



ASSTRETCH

SPRING 2019

www.asaustralia.org

ANKYLOSING SPONDYLITIS AUSTRALIA



asaustralia.org

We are pleased to announce that we now have the opportunity to make progress on our website:

asaustralia.org

It is planned to be a platform to provide some information, but mainly to direct people to other trusted and respected sites. The platform will also provide a place for the states to inform their members of any events or activities.

The **Home or National** page will have some general information including links to About AS, Resources and Contacts as well as providing initial links to various active state support groups e.g. Qld, Vic and WA.

The **About AS** page gives some very good general information about the Ankylosing Spondylitis disease. For more specific information we would recommend consultation with a GP or health care professional.

The **Resources** page provides excellent links to other recommended resources including exercise DVD's and a wonderful [AS Handbook](#).

The **Queensland** page will have a list of upcoming events, details of the hydro class and contact us details.

The **Victorian** page has brief information and a direct link to their excellent website:

www.asvictoria.org

The **West Australian** page will give details of their land and pool exercise classes.

This is all very preliminary at this stage, so keep an eye out as we develop the website further.

If you have any suggestions, [please contact us](#).



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.

Contents

Ankylosing Spondylitis Australia	1
ASIF name change	2
axSpA in Women	3
Raising the Voice of Patients	4
High Intensity Exercises Study	5
AS Exercises Around the World	6
The Financial Burden of Arthritis	7
AS Inc Vic Report	8
AS Qld Report	9
Calendar of Events General Information	10

Contacts

AS Group of Queensland

PO Box 193
TAIGUM
QLD 4018
Ph: 07 3209 6478
E: qld@asaaustralia.org

AS Group of Qld is a sub group of Arthritis Qld.

AS Victoria Inc

PO Box 3166
BURNLEY NORTH
VIC 3121
Ph: 0408 343 104
E: asvicweb@gmail.com

ASIF changes it's name *kindly reprinted from ASIF*

At the Annual General Meeting of ASIF, held in Madrid and by telephone conference during EULAR in June, the majority of members voted to change our name to **Axial Spondyloarthritis International Federation** from Ankylosing Spondylitis International Federation.

The name change was subsequently approved by the Charity Commission in the United Kingdom. ASIF is a registered charity in the UK.

Why the name change? In many ways the name change was driven by progress in technology. Before MRI was developed in the late 1970s, x-ray had been used to see into the body, and one of the criteria to help diagnose ankylosing spondylitis ("AS") was an x-ray of the spine showing inflammation and sacroiliitis. The problem is that x-rays cannot detect sacroiliitis until about seven or eight years after onset of the disease.

Once MRI was developed, it was realized that you could detect sacroiliitis as early as 18 months after disease onset. This gave rise to the condition of Non-Radiographic Axial Spondyloarthritis ("nr AxSpA"). Assuming that

people with nr AxSpA (that is, without evidence by x-ray) progress to radiographic AxSpA means that the two diagnoses are the same disease. Consequently, the term axial spondyloarthritis ("AxSpA") covers the full spectrum of the disease from early onset to advanced AS.

The term Axial Spondyloarthritis has been in use for about 30 years. In 2005, ASAS (Assessment of Spondyloarthritis International Federation) defined two stages of AxSpA, the non-radiographic stage where there is back pain and sa-

ASAS stopped using the name ankylosing spondylitis in defining and classifying inflammatory back pain.

Interestingly, there are differences between nr AxSpA and r AxSpA/AS (see the downloadable poster on Axial Spondyloarthritis in Women in this newsletter). But there is no doubt that the disease burden in nr-AxSpA is substantial and similar to that of AS, with both groups of patients experiencing inadequate disease control and the same symptoms. And, we might add, the same pain.

Morbus Bechterew Marie-Strümpell Disease
Rheumatoid Spondylitis Bamboo Spine
Seronegative Spondyloarthritis
Bekhterev's Disease Undifferentiated SpA
Spondyloarthropathy
Ankylosing Spondylitis Axial Spondyloarthritis
Non-radiographic Axial Spondyloarthritis

croiliitis seen on MRI, and the radiographic stage, where there is back pain and radiographic evidence of sacroiliitis, plus, eventually, syndesmophytes (bony growth on the spine). In 2009, ASAS reaffirmed these stages when it introduced new classification criteria for axial spondyloarthritis. In other words, it has been almost 15 years since

In the interest of giving a voice to and support for those people who are being increasingly diagnosed with nr AxSpA, the Trustees of ASIF thought it best to open our umbrella further and change our organization's name to include all those living with AxSpA. The majority of members agreed.

See the infographic on Page 3 outlining axSpA in Women.

axSpa in Women *kindly reprinted from ASIF*

In our previous Winter Edition of AStretch we printed an [infographic on axSpa](#) which explained the terms Axial Spondyloarthritis, non-radiographic spondyloarthritis and ankylosing spondylitis or radiographic spondyloarthritis – and other terms under the umbrella term AxSpA. Historically AxSpA was thought of as a man's disease. This is now known to be incorrect but women continue to be misdiagnosed. This infographic shows some of the statistics and how the disease impacts women. *AStretch would like to thank [ASIF](#) and UCB Pharma for supplying this infographic.*

Axial Spondyloarthritis in Women

axSpA is a painful chronic inflammatory disease that primarily affects the spine and sacroiliac joints¹

axSpA is an umbrella term for non-radiographic axSpA (nr-axSpA) and radiographic axSpA also known as Ankylosing Spondylitis (AS)²

Leading symptom:
Inflammatory back pain that improves with exercise, but not with rest¹

Prevalence:
Similar to Rheumatoid Arthritis, 0.2-1.4% of adults have axSpA³⁻⁵

Historically axSpA has been viewed as a male disease⁶



However, axSpA affects Men and Women equally^{6,7}

nr-axSpA and AS share common clinical features and experience a significant and similar disease burden^{2,8-11}

nr-axSpA patients are more likely to be Women^{12,13}

66%

~25% of Women are misdiagnosed at first¹⁴



AS is more prevalent in Men^{12,13}

65%

Time to diagnosis¹⁵



Women have longer delay to diagnosis than men^{11,12}

Women with axSpA present differently to men and experience greater^{14,16}

Disease activity^{16,17}

Widespread pain¹⁴

Fatigue¹⁷

Peripheral involvement¹⁸

Functional impairment^{17,18}



MRI allows for earlier disease detection that does not show on X-ray (nr-axSpA)^{16,7}



Improvements in awareness and diagnosis have reduced the gender gap in axSpA⁶

More can be done for Women with axSpA to ensure that they get the right diagnosis, at the right time and receive the treatment they need

Abbreviations: axSpA, Axial Spondyloarthritis; nr-axSpA, non-radiographic axSpA; AS, Ankylosing Spondylitis; MRI, magnetic resonance imaging

References: 1. Sieper J and van der Heide D. *Arthritis Rheum.* 2013;65(5):543-51. 2. Deodhar A et al. *Arthritis Rheumatol.* 2016;68(7):1669-76. 3. Ravalle J et al. *Arthritis Care Res.* 2012;64(6):905-10. 4. Hamilton L et al. *BMC Musculoskelet Disord.* 2015;21(16):392. 5. Spector T. *Rheum Dis Clin North Am.* 1990;16(3):513-37. 6. Mease P and Khan M. *Elsevier Health Sciences.* 2019. ISBN 0323568017. 7. Rudwaleit M et al. *Ann Rheum Dis.* 2009;68(6):777-83. 8. Sieper J et al. *Nat Rev Dis Prim.* 2015;9(1):150-12. 9. Wallman J et al. *Arthritis Res Ther.* 2015;17:379. 10. de Winter J et al. *Arthritis Res Ther.* 2016;18:196. 11. Strand V and Singh J. *Mayo Clin Proc.* 2017;92(4):565-64. 12. Baraliakos X and Braun J. *BMJ Open.* 2015;1:e000053. 13. Boonen A et al. *Semin Arthritis Rheum.* 2015;44(6):556-62. 14. Slobodin G et al. *Clin Rheumatol.* 2011;30(8):1075-80. 15. Gosses L et al. *Arthritis Rheumatol.* 2018;70(Suppl 10):Abstract 633. 16. Rusan T et al. *Curr Rheumatol.* 2018;20(6):35. 17. Tourade A et al. *Arthritis Care Res.* 2013;65(10):1482-89. 18. Lee W et al. *Ann Rheum Dis.* 2007;66:633-639.



Inspired by patients.
Driven by science.

June 2019 GL-N-DA-RH-1900008

Raising the voice of patients: A patients guide to living with Ankylosing Spondylitis First Edition *Review by Dionne Lynch (AS Victoria)*

This detailed document is available to download from Creaky Joints website:

Link: <https://Creakyjoints.org>

Glucocorticoids and other non-pharmacological treatments. At all stages of your AS journey, you may find it useful to do your own research on medications and therapies

-administered by injection or by infusions in a hospital.

In Australia there are strict guidelines for prescribing and taking biologics which need to be taken into consideration by the specialist prior to commencing the treatment. Australia is fortunate that most of the biologics are subsidised under Medicare to reduce the out of pocket expenses by the AS patient. A guide to all these different medications can be found on the Australian not for profit web site National Prescribing Service “NPSMedicinewise”

Link <https://www.nps.org.au>



While this is a document written for American audience, there are many pages of valuable information in the guide that can be used for those recently diagnosed to those who have suffered AS for years. The guide discusses medicines, complementary therapies, exercise and how a healthy diet can protect your heart and joints.

The guide opens with a comprehensive overview of AS and how to monitor your condition; this can be useful for friends and family to read about your condition in an easy to read format. To assist monitoring your health, the guide recommends using a free app called “Arthritis Power”. Although you can keep a track of your pain, general health and fatigue, it is aimed towards research projects in America.

The treatment section is extremely comprehensive and has detailed sections on Non-steroidal anti-inflammatory drugs (NSAIDs), Biologics, Disease-modifying anti-rheumatic drug therapy (DMARD),

however you should always speak to your General Practitioner (GP) or specialist before starting any treatments.

According to the guide, NSAID are the most commonly used in AS treatment and no one is more effective for your arthritis pain than the other. They are designed to stop the inflammation, ease joint swelling and can either be taken continuously or as needed (for example, if you overdo it one day and feeling the effects of AS). In Australia, rheumatology specialist doctors are able to prescribe NSAIDs, DMARDs and Biologics. The treatment plan is determined by your specialist after a physical assessment, patient history and blood tests are reviewed. If you are no longer responding to two types of NSAIDs or are unable to tolerate taking them, the specialist can review your treatment plan. Biologists’ medications may be the next step, “targeting Specific areas of your immune system to block them from working”. The guide offers advice on how to take biologics, usually self

The guide continues with treatments to explain the use of DMARD if there is “pain and inflammation in joints such as knees, ankles, arms or hips”, there is no evidence to show they will help AS symptoms in the spine or neck. There are many side effects when taking DMARD although they can be very effective in treating pain especially when you are unable to take other types of NSAIDs or Biologics. Glucocorticoids are another medication discussed in the guide used to reduce inflammation are commonly prescribed as prednisone. This can be taken if you are having a flare in a couple of joints and are not responding to NSAIDs (only on recommendation from your GP or specialist).

The guide has a large section on non-pharmacological treatments that AS patients could use in conjunction with your prescribed medications. These types of treatments include exercise however the type and amount of exercise will vary from patient to patient. Low impact suggestions including walking, tai chi/

Raising the voice of patients *continued from Page 4*

yoga, Aquatic exercise and stretching. It is important to choose an exercise that you actually enjoy to ensure that you will incorporate it into your weekly schedule. A personal favourite of mine is going to Hepburn Bathhouse for gentle movement in the warm mineral water. There are many similar places outside Melbourne that you can visit occasionally especially in winter. We commonly refer newly diagnosed patients to the following web sites for exercises specifically for AS patients:

Australia:

www.asvictoria.org

AS Victoria's E-newsletter : AStretch archived editions has one page in every edition dedicated to AS exercises by our consultant physiotherapist Margaret Lewington.

United Kingdom:

<https://nass.co.uk>

National Ankylosing Spondylitis Society (NASS); Select the Managing my AS" tab and select "Exercise"

Finally, the guide recommends a good, balanced diet and avoid (or at

least reduce) processed foods, alcohol and fad diets.

Taking time out to do enjoyable activities such as a day spa, attend a tai chi class or seeing a movie is very important for your mental health and wellbeing. Sometimes it can feel like you are fighting the AS battle by yourself but belonging to a support group such as AS Victoria allows you to share your condition, ideas on how to manage day to day and realise that you are not alone.

Dionne Lynch

High Intensity Exercises Study *by Margaret Lewington*

High Intensity Exercise for 3 months reduces disease activity in Axial Spondyloarthritis (AxSpA) : A multi-centre randomised trial of 100 patients.

Br J of Sp Med 2019 Sveaas, SH; et al

High intensity training has been shown to be effective in increasing cardiovascular fitness and muscle strength in healthy people and different patient groups.

This randomised controlled trial found clinically relevant benefits from a high intensity exercise program compared with standard care after 3 months in patients with Axial Spondyloarthritis, suggesting that high intensity exercises might reduce disease symptoms.

Participants had to fulfil the assessment of SpA International Society criteria for AxSpA and be aged 18 – 70 years, have had no change in TNF medication use during the last 3 months, have moderate to high

disease activity at pre-screening, and not have performed regular aerobic or strength exercises for the last 6 months. 100 participants were recruited from 3 outpatient Rheumatology departments in Norway and one in Sweden. 50 were assigned to the intervention group and 50 were controls. 97 completed the study.

The intervention: Exercise was conducted 3 times per week (2 supervised sessions by trained physiotherapists and one unsupervised session) for 12 weeks. Two supervised high intensity cardiovascular session consisted of 38 minutes walking/ running on a treadmill or cycle ergometer, with warm up at 70% max HR, then 4 x 4 minute intervals at 90 – 95% of HR max., with 3 minute rest periods in between, and a cool down at 70% of HR max. This was followed by supervised muscle strengthening (20 minutes) comprising six exercises for major muscle groups (2 or 3 sets with 8- 10 repetitions). One unsupervised home car-

diorespiratory session comprised at least 40 minutes of walking/ running/ cycling exercise (greater than or equal to 70% of HR max.)

At 3 months, there was statistically significant improvement in the exercise group for disease activity measures (ASDAS and BASDAI). Significant treatment effects were also found for physical function, spinal mobility, and estimated peak oxygen uptake in favour of the exercise group.

Conclusion: High intensity aerobic interval training, in combination with strength training was effective for reducing disease activity in patients with AxSpA.

Margaret Lewington

Please refer to "AS Exercises Around the World " on Page 6 for further information.

AS Exercises Around the World *by Margaret Lewington (Physiotherapist)*

www.nass.co.uk

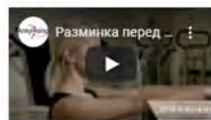
NASS – The UK AS society has exercise videos that can be found on the NASS website, under the tabs “Managing my AS” then “Exercises” and then “stretches for your daily life,” to find 11 short videos and another 22 videos “Back to Action” (part 2).

By selecting “Managing my AS” then “Exercises” then “Physiotherapy” you can access and download “Back to Action” parts 1 & 2.

asif.info

The Axial Spondyloarthritis International Federation has links under the heading “Resources” to:

- NASS “Back to Action,”
- YouTube AS exercise videos prepared by the Turkish Society for Rheumatology (In English)
- YouTube AS exercise videos prepared by the AS Association of the Russian Federation (In Russian)



Warm up before classes physical therapy
(physical therapy) Bechterew's disease



AS Stretching Exercises

www.rheumafit.ch

The AS Association of Switzerland (SVMB) has an online platform with three exercise videos of approximately 20 minutes each for the whole body, the back, and the neck. There is free registration which allows for personal interaction with the website. These have recently been translated into English. They are also available in French and German.



Strengthening “Power”
Physiotherapist Susanne Leemann



Flexible back
Physiotherapist Matthias von Rohr



Neck exercises to break up your day
Physiotherapist Melanie Hempel

www.spondylitis.org

The American Society has recently updated their exercise DVD “Back in Action Again” however to access in full you must be a member or purchase it. Details can be found at “About Spondylitis” then “Education material.”

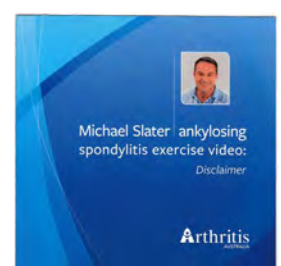
[**Ankylosing Spondylitis Australia \(Qld, Vic, WA\)**](http://Ankylosing Spondylitis Australia (Qld, Vic, WA))

The AS group of Queensland has produced both a land and a pool exercise DVD available from the AS Australia website.



www.arthritisaustralia.com.au

Arthritis Australia has a DVD you can watch on their site or buy. To find go to “Get Support” then “Resources” then “Working out with Michael Slater.”



The financial burden of arthritis – research opportunity.

While there has been extensive research in arthritis affecting the older population, there has been limited studies on how arthritis can affect a younger person's (aged 18-50 years) working life and their career choices. This can go on to affect the younger persons wages, financial situation and possible early retirement.

Monash University (Melbourne) PhD research student Danielle Berkovic has received a scholarship from Musculoskeletal Australia to study the financial burden on younger people with arthritis and develop recommendations for health professionals to treat beyond the "pains and stiffness" of the disease. Danielle's supervisory team at Monash University are: Associate Professor Iiana Ackerman (physiotherapist and prominent researcher in inflammatory arthritis conditions); Darshini Ayton (who

has an interest in understanding chronic illness from people's own perspective) and Professor Andrew Briggs (also a physiotherapist and inflammatory arthritis researcher).

This team recently published a paper called "I would be more of a liability than an asset": Navigating the Workplace as a younger person with arthritis" [Journal of Occupational Rehabilitation, August 2019]. This research investigated the work-related experiences of those living with arthritis and their perceived burden on the workplace. They found participants had limited career choices or changes due to their joint pain or inability to undertake some tasks, such as standing for long periods. Those participants in the workforce felt like a burden on their workplace and were reluctant to ask for workplace modifications or reduce working hours to manage pain and fatigue associated with

their conditions. Working less hours can result in a lower income, financial strain and more stress on families.

Danielle Berkovic's valuable research is seeking participants aged 18 – 50, living in Australia with a diagnosed arthritis. Participants will be required to complete an online cost diary for 6 weeks to capture the out-of-pocket healthcare costs. During week one only, participants will be required to complete a demographics survey too. The aim of the research is to produce educational material and recommendations for clinicians on how best to deliver care to younger patients.

Danielle Berkovic

Monash University

For further information and contact details, please refer to the flyer below.

Are you a Young person Living with Arthritis? MSK Research Survey: Participants needed

RESEARCH OPPORTUNITY: The financial burden of arthritis on younger people

Are you a younger person living with arthritis? Help us understand your financial experiences managing the condition. Have your say!

Our goal is to understand the financial burden of living with arthritis, and the effect it has on your work, your ability to afford to do the things you love, and your ability to live as you'd like day-to-day. Anyone aged 18 – 50 diagnosed with arthritis can participate. Participation involves completing an online cost diary each week for 6 weeks (total time commitment approximately 15 – 30 minutes per week).

Participants who complete the full 6 weeks will have the opportunity to win one of two \$200 Coles/Myer gift cards!

For further information or to participate in our project please contact:

Danielle Berkovic, PhD Candidate

danielle.berkovic@monash.edu

03 9903 0052

Ankylosing Spondylitis Victoria Inc Report *by Annie McPherson*

AS Victoria Activities:

Welcome to new members Tanya and Maureen. The World Arthritis Day this year is Saturday 12 October. This year our members, friends and families could help support this awareness day by contacting a fellow ASer and having a chat about how we manage on a daily basis. Our Christmas in July social event was well attended by a group of 12 members and family. We all enjoyed an informative conversation about managing work and social life whilst living with our Ankylosing Spondylitis (AS).

Our team of consumer representative volunteers, attended tutorial classes at the Monash University, Department of General Practice, in the Medical School in July. Our volunteers, Adam Collard, Ellen Makridis, Maeve McGoohan, Paul Fallon, Rasul Family and myself provided patient experience talks with the tutors to first year medical students. The focus of the talks is to relate our journey of living with a chronic inflammatory Spondyloarthritis (SpA) condition and interactions with health professionals and clinicians. This always generates plenty of discussion amongst the staff and students about all aspects of managing our AS. We would like to acknowledge and thank the senior lecturer Dr. Nadida Kachouche for this valuable opportunity and her assistant Marion Daniels for their very efficient work in arranging these sessions. This is our 5th year at the medical school with Dr. Kachouche and her team

and as a volunteer commented, the first year of medical students we presented to would now be out in the field as fully qualified GP's equipped with the knowledge of a patient's perspective. We are very fortunate to have a dedicated team of volunteers, who willingly give up their entire day, to ensure they have plenty of time for discussion on a range of issues in managing their AS.

In September, our Annual General Meeting was held at Austin Health. All our committee members were able to stand again as per previous years as:

President: Annie McPherson

Vice President: Adam Collard

Treasurer: Paul Fallon

Secretary: Vicky Genius

General Committee: Dionne Lynch, Maeve McGoohan, Maria Makris, Shayne van der Heide.

Chair Annie McPherson thanked all the Committee for their valued service throughout the year particularly Vicky for time spent on administration and Adam for his regional work. We would also like to acknowledge Dionne Lynch for her work in the Bendigo region establishing a social meetup group with our associates, the Young Women's Arthritis Support Group.

The meeting was followed by a social dinner in Heidelberg.

Earlier this year, fellow AS Victoria committee member Adam Collard and I attended the Victorian Department of Health and Human

Services (DHHS), Safer Care Victoria (SCV) to Partnership in Healthcare A framework for better care and outcomes" forum, in Melbourne with MSK Aust. management. Adam has provided an update on this forum in this edition of ASstretch. Later in the year Adam will attend the follow-up Safer Care Victoria "Giant Steps: Towards Better Safer Care" where a program of workshops and practical sessions for consumer representatives will be held to develop action plans for various initiatives and priorities identified in the April forum.

Another example of consumer involvement in a Health Service is our AS Victoria, Arthritis and AS Information Stand at Austin Health, Repatriation Centre, at the Rheumatology and Spondylitis Outpatients clinic on a Tuesday afternoon. We had another sessions in August just prior to Healthy Bones Action Week where the stand is always well received with an average of 25 people visiting and gathering information and newsletters. We always welcome members and volunteers to help us look after the stand, please contact Adam on mobile 0408353785 for details of the dates and location.



Ankylosing Spondylitis Victoria Inc Report *continued from Page 7*

Safer Care Victoria: “Partnering in Healthcare Forum”

In April fellow AS Victoria committee member, Annie McPherson and I attended the Safer Care Victoria (SCV) “Partnering in Healthcare: A framework for better care and outcomes” Forum, as axSpA patient advocates and representatives. We would like to thank the SCV for sponsoring our registration and accommodation for this event. It is important our AS Victoria group involves our regional representatives in these state-wide events. The focus of the event over two days, was for speakers to demonstrate to Victorian Healthcare Services how consumer advocates and representatives can be involved and contribute to, the delivery of Healthcare services through participating hospital Consumer Advisory Councils as an example.

It is an Australian Government Federal regulation that Victorian Healthcare services include Healthcare consumer representatives, in their various levels of administration.

We joined Rob Anderson of MSK Australia to attend a variety of sessions on consumer engagement and interaction. I found Ben Cryan’s story, “I’m

never giving up” an inspirational presentation. His experience, of a serious accident during a dream surfing holiday in Asia and subsequent evacuation to Australian hospital during a major storm, years of operations, with constant ups and downs. His message about not allowing the situation to overwhelm you and standing up for your rights, was very powerful. Ben’s story, video and interviews can be found on

Link www.bencryan.com



Annie McPherson and Adam Collard

Annie attended the presentation on a “Guide to Producing And Sourcing Quality Health Information” a very valuable session. Authored by LaTrobe University’s Centre for Health Communication and Participation in alliance with the Cochrane Consumers and Communication group. This tool, full of practical advice and useful resources was developed by the LaTrobe team of Louisa Walsh, Associate Professor Sophie Hill and Dr. Tamsin Waterhouse, is useful for Healthcare Services to ensure effective communication is developed between consumers and Health Professionals.

Link: LaTrobe University

<https://www.latrobe.edu.au/chcp/publications>

{If you have an interest in Consumer Representative work in the Victorian Healthcare sector, you may wish to register with the “Consumer Connect” service found on the (Victorian) Health Issues Centre web site under the Consumer “Getting Involved” section www.healthissuescentre.org.au } We have mentioned this Health Issues Centre, not for profit, “Consumer Voices for better health care” organisation previously and their focus on greater consumer participation and education.}

Adam Collard

AS Group of Queensland Report *by Graham Collins*

The committee has been working behind the scenes on a few projects at the moment. The first is to bring the Qld website up to scratch. Glyn Lewington has got us started and with the help of Mark Robinson and possibly others we hope to have this looking and performing a lot better in the near future.

The other items we are planning are two questionnaires, one for Group members and one for Rheumatologists.

The questionnaire for Group members

is to help us provide additional information, activities etc. to meet current day needs. We may or may not be able to meet everyone’s needs, but if we don’t know we can’t react. We appreciate your participation.

The questionnaire for Rheumatologists is to try to find the best way to get our newsletter to newly diagnosed Ankylosing Spondylitis.

On the events side of things, two members of our Group, Michael and Craig play in a band called the 8 Tracks. We have been to one of their

gigs previously and had a great night and Maritza is organising another one. Michael and Craig’s prowess on keyboards and sax respectively, is something to behold as well as the other band members of course. See the Calendar of Events at the top of Page 10 for details.

Christmas is creeping up on us, so this could be close to our last major event of the year.

Keep moving, it is the only way.

Graham Collins

Calendar of Events

VICTORIA

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

November 2019

Monday 4th Coffee and Chat @ Leongatha RSL 6 to 8 pm

Tuesday 5th Coffee and Chat @ Korumburra Recreation Centre 2 to 4 pm

Sunday 10th Coffee and Chat @ Alphington Community Centre 1 to 3 pm

December 2019

Monday 2nd Coffee and Chat @ Leongatha RSL 6 to 8 pm

Tuesday 3rd Coffee and Chat @ Korumburra Recreation Centre 2 to 4 pm

QUEENSLAND

Refer to www.asaustralia.org/qld/

Our next social event will be at the Brisbane Jazz Club, to watch "The 8 Tracks", 1 Annie St, Kangaroo Point on Thursday 31 October from 6:30pm until 11pm.

Event details can be found here BrisbaneJazzClub-The 8 Tracks

Contact Mark Robinson for further details
Mob: 0407 425 750

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 \$140

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 5:45 or 6:45pm.

Gymnasium & pool 5:45 & 6:45pm.

For those current group members and those who have recently participated in an AS program with the Hospital or the Arthritis Foundation.

Where: Arthritis Wyllie Centre,

17 Lemnos St, SHENTON PARK.

Cost: \$12

Enquiries: (08) 9388 2199

www.arthritiswa



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

Musculoskeletal Australia Please check this site for educational health consumer webinars throughout the year.

www.MusculoskeletalAustralia

Spondylitis Association of America (SAA)

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

www.spondylitis.org

Ankylosing Spondylitis International Federation (ASIF)

www.asif.info

The National Ankylosing Spondylitis Society (NASS - United Kingdom) Contains a questions and answers section and downloadable guidebook - *A Positive Response to Ankylosing Spondylitis* Answer and practical advice.

www.nass.co.uk

Ankylosing Spondylitis Victoria Inc

Membership Form

AS Victoria Inc is a Move muscle bone & joint health 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?

.....

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

.....

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.