.

"Acknowledge the things that cause you stress. "

These feelings and situations may make you less likely to involve yourself in social activities where you might have the opportunity to do things you enjoy and meet new people. As you withdraw from these activities you may lose your confidence in being able to build new relationships and become involved in the things you can do. It is important you try and avoid this vicious cycle. One way is to become actively involved in the management of your health and how it impacts on your relationships.

The physical impact

The development and maintenance of sexual relationships can sometimes be physically difficult due to limitations caused by your condition and the side effects of any medications you take. Often chronic musculoskeletal conditions make certain movements or body positions painful or uncomfortable, and some movements or positions may even aggravate the condition. For women who have scleroderma, systemic lupus erythematosus or both Sjogren's syndrome and rheumatoid arthritis, vaginal dryness can make sexual intercourse painful.

Some men can experience temporary impotence due to the effects of some musculoskeletal conditions or medications. For men and women, the medications prescribed for some conditions may cause weight gain,

It is perfectly normal for you, and your partner, to grieve for the loss of intimacy and the connection you may have felt in your sexual relationship.

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Sex, intimacy & relationships - continued

- Vanessa Raskin

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bloating, an increased risk of infection, fatigue and decreased sexual desire.

Be actively involved

Part of taking active control of a chronic condition is to acknowledge the difficulties you are experiencing and be willing to explore new ways of doing things. Acknowledge what is causing you stress and anxiety, and try and have open communication with your partner, family and friends. While you may need to adapt to accommodate the constraints of your condition, there are things that you can do to help you have great relationships with those around you and get greater enjoyment from your sexual relationships. For many couples being able to maintain a sexually intimate relationship is a very important part of managing the impact of a musculoskeletal condition.

"Communicate your needs openly with your partner."

Communication is the key

The key to any good relationship is good communication, regardless of whether or not you have a chronic condition. If you have had bad experiences, are feeling a range of difficult emotions or have poor self-esteem, one of the hardest steps to take is to start talking constructively about how you are feeling. Becoming angry, defensive or being helpless will not end up achieving the outcomes you want. Learning to assertively ask for help and understanding from people around you, especially when you are not feeling good, is a great skill to have. However, most of us know from experience that good communication is hard work and takes plenty of practice. When we asked people with chronic conditions what they thought was required to maintain good relationships, invariably the responses indicated that good, open and honest communication was the key. There are services available for people with chronic conditions and their partners, family and friends that can help you communicate more effectively and assist in breaking down some of the barriers that can build up. We have highlighted below some useful sources of further information and support. It is perfectly normal to seek the advice of professionals, either by talking directly to them or reading about the subjects relevant to you. Arthritis Victoria also has many support and self help groups that enable people with chronic conditions to

come together, share their experiences, learn from and support each other.

Better sexual relationships

It is a myth to think a sexual relationship has to be spontaneous to be good. When managing a chronic condition, you may find that planning can be a key factor to both your enjoyment and your partner's.

Please see page 4 for a range of tips and advice that you may wish to consider when planning an enjoyable sexually intimate experience. Having the confidence to communicate your needs openly with your partner is an important first step. Perhaps you can leave this article where they will find it or suggest they read it as well so you can get your conversation started.

Ideas For Good Communication

- Use "I" messages to explain how you feel. For example "I feel distant from you when we don't touch often", rather than "You don't touch me anymore".
- Don't blame or be defensive. this will only shut down communication.
- Identify difficulties and work together to come up with several solutions for a problem.
- Take time to reflect on your feelings and write things down.
- Agree to try new things and be prepared to try different options before you come up with the solution that works best for you.
- Listen to others and clarify what they say.
- Maintain a sense of humour.

Vanessa Raskin is a health educator in Arthritis Victoria's Better Health Team.

For more information contact Arthritis Victoria (03) 8531 8000

The key to any good relationship is good communication, regardless of whether or not you have a chronic condition.

This article has been reprinted from the Spring 2007 issue of the Arthritis Victoria & Osteoporosis Victoria Update Magazine Volume 20: issue 3

Relationship Tips

Tips from our consumers:

- There are other ways to please each other; more creativity is required.
- My partner is patient, supportive and deeply caring. My condition has probably made us a lot closer.
- Never stop talking to your partner. If you get upset about not being able to make love due to tiredness let it out!
- Not everything is easy, but the negatives that a condition brings may allow you to be more understanding, and this is a positive in relationships.
- Arthritis Victoria has a useful library and people are helpful.
- Work with your partner to ensure you spend time together.
- Balance your home and work activities to accommodate your relationship and needs and your partner's.
- Lubricant is something that has helped me.
- As I have a fantastic husband, there is an increase in massages, spas and special attention.

Thank you to our Consumer Network and support group members for sharing their experiences and advice.

*This article has been reprinted from the Spring 2007 issue of the Arthritis Victoria & Osteoporosis Victoria Update Magazine
Volume 20: issue 3*

An expert's tips:

- Be flexible about when medication and pain relief is taken. You will know from the regimen you're on, how long it takes to work, so keep that in mind when thinking about having sexual or sensual contact.
- If you need to, work on improving your self-esteem with a suitable professional (such as a psychologist, social worker, counsellor or occupational therapist). Self-esteem impacts on so many areas of your life.
- Partners need good listening skills, good observational skills and patience. They need to understand that there will be best times for sexual or sensual contact.
- There will be better times in a day or in a week for you for sexual or sensual contact and these are the times that you need to target. Think about how you want to spend the time when you feel your best.
- You need to be physically comfortable. Take your limitations, and those of your partner, into account.
- Learn Tai Chi or Feldenkrais to build your strength, learn how to protect your joints and sense how you're using your body. Being aware of your body is vital when you're trying to find positions that don't tire your joints too quickly.
- Support is important. Find lots of ways of cushioning yourself and have firm enough support. Sometimes comfort means firmness not softness.

Lea Kewish is an accredited occupational therapist and certified Feldenkrais practitioner.

Arthritis Victoria Tips:

- Do something that both you and your partner find romantic to help you feel close, such as cuddling, stroking or kissing. Gentle touching may help you feel better.
- Talk to your GP or rheumatologist if you are concerned that your medication is having a negative impact.
- During pleasurable sexual intercourse our body releases endorphins (the body's own natural painkillers) which have a beneficial effect that can last a few hours.
- Pace your activities during the day to avoid fatigue.
- Talk to your physiotherapist or other health professional about gentle exercises you can do to relax your joints before and after sex. Your partner can help you do these.
- Use water-based lubricants if vaginal dryness is a problem. Don't use oily substances, such as petroleum jelly, as these products may harbour germs that can cause infection and damage condoms.
- Set the mood by taking a warm bath or shower and warm the surfaces that you will be using. Turn on an electric blanket in bed.
- Consider alternative ways to enjoy sex and experiment with new positions or equipment that may put less strain on your joints.
- Listen to your partner's thoughts and feelings.
- Explore ways to share love and affection without sex.
- Practise safe sex. If you are planning to have children we recommend that you discuss your wishes with your health professional.

Vanessa Raskin is a health educator in Arthritis Victoria's Better Health Team.

Physiotherapy - AS Stretches

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

The weather has suddenly warmed up and has made me think of heading to the pool for some swimming and exercise. There are many things you can do in a pool, and for those not lucky enough to have access to a warm pool for all year round use, then summer is the time to have a go.

I have described some exercises here to do with a noodle. You can also do similar activities with no equipment. I have also done some sitting on a bench or ledge. You can adapt many activities to whatever pool you may have. Different depths can let different areas work. In the shallow end you can bend your knees to get under the water, and then when you turn and bend you will work your upper back more.

Swimming is good, but so is walking and running and of course, lots of twisting and turning, stretching and reaching. You can work quite hard in the pool and often get more movement than with land exercises. It is also often a good time to be with the family. Have fun!

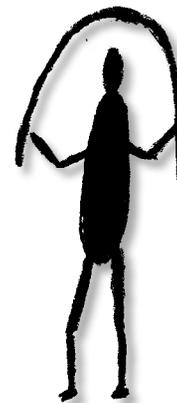
Remember - for more ideas - the Qld group has a DVD of exercises for the pool available for purchase.

1. Stand with the noodle in front of you, knees slightly bent.

Push the noodle up and down while standing still
 Push the noodle forwards and back in front
 Push the noodle out to each side - stretch and reach
 Reach and stretch forwards and then lean and arch back
 Turn from side to side
 Lean from side to side, reaching out to your side - balance



2. Hold the noodle over your head.
 Pull one end of the noodle down towards your knee
 Pull the noodle down to your side and also stretch your other arm up high
 Squeeze both ends of the noodle together
 Push alternate ends of the noodle away from you, in front - turning your body



3. Hold the noodle behind your back.
 Turn from side to side, keeping the noodle slightly under the water.
 Lift the ends of the noodle up and arch your back, and then lean forward and push them down into the water
 Take your arms wide, then stretch and lean from side to side - balance.

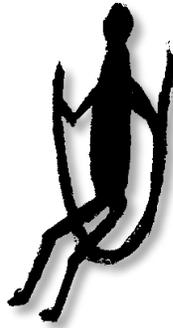


Physiotherapy - AS Stretches

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

4. Sitting on the noodle - this may be swing style or horse style.

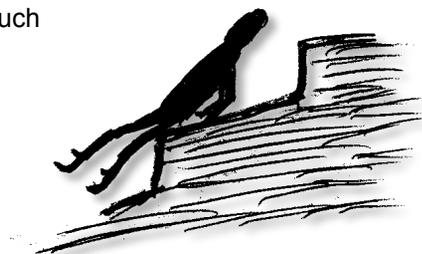
Many leg activities without touching the floor - Cycling, kicking, striding, star, crossing over, rolling and twisting
Arm movements to propel along - dog paddle, breaststroke
Arm and leg movements together



5. Lying on your back, with the noodle supporting you behind the shoulders.
Another position to do many exercises for you legs
A chance to stretch out and lie flat
Back sculling and kicking
You may also lie on your tummy with a noodle under your chest



6. Sitting on a ledge or seat, lean back and use your elbows for support.
Cycling, Kicking, legs apart, large deep kicks, scissor legs, cross legs over with hip roll, knee tucks (single / double), Tuck with roll, double legs to pool bottom (with back arch).
You may also lie on your tummy in a similar position and do similar activities. As much variety as possible is good.



AS Group of Victoria News

The wonderful little blue wrens are leaping about in the garden, so now we know spring is really here, despite the really cold mornings. This winter has been very quiet for me as I have been fairly much house bound for a few months recovering from surgery. However, all's well and our Victorian team have been rolling along with newsletters and functions, so thanks to all the volunteers for your help and support.

Our renewal notices for membership have generated lots of interest and we are pleased with the response to date. We have a number of past members to be contacted for renewing, so if anyone has an interest in helping out please contact Annie McPherson or Belinda Martin.

In September, I attended several Arthritis Victoria (AV) training sessions and meetings, including the Consumer Advisory Committee. This committee is a great opportunity for us to raise issues that affect consumers, with musculoskeletal conditions in the community. I would appreciate it if any comments or ideas could be sent directly to my email address for consideration - aniasvic@bigpond.net.au .

During the various discussions at AV, some of the issues I raised were:

1. Increase awareness amongst those with a musculoskeletal condition of their potential eligibility for specific programs and allowances thereby empowering

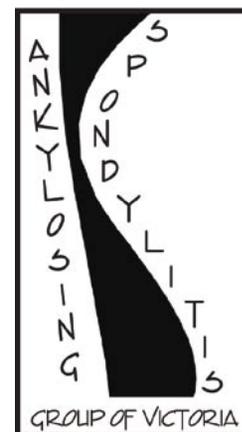
consumers to work with their general practitioners to apply for these schemes. For example: Disabled parking permits; Care plan programming;

2. Collating a monthly "what's on" schedule of activities and programs provided by AV associated groups as published on their website.

3. Collate a register of public Falls and Balance Clinics available throughout Victoria. This register would be utilised by the AV, Telephone Information Service volunteers to assist callers with their enquiries.

I also attended AV telephone support and community speaker training with other volunteers. This always provides thought provoking and interesting aspects of communicating and techniques for talking with the public on health issues, along with information and the latest research.

Jennie O'Reilly contacted me from the Caulfield Community Health Service to advise the September program was cancelled due to insufficient participants accepting. In these sessions, run over a period of 8 weeks, a physiotherapist and an Allied Health Assistant conduct a practical series of classes on exercise for people with Ankylosing Spondylitis in the gymnasium and hydrotherapy pool at Caulfield Hospital. Jennie accepts a maximum of 12 people in the class, on Wednesday nights, where the cost is approximately \$180.00 and a doctor's referral is required.



This education program is specifically designed for people with Spondyloarthritis, such as psoriatic arthritis, reactive arthritis and inflammatory bowel disease and Ankylosing Spondylitis. Our group supports this course, and we contribute to some of the sessions. We thoroughly encourage those people newly diagnosed to enquire and consider this program. We expect the next program to be held March or April 2009. Should you need more information, the brochure sent out or to chat about the course please contact Belinda Martin 9496 4045, Annie McPherson 0408 343 104 or Jennie O'Reilly 9276 6804. We will be placing an advertisement in the next edition of AStretch as a reminder, so please pass the word around.

Best regards for the Christmas season and please all drive carefully and considerately.
Annie McPherson

AS Group of Victoria seminar report - Annie McPherson

Our Ankylosing Spondylitis Group of Victoria seminar in September, at the Caulfield Medical Community Centre, was focused on research and study programs. We were pleased with the acceptance of over 12 for the night of intense education on the two research and study programs The Australian Rheumatology Database (ARAD) and The Cochrane Musculoskeletal Group, which are conducted out of the same department Cabrini Medical Centre, 183 Wattletree Rd, in Malvern, Victoria, managed by Associate/Professor Rachele Buchbinder.

Dr John Oldroyd, the Project Coordinator based in Melbourne, gave a presentation on The Australian Rheumatology Association Database (ARAD) including some results achieved

to date. The ARAD research study, which began in 2002, is best described as "A longitudinal study of the long-term effects of arthritis and its treatments in Australia". It is a national registry, owned by the Australian Rheumatology Association. So far around 2500 people nationally have been enrolled in the registry. The aim of this registry is to collect information about how AS affects your health and quality of life. Also it will help to understand the long-term benefits and risks associated with different treatments, and especially the newer drug treatments. The study involves participants from around Australia who volunteer to complete a questionnaire each 6 months, about their medical history, quality of life and

their medications. This can be quite a task when you have to recall the adventures of symptoms, diagnosis, treatments and medications and their impacts. It was most interesting to hear about the data collected. Participants with Rheumatoid Arthritis, Psoriatic Arthritis, and Ankylosing Spondylitis are included with various medications and treatment regimes. Each participant's information is maintained confidentially. Primarily the medical fraternity uses the data for policies, decisions and regulation processing.

After the break, Dr Renea Johnston, the Australian Satellite Coordinator, provided an update on the Cochrane Musculoskeletal Group where studies

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AS Group of Victoria seminar report - continued

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and research reviews involved AS people as subjects. Medical research papers, in general, are usually very long and involve technical language and statistics due to the authors' background and audience both being medically focused. The Cochrane Musculoskeletal Group are a specialised group of researchers and consumer representatives, that belong to the Cochrane Collaboration, who review the medical research papers and studies and provide a plain English formatted summary. In the Malvern group we are again fortunate to have the Coordinator for the Musculoskeletal Group. The research or studies presented, are measured with a rating to grade them on various standards Cochrane sets. In the conclusion of the summary, the results are rated according to what kind of studies were analysed and whether they were well done. As an example, a study on AS people who received Sulfasalazine was presented, this was awarded a gold rating.

The presentations created much discussion about how research is funded, how and why participants are included, why control participants are important, what organisations have access to the data, how data is maintained, what the role of medical, hospitals and pharmaceutical companies have, and why it is important to have patient advocacy groups involved, like our Ankylosing Spondylitis Group of Victoria and Arthritis Victoria (AV).

We have information sheets available, provided by the presenters and AV with this (Victorian) edition of AStretch. Included in this is an information sheet on how to navigate the AV website, provided by Lisa Bywaters of their library where and where Cochrane reviews are available. Arthritis Victoria web: www.arthritisvic.org.au. Please contact myself directly Annie McPherson email: aniasvic@bigpond.net.au if you would like copies.

If you require further information on ARAD, please contact Dr John Oldroyd via web address <http://www.rheumatology.org.au/rheumatologists/aradatabase.asp> or the Victorian representative Bridie Murphy via email: bridie.murphy@med.monash.edu.au or phone: 03 9508 1652.

If you require further information on the Cochrane group, please contact Renea Johnston via email: renea.johnston@med.monash.edu.au or visit the Cochrane web: www.cochrane.org.

Alternatively you may contact myself directly Annie McPherson email: aniasvic@bigpond.net.au and please mention where you have read about this seminar.

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 2009

| STATE | EVENT | DATE | TIME | CONTACT |
|-------|---------------------|----------------------|------|---|
| TAS | BBQ & Swim | Sunday January 11 | | Contact algroves@bigpond.net.au |
| VIC | Seminar / Symposium | Sunday March 1 | TBA | Belinda Martin 9496 4045 |

AS Group of Queensland News

Hi everyone,

The festive season is closing in on us fast! It is hard to believe it is nearly Christmas again, it seems the older I get the faster the years are going by.

The Queensland Group have had a busy year with the new committee finding their feet in their respective roles. We have had a number of events throughout the year, culminating with the symposium in August.

The symposium was a great success with about 60 participants enjoying a pleasant and informative day. There were people as far West as Chinchilla, South to Lennox Head and North to Cairns. A big thanks to all our presenters, the Princess Alexandra Hospital, Margaret Lewington, my son Andrew for his AV and technical assistance and my fellow committee members for all their hard work before and during the event. A special thanks to Robin Fletcher who volunteered to cook for the morning and afternoon teas. We told her about 30 to 35 people when she took on the job! Well done Robin, I think everyone agreed the food was fantastic.

The speakers covered a wide range of topics which were well received and everyone has plenty of questions. The panel discussion at the end of the day could have kept on going if time had permitted. There was great interest in Professor Brown's research which is showing some promising results, so if the opportunity arises please support Professor Brown and his team in any way you can.

AS Group of Tasmania News

Hi from Tassie,

With Christmas just around the corner I can feel the hectic rush about to begin:- a welcome reminder to take time out for yourself to relax and stretch.

We all know that stretching at any time is so important but it is more so when stress takes hold and this is often the time we forget.

I would like to wish all readers a very Happy Christmas 2008 and a wonderful 2009. Can you believe it - 2009!!!!

One of the overwhelming things to come out of the symposium was the lack of awareness by the general medical community and general public about AS. The stories of long delays in being diagnosed were common which I can relate to as it was over ten years for me.

Margaret and I have been discussing the possibility of conducting something like weekend workouts in some regional areas next year. So those of you who would be interested in coming along please drop us an email so we can gauge the level of interest.

If anyone has any ideas for social events etcetera for next year please contact us and we will try and get them happening.

Well that is all for now. Myself and the Queensland committee would like to take this opportunity to wish everybody a wonderful Christmas and a happy and free moving New Year!

Ross Wilson



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

Instead of our annual Christmas get together we have decided to postpone until Sunday 11th of January for an evening BBQ and swim in a hopefully warm pool, at Alicia's in Tarroona (or maybe we can try some of the beautiful water exercises from the AS Queensland Group's DVD) .

Any AS Stretch readers from interstate are welcome to join us.

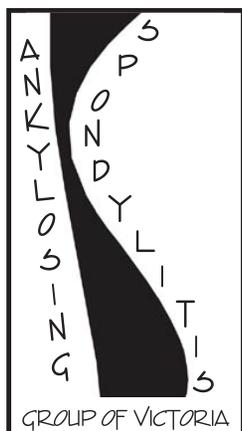
For full details please email me on algroves@bigpond.net.au

Cheers for now,

Alicia (for Murray who is still exploring our vast country)

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

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: _____



RETURN COMPLETED FORM TO:

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

*Please make
cheques or money orders
payable to:*

Ankylosing Spondylitis
Group of Victoria



FOR MORE INFORMATION:

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