



ASTRETCH

AUTUMN 2015

www.asaustralia.org

ANKYLOSING SPONDYLITIS AUSTRALIA



International Conferences *by Margaret Lewington*

Belgium, Bulgaria and Birmingham in 2014

In October/November 2014, three international meetings coincided close enough together to entice me to attend all three, with a little holiday interspersed.

International Congress on Spondyloarthropathies.

The Ninth International Congress on Spondyloarthropathies, the biannual premier international research meeting focusing on SpA was held in Gent, Belgium. This meeting brings together international experts in their respective fields as well as young investigators. It is the goal of the meeting to not only contribute to dissemination of recent advances, but also to contribute to advancing the field of SpA research through communication and collaboration.

There were presentations from a broad range of researchers in the areas of immunology, genetics, imaging, outcome studies and novel approaches to treatment. The im-

portance of IL17 and IL23, the growing awareness of the skin and gut mucosa, deeper understanding of the cause, effects and management of inflammation and the role of imaging in early diagnosis and identifying those at highest risk for rapid progression were all explored.



Australia was represented by presentations from Prof Matthew

Brown and Dr Gethin Thomas. Rheumatologists Phil Robinson and Irwin Lim attended.

Although it may not be possible to announce specific leaps forward, it is encouraging to see that many small steps are being made that there is increasing interest in doing research in many and varied aspects and that collaboration and sharing is occurring which can only be positive in getting closer to answers.

I always find it a great opportunity to catch up with friends and colleagues who we only manage to have email contact with most of the time. This included Debbie and Sally from NASS, other physio's from the UK, Claire Harris, Sue and Liz and rheumatologist Paul, Andrew and Asim Khan, who specifically remembers his visit to Brisbane some time ago and says hello. We had several very good chats on current physiotherapy management including exercise, education and the use of manual techniques. This is an area that it is pleasing to see more interest and use. It was inter-

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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International Conferences *continued from Page 1*

esting to find that the UK now have several extended scope physiotherapists who are authorised to also prescribe medications (including TNF's).

ASIF Council Meeting

The 11th ASIF Council Meeting was held in Sofia, Bulgaria in November, with 40 delegates from 19 countries. ASIF – Ankylosing Spondylitis International Federation is the worldwide network of societies of patients suffering from Ankylosing Spondylitis or related diseases. ASIF aims to be the global voice of those living with AS. Their mission is to increase the awareness of AS and disseminate knowledge of the disease around the world to all key stakeholders be-

they people living with AS, health professionals, researchers, pharmaceutical organisations, policy makers and the general public.

There were several presentations during the meeting. Debbie Cook from NASS, UK presented the results 2 surveys that they had recently completed. One was a patient survey to establish what is currently happening in the UK with treatments and services and needs of people with AS. They need to be data rich to have the evidence to speak to stakeholders and relevant political and med-

ical audiences. The other survey was asking members of NASS what topics they saw as research priorities. She also gave a talk back. The topics for this on the use of social media. We had a guest speaker, the executive for the future. Prof. Peter Taylor rheumatologist from Oxford, who leads research in how many clinical trials. His topic was "Biosimilars in Regional councils, How Rheumatic disorders: the science behind them and their place in clinical practice." Biosimilars are approved biologics with comparable safety, quality and efficacy to a reference product. As the patent on anti TNF agents is coming close to expiry there are clinical trials being undertaken to assess and monitor the quality of the biosimilars that are being developed.

Three countries, Lithuania, Russia and the Netherlands were accepted as new society members of ASIF. They each gave interesting presentations of the activities and events of their organisations. Re-

sources and ideas for activities were shared among delegates. The Irish society has a new smart phone app SUAS 'supporting and understanding AS'. For more info go to www.ankylosing-spondylitis.ie.

The Lithuanian society has asked for copies of our DVD's, especially our pool exercise DVD, which we have forwarded.

An important part of the meeting was when we broke into small discussion groups and reported back. The topics for this were aimed at directing what patients should know. The use of electronic technology has enabled the executive to meet monthly now, so tasks and activities can be continued more easily.

The Bulgarian AS Association were our hosts and they did an outstanding job. The meeting was very productive, the social

events enjoyable, and the networking opportunities invaluable. The meeting is very happy and positive, with delegates grateful for the opportunity to meet and discuss with each other.

AStretch Conference

Finally I travelled to the UK to attend the 7th AStretch Conference - a one day conference of UK physio's interested in AS. It is many years since I have attended this meeting which they hold biannually. It has grown in attendance and also in the quality and variety of presentations.

International Conferences *continued from Page 2*

The theme was AS and Axial SpA – Exercise and Education – are we teaching the right thing? The morning consisted of talks and presentation of research. The afternoon was practical and interactive as we all participated in a short session of Pilates, Tai Chi, Mindfulness, Nordic Walking, and Bollywood dance. These were all led by physio's who run these activities in their local NASS exercise group. We had much fun.

In Birmingham I stayed with Kellie and her family, who was a regular attendee at our weekly Brisbane Hydrotherapy, about 12 years ago. She sends her greetings. It was lovely to catch up her and her husband again and to meet her 2 very bright and happy children. She is a

regular at her local NASS group hydrotherapy and is their contact person.



Catching up with Kellie

Prior to going to this meeting I was able to spend a couple of wonderful days relaxing with Jane Barefoot. Jane sends her greetings to all who remember her from her visits and talks out here. She is keeping well and still takes a weekly general pool class in her local village. We had a lovely time chatting, eating and walking along the tow path beside the canal.

The time away was rather busy with the travelling from one meeting to another, but being able to make contact with three areas – i.e. scientific, patient focused and also physiotherapy specific was a rare opportunity.

Margaret Lewington

ASIF 2014 Council Meeting Photos by Zhivko Y. Yankov



Scott's Kokoda Challenge Story by Scott Boddice

I will hike 96km, including more than 5000 metres of elevation in under 39 hours. That was the goal I set myself when signing up to the 2014 Gold Coast Kokoda Challenge. I'm a high school teacher and entered in the event with a fellow colleague and eight students from my school. We were excited about the prospect of pushing our bodies to their limits as we attempted to finish what is labelled as one of 'Australia's toughest team endurance events'. Preparing physically and mentally was not going to be easy work, but for me personally, one extra concern lingered in the back of my mind; how would my AS go?

I was diagnosed with AS three years ago at the age of 27. Although my family has a history of autoimmune diseases it still came as a shock to me. I've always been an active person and have not let the condition change that. Leading up to the event I was doing a variety of exercise, including going to the gym, playing golf, swimming, mountain biking and trail running with my two trusty Labradors. This exercise, combined with the weekly practice hikes, gave me the confidence that I could physically complete the event. However, I still had to battle the mental demons worrying me with thoughts like, "Can my body really cope that long without sleep?" Or "Will putting my body under this stress cause 'flare ups' in places that I've never had before?" By harnessing positive thoughts, trusting my training and taking anti-inflammatories before and during the event as a precaution, I knew I would be as ready as I could be.

Event day finally came with some interesting news. Bushfires were happening in the first half of the course giving organisers no option but to change the course at the last minute. As result, 96km turned into 105km! We lined up at the starting line, listened to the last post and had our minute silence in respect of the diggers and then we were off.

We breezed through the first 20km with no dramas. My neck, shoulders and collar

bones started to hurt a bit as they adjusted to the weight of my heavy backpack, but I took some panadol and this eased the pain.

The course was divided into 14 sections; each finishing at a checkpoint. Four of these were major checkpoints where we could meet our support crew to stock up on food, water and receive first aide. My body was feeling great as we reached the first major checkpoint. Just some strapping on toes to stop blisters and some food and water and we were away once again.

Checkpoint after checkpoint passed and night soon fell. We continued trekking under the light of our head torches, the temperature dropped to almost zero and the steep hills just kept on coming throughout the night. As dawn broke, I felt so mentally exhausted and tired that I almost fell asleep while I was walking! We kept walking all through the next day and into the next night. Around the 80km mark, my knee started to really ache from the strain placed on them while walking downhill. My toes had also started to become numb and bruised under the nails but my back and the rest of my body were feeling great. Others in my team were starting to struggle too with feet so swollen they could barely keep their shoes on with giant blisters on, under and in between their toes.

Despite all our ailments, we toughed it through to the finish line that night, completing the 105km in a total time of 37hrs 20mins. I'll never forget the feeling of accomplishment and happiness I felt for both our team and myself as we crossed the finish line and were greeted by my family members with big hugs. I don't remember much of the car ride home that night but I do remember that it took almost a week for my legs to fully recover and even longer for my feet.

The Kokoda challenge is an amazing event that truly pushed my body to its physical and mental limits and gave me more confidence in believing what my

body can achieve despite me having AS. It's taken me years to fully accept my diagnosis however, I now see myself having AS as a good excuse to live an active and healthy life rather than looking at the negatives. It just goes to show that the advice is right: the best way to live with AS is to keep moving. My personal advice to anyone who has been diagnosed with AS, would be to not let your condition stop you from trying new things.

I'd like to finish this article by sharing some of the strategies I use to help manage my AS. They include:

- Varying my exercise to suit how my body is feeling at a particular time. For example if I can't run because my back is too sore then I swim or ride instead. Any movement is better than none. I also find that the more exercise I do, the more relaxed I feel and the better I sleep.
- Stretch regularly. Most of mine is done in the pool after swimming, or on my foam roller. I find hydro physio sessions with Margaret also very good. Find out what works for you.
- I use anti-inflammatories when needed. Some times I can go weeks or months without using any. Other times, during flare-ups, I take them regularly. I also take Fish Oil and Magnesium tablets daily to help minimise inflammation and relax my muscles.
- Finally, I recommend talking to family and friends during the tough times. When I'm troubled by something talking to my wife about it helps me work through the problem.

Scott



AS Exercises by Margaret Lewington (Physiotherapist)

This issue features a series of exercises done with small hand weights. The same movements can be done with no weights, and for some, this may be a good place to start.

Although maintaining mobility is our key and usual focus, a balanced exercise program is important and this should include strengthening exercises as well. When we think strength and AS, we first think of postural strength i.e. strengthening the muscles that will hold you upright. This is very important, but so is general strength.

Strength training programs that truly target and challenge and are appropriate have been shown to reverse the muscle weakness that often happens to people with arthritis of any form. Studies have shown that resistance training in people with arthritis improves muscle function, stabilises joints, reduces joint load and helps people to better cope with their arthritis and also can improve joint mobility.

These exercises are shown in kneeling as this is stable and encourages good posture. They may also be done in standing or sitting. When using weights, posture is very important. Make sure you start tall and upright. Keep your trunk stable, turn your tummy muscles on and do the movements slowly and with control. This is important in both directions - when lifting and lowering the weight.

Start slowly with less weight and be careful.

"Breathe"

1. Single Arm Lift in Front

Keep one arm by your side as you lift the other arm up in front above your head. Keep your arm straight but not locked. Do not over arch your back. Now lower this arm and take the other arm up. Start by moving one arm at a time – up and down. You may like to progress to letting both move together but opposite. Keep your trunk stable and still – do not let it swing or sway.

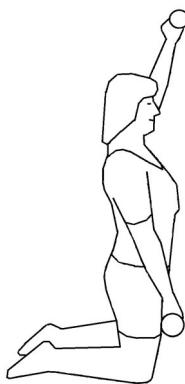
2. Overhead

Alternate Reach Up

Take both your arms above your head. Now reach up further with one arm, feeling a stretch along your side, and then relax and reach up with the other arm.

3. Double Arm Lift

Lift both arms up in front to above your head, keeping your arms straight but not locked. Do not over arch your back – keep your trunk stable and still. Now slowly lower back to your sides.



4. Overhead

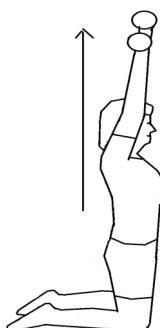
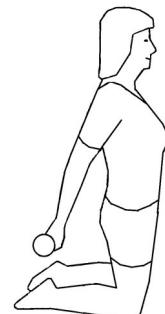
Elbow extensions

Take both your arms above your head. Let one elbow bend, gently lowering the weight behind your head. Now straighten this arm and then bend the other arm.



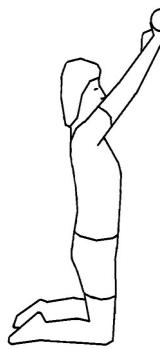
5. Double Lift Back

With your arms long at your sides, palms facing backwards, take both arms behind you at the sides. Keep your chest up. This is not a large movement.



6. Punch to the Front

Lift both arms up in front to chest height. Bend one elbow, bringing your arm back towards you. Now straighten that arm to the front as you draw your other arm back. At first, keep your trunk still, but you may then like to progress to allowing your chest to turn a little and reach further forwards.



Ankylosing Spondylitis Victoria Inc Report by Annie McPherson

Welcome to 2015 and we hope all our members have had a restful holiday break with a smattering of exercise and activity when possible. In December we received Christmas greetings from: Arthritis & Osteoporosis Victoria's Jane Dyrenfurth (A&O Vic); Ducon Constructions': Jon Fivet; Caulfield Community Health Services' Belinda Coulter (CCHS); Health Issues Centre's Esther Lim (HIC); and AS International Federation's council.

We continue to receive enquiries about living with AS and managing the condition and AS Victoria facebook page seems quite popular too. Our Fairfield RSL Coffee & Chat meetings recommenced on the 10th of February (see our website "Events" tab for the 2015 schedule). Attendees come and go during the two hour sessions, in between visitors committee members have committee coffee and chat.



Our annual Rose Hotel dinner in February was attended by 13 members. An enjoyable evening was had by all with some newer members gaining plenty of tips for managing their AS at work and at home. It was great to hear about all the different Christmas Holiday activities and plans for 2015. A General Meeting preceded the dinner with a unanimous yes vote on the Special Resolution to amend our Association's Rules. The additional revocation clause (clause 76.item 5), once ratified, allows AS Victoris Inc to gain Deductible Gift Recipient status with the ATO thereafter donations we receive entitle the giver to a tax deduction same as the major charities.

Belinda Coulter has advised the **Caulfield CCHS's Physiotherapy AS program begins in Autumn** –starting 23 February into May 2015 and is fully booked for this session. I will be pre-

senting along with other health professionals during the program. If you have an interest in the program or perhaps would like to book for the later Spring session, please refer to the contact details in the notice on this page.

We have registered with the Boroondara Volunteer Resource Centre (BRVC) to have an **AS Information** stand at the **Boroondara Volunteer Expo** 2015 on Wednesday afternoon, 11 March 2015 at Hawthorn Arts Centre. This EXPO is designed to showcase community and not-for-profit groups in the district that are looking for additional volunteers to join-in their work.

Our plan to provide an **AS & Arthritis Information** table at the Rheumatology and Spondylitis Clinics on Tuesday lunchtime and afternoon on 17 March



2015, has been approved by **Austin Health**. This has proved to be a popular activity with a chance to meet up with country members.

Please refer to the Calendar of Events section for details of these activities. Any help is welcome, especially at lunch-time when we have a number of enquiries. Come along and help us "person" the desk, hand out brochures etc.

In May 2015, AS Vic will celebrate our 10 year anniversary, to date we have planned to celebrate at the social functions: at the Berwick Hotel lunch on 2nd May and Rosstown Hotel dinner in July on 24th July. An AS Victoria Inc commemorative "Scrapbook" will be published to mark the event. Any ideas from members to acknowledge volunteers or activities are

welcome to mark this important event. Keep an eye on our web site for details of events.

Regards

Annie McPherson

President AS Victoria Inc



Caulfield Community Health Service Ankylosing Spondylitis Course

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

Enquiries: 03 9076 6804 - Belinda Coulter

Program runs over eight weeks on Monday evenings 6:00 – 8:00 pm. Session 1 in Autumn, Session 2 in Spring

GP referral & physio assessment required

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

Thought for the day!

The problem with always saying yes is that the end result is almost always feeling overwhelmed, stressed and tired.

Saying "no" without guilt is not selfish—it's a protective necessity.

AS Victoria Inc *continued from page 7*

Arthritis & Osteoporosis Victoria Inc.:

A&O Vic are presenting a “**Connect**” workshop for younger people in the 18 – 24 age group Sunday 22 March 2015 at Elsternwick offices, during **Arthritis Awareness week** 15 – 21 March 2015. This is an opportunity to meet others with Arthritis in your age-group possibly dealing with the same issues as yourself. It is a workshop session where everyone is able to have a say and participate. Enquiries regarding this session should be directed to A&O Vic. PH: 1800 011 041 or myself (contact details below).

During early February, I attended the **Patient Perspective session, Melbourne University**, Medical School for the first year medical students. Along with other volunteer A&O Vic speakers and representatives from the Celiac’s Society and Scleroderma Society. Many interesting questions about inter-actions with health professionals and experiences in the healthcare sector were discussed.

Sarah-Jane Dyrenfurth has provided an **e-version** of the Summer edition of A&O Vic’s **Update** consumer magazine. AS features prominently in the magazine with the following articles, news and fact sheets:

Page 8 reported on our AS Vic seminar at Austin Health and the Kevin Webster Golf Clinic, Albert Park Melbourne in October 2014;

Pages 18-19 Rheumatology Nurse, Anne Lloyd provides an AS fact sheet, team approach and managing techniques;

Page 17 articles on Mike McKenzie’s “Make-A-Move-Ride” AS awareness program in conjunction with Cycling Victoria with sponsorship by A&O Vic.

Mike McKenzie, from Mornington has been in contact with Annie regarding the AS awareness “Make-A-Move-Ride” program. And a big thank you to Cycling Victoria for their support. If you wish to participate or make a donation please contact A & O Vic’s Georgia 8531 8014 or www.makeamoveride.org.au or contact Annie McPherson 0408 343 104 or asvic_treasurer@hotmail.com

Arthritis & Osteoporosis Victoria MSK Help Line

- Do you have questions about your condition, but always forget to ask your doctor about them during your visit? Or do you find you need more time to formulate your questions, and by that time your visit is over?
- Do you find the health system confusing and aren’t sure how to access services?
- Are you a carer for someone with a musculoskeletal condition and need some information?
- Does your health professional need more information about your condition or support services?

If any of this sounds familiar contact our MSK Help Line. It’s a free, confidential service, available to anyone affected by arthritis, osteoporosis or other musculoskeletal condition. You can speak with one of our registered nurses to access up to date information. Monday to Friday 9am to 4pm.

MSK HELP LINE

Call 1800 263 265

The Measles Outbreak And The Risk To Those On TNF Inhibitors by Dr. Lianne S. Gensler *Kindly reprinted from Spondylitis Association of America (SAA) website.*

Editor's Note: We recently were asked about the measles outbreak and the risk to those on TNF inhibitors. We forwarded the question to Dr. Lianne Gensler, who serves on SAA's Medical & Scientific Advisory Board. The below is that Q & A. Our thanks to Dr. Gensler for her thorough and informative reply! We hope you find the information helpful.

Patient Question: "Lately, there has been a lot in the news about the measles outbreak. It made me think about vaccinations and the prevalence of parents not to vaccinate in my state. In some areas of my state, the vaccination rate is only 50%.

"I am an AS patient on Remicade and I tend to catch every infection and virus that is going around among adults and children. I know that the risks with Remicade are mainly fungal and bacterial, but I am thinking that my immune system is so out of whack that viruses (I catch a virus every other week during flu season) are a problem, too. I would love some advice. Thanks!"

Answer from: Lianne S. Gensler, M.D., Associate Professor of Medicine; Director, Ankylosing Spondylitis Clinic, University of California, San Francisco

Measles is a type of virus that had largely disappeared because of a very good vaccine, the MMR. Because some people did not get vaccinated, measles has begun to resurface. What is the risk to AS patients on a TNF inhibitor?

There are several issues:

1. Any immunocompromised patient (TNF inhibitors included) is at increased risk of infection. We have no data on what the risk is with measles specifically, but I expect it would be a little higher than the general population. Keep in mind, that though there have been several cases recently, it is still quite rare compared to far more common viruses, like influenza.
2. If a patient on a TNF inhibitor has a child that has been vaccinated, this will help protect the whole family as you can only transmit the infection once infected, and it is expected the vaccination will prevent this.
3. If a patient is worried about their measles immune status (because they were vaccinated a long time ago or even had measles) they could check a blood level to determine if there is persistent immunity. This would be reassuring if positive.
4. What about revaccinating? We sometimes boost patients if they lose immunity and before they are pregnant. Unfortunately, the MMR is a live vaccine, so if a patient is on a biologic, the vaccine would be contraindicated. A patient would have to let the biologic wash out of the system and then stay off of it for a period before restarting after vaccination.
5. If a patient without immunity is exposed (and particularly one that is immunocompromised), immunoglobulin (antibodies) can be given, if available. Note that they are temporary and do not protect individuals long-term.
6. An unanswered question is whether we should be checking immunity before initiating a TNF inhibitor with the recent resurgence of measles. It is certainly making me rethink my practice pattern, which does not currently indicate this test, based on lack of evidence. As science and diseases evolve, so too will our practice of medicine to keep patients as safe as possible. [SAA](#)

AS Group of Queensland Report by Ross Wilson

The year is well under way and great night and well attended with Christmas is quickly becoming a good company and plenty of excel-distant memory. I hope everyone lent food. Our Host certainly made had a great festive season and have sure nobody went home hungry. hit the ground running.



It is that time of the year again when we have to start thinking about the AGM. Please think about joining the Committee. It doesn't take up much of your time and it would be great to see some new faces and new ideas to help continue our work in supporting those with AS. Please see the advertisement below for more details.



Hot Cross Buns have been in the We have had our first after class shops for weeks now, but I'm not pizza night earlier in the month. complaining, I have a weak spot for This time we thought we might try them so the longer the better. As I a banquet rather than ordering individual pizzas to share. I am not sure write this it is pouring rain outside if it was a good idea or not as I was as we get the left over's of cyclone Marcia. I almost full after the first course and hope every- one affect-ed by this weather is safe and well and haven't sustained too much damage.



Our Christmas dinner at the Asian House Restaurant at Carina was a



I hope to see you at the AGM or one of our upcoming social events through out the year. Until then stay positive.

Ross Wilson

President



Ankylosing Spondylitis Group of Queensland Annual General Meeting

Everyone is welcome to attend the 2015 Ankylosing Spondylitis Group of Queensland's Annual General Meeting. This is a great opportunity to participate with or meet the committee of your group. The AGM will be held at:-

Tomato Brothers at WILSTON from 8pm on the **31st March**, after hydro class.

Please RSVP so that we can book enough tables. The group will be providing pizza for dinner. BYO wine only.

Mark Robinson

Secretary Ph 0407 425 750 or asgroupqld@uqconnect.net

Calendar of Events

VICTORIA

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

Tues. 10 March 2015: Fairfield RSL – COFFEE & CHAT

Informal information exchange for members 6:00 – 8:00 pm.

Wed. 11 March 2015: Boorondara Volunteer Resource Centre EXPO at Hawthorn Town Hall – Information Table for **Volunteers** AS Victoria Inc. 1:00 – 6:00 pm.

Tues. 17 March 2015: Austin Health, Tobruk Centre, Repatriation Campus. Information Table for AS Victoria Inc. & Arthritis & Osteoporosis Victoria Inc. 11:00 – 4:00 pm.

Tues. 14 April 2015: Fairfield RSL – COFFEE & CHAT

Informal information exchange for members 6:00 – 8:00 pm.

MAY 2015: follow our web site www.asvictoria.org events page for **UPDATES** on our **10th ANNIVERSARY** activities

QUEENSLAND

Refer to www.asaustralia.org/qld/ for details or Mark Robinson
mob: 0407 425 750 Qld.

March 2015 PUT PUT at Golf Central

40 The Circuit, Skygate. Brisbane Airport QLD 4008.

Details are being finalised.

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](mailto:Lindsay.lindsay.dutton@health.wa.gov.au)

[lindsay.dutton@health.wa.gov.au](mailto:Lindsay.lindsay.dutton@health.wa.gov.au)



Facebook Groups

[AS Brisbane](#)

[AS Sunshine Coast](#)

[AS Group VIC](#)

General Information

Ankylosing Spondylitis Groups of Australia
www.asaustralia.org

Ankylosing Spondylitis Victoria Inc
www.asvictoria.org

Arthritis Australia
www.arthritisaustralia.com.au

Spondylitis Association of America (SAA)
www.spondylitis.org

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

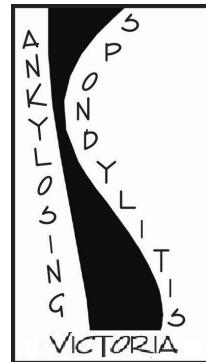
Ankylosing Spondylitis International Federation (ASIF)
www.spondylitis-international.org

The National Ankylosing Spondylitis Society (NASS - United Kingdom)
www.nass.co.uk

Contains an excellent questions and answers section and downloadable guidebook - *A Positive Response to Ankylosing Spondylitis-Answer and practical advice*.

Ankylosing Spondylitis Victoria Inc Membership Form

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



Who we are and what we do....

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

We aim to provide the following:

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

Some of the benefits of belonging to our group:

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

Membership Details

First Name: _____ Surname: _____

Mobile: _____ Home: _____

Email: _____

Address:

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

Signed: _____ Date: ____ / ____ / ____

Send to:

AS Victoria Inc

PO Box 3166

Burnley North 3121

asvicweb@gmail.au

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: \$ _____

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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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.