

AUTUMN 2013
NEWSLETTER

AStretch

ANKYLOSING SPONDYLITIS AUSTRALIA

www.asaustralia.org



Tasmanian Ankylosing Spondylitis Study by Janet Millner

Greetings From Tasmania!

Thank you Marg and AS Australia, for the opportunity to explain a little about our AS-related work, here in Tasmania. As a Physiotherapist with an interest in AS, I consider myself fortunate to have been able to work with a Rheumatologist who has a similar interest - Dr Jane Zochling. By coincidence, we both commenced working in our respective fields in Hobart at the same time, around five years ago. This enabled me to establish a physiotherapy clinic for AS in the **Royal Hobart Hospital**, alongside Jane's AS clinic, and we feel that this 'multi-disciplinary approach' is beneficial for individuals with AS and staff alike. Our main aims with the physiotherapy clinic are: to gather baseline assessment information, including an accurate assessment of spinal mobility; to assist with providing the right information on managing the condition, including individually tailored exercise recommendations, and to monitor progress over the long-term. We are also able to refer for individual hydrotherapy sessions, and are hoping to trial drop-in group exercise sessions and group warm-water exercise sessions later this year.

Another fortunate development in Hobart has been the recent move by the **Menzies Research Institute Tasmania** to new buildings (pictured next page), just across the road from the Royal Hobart Hospital. Jane (who wears several hats!), is also Senior Research Fellow based at the 'Menzies', and one of her projects is the **Tasmanian Ankylosing Spondylitis Study (TASS)**. This is a 'longitudinal study', that is, it aims to collect information about how AS affects Tasmanians over several years, by regularly collecting information from questionnaires, scans, measurements and blood tests. I have been involved in the study by performing measurements and also by working on a sub-project which I will describe in a bit more detail....

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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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Tasmanian Study - continued from page 1



Part of the new Menzies Research Institute in Hobart.

The background to our sub-project is that (as you are no doubt aware), we know that exercise is generally very beneficial for people who have AS, and it's traditionally been recommended that all those who have AS should perform some exercise daily, to help with managing the condition. Indeed, before the advent of 'biological' medications, exercise was the mainstay of treatment for many people. And now, even though medical treatment has improved so much, exercise has still been shown to have an additive effect, that is, it is still important even when the disease is well controlled with a biological medication. Despite this knowledge, there still isn't enough research about '**exercise prescription**', that's to say, which exercises work the best, how often, for how long and at what intensity should they be performed? And we don't know why exercise has this effect in AS. Since regular exercise involves a considerable time investment, it seems reasonable that people should have access to more information about why they should make this significant lifestyle modification.....

In contrast, there has been much more research into exercise and 'non-inflammatory' spinal pain, that is back pain that is triggered by an injury or such things as repetitive loading or altered postures, rather than inflammation. In these non-inflammatory conditions, we know that the deep muscles alongside the spine can 'shrink' in a certain way, and that re-training the muscles is helpful for some people. In considering the best design for AS exercises, we therefore think it would be helpful to learn more about whether there are changes to these muscles in AS. Hence the title of our project: '**What happens to the Lumbo-Pelvic Muscles in Ankylosing Spondylitis?**'



The research team for our muscle study (from left to right): Janet Millner, Professor Julie Hides (Australian Catholic University, seated), A/Prof Stephen Wilson (University of Queensland) and Dr Jane Zochling.

For this sub-project, 23 of our TASS volunteer subjects underwent special MRI and ultrasound scans to look at these muscles when relaxed and when 'tensed' or contracted. We were assisted in this regard by Queensland researchers who have experience in investigation of muscle changes in back pain. So far, we have only analysed some of the results, but it looks as though this will be a promising avenue for further investigation. We have already presented our early findings at two conferences, including the annual scientific meeting of the **American Rheumatology Association in Washington** last November.



The Washington conference was 'full on' (7.30 - 6.00 each day) but I managed to fit in a little sight-seeing.....

This is the world's largest rheumatology conference, there being around 18,000 delegates, 2700 'oral' presentations and 2430 poster presentations! I was lucky that Jane encouraged (cajoled?) me to attend, as it was a great experience and good to put some AS physiotherapy research on the map! This year, I am hoping to have more time to work on this project, by way of a degree program, so watch this space for more news.....In closing, sincere thanks go to the Tasmanians who participate in TASS for their ongoing and willing participation in the study.

About the Author:

Janet Millner is a Physiotherapist with a long-standing interest in Ankylosing Spondylitis and associated conditions. Her initial training and employment was in the UK, including extra professional development in AS at centres such as Harrogate and Bath. In 1984, she established a weekly AS exercise and hydrotherapy group that is still going strong. This interest was maintained on moving to Tasmania in 1989, and for the last few years she has held the Clinical Lead Physiotherapist role for Rheumatology at the Royal Hobart Hospital. This position includes a contribution to the Tasmanian Ankylosing Spondylitis Study, led by Dr Jane Zochling.

Psychological Impact of AS

Diane Aronson

Specialist Neuro Counsellor at the Royal National Hospital for Rheumatic Diseases

Reprinted with the kind permission from NASS

Managing life with AS

AS can be like having a lifetime partner. It's not a partner that anyone would choose so it's natural to battle against it at first.

The first line of defence is often to pretend it's not there - to carry on with life as normal. This can work for a while but it has a habit of catching you out.

After time, with diagnosis and treatment it is possible to develop a positive approach to the management of the physical side of the condition - learning to exercise, doing your stretches and finding the right medication for you. However, it is also important to think about how you manage life as a whole.

As with any long term condition, the impact of AS can seep into all aspects of your life. It can affect you internally - how you think and feel about yourself and the world and it can affect your external life - your work, relationships and leisure activities. It can cause enormous challenges and losses but you can also grow; developing resilience, wisdom and often a great sense of humour. People vary as to how well they cope but there are certain themes that emerge. In younger years, you can feel robbed of the life you might have had - the ability to socialise without fear of pain and fatigue; play sports; develop a career of choice. This can lead to a sense of anger but because the anger is without a focus it may lead to depression, often compounded by a sense of fear and uncertainty about the future.

You may have concerns about forming relationships and then about managing young children - coping with the exhaustion and sometimes a sense of guilt about not being able to manage the children physically - lifting and playing with them. This can be much more about a sense of loss for the parent who regrets not being able to engage with the child on a physical level than any actual negative impact on the children who often are well compensated for by additional attention in other ways.

The feelings of loss, anger and guilt that interrupt the process of adaptation to living with a long term condition can occur at any life stage but are more likely to occur when you are young.

Two major aspects of life for anyone are work and relationships and both can be impacted by AS.

Work

Work is a topic in itself and whilst many with AS are able to continue with their original employment routes, there are those that will have had to change or adapt their work and some that have to stop or take time out. Different types of employment (and employers) have different effects. The ideal job would be reasonably active, not too pressurised with an understanding employer but these jobs are scarce in the real world. Many people with AS are very determined in their approach and do not want to let the AS 'win'. This may mean that you plough on at work but have very little left when you get home.

Personal relationships

Relationships can suffer, with partners often at a loss to know how to cope with 'Mr or Mrs Grumpy' who walks through the door in the evening. It is often said that it is not just the person affected that has AS but the family members too. Misunderstandings can easily arise from something as simple as wanting to be given a little space because you are in pain, being interpreted as rejection by your partner.

Intimate relationships are about close companionship and shared experiences expressed within a physical relationship. This can be another aspect of life with AS that is affected. Difficulties with sexual activity may occur due to a number of reasons including the side effects of medication, pain through contact, fear of contact, tiredness and restricted movement. In turn, a cycle can develop where it is difficult to re-connect physically after a hiatus in a sexual relationship. One person may feel responsible and guilt gets in the way of passion. Talking with each other about this may feel difficult but sharing your innermost feelings is a form of intimacy even if you are unable to connect physically and can strengthen a relationship. It may also be worth a visit to the GP who may have suggestions for some treatment.

Social relationships

Human beings are social animals but not everyone with AS feels able to be sociable when they might be expected to. This is often because of fatigue but AS can also lead to people isolating themselves. This may be due to physical restrictions in ordinary communication - if you can't turn your head to the side it is difficult to follow conversations in group settings. It can also be because of a lack of confidence and poor self-image due to physical changes. This is likely to get worse if you avoid social occasions so, within limits, it is better to try to participate a little than completely withdraw.

Moving towards acceptance of AS

Acceptance of the condition transforms the experience from being at war with a part of yourself to recognising your needs as a whole person. Many fear that giving up the battle means giving in to the AS but it is not about winning or losing but working with the AS - if you attend to its needs (rest and relaxation as well as exercise) you are more likely to be able to get on with all the rest of your life.

Incorporating this way of thinking into your life takes time and practice. This may mean paying attention to your emotional and psychological needs and for some that will involve acknowledging a struggle for which you may need professional help.

Getting help with depression

It is very important to see your GP and discuss treatment options if you feel you may be suffering from a depression that you just can't seem to come through on your own. There are plenty of older people with AS who have gone through periods of depression when they were younger who now see it as part of a process of acceptance.

Talking openly and honestly

Facing the condition directly and accepting your needs with it can help in all aspects of life. It can help in talking honestly with employers about some simple adjustments you might need in your workplace and it can help in discussions at home about what you can and can't do.

It can also help in how you manage yourself socially - working out who needs to know what.

Managing stress and learning to relax

Trying to prevent some of the worst effects of stress will reduce physical tension which also helps manage your condition. Incorporating some time in your life for some form of relaxation can pay huge dividends. What you choose to do should suit you and your personality - it can vary from full meditation to an activity which you know relaxes you such as fishing, walking or singing in a choir.

If you can learn and practise breathing exercises this is a simple but effective form of stress management that you can use at any time.

Talking with someone who understands can be very helpful. This may be someone you have met through NASS, an understanding partner or friend or a professional counsellor.

It can help to have a mental (or written) list of what helps you to keep going through the difficult times. Knowing that you have got through it before and reminding yourself what worked then is a good strategy. Some things on the list may be practical things you can do and some could be more to do with the way you think about things - reminding yourself that you have limits and not to 'beat yourself up' about the things you feel you should be doing.

And finally....

There are many, many people who live full, satisfying lives with AS. Not everyone will experience the difficult emotional aspects and some will only experience them for a stage in their lives and will come through it - as is the case for the general population. Some people with AS will struggle emotionally at some time due to the effects of the condition and that is the case with any long term condition characterised by chronic pain. That knowledge and knowing that it is OK to ask for help can make a difference.

Hydrotherapy in Brisbane

Supervised by Margaret Lewington
(B.Phty. Cert Hydro)

WHEN: Tuesday Nights

TIME: 6.30 - 7.30 pm

WHERE: Hydrotherapy Pool,
lvl 2, Ned Hanlon Building,
Royal Brisbane & Women's
Hospital, Butterfield St
Herston.

COST: \$10 or 10 classes for \$90

ENQUIRIES:

Margaret 0404 414 501
or 07 3376 6889



QLD Annual General Meeting

All members are welcome to attend the 2013 Ankylosing Spondylitis Group of Queensland's Annual General Meeting.

Here's a "CALL OUT" for help from our members. Some of our committee members are retiring or not standing again this year. We need help with accounts, membership, minutes of meetings, newsletter distribution, website, etc. If you have any skills in this area and feel you can contribute or just wish to give a little back to your group then please attend. The more help your group has, the lighter the load for everyone. The AGM is also an opportunity to participate in and to support your group and committee or perhaps, just to see what goes on. All members are most welcome.

This year the AGM will be held after our hydrotherapy session on Tuesday 19th March, 2013 at Earth 'n' Sea Pizza and Pasta, corner Kedron Brook Road and MacGregor Street, Wilston. Pizza will be supplied but please bring/buy your own drinks.

AS Brisbane Social Event

When: 10:30am on Sunday February 17th

Where: Urban Climb, 220 Montague Rd, West End

Cost: \$20 per person climbing. (Includes Harness and Shoe hire)

Optional hire of Chalk bag for \$7, with a \$3 refund upon return.

Price includes tutorial at the start and 3 hours of climbing.

Visit <http://www.urbanclimb.com.au/>
for more information

We can go to a local café afterwards for a bite to eat.

Please let Mark Robinson know if you are attending.
Ph. 0407425750

or suzemark@bigpond.net.au



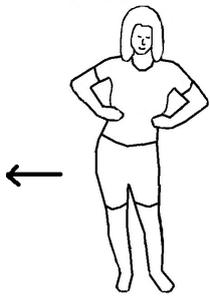
AS Exercises

By Margaret Lewington
Physiotherapist

This issue features some exercises you can do standing. Grab a minute anytime during the day to stretch and move.

Stand with your feet about shoulder width apart and weight even on both feet.

1. HIP side to side



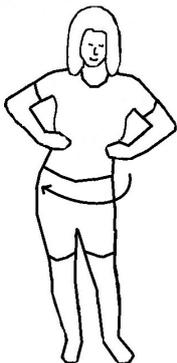
Standing as above, keep your shoulders level and move your hips to one side and then to the other side. This is different from leaning down to each side, it is more of a side glide of the hips.

You may wish to place your hands on your lower ribs to feel the upper trunk stay fairly still and your hips move under you.

Start rhythmically, then do with a longer stretch.

Do you go the same amount each side? If not, repeat more often to the side with less movement.

2. Hip Circles



Keeping your upper body steady, move your hips around in a circle. You may still hold your ribs to keep your upper trunk stable.

Make sure you meet each section of the circle - front, side, back and other side. (on clock - 3,6,9,12)

Now go around in the opposite direction.

3. Low back arch



Place your hands in the small of your back. Push your hips forwards and lift your chest. Feel a stretch on the front of your hips, an arch in your low back and a stretch in your tummy. Lifting the chest helps to arch the upper back as well. Keep your head in line with your body - looking up just a little.

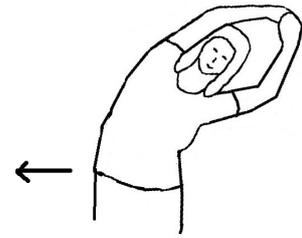
For the next set of exercises reach up over your head with both arms - hands together.

4. Alternate arm reach up



Stretch one arm longer than the other. Feel a stretch in the whole side of your body (leg, hip, trunk). Then stretch the other arm longer.

5. Double arm sway



With both arms clasped together, take arms side to side over your head. Sway.

(a) Firstly, move your arms and trunk, but keep your hips steady. The stretch is mainly in the ribs.

(b) Next, let your hips move to the opposite side to your hands, for a larger movement, and stretch down your whole side.

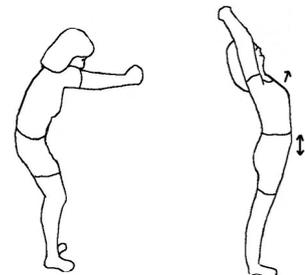
6. Trunk turn



Keep your arms up and trunk long. Turn to one side and then the other. Try to get your chest to face the side.

Try this with your legs straight first and then bend your knees a little and repeat. (you should feel more movement in your upper back).

7. Forward stretch-backward lean



Lean forwards, bending at the hips and stretch your arms as far forward as you can. Feel a stretch across your shoulder blades.

Now stand up tall, arms overhead, hips forward, chest forwards to arch the upper back and look at your hands.

Ankylosing Spondylitis Victoria Inc Report by Annie McPherson

Autumn 31/01/2013

As the new year begins we receive more enquiries through our AS Australia and the Arthritis Victoria websites. We would like to welcome Sam, Pauline, Justine, Marree, David, and Mardi as new members. When a new member joins we provide a range of material specific to AS, including:

A land exercise sheet produced by Abbott with a program produced by the Arthritis Australia in conjunction with Margaret Lewington (our Physiotherapist advisor from the AS Group of Queensland) and demonstrated by Michael Slater (ex-Australian Test cricketer). These exercises are also available via the website

www.arthritisaustralia.com.au

- A land exercise DVD created by Margaret Lewington and the AS Group of Queensland sponsored by Arthritis Queensland and Scherring Plough P/L.
- A selection of recent AS Stretch AS Australia newsletters covering the past year's activities with exercises for AS, updates and reports from international and national groups.
- A booklet on AS covering topics such as living with a chronic condition, how the condition is diagnosed, possible treatments and how health professionals can help manage your condition.
- We have a range of fact sheets provided by Arthritis Victoria to assist you to manage your general health on subjects such as Pain and Fatigue, healthcare specialists and allied healthcare services and navigating the Healthcare system. We distribute the Arthritis Victoria consumer newsletter, invitations to their seminars across the state and we encourage members to utilise their services such as the Rheumatology Helpline.
- We have material from Carers Australia, National Prescribing Service, Caulfield Community Health Services AS exercise program* and the Austin Health Spondylitis Clinic for distribution.

**Please refer to article following in this report.*

Sometimes this material is available electronically, printed or DVD format and it is always helpful to minimise our costs, if our consumers advise of their preferences. If you would like further material to help with managing your condition please contact myself or Vicky on asvictreasurer@hotmail.com

During November a small group of AS Victoria

members shared a pleasant evening at the Rose Hotel in North Fitzroy where new members came along to meet others and exchange ideas. The owners of the hotel have changed and thank goodness the food and atmosphere remain most enjoyable.

In mid-March we plan to introduce a regular get-together coffee and chat evening to welcome new members and catch-up with current members. We will be advising you all of details in the coming weeks.

In early May we plan an event for World Spondylitis Day so look for our notice in the mail in April.

Caulfield Community Health Services, Ankylosing Spondylitis exercise program: We are pleased to advise the AS course is scheduled for February to April this year. The course is held on a Monday evening over eight weeks at the Kooyong Road campus and is lead by a physiotherapist. Half the time is spent in the gym and the other half in the warm water/hydrotherapy pool with exercises specifically focused on AS.

The start of the program is preceded by an assessment with a physiotherapist and a GP referral is required to ensure the participant is suitable for the hydrotherapy pool sessions. Most evenings they have a segment for discussion and sharing information about living with a chronic condition. These discussions are sometimes lead by a guest speaker, a health professional, and cover managing your home-life, medications, work environment and social situations. Our AS Victoria peer support group attends and leads one of the discussion groups and provides general information about AS.

We support and promote this course, as it is the only one available in Victoria specifically for AS and past participants acknowledge the many benefits they have gained.

We wish you all well for 2013 and safe travels,

Annie McPherson.



ARTHRITIS VICTORIA ACTIVITIES:

Breastscreen Victoria continue with their project to upgrade their services and procedures to ensure women with disabilities are well looked after during their visit and mammogram procedure. During a recent interview I discussed with a researcher some of the terminology and issues for a person making contact with Breastscreen Victoria to arrange an appointment. Interestingly one of the first subjects was the term "women with disabilities" and we thought a more positive and pro-active phrase was "women with a physical restriction or mobility limitation". Sometimes people find it uncomfortable to say they have a "disability" but will concede to the term "a physical limitation". A follow-up Breastscreen advisor could then discuss the client's requirements to ensure the most appropriate venue is found and suitable arrangements made for the appointment. I am pleased to report one of our members attended a Breastscreen Victoria clinic during the last quarter of 2012 and found the entire procedure and most importantly the staff, all very helpful and considerate of her situation.

The Arthritis Victoria annual Consumer Conference will be held on Sunday 24 March at a St Kilda venue and focuses on the impact of living with a chronic condition and the mental and social aspect. We will be sending out seminar notices during late February for this event.

I have written previously in this newsletter about the community speaker talks I give at Melbourne University, Medical School for first year medical students. This year was a little different in the student forum as the other speakers were strong and active advocates for their foundations. The first speaker for the Victorian Clinical Genetics Services spoke about her work as an advocate for her chronic conditions' group and related stories from her experiences with the health system. The third speaker, a strong advocate for Diabetes Victoria, and spoke of her experiences. When I gave my short talk I realised we each had worked to find health practitioners in the system that we communicated and related too the best. Even at times when we had to be quite insistent with our preferences and decisions. The most positive outcome for the students was the discussion about "what makes a good doctor" where we related re-life episodes. We all agreed across the different chronic conditions, that being well-informed, having a supportive family/ friend/ peer support network and a good working relationship with our health professionals assisted us in managing our conditions.

A Personal Story:

As sometimes happens during this busy time of the year, taking your eye off the ball can lead to catastrophes. Such was my Christmas of 2012. An older family member, lets call her Jean for this story, came to stay with me and Sandy (the cat) for a few days just prior to Christmas at our family beach house. We had a busy schedule with shopping, cooking, Chrissy decorations,

watering the garden and some tidying up to do before more family arrived a few days later. We were progressing through my long list one morning when Jean was up early to organise some washing before we went shopping. So whilst I prepared breakfast, she had a cuppa and we chatted about the day's activities. Whilst playing with Sandy the cat, Jean had tried to step up into the family room, her foot missed the step and she went down on her side putting her arm out to break her fall. Yes you can imagine my horror at seeing her tumble over on the floor. So whilst tending to her grazed shin, fend off Sandy who was just fascinated by all the proceedings and asking



It's a cat's life.

Jean what had happened, my worst fears were realised – Jean had hurt her shoulder quite badly. I called the ambulance (whose staff were terrific), popped Sandy in the bedroom, ran to open the garage door for access, ran back up stairs to find Jean's medications and all the while chatting away to keep me and Jean calm. After a long ambulance trip to the

hospital, the Emergency Department staff took over her care. Fortunately another family member was able to help and keep her company during her long stay in hospital over the Chrissy period. When Jean was able to go home we arranged in-home carers to help out. As is often the case with Jean's very positive attitude, and (you guessed it) lots of moderate exercise, she has made excellent progress in her recovery.

I learnt so many lessons on the day and here are just a few:

- Do have an up-to-date medicines list and health summary, including allergies and conditions, from your primary health practitioner on your person somewhere;
- Do keep an eye on older family members and their surroundings;
- Do listen to the emergency services and medical staff, even though there will be heaps going on around you;
- Sometimes you need to explain to the person involved the procedures so be sure you understand them;
- Try to have another person with you as soon as possible;
- Try to stay in touch with older family members and their carers;
- Ensure your residence has clear street numbers and access for emergency services;

Earlier in this article you will have read how these kind of stories show us how imperative our health services are and we learn time and again, it is our responsibility to ensure we keep as informed as possible about our conditions and the conditions of older family members that we may be responsible for.

Kind regards,

Annie McPherson

aniasvic@bigpond.net.au

AS Group Queensland Report by Ross Wilson

A bit late but Happy New Year to everyone! I hope the year has started on a positive note for you all even with the weather the way it has been. Drought, fires and then floods, who knows what will be next! If you ask my son he will tell you it's climate change.

The hydro classes at the RBWH continued through the floods. It is just as well they are on a Tuesday night as the streets around the hospital were under-water on Monday. Good on those who attended.

We have had two social events since the last newsletter. Our Christmas dinner at the Sing Sing restaurant Annerley was very well attended and a great evening of good food, wine and company was enjoyed by all. We even had some brave members belt out a couple of songs on the karaoke stage!



And stars are born!!

The second event was an after class supper at the Earth and Sea Pizza Restaurant at Windsor. Once again there was a good turn out and as usual we all ate too much.

Our next event is indoor rock climbing which should be interesting. Come along and have a go or just to say hello and have a good laugh. The plan is to grab some lunch at one of the local eateries afterwards. All the details are on the calendar of events or see the flyer on Page 7.

It is almost time for the AGM again so anyone who is interested in getting involved with the running of the group would be most welcome. Again, see Page 7 for details. We are always looking for new ideas so please consider it. I look forward to seeing you at one of our upcoming events.

Stay safe,

Ross Wilson



The new 2013 | 2014 Entertainment™ Books are coming soon!



Entertainment Book 2013 /2014

Any members interested in purchasing an Entertainment Book please contact the AS Group of Qld or email qld@asaustralia.org

The cost is \$65 with a small portion of that going to the AS Group of Qld. Books will be available in early April 2013



Calendar of Events

Victoria

 **Mid March 2013 - Social Coffee** to welcome our new members and catch up with current members. Look out for notices to be sent in late February early March when details are finalised.

 **Early May 2013 - World Spondylitis Day.** In early May we plan an event for World Spondylitis Day so look for our notice in the mail in April.

Queensland

 **Sunday, 17th February 2013 - Rock Climbing** at 10.00am at Urban Climb, 220 Montague Road, West End. It's \$20.00 to climb (includes harness & shoes). Please bring your own gear if you have it. Sand shoes are acceptable. See the flyer on Page 7.

 **Tuesday, 19th March 2013 - Annual General Meeting** at Earth 'n' Sea Pizza and Pasta, corner Kedron Brook Road and MacGregor Street, Wilston. See details on Page 7.

General Information on the web

Spondylitis Association of America (SAA)

www.spondylitis.org

The National Ankylosing Spondylitis Society (NASS) (United Kingdom)

www.nass.co.uk

Ankylosing Spondylitis International Federation (ASIF)

www.spondylitis-international.org

Arthritis Australia

www.arthritisaustralia.com.au

Hydrotherapy in Western Australia (Perth)

WHERE: Royal Perth Rehabilitation Hospital
Shenton Park Annex Selby St Shenton Park

WHEN Every Monday evening
(Public Holidays excepted)

COST \$ 7.00

PHONE 08 9382 7307 Lindsay

TIMES:

Hydrotherapy Pool
5.30pm Hydrotherapy exercises

Gymnasium
5.45pm - Land Exercises

Note: All sessions are conducted by experienced Physiotherapists. Total Session time is two hours with groups changing over at the end of the first hour.

Also: Another AS/spinal mobility Pool Class is available at South Care, St John of God Hospital - for details: 08 9366 1730

Optional Information

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

Are you a member of Arthritis Victoria? Y / N

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

Gender M / F

Age Group

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

Preferred Language

.....

Do you suffer from Ankylosing Spondylitis? Y / N

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

What other conditions do you suffer from?

.....

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

.....

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Preferred Language

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Do you suffer from Ankylosing Spondylitis? Y / N

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

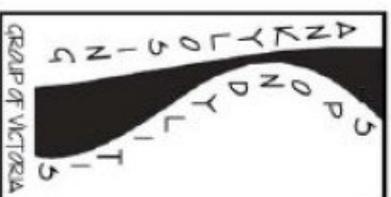
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.....

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

.....

Ankylosing Spondylitis Victoria Inc



Membership Form
 Providing education and support
 for people
 with Ankylosing Spondylitis

Who we are and what we do....

The AS Group of Victoria is an organisation of people with Ankylosing Spondylitis who wish to improve knowledge and ability to manage the condition.

Our group shares a number of goals and objectives for people and families living with Ankylosing Spondylitis.

We aim to provide the following:

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

The Ankylosing Spondylitis Group of Victoria complies with the Privacy Amendment (Private Sector) Act 2000 and will not sell your personal information to another organisation. You will be notified of Ankylosing Spondylitis Group of Victoria events and services and ways of assisting us to maintain these services. If you wish your name to be removed from our database at any time please write to us.

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

Membership Details

First Name.....

Surname.....

Phone.....

Email.....

Address.....

.....

Membership Type (membership expires June each year)

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

Donation \$.....

Total \$.....

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

Signed.....

Date.....

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

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

Mailout membership means all correspondence will be sent by Australia Post