



ASSTRETCH

SPRING 2015

www.asaustralia.org

ANKYLOSING SPONDYLITIS AUSTRALIA



Ankylosing Spondylitis Victoria Inc. 10th Anniversary *by Annie McPherson*

Ankylosing Spondylitis Victoria Inc. 10th Anniversary 2005-2015

“An Extraordinary Opportunity”

In 2003, after spending considerable time managing my Ankylosing Spondylitis (AS) and rehabilitating from hip-replacement surgery, I observed others with AS who had very little useful information about their condition. At various Arthritis & Osteoporosis Victoria (A&O Victoria) events I came into contact

with a group of like-minded people, including Ellen and Greg who had retired

around the same time as myself. Greg had recently relocated to Melbourne from Brisbane Queensland, where he was involved with the very active AS Group of Queensland (AS QLD) as the joint-editor of the AS national Australian newsletter ASStretch. He was very keen to establish a similar Peer Support Group here in Victoria.

In 2004 when A&O Victoria's con-

sumer co-ordinator Gillian contacted me about a series of Information Seminar's on AS, I was pleased attention was being focused on our condition. During 2004 and 2005, four seminars were conducted at A&O Victoria. The guest speaker was Dr Lionel Schachna, rheumatologist of the Austin Spondylitis Clinic at Austin Health, Heidelberg. Dr Schachna had established the Spondylitis Clinic in 2003 and had a number of patients diagnosed with AS. Dr. Schachna's assistant Belinda, helped prepare a questionnaire about establishing a Victorian peer support



Greg

Annie

Lionel

group for people living with AS. The responses received at the AS seminar in late 2004 resulted in the inaugural meeting of AS Group of Victoria at Austin Health 17th May 2005.

The objectives of our peer support group set at that meeting are very important to our group and have been faithfully maintained throughout our 10 years of service to the AS community in Victoria.

The 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:

1. Provide a forum for the exchange of ideas and experiences.

2. Distribute information to patients and medical professionals on AS.

3. Provide and co-ordinate educational information, events, workshops and seminars on AS.

4. Co-operate and interact with local, interstate, international Arthritis and peer support groups including participation in their events and activities.

5. Arrange social events and activities for our group members, their families and friends

In 2005 we began our presentations and seminars for patients, firstly at our own AS Information Seminar with guest speakers in Ivanhoe.

We have continued to provide Information Seminars for people living with AS, with a variety of health professionals as guest-speakers through-out the

The information contained in this newsletter should not take the place of advice and guidance from your own health-care providers.

Be sure to check with your doctor about changes in your treatment plan.

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Contacts

AS Group of Queensland

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

Ankylosing Spondylitis Victoria Inc. 10th Anniversary

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10 years.

Later that year we participated in the first of many AS seminar's at the Royal Melbourne Hospital's Rehabilitation campus, and joined other health professionals in supporting newly diagnosed patients.

In 2005 we contributed our first Victorian article to the national AS newsletter, AStretch produced jointly with AS QLD. This newsletter is now a highly regarded resource for AS patients and their families to keep up to date with news, research, exercises and activities of various associated groups.

During 2007 we began presentations in the Caulfield Community Health Service, Land and Water exercise AS education program provided by their physiotherapists. The program is specifically designed to improve outcomes and mobility for people living with AS and has been running for over 25 years.

In 2008 we began the Patient Perspective talks on AS by a PSG member, for medical students at our major universities, Melbourne, LaTrobe and RMIT.

In 2008 A&O Victoria invited representatives from our PSG to participate in Health consumer advocacy, and representative panels and research projects. Our representatives have been involved in programs with A&O Vic at their Information Seminars and in partnership with Breastscreen Victoria, LaTrobe University, and Victorian Department of Health and Human

Services. The A&O Victoria Rheumatology Helpline service, provided by clinically trained Rheumatology Nurses was developed in response to the issues raised by our representatives.

In 2012 we provided an Arthritis & AS Information Stand at the Austin Health, Rheumatology Outpatients Clinic at the Repatriation Campus to increase awareness and provide reliable and reputable resources for patients.



In 2012 we developed social media providing a Facebook page and revised internet services web pages. These services now incorporate access to the archived AStretch newsletters, relevant items and articles from our associated organisations.

We have maintained a strong social connection for people with AS with regular get-togethers throughout the years, providing a forum for people to discuss ideas how to better manage their condition on a day-to-day basis. In 2013 we started the "Coffee & Chat" sessions at Fairfield RSL, to provide a platform for newly diagnosed people with AS to interact with others in similar situations.

Since 2005 we have maintained contact with our counter-part AS patient or-

ganisations: Internationally - Ankylosing Spondylitis International Federation; in United Kingdom - National Ankylosing Spondylitis Society; in United States of America - Spondylitis Association of America. In Australia we have connections with the patient focused advocacy organisations, Chronic Illness Alliance and the Health Issues Centre.

AS Victoria Inc Committee Members 2004 to 2015

Adam Collard, Allan Davidson, Paul Fallon, Chris Fisher, Vicky Genius, Sophia Koulbanis, Ellen Makridis, Maria Makris, Belinda Martin, James McCracken, Claire McLinden, Annie McPherson, Rosemary McRae, David Meddings, Vince O'Grady, Danielle Pullin, Michael Tai, Greg Tate, Danielle Wood

The Ankylosing Spondylitis Victoria Inc. 10th anniversary booklet highlights our events and achievements 2005 to 2015. It is dedicated to the past and present members, volunteers, committee, supporters and associated organisations who have contributed to the successful development of our peer support group.

Annie McPherson

President,

Ankylosing Spondylitis Victoria Inc.



Decreased health-related physical fitness in adults with Ankylosing Spondylitis

by Tom O'Dwyer, Finbar O'Shea, Fiona Wilson

Decreased health-related physical fitness in adults with ankylosing spondylitis: a cross-sectional controlled study

Published Online:

PHYSIOTHERAPY June 04, 2015

Objectives

(1) Assess the health-related physical fitness of adults with ankylosing spondylitis (AS) and compare these to the general population, and (2) examine the relationships between physical fitness and condition-specific outcomes.

Participants

Thirty-nine adults with AS (32 men, 7 women) and 39 age- and gender-matched controls.

Intervention

Comprehensive physical fitness assessment, and completion of ques-

tionnaires assessing disease activity, physical function and quality-of-life.

Main outcome measures

Body composition was assessed by bio-impedance analysis. Flexibility was measured with the Bath AS Metrology Index (BASMI). Cardiorespiratory fitness was assessed by submaximal treadmill test with breath-by-breath gas analysis and heart rate monitoring. Muscular strength and endurance were measured by isokinetic dynamometry of concentric knee flexion/extension.

Results

The AS group demonstrated significantly lower cardiorespiratory fitness [mean difference $-1.3 \text{ mL min}^{-1} \text{ kg}^{-1}$ (95% CI -1.1 to -1.4)], flexibility [0.4 BASMI units (0.2 to 0.7)], muscular strength [-31.6 peak torque per body weight dominant

knee extension (-56.1 to -7.1)], and increased body fat [0.4% (0.0 to 1.2)] compared to population controls ($p < .05$). There were significant associations between each fitness component and physical function ($p < .05$). Higher aerobic capacity was significantly associated with improved quality-of-life. Fitness was not significantly associated with disease activity.

Conclusion

Adults with AS have significantly reduced health-related physical fitness compared to population controls. Decreased body fat, and higher aerobic capacity, muscular fitness and flexibility are significantly associated with improved function. These findings have implications for clinicians assessing adults with AS, and for targeted-exercise prescription in this cohort.

Prevalence and risk factors of osteoporosis in patients with Ankylosing Spondylitis

by Wang DM, Zeng QY, Chen SB, Gong Y, Hou ZD, Xiao ZY

Prevalence and risk factors of osteoporosis in patients with ankylosing spondylitis: a 5-year follow-up study of 504 cases.

Clin Exp Rheumatol. 2015 Jul-Aug;33(4):465-70. Epub 2015 May 11.

Objectives

The objective of this study was to assess the prevalence and risk factors of osteoporosis in patients with AS. Demographic and clinical data from 504 AS patients were collected. Bone mineral density (BMD) measurements of the lumbar spine, proximal femur and forearm were

performed by dual-energy x-ray absorptiometry at baseline and follow-up. 106 cases of sex- and age-matched healthy volunteers were enrolled as normal controls.

Results

In contrast to normal controls, AS patients displayed a higher prevalence of both osteoporosis (9.7% vs. 0%) and osteopenia (57.5% vs. 34.9%). The prevalence of osteoporosis was significantly higher and the BMD were significantly lower in patients with elevated erythrocyte sedimentation rate (ESR) or C-

reactive protein (CRP) than patients with normal ESR and CRP. Juvenile onset, morning stiffness lasting over 0.5 hours and elevated ESR levels were risk factors for bone loss at the lumbar spine. Male gender, older age, hip involvement and lack of regular treatment were risk factors for bone loss at the femur.

Conclusion

The researchers conclude that high disease activity and hip involvement are risk factors of bone loss in patients with AS.

Physical Fitness in Patients With Ankylosing Spondylitis

by Silje Halvorsen, Nina K. Vøllestad, Camilla Fongen, Sella A. Provan, Anne G. Semb, Kåre B. Hagen and Hanne Dagfinrud

Physical Fitness in Patients With Ankylosing Spondylitis: Comparison With Population Controls

Physical Therapy Feb 2012

This article concludes that:- The lower cardiorespiratory fitness and reduced flexibility in the AS group indicate that physical therapy programs should include cardiorespiratory fitness exercises as a basic component to reduce the risk of cardiovascular disease.

Methods

The physical fitness variables were cardiorespiratory fitness (treadmill test for estimation of peak oxygen uptake [Vo₂peak]), muscular capacity (push-ups test), balance (30-second single-leg stand and walking in a figure-of-eight pattern), and flexibility (Bath Ankylosing Spondylitis Metrology Index [BASMI]). The Ankylosing Spondylitis Disease Activity Score (ASDAS) was used to assess disease activity.

Background

Physical therapy is recommended as a cornerstone in the management of AS, together with medication. According to literature reviews of clinical trials investigating the content and effects of physical therapy interventions, the main focus for exercise programs for patients with AS seems to be improvement or maintenance of flexibility. However, there is now empirical evidence of an increased risk of cardiovascular diseases (CVDs) in patients with inflammatory rheumatic diseases such as AS. Inflammation is thought to be partly the cause of the increased CVD risk, but more research is needed to explore the underlying mechanisms. The American College of Sports Medicine (ACSM) and the American Heart Association recommend regular physical activity to reduce the risk of CVD for adults who are healthy. In particular, cardiorespiratory and muscle strength exercise are reported to be beneficial in reducing classical CVD risk factors. Thus, when prescribing exercises as a part of disease management in AS, it is important to aim at

optimal health benefit in terms of improved physical fitness, including cardiorespiratory fitness, muscular capacity, flexibility, and motor control (eg, balance, postural control).

Discussion

In this study, a relatively large group of patients with AS was compared with population controls with regard to parameters of physical fitness. The patient group showed significantly decreased flexibility and cardiorespiratory fitness compared with the control group. The results for balance and muscular capacity were similar for both groups. Furthermore, disease activity was inversely associated with cardiorespiratory fitness and muscular capacity in the patient group.

Lower cardiorespiratory fitness of the patients with AS compared with the controls is in accordance with the findings of 3 previous studies. It has been reported that even small improvements in cardiorespiratory fitness may cause overall lower mortality from CVD in adults without rheumatic diseases. The increased risk of CVDs in patients with AS highlights the importance of including cardiorespiratory exercises in physical therapy treatment for this group, in accordance with current recommendations to prevent CVD among adults who are healthy.

As expected, the patients in this study had reduced flexibility compared with the controls, indicating that there should still be a focus on flexibility in physical therapy for patients with AS. However, Carbon et al demonstrated that patients improved their flexibility after cardiorespiratory exercise. Thus, cardiorespiratory exercise may have an effect on flexibility, whereas flexibility exercise is not likely to increase cardiorespiratory fitness.

Poor posture and a forward and downward shift of the center of body mass make it reasonable to assume that balance may be impaired in patients with AS. Still, similar results in balance were found for patients and controls in the current study. In contrast, Durmus et al

reported decreased postural stability in patients with AS compared with controls. Thus, a specific focus on balance does not seem to be needed in exercise programs or further research in patients with AS. However, it may be advantageous if cardiorespiratory and flexibility exercises are designed to improve balance.

After adjusting for total physical activity level, the association between disease activity and cardiorespiratory fitness was no longer significant, which indicates that the association, to some extent, can be explained by less physical activity among patients with high disease activity. An alternative explanation might be that physical activity reduces disease activity. A recent Cochrane review concluded that exercise might reduce disease activity in patients with rheumatoid arthritis (RA). Also, it has been reported that exercise decreases erythrocyte sedimentation rate, pain, and morning stiffness in patients with RA. Although RA differs from AS in etiology and clinical features, both are inflammatory, rheumatic diseases, making it reasonable to believe that benefits from exercise also might occur in patients with AS. Furthermore, a systematic review from 2009 reported that exercise can attenuate systemic inflammation in patients with chronic heart failure and type 2 diabetes mellitus, and there are several observational and experimental reports indicating that exercise leads to a reduction in inflammatory biomarkers (eg, interleukin 6, C-reactive protein, and adhesion molecules) in adults without rheumatic diseases.

Conclusion

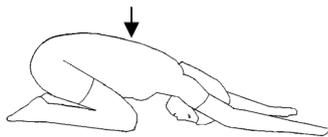
Patients with AS had reduced cardiorespiratory fitness and flexibility compared with population controls. Furthermore, an inverse association between disease activity and both cardiorespiratory fitness and muscular capacity was seen. Physical therapy prescribed for disease management in patients with AS should include cardiorespiratory exercises as a basic component to reduce CVD risk.

AS Exercises by Margaret Lewington (Physiotherapist)

The exercises in this issue are all done on the floor. Having an exercise mat with high density foam is a good investment. If you have soreness in your knees, you may like to use a small cushion or a folded towel under your knees or shins.

Start in 4 point kneeling – ensure your hands are below your shoulders and your knees below your hips, for a stable and comfortable position.

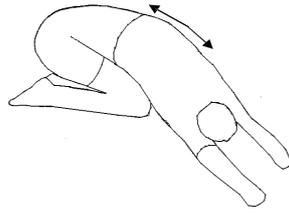
1. Back Stretch



Keeping your hands in the same place – sit back on your haunches – bottom to your heels. Try to drop your chest as low as possible to the floor and look down at the floor. You may like to just lean back into this position and have a good long slow stretch or you may need to rock back gently several times, gradually going further and then hold and stretch when you have gone as far as possible. If your knees are painful, you may need to put a pillow between your thigh and calf.

2. Side Back Stretch

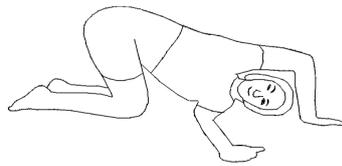
Place both hands to one side (right) and then sit back on your heels (left). Keep your back and shoulders level, avoiding rolling or twisting. Feel a stretch through your side. Now repeat with your hands



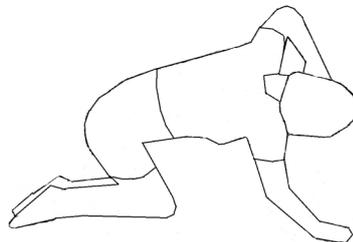
to the left and bottom to the right.

3. Chest Turn

From the four point position – take your left arm under your body and the other arm, stretching as far as possible. You may like to drop down onto your shoulder. Lift your right elbow to look under this arm as well, turning your upper body as much as possible.



As you turn back, bring your left fingertips to your forehead (salute), lift the elbow to the ceiling and look up. Repeat to the other side.



Come into the upright kneeling position. If this is not comfortable, these can also be done in a low sitting position on a cushion or low stool, or even sitting in a chair.

4. Alternate Arm Reach

Take both arms above your head. Reach tall and straight and bring your arms back as far as you can, near the sides of your head, close to your ears. Now stretch one arm upwards a little further, stretching and lengthening through your side. Relax a little and stretch the other arm as high as you can.



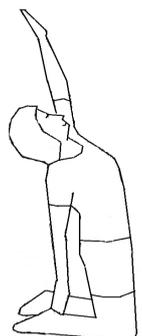
5. Side Bend

Lift one arm up and take it over your head to the other side. Reach your other arm towards the floor. Keep your chest tall and don't roll or twist forwards. Keep your top arm long, avoid curling it around your head. Stretch and reach as much as you can. Keep your weight even on both knees.



6. Diagonal Front Stretch

Reach one arm up tall over your head and the other arm back towards the heel. Keep your chest tall, lean back (touch your heel if you can) and lift your hips forward. Avoid twisting your body – keep looking forward and up. Repeat to the other side.



Ankylosing Spondylitis Victoria Inc Report *by Annie McPherson*

Welcome to our new members Ann, Catherine, Rhonda, Robert and Shayne.

Our annual **Xmas in July dinner** at the Rosstown Hotel was well attended by current and new members. The Fallon family provided an excellent celebratory cake for all to enjoy, beautifully decorated with a message for our AS Vic. PSG's 10 year



anniversary. It is great to have regulars attending who enjoy catching up with each other. Mike McKenzie and his partner Julie, who are due to leave for their AS fund-raising project "Make-A-Move-Ride" in 1 months' time, also attended. Our thanks and appreciation are extended to Sarah-Jane Dyrenfurth, Community Programs Officer at Arthritis & Osteoporosis Victoria (A&O Vic.) for presenting us with a **10 year anniversary plaque** on behalf of A&O Vic. Other attendees at the dinner namely Craig, Maria, Rasul and Ray, all members for 10 years, have been a great support and regularly bring their families along too.



Sarah-Jane, Annie, Charlotte Fallon (cake maker) and the 10 Year Anniversary plaque

During **Healthy Bones Week** in August, we provided an Arthritis and AS Infor-

mation stand at Austin Health, Repatriation Campus Heidelberg. This was our third visit for this activity and we provide information on AS and arthritis to people attending the Rheumatology and Spondylitis Clinics on a Tuesday in the Tobruk Centre. We had enquiries from approximately 20 people, who collected Arthritis related materials. Our AS Vic PSG team and health professionals from the clinics,



AGM 2015 back row (L to R) Shayne, Vicky, Allan and Paul, front row Annie and Maria

all agreed this is a very worthwhile activity.

The **AS Vic. annual general meeting** 2015-16 are listed on this page. As President of AS Victoria Inc., I would like to thank our diligent committee and volunteers who help with all of our events and the administration of our peer support group throughout the year. I would especially like to thank Claire McLinden and Vicky Genius for their exceptional administration and secretarial skills keeping us in good-working order throughout the year. Claire is undertaking a new job in 2016, this has occa-



AGM 2015 Claire McLinden

AS Victoria Inc committee for 2016

President: Annie McPherson

Vice President: Adam Collard

Secretary : Vicky Genius

Treasurer: Paul Fallon

General Committee:

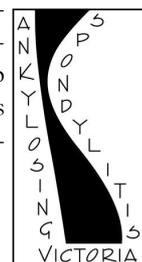
Allan Davidson, Maria Makris, Claire McLinden

sioned her swap, within the committee, from Secretary to General Committee member. Following the AGM we proceeded to the Old England Hotel for a delicious dinner. We welcomed newly joined members at the AGM and dinner.

Our **annual Golf day** with Kevin Webster at Albert Park will be held on a Saturday in October. Join our team Allan and Paul, look for details on our web site.

This year, a team of our AS Vic. members accompanied me to present **tutorials** at the Monash University, Department of General Practice for the first time in late July. The interactive activity was very well received by presenters, students and tutors alike. The discussions and tutorials focused on "Living with a MSK chronic condition and a patient perspective of the healthcare sector". One of our team a past student of Monash Uni, commented "It was interesting to be back on campus after 20 odd years and great to be able to give something back to staff and students". A younger member commented he "Enjoyed explaining to new students on how to talk with patients in a responsive manner".

The **Coffee & Chat Meetings** at Fairfield RSL have been advancing, with newer members attending to exchange ideas and information on AS. Some of our regional members have also joined with other Arthritis PSG meetings at Mornington and Geelong. We are in co-operation with Young Women's Arthritis Support Group (YWASG) exchanging ideas and mutual sharing of Facebook material.



AS Victoria Inc Report *continued from Page 6*

During my Queensland holiday in July I was able to meet with our **AS Queensland**



PSG member and AStretch editor, Greg Johnson for a Coffee & Chat with the local Sunny Coast ASers at Coolool Surf Club.

Our annual **AS Information seminar** at Austin Health, is planned for Thursday 29 October with guest speakers and including Dr Lionel Schachna and Belinda Coulter. Please check our AS Victoria web site and notices for details.

A & O Vic Activities

In June, A&O Vic invited myself and other consumer advocates, to a **reception at Victorian Government House** held in recognition of the contribution of A&O Vic. to the Victorian community. We met the Governor and Mrs Elizabeth Chernov, a number of Victorian medical researchers, supporters and other A&O Vic members over a cup of tea and tried not to drop crumbs on the glorious green carpet. Governor Chernov's presentation highlighted the issues of muscle, bone and joint health in the state of Victoria. The Victorian Government House has an amazing selection of large lavishly decorated rooms for state banquets, balls and glorious antiques and furnishings.

I attended a Koadlow Public **Lecture** given by **Prof David Butler** on the theme of "Treating Pain Using the Brain". It was a great guide translating research and experience into manageable chunks of information. The daunting side of living with chronic pain was certainly relieved with Prof Butler's contagious energy and a host of new material to consider. His engaging

manner and thought provoking approach provided a welcome change in pain management and realistic tactics to fit in everyday life. Prof Butler's presentation met exactly my hopes, that there must be better ways to manage this aspect of our condition. Many times at our AS Vic. events, Chronic Pain is discussed and it can be quite over-whelming to people who have been newly-diagnosed, this approach to pain management may be realistic and helpful.

"Make a Move Ride" project with Mike McKenzie campaign to increase awareness of AS has been generating interest and support through many of the Bicycle clubs. On the 27th September, Mike and the team will launch from Carlton Gardens at the Exhibition Buildings in Carlton. AS Victoria Inc encourages support for Mike and the team, all donations go to A&O Vic for AS research, so spread the link around your friends and family. For further information and donations go to their web site www.makeamoveride.org.au.

Regards
Annie McPherson -President
AS Victoria Inc

South Gippsland Arthritis Support Group (formally Korumburra)

Meetings of South Gippsland Arthritis Support Group (SGASG) are held on the 1st Tuesday of each month at the Korumburra Indoor Recreation Centre 2 to 4pm.

We decided to hold additional Coffee & Chat night meetings on the 1st Monday of every Month (commencing in June) at the Leongatha RSL 6 to 8pm to allow people who work to have the opportunity to at-

tend. Our group have since held meetings at Leongatha RSL in July and August. 7 SGASG members attended these meetings. It's been a bit cold and wintery for some to venture out of a night but hopefully with the warmer weather and summer months on the way more will be able to join us.

For details contact Adam : 0408 353 785 or phomdin2@bigpond.com

Happy Coffee & chatting everyone.
Adam Collard -Vice President
AS Victoria Inc



Leongatha RSL



Caulfield Community Health Service Ankylosing Spondylitis Course

Physiotherapy, hydrotherapy, group exercises and education for people with Ankylosing Spondylitis

Expressions of Interest to: 03 9076 6804
– Melissa Parker or Belinda Coulter

October 2015 – Monday Evenings -8 Sessions

GP referral & physio assessment required
Cost \$120 plus a physio assessment fee (dependent on health card level). Program is run twice per year.

Calendar of Events

VICTORIA

September:

- 07. SGASG Leongatha RSL Coffee & Chat 6:00 pm
- 08. SGASG Korumburra Indoor Recreation Centre Coffee & Chat 2:00 pm
- 08. Committee meeting – Austin Health 6:00 pm
- 15. Fairfield RSL Coffee & Chat – 6:00 pm
- 27. Make A Move Ride launch – Carlton Gardens – Morning – see details on www.makeamoveride.org.au

October:

- 05. SGASG Leongatha RSL Coffee & Chat 6:00 pm
- 06. SGASG Korumburra Indoor Recreation Centre Coffee & Chat 2:00 pm
- 13. Fairfield RSL Coffee & Chat – 6:00 pm
- 29. AS Information Seminar at Austin Health 6:00 pm

November:

- 02. SGASG Leongatha RSL Coffee & Chat 6:00 pm
- 03. SGASG Korumburra Indoor Recreation Centre Coffee & Chat 2:00 pm
- 10. Fairfield RSL Coffee & Chat – 6:00 pm

AS Group of Queensland Report *by Ross Wilson*

As winter draws to a close and the days get longer it is a great time to be alive. Once again we have had a very mild winter here in Brisbane with the winter clothes hardly getting an outing.

We have had just the one event since the last Newsletter, which was a dinner at Villa Maria Restaurant at Camp Hill. Our Social Co-ordinator, Maritza (formerly of Columbia) educated us all on the tastes of South America. It was an intriguing evening as we sampled all the flavours and combinations of food: and the South American beers are not bad either.

We often receive enquiries from people who live outside the Brisbane area looking for local support groups. We can help with things like the Newsletter, DVD's etc but not the face-to-face support that some people are really after. In Brisbane we have a Facebook page [AS Brisbane](#) where members can chat to each other if they are unable to come to classes or events. This in itself can help members feel connected and know there is someone who understands their concerns.

There is also a Group at the Sunshine Coast [AS Sunshine Coast](#) I am not any good at this tech. stuff but I am told it isn't hard to set up so if anyone

at the Gold Coast, Darling Downs, North Queensland or anywhere else would like to set up a local group that would be great. And if you don't understand it all like me, ask the kids, that's what I do.

Recently members of the Ankylosing Spondylitis Sunshine Coast Facebook Group (see link above) have enjoyed getting together for a coffee and chat on several occasions. The Group has also had some younger members join and it was great to see them come along to the Coolum and Maroo-



Sunshine Coast coffee and chat at Coolum and Maroochyore

chydore events. Members from Toogoolawah and Bribie Island drove up for our catch up at Maroochydore. At our Coolum event, Annie MacPherson (President of AS Victoria) was able to spend some time with the Group while she was on her yearly holiday at the Sunshine Coast.

As great as email, Facebook etc are it is still good to meet face to face. I must commend the administrators Richard Buddle and Debra Wilcox for the excellent job of getting the group up and running and for organising these events which gives the AS population around the Sunshine Coast a forum to talk and meet. So if you live around the Sunshine Coast area please check out our "Facebook Ankylosing Spondylitis—Sunshine Coast Group." Please join and you will be warmly welcomed.

Arthritis Queensland have appointed a

new CEO, Molley Sheen. Although we haven't meet as yet, our Group looks forward to working with Molley as we all work towards the common goal of supporting our members.

Until next time, keep it moving.

Ross Wilson

Jane Barefoot *by Margaret Lewington*

There are still many in the AS community in Australia who fondly remember Jane Barefoot - English physio who visited here on many occasions and shared her knowledge and enthusiasm with many of us. She was the pioneer and leader in exercise and active treatment in the UK. Jane did several workshops for physio's and AS patients around Australia, and Jane and I did several AS workout weekends together in Qld. In March this



year, Jane had her 90th birthday. She celebrated with family and friends and had a lovely time. She

has continued to be active in her community, still taking a weekly pool class as well as teaching 2 Spanish groups for U3A. She still travels, but not as far. Unfortunately, in May this year, Jane suffered a severe stroke. This has left her with no movement of her left arm or leg. She has had to move from her home and is needing care. Our thoughts and love are with her.

Marg

Calendar of Events

VICTORIA

See further details at the end of Page 7.

Refer to www.asvictoria.org for details

or Annie McPherson mob: 0408 343 104

Please also check Arthritis & Osteoporosis Vic. website for events www.arthritisvic.org

QUEENSLAND

Refer to www.asaustralia.org/qld/ for details

or Mark Robinson mob: 0407 425 750

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: \$10 or 10 classes for \$90

Enquiries: Margaret on

0404 414 501 or 07 3376 6889

PERTH (WA)

Sessions supervised by experienced Physiotherapists.

When: Monday evenings (Public holidays excepted).

Time: Two sessions.

Hydrotherapy pool 5:30 - 6:30pm.

Gymnasium & pool 5:45 - 7:45pm.

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

Where: Arthritis WA,

17 Lemnos St, SHENTON PARK.

Cost: \$8

Enquiries: Lindsay

lindsay.dutton@health.wa.gov.au



Facebook Groups

[AS Brisbane](#)

[AS Sunshine Coast](#)

[AS Group VIC](#)



General Information

Ankylosing Spondylitis Groups of Australia

www.asaustralia.org

Ankylosing Spondylitis Victoria Inc

www.asvictoria.org

Arthritis Australia

www.arthritisaustralia.com.au

Spondylitis Association of America (SAA)

www.spondylitis.org

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

Ankylosing Spondylitis International Federation (ASIF)

www.spondylitis-international.org

The National Ankylosing Spondylitis Society (NASS - United Kingdom)

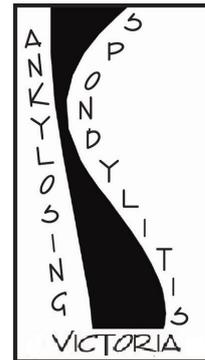
www.nass.co.uk

With Thanks: Kindly printed courtesy of **Jane Prentice MP**, Federal Member for Ryan.

Ankylosing Spondylitis Victoria Inc

Membership Form

AS Victoria Inc is an Arthritis and Osteoporosis Victoria Peer Support Group



Who we are and what we do....

AS Victoria is an organisation of people with Ankylosing Spondylitis who wish to improve knowledge and ability to manage the condition. Our group shares a number of goals and objectives for people and families living with Ankylosing Spondylitis.

We aim to provide the following:

- Provide a forum for the exchange of ideas and experiences.
- Distribute information to patients and medical professionals on AS.
- Provide and co-ordinate educational information, events, workshops and seminars on AS.
- Co-operate and interact with local, interstate, international Arthritis and peer support groups including participation in their events and activities.
- Arrange social events and activities for our group members, their families and friends

Some of the benefits of belonging to our group:

- AStretch newsletter
- Seminar evenings with excellent guest speakers
- Improved awareness of AS and the AS community
- Opportunities for interaction with other members at social gatherings and activities
- Land exercise DVD for people with AS

Membership Details

First Name: _____ Surname: _____

Mobile: _____ Home: _____

Email: _____

Address:

I wish to become a member of AS Victoria Inc support the purposes of the organisation and agree to comply with the rules for an incorporated association under section 46 of the Associations Incorporation Reform Act 2012.

Signed: _____ Date: ____/____/____

Send to:

AS Victoria Inc

PO Box 3166

Burnley North 3121

asvicweb@gmail.com

www.asvictoria.org

Ankylosing Spondylitis Victoria Inc complies with the Privacy Amendment (Private Sector) Act 2000 and will not sell your personal information to another organisation. You may be notified of AS Victoria Inc events, services and ways of assisting us to maintain these services. If you wish your name to be removed from our data base at any time please write to us. AS Victoria Inc passes on to members a variety of information on health and medical issues only for general, educational and informative purposes. AS Victoria Inc is not diagnostic or prescriptive and does not replace the services or advice of a qualified health care professional or purport to do so.

Membership Type

- New Renewal (annual 30th June)
- Mail out# membership (\$25.00)
- Concession* Mail out# membership (\$20.00)
- Email member ship (\$20.00)
- Concession* email membership (\$15.00)

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

Total: \$ _____

Cheque, money order or direct deposit -

AS Victoria Inc NAB BSB : 083 399 Account : 154321878

#Mail out membership all correspondence will be sent by Australia Post

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

Statistical Information (Optional):-

1. Are you a member of Arthritis Victoria? Y / N
2. Can we pass on your contact details to other members of the group in your area? Y / N
3. Gender M / F
4. Year of Birth: _____ 5. Preferred Language: _____
6. Do you suffer from A S Y / N 7. Do you know someone who suffers from A S Y / N

Do you have any other conditions?

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

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