

Arthritis Matters

NUTRITION

RESEARCH

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HEALTH

Issue 62

R.R.P \$6.95

KIDS WITH ARTHRITIS

Putting a media spotlight on the JIA funding crisis

BACK TO WORK WITH ARTHRITIS:

Good advice to help you meet the challenges

HANDLE WITH CARE:

Information and support for carers

PREVENTING FALLS:

Take these steps to stay on your feet

Arthritis
& Osteoporosis
NEW SOUTH WALES

www.arthritisnsw.org.au

ABOUT US

Arthritis & Osteoporosis NSW is a member-based health charity founded in 1967 to help improve the quality of life of people affected by arthritis, osteoporosis and other musculoskeletal conditions. We work to empower the individual to manage their own condition and health towards achieving their personal meaning of our vision, **Freedom from Arthritis**.

The organisation is a trusted source of evidence-based and up-to-date information on arthritis and its treatment, with resources and education delivered across a number of platforms including our website at www.arthritisnsw.org.au, publications such as *Arthritis Matters*, webinars and community awareness sessions in metropolitan and country areas. Our health services team develops and delivers exercise programs tailored to the needs of people affected by arthritis, such as the popular Warm Water Exercise Classes and Strength and Balance program. We deliver two annual camps for children affected by juvenile arthritis: Camp Twinkletoes for children under 8 years old and their families, and Camp Footloose for children and young people aged 9 to 18 years.

We engage with the community through our membership program, a network of support groups, publications such as *Arthritis Matters*, eNewsletter subscriptions, social media platforms such as Facebook, and our toll-free Arthritis Infoline which connects callers with health professionals.

You can subscribe to our FREE monthly eNewsletter at eepurl.com/9rFd5



BENEFITS OF MEMBERSHIP

Understanding | Support | Community

We would love to have you as a **financial member** of the organisation. This involves payment of a modest annual membership fee which not only helps us to develop and deliver our services, but also provides you with a number of unique member-only benefits. You will receive up to date information via our Magazine *Arthritis Matters*, three times per annum and attractive discounts on all classes and events.

For more information on becoming a Member, please visit:

www.arthritisnsw.org.au/membership/about/

Call: 02 9857 3300 Email: info@arthritisnsw.org.au

- ✓ Be Heard
- ✓ Be Informed
- ✓ Be Supported
- ✓ Be Rewarded



Arthritis Matters

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Arthritis Matters magazine is developed and published by Arthritis & Osteoporosis NSW (AONSW), and distributed to Members of AONSW, magazine subscribers, and a selection of health professionals and other supporters.

Editorial

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Referenced: Osteoporosis Australia, Arthritis Australia, Arthritis-health.com, Carer Gateway, Arthritis Foundation US, Healthymummy.com, Heart Foundation, Safeworkaustralia.com, National Psoriasis Foundation, US

On the cover: (Front to back) Juliette Fuller, Abigail Hall and Caitlyn Peacock on the water at Camp Footloose.
Photographer: Leanne Hinden

ADVERTISING

Contribution and advertising closing dates: Issue 63 (June 2019): booking deadline 30 May 2019

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Building our audience



Hello and welcome to our first issue of *Arthritis Matters* for 2019.

Last year was a big year for Arthritis & Osteoporosis NSW: launching our Strength & Balance program, delivering our first Rural Health Initiative and expanding our community education program. We were heartened by the response to the Strength & Balance program and the members who signed on for return classes. Audiences at every regional centre visited by our Rural Health Initiative gave us a warm reception and thanked us for 'caring enough to come'. Our community education sessions at Macquarie College, the Royal North Shore Pain Clinic, to local rotary groups and retirement villages attracted new audiences and positive feedback. This encouraged us to develop a structured course *Living Well with Arthritis* which we are offering to organisations in 2019.

Raising our media profile

As Arthritis & Osteoporosis NSW focused last year on developing new health services and testing them in the community, we built our public profile to ensure we maximised our audience reach. We preceded each Rural Health Initiative visit to a regional town with a media campaign and I found myself chatting on commercial breakfast radio and to Country ABC broadcasters to spread our messages to local audiences. It was a great story: Our health services team was coming to town to give

free community education sessions to people living with arthritis, and attend their agricultural show to give free advice and assessments. The local newspapers were equally keen to run the story and we were encouraged by the media's support for this much-needed community service.

Highlighting the JIA funding crisis

Our engagement with the media moved to a new level in October during our annual camp for teenagers with juvenile arthritis (JIA), Camp Footloose. Run over five days in the school holidays, Camp Footloose was attended by 28 preteens and teens, supported by a team of volunteers and members of our staff and Board. We invited ABC TV to attend one afternoon to film the children and interview Board member and Paediatric Rheumatologist Dr Davinder Singh-Grewal (see photo below). The subsequent two-minute broadcast highlighted JIA and the social benefits the children experience when attending the camp. Several camp teenagers were also interviewed by their local newspapers where they shared their stories and highlighted their 'misunderstood' condition.

Late last year we leveraged the ABC's interest in JIA when we issued a media release on the severe lack of funding for the diagnosis and treatment of juvenile arthritis which affects more than 3000 children in NSW. We called for the State Government to significantly increase funding and

education for doctors and nurses treating the condition. This resulted in an ABC TV interview broadcast in January and a story published on ABC Online featuring a number of families from Camp Twinkletoes 2018. We also created a petition on Facebook, calling for the State Government to significantly increase funding to the Sydney Children's Hospital Network for timely treatment of children with juvenile arthritis and further education for GPs.

Board changes

Following the Annual General Meeting held on 27 November, outgoing president Alan Ryan was replaced by vice-president Nigel Corne and our treasurer Murray Smith stepped into the role of vice-president. We also welcomed our new Board member Anne Carroll. To find out more about these changes, turn to page 5.

Arthritis Matters is your magazine and I want it to be relevant to you. If you would like to see a particular arthritis topic or event featured in these pages, please let us know: info@arthritisnsw.org.au.

A handwritten signature in black ink that reads "Sandra".

Sandra Vincent
Chief Executive Officer



Our new Board leaders

Following the Arthritis & Osteoporosis NSW (AONSW) Annual General Meeting in November, the Board elected our new President Nigel Corne, Vice President Murray Smith and welcomed a new Director Anne Carroll to the Board.



Nigel Corne

Nigel has broad experience across many sectors, having served on the boards of privately owned companies, listed public companies and other not-for-profit (NFP) organisations.

'My task as President is to expand the very good foundations introduced by former president Allan Ryan in establishing a board culture that takes us forward, structured to face the challenges presented for NFPs,' Nigel said.

'Our Board is now made up of qualified directors who clearly understand the line drawn between board roles and management roles. Our focus will not be on financial success and sustainability alone but, among other things, ensuring that stated objectives are shared by all stakeholders – staff, consumers, members and suppliers.

'My role includes leading the Board and encouraging debate so that the best decisions are made by the Board as a whole, using all the talent available. With CEO Sandra Vincent and her team, we will communicate regularly with stakeholders so everyone is kept aware of our activity. *Arthritis Matters* is a wonderful source of this information,' he said.



Murray Smith

Murray has taken on the role as Vice President in addition to his current roles as Director and Treasurer. 'I've enjoyed the challenge of being on the Board for the past two years and look forward to working with Nigel, Sandra, the Board and staff to help AONSW meet its goals and serve the interests of its stakeholders in an increasingly complex environment,' Murray said.

'In addition to the financial expertise I have gained over many years, I bring governance knowledge and experience from the other Board roles that I hold. As someone with osteoarthritis, I appreciate how the latest information helps me to understand and manage the condition. I know Sandra and our staff are doing a terrific job to help improve the lives of many members and consumers, and I am keen to see that expanded in the community.

'I've attended two Camp Footloose events and they are truly inspiring. I am proud to be associated with AONSW and to contribute in a small way to its achievements,' Murray said.



Anne Carroll

The Board has also given a warm welcome to their newest Director Anne Carroll, a registered nurse, nurse manager and hospital director.

Born and raised in the Bankstown area, Anne did her nursing training at Bankstown Hospital and then, while working full time, attended university part-time and obtained a Bachelor of Health Studies (Nursing) and a Master of Public Health. From 1992 until 2016, she worked as a hospital director in various hospitals, with her primary focus always being clinical care. Anne is on various boards including Uniting NSW ACT, and the War Memorial Hospital.

'I hope to fulfil my role on the AONSW Board by bringing my clinical expertise and passion for high quality care services and support to our discussions, to ensure we meet the needs of our members and the wider community,' Anne said.

Lindy Sivyer

Marketing & Campaigns Co-ordinator
Arthritis & Osteoporosis NSW

Securing our systems

In 2017–2018 Arthritis & Osteoporosis NSW embarked on a program to secure our cyber environment after a series of attempts by cyber criminals to infiltrate our systems.

Cyber security is a top priority for all organisations to ensure that their customer data and other systems are safe from criminal activity. With attacks becoming noticeably more sophisticated and frequent, the organisation examined the attempts to hack through our firewall and activate malware (viruses) on to the server network.

Firstly, we completed internal and external reviews of our policies, process and systems to look at how we can best protect the information that our members and customers entrust to us.

Then we implemented tokenisation of payments within our client

management system to ensure that full credit card details are not stored in our database. Instead, data is sent encrypted to be processed elsewhere and our system is provided with a number to identify the transaction.

As a further refinement, the client management system can only be accessed from office computers that are protected by usernames, passwords and are equipped with antivirus software.

It is now organisational policy to report all phishing emails, which are then investigated and actioned to ensure the email sender is blocked.

Our privacy policy was updated to include the introduction of the

Notifiable Data Breach Scheme. The scheme requires any data breach that would result in serious harm to a person to be reported to the individuals involved, along with the Australian Information Commissioner.

In mid-February, all staff attended a Cyber Security Training course to discuss the importance of cyber security and what we can all do to ensure we are not left open to attack. We are also developing an incident management plan to guide us should AONSW be subjected to a cyber interruption.

Karen Tebbet

Business Development Manager (past)
Arthritis & Osteoporosis NSW

PROTECTING OUR INVESTMENTS

Arthritis & Osteoporosis NSW is very careful in its management of donor funds and recently revised its investment policy and designed an Investment Policy Statement (IPS) to support the works of the organisation. The IPS defines our investment objectives and tolerance to risk and set outs the investment portfolio's alignment to the needs of the organisation and its income and capital objectives.

The Statement contains the objectives of both the operational / working capital (short term) and strategic capital (long term) portfolios in terms of capital growth, income and volatility of portfolio value. The Asset Allocation Benchmarks for each portfolio have been set to achieve the objectives, given the medium and long term outlook for investment markets. The permitted ranges of investment exposure to each asset class have been set to accommodate tactical tilts (increases or decreases in exposure to

take advantage of the shorter term investment outlook) and to diversify investments in order to reduce risk.

Investment strategy: The investment strategy of AONSW supports the work of the organisation to provide consumer information and education, deliver services, promote community support, fund research, and establish strategic partnerships.

Corporate governance: The IPS provides detail on the authorities, responsibilities and procedures required in order to manage the investments of AONSW thus providing a strong governance framework.

Evidence of prudence: Permitted investments are limited to those that meet the ethical criteria that have been determined taking into account the organisation's stakeholders and are further limited in terms of type of investment in each asset class and level of exposure.



Continuity: Members of the Board and Executive will change from time to time but the IPS provides a basis for management of the organisation's investments through all investment environments.

Framework review: The IPS will be reviewed on an ongoing basis to ensure that the investment portfolio's objectives align with the mission and vision of AONSW.

Finance, Risk & Audit Committee



1. *Best packaging: Vitasoy. The top consumer choice for the Best Packaging of 2018 was a turn-and pour cap on aseptic packaging, for products like long life milk. Look for the images indicating the turn-and-pour cap*
2. *Worst packaging: ring pull. The top consumer choice for the Worst Packaging of 2018 was plastic ring pull-tabs*

When packaging causes PAIN

Anger over product packaging is common these days. Images of cling-wrapped vegetables on supermarket shelves will spark debates about waste and landfill, and poor business decisions. But when the simple act of opening a new bottle of soy sauce is a painful exercise, it becomes personal – just ask a person living with arthritis.

Daily struggle

According to Arthritis Australia's research, 44 per cent of consumers struggle with packaging every day, negatively impacting their emotional wellbeing and sense of independence. Hard-to-open packaging can also increase the risk of injury to consumers and 92 per cent of consumers reported damaging or spilling a product when trying to open it.¹ People with arthritis in their hands are particularly sensitive to over-packaging.

Many such frustrated consumers shared their views via Arthritis Australia's social media campaign *That's a wrap: the best and worst packaging*. The annual campaign invites consumers to reflect on their experiences to nominate what they found to be the most and least consumer-friendly packaging.

That's a Wrap: Best and Worst Packaging of 2018

Results are in for the 2018 campaign which received a majority of nominations and votes for the Worst packaging category. Here are the top five picks:

5. Plastic bottles – water and sport drink bottles are the biggest offenders

4. Glass jars – with salsa and jam jars topping this list

3. Child resistant push-down-and-turn medicine packaging²

2. Milk packaging – from half-moon inductions seals found under caps through to milk cartons.

1. The top pick for the worst category was plastic ring-pull tabs, found under caps of products such as vegetable oil and soy sauce, as well as long life (aseptic) milk and soymilk packaging.

Accessible Packaging Researcher for Arthritis Australia, Alexandra Brayshaw, who co-ordinated the campaign, said that there was an interesting connection between the top Best and Worst voted packaging.

'For the *Best* category, the campaign received a number of nominations for long-life and soy milk products from two companies: Vitasoy and Devondale, so we bought samples of the aseptic packaging for testing,' said Alex. 'We found that they had a special turn and pour cap which breaks the seal as you turn and remove it, eliminating the need for a ring pull tab.'

'As the best-voted turn and pour cap is found on long-life and soy milk products, and our worst-voted ring pull tab is found on similar products from other brands, we encourage people to look closely next time they buy a product in aseptic packaging. The votes showed there was a big

difference when you get the product home and remove the cap.'

If you're loyal to a soy or long life milk product that doesn't have a cap you can use, why not contact the manufacture and suggest they provide a more accessible cap. Alternatively, you can make a complaint on Arthritis Australia's online packaging feedback form and they will contact the company on your behalf. Here is the link address for the feedback form: arthritisaustralia.com.au/accessible-design-division/consumer-information/packaging-feedback.

1. How accessible is food & drink packaging? Industry Perception VS Consumer Reality 2018
Arthritis Australia: arthritisaustralia.com.au/accessible-design-division/resources-for-industry/guidelines-research/how-accessible-is-food-drink-packaging-industry-perception-vs-consumer-reality

2. Turn to page 19 for details on purchasing a medicine cap remover product available from our partner Aids for Daily Living

Our partner **AIDS FOR DAILY LIVING** has a range of products to help people with arthritis. Visit our website at arthritisnsw.org.au/afdl-shop/ for more information.



Manage arthritis at work, or in your home office

If you are likely to spend a good portion of the coming year in an office environment – whether in paid employment or in your home office (planning holidays or researching your family history), let's make sure you get off to a good start with these practical considerations for managing your arthritis.

Be mindful of ergonomics

If you're working from home, don't be tempted to work from the couch all day. You need a workspace that allows you to sit upright and keep your back and neck straight, your elbows and knees bent at 90 degree angles, and your feet on the floor. Use a sturdy chair with good lumbar support and sit in front of a desk that's at about waist height when you're sitting down. Armrests are helpful for those with arthritis in their arms or hands.

Lift your laptop

Despite their name, laptops are not good to use on your lap, because looking down at the screen can cause bad posture and pain in your back and neck. But they're not much better sitting at eye level, either—then your arms and wrists are strained by reaching up to the keyboard. Laptops are designed for portability, not good ergonomics.

Here are two ways to solve this problem:

1. Use books or a stand to elevate your laptop screen so it's just below eye level.
2. Use a detachable keyboard that you can use with your elbows at 90 degrees and your wrists level.

Find a keyboard that will keep your wrists happy

If you're purchasing a detachable keyboard, consider one that's easier on arthritic hands and wrists. Options include a sloped keyboard that's high in the middle, a keyboard that's split in two, and/or one that's padded to protect the wrists.

For people with severe hand pain, there are keyboards that are controlled by two domes that you rest your hands on and shift slightly to type. There are also short key and word prediction software programs that can help you minimise keystrokes.

Use a mobile mouse

Laptops that have a track pad or tiny joystick may be difficult for arthritis-affected hands to manipulate. Consider using a detachable mouse that is ergonomically suited to your hand mobility. Or work on a tablet or computer equipped with a touchscreen.

Add other adaptive equipment

AONSW partner Aids for Daily Living carries some products that are helpful in a home office environment such as steady pens, special scissors (see page 19), magnifiers and lumbar supports. Otherwise, talk to your employer's human resources representative about

providing the assistive devices you need to do your job.

Brace yourself

You may find that, even with assistive devices, you need extra support during the workday for an arthritic wrist. In this case, consider wearing a working brace, which can stabilize and strengthen your wrist and hand as you carry out daily tasks. A working brace is often made of neoprene with Velcro straps and provides for some flexibility.

Give your brain and body a break

Work smartly by practicing good posture. Take breaks to rest your eyes and get up and walk around. Stay hydrated by keeping a water bottle at your desk. Know your limitations, and talk with your employer if you need assistance with other ways to do your job in an effective and pain-free manner.

Source: *Seven tips to managing arthritis in the office* by Carrie DeVries, Arthritis-health.com

BACK INTO PAID-EMPLOYMENT WITH ARTHRITIS

Participation in the paid workforce is important to many people, not just to maintain their livelihood but for a variety of reasons such as the desire to use and develop their skills and talents, to contribute within a team environment, or for the social interaction work affords.

Arthritis can often present hurdles for people wishing to continue with or return to their working life. Indeed, Australian statistics indicate that arthritis is the second most common cause of early retirement due to ill health¹. The key to overcoming some of these hurdles is not so much in knowing your limitations, but instead learning about and using the resources available to help you.

In their article *Finding a job and working with arthritis*,² the Arthritis Foundation US asked a panel of experts - comprising psychologists, career coaches, physical therapists and surgeons - for their advice in three common scenarios.

CHALLENGE 1 – You’ve recently left a position, voluntarily or not, because your condition kept you from fulfilling its demands:

- **‘Be honest [with yourself] about the situation,’** is the key advice from the psychologist on the panel. Did some of your work practices cause pain and fatigue that reduced your productivity? Did your employer lack understanding of the time you needed to attend medical appointments? Identifying what was wrong can help you move forward and put you back in control of your job search.
- **Make a list of ‘must-haves’ for your next working environment.** Do you need any special ergonomic equipment? Flexible work hours? Finding out whether your ‘must-haves’ will be available may require some detective work during the interview and hiring process. In choosing your next job, make sure that you’re going to be able to get what you need so you can thrive professionally, physically and emotionally.

- **‘Lead with your strengths,’** is the advice from the career coach consulted. In practice, this means talking about the positive things you bring to the table and why you’d be a valuable asset to the team. Even if your symptoms are visible, you don’t want to convey the message that your arthritis is who you are or give a potential employer reason to wonder if you can do your job.

CHALLENGE 2 – You’re concerned about post-operative pain or being less productive than before:

- **Prepare with a physical therapist to give you confidence to forge ahead when you return to the office,** is the advice from the panel’s rehabilitation expert. Give your physical therapist a detailed description of your day-to-day tasks and set goals and guidelines for being able to do those tasks again.
- **Go slowly,** is the advice from the panel’s orthopaedic surgeon. Don’t try to work through significant pain or pretend you’re at 100 per cent when you’re not. Consider working half-days for your initial period back at work. If your doctor recommends using a cane, use it. Ice your joint if it’s sore, and make sure you get up and move around every half-hour to reduce the risk of blood clots and stiffness.
- **Adjust your workspace.** Ergonomic tools and accessories can make your workspace more comfortable, so you can be more productive. You might also want to hire an occupational therapist who can assess the physical and psychological components of your workplace and suggest adjustments and equipment.

CHALLENGE 3 – You have a need or desire to re-enter the job market:

- **Get your mind in shape.** Workplace consultants advise reading up on your industry, attending seminars, and/or using a career counselling service. That way, when you go on job interviews or meet someone who could be a work contact, you’re able to show you’re up to speed on your chosen career field.
- **Establish a daily schedule.** If you haven’t been on a regular schedule, start now so you’re not overwhelmed when you begin work. Start and end your day at the same time and give yourself time slots for specific duties. For example, search for jobs in the morning; have lunch and take a walk; then network and reach out to contacts in the afternoon.
- **Rethink your résumé.** Career coaches advise to start résumés, cover letters and even conversations by showcasing the experience that’s most relevant, not most recent. If you don’t have any relevant experience to highlight, consider offering to volunteer your skills to non-profit organisations related to your area of interest. Not only does volunteering give you references and a body of work to show potential employers, it also eases you back into employment.

1. arthritisaustralia.com.au/what-is-arthritis/fastfacts

2. *Finding a job and working with arthritis*, by Camille Noe Pagán, Arthritis Foundation US, arthritis.org/living-with-arthritis/life-stages/work/workforce-ready.php

Fun and friends at Camp Footloose

Twenty-eight teens and pre-teens spent five days at Camp Footloose in October last year, held at the Sydney Academy of Sport and Recreation, where they had fun, shared their experiences, and made a bunch of supportive new friends.



The camp provides participants with education, support and peers with whom they can share experiences and understanding. These social benefits draw the teenagers back each year and it is a goal of AONSW that newly diagnosed children attend as well. This year children from ACT, NSW and Victoria attended, with 18 returning from previous camps.

The camp also focused on physical fun, with volunteers, AONSW staff and Board members on hand to help the kids with activities such as archery, rock climbing and kayaking. Self-management sessions were facilitated by a life coach and food scientist, covering topics on nutrition, yoga and goal setting. These sessions helped empower the children with relaxation techniques to reduce stress, make life plans and manage their diet to improve their condition.

Greater confidence

Julie Sirianni, mother to 12-year-old Cooper who attended for the first time, said he seemed more confident after the camp because he had made friends and felt reassured by the fact that the other kids were just like him.

'He didn't have to pretend that he was okay when he wasn't. He could just be himself,' Julie said. 'He's also talking about food and eating more salmon. He loved the yoga and he is doing that too.'

'Cooper learned that he needs to keep active and he's thinking of ways of doing that without putting pressure on himself. He's been so down. He used to be so sporty and was the fastest kid in his class, representing his school in cross country. He went from that to not being able to get out of bed in the morning to go to the bathroom. Sometimes he walks like an old man and it's been a struggle for him to come to terms with that.'

'I was really impressed with Camp Footloose. I couldn't find anything in Melbourne like this. He's dead keen to go next year. It's a wonderful camp.'

Interest in nutrition

Amy Breen, mother to Paige, said that Camp Footloose was the best she could have asked for. 'Paige goes to a school in Tamworth with 200 kids and no-one knew what she was going through. At Camp Footloose she made friends and has connected with them since on Instagram,' Amy said.



Paige was diagnosed with polyarticular arthritis in 2017 at age 10. 'Before she was diagnosed, a mum from her school told me she was running on the balls of her feet and this was because she had arthritis in her ankles. Now she has been diagnosed she is using her ankles and is running so much better. She has injections every week which she hates, it's the hardest part.'

Like many children going on their first camp, Amy said that Paige was a little nervous at first, and rang her on the first night. 'This was her first time at the camp so I told her to wait until the next day after she had done a few activities and to call me if she still needed me. Well after that she didn't want me near her because she was having such a good time.'

Amy has noticed other changes too. 'Paige was very interested in the nutrition session and we watch what we eat now. She wants to do yoga



Alexander Pistevo



Cooper Sirianni



Julia Armand



Paige Breen

with me too. She's been tested since the camp and is currently in remission and she asked me: "Does this mean I can't go back to Camp Footloose?" I told her she still had arthritis and she could definitely go back next year.'

New friends

Eleven-year-old Julia Armand made a great new friend at Camp Footloose, a child who undergoes the same treatment of bi-monthly injections. Julia's mother Jacquie said that this was Julia's first time at Camp Footloose. 'She loved it, she had a great time because she loved meeting

children like her,' Jacquie said. 'She is so proud of herself for climbing the rock wall and she really connected with the camp volunteers who have arthritis and with Andrew from AONSW.'

Julia was diagnosed with arthritis at age 7 when a twisted ankle didn't heal. 'She has a lot of anxiety as a result of her condition. Her symptoms are well-managed but the treatment is painful,' Jacquie said.

School ambassador

Following his first time at Camp Footloose, 12-year-old Alexander Pistevo stood in front of his class at school and explained his condition to his classmates. Alexander's mother Enza was amazed at his confidence and willingness to talk about his uveitis which is arthritis that affects the eyes.

'Alex was blind in one eye for a year and had an ocular lens implanted in late November. He has to wear sunglasses all the time as his eyes are sensitive to light and he was picked on for this at school, which gave him low confidence,' Enza said. 'He was very anxious about going to the camp and kept asking "why are you doing this to me?"'

Enza found the school teacher information pack on the AONSW website and forwarded it to his teacher, telling her about the camp. 'She thanked me for it and then suggested he talk to his class about his condition,' Enza said. 'He had always hated talking about it because it made him different, but he did it and afterwards all his classmates asked him questions.'

Alex found session on nutrition relevant because he now understands that his medications can contribute to potential weight gain. 'He came back full of knowledge about nutrition and portion sizes. He said the drugs he takes make him eat more than he should,' she said. 'As well as all this, he loved the yoga and relaxation class, and bonding with others.'

Research project

AONSW has recognised the effectiveness and popularity of our children's camps and has commissioned a research project to measure their success and determine new possibilities for their future direction. The research team attended Camp Footloose 2018 to develop an impact model that will enable more accurate reporting of the program's outcomes. For a summary of the Camp Footloose report, turn to page 21.

Lindy Sivy

Marketing & Campaigns Co-ordinator
Arthritis & Osteoporosis NSW



Keep moving in 2019

Our Warm Water and Strength & Balance exercise classes have begun for Term 1 and members are full of praise for the positive impact the regular exercise is having on their lives. Member Roslyn Large, who has osteoarthritis in her knee, attended the warm water classes at Mowll Village for six months in 2018 and has recommenced the class this term. 'The classes help the mobility of my knee and stop it from stiffening up. I can do more if I keep the exercise going and it's easier for me to exercise in water,' Roslyn said.

The role of the warm water in your exercise class is two-fold: not only does it soothe and support your body, it also offers resistance to your movements, acting somewhat like

a weight to help strengthen your muscles while you exercise.

The warm water classes are held in six locations across Sydney and one in Wollongong, our most recent venue.

Walking unaided

Our Strength & Balance classes are now well established after being piloted in 2018. Participants can attend classes at the YMCA Epping or the Royal North Shore Hospital Community Health Centre. The classes were developed by Arthritis NSW based on research that a combination of land-based and warm water exercise gave optimum results.

Member Toni Fitzpatrick found this to be true when she attended Strength & Balance classes in Term 4, 2018 at the Royal North Shore Hospital

(RNS). Toni had been swimming laps, followed by water exercises four times a week for many years and found it beneficial for the osteoarthritis in her knee. However when she added the Strength & Balance program to her exercise regime she really noticed the difference and no longer needs to use a walking stick. 'About halfway through the term I noticed that I didn't need to use my stick anymore to walk. I pride myself on that. I have decided to keep on with the classes, I'd do anything to prevent having a knee replacement,' Toni said.

For class venues and times go to page 30.

Lindy Sivyer

Marketing & Campaign Co-ordinator
Arthritis & Osteoporosis NSW

Community education

Following AONSW's delivery of community education sessions at various venues across Sydney and in rural areas in 2018, the health services team has developed a structured program of community education that focuses on Living Well with Arthritis.

Health Services Manager Andrew Cairns said that community-based education programs played an important role in promoting the effective self-management of chronic health conditions such as arthritis. 'When delivered by a trusted organisation such as Arthritis NSW, there are multiple benefits for participants,' he said.

The benefits are:

- a better understanding of their disease – the causes and affects
- knowledge about self-managements strategies
- skills and tips on how to implement self-management strategies
- opportunities for peer education and support
- ability to connect with the health-trained facilitator for further referral
- evidence-based and consumer friendly information resources for ongoing reference
- confidence and motivation to initiate beneficial life-style change.

Each of the eight sessions focuses on a different aspect of managing arthritis, with the content adapted to the profile and needs of the audience, whether that be a retirement village, young people facing the challenges of juvenile arthritis, or a local special interest group.

Organisations interested in booking education sessions for their members or staff are encouraged to visit our website at www.arthritisnsw.org.au/health-services/education-programs/community-education-sessions/ and to complete the online Expression of Interest / Booking form.

For more information call 02 9857 3300 or email info@arthritisnsw.org.au.

Sharon Knight

Marketing & Communications
Manager
Arthritis & Osteoporosis NSW

Easy food swaps



Weight management is one of the key elements to living well with arthritis. A simple way to improve your diet but not give up your favourite meals is to try some healthy food swaps. Making small changes is the easiest and most achievable way to lose weight. Swap:

Milk chocolate for dark chocolate: Dark chocolate contains less than half the sugar of milk chocolate. Milk chocolate is roughly 255 calories per bar while dark chocolate is 70 calories.

Canola oil for coconut or olive oil: Olive oil is still universally acknowledged as one of the healthiest oils to cook with, and coconut oil is hot on its heels and is popping up in recipes.

Pasta for spiralled vegetables: Cutting out starchy pasta is a great way to lose calories from your meal. There are around 392 calories in one serving of pasta. But don't say goodbye to spaghetti bolognese – just try it with zucchini spirals.

White bread for brown bread: Flour is more processed in white bread than it is in brown. Removing the bran in white bread also removes key nutrients, including vitamins, minerals, healthy fats, protein, and fibre. There are 73 calories in one slice of brown bread, and 79 in one slice of white.

Granola for porridge: There can be 225 calories per serving in a bowl of granola. But porridge only has around 150 calories per serving, is better for

your heart, and can help lower your cholesterol.

Mashed potato for mashed cauliflower: Cauliflower mash has become a popular substitute for mashed potatoes, as the white vegetable is less heavy and starchy. It doesn't taste all that different either!

White rice for brown rice: Brown rice has several layers and is nutrient-rich. If brown rice is further milled to remove the bran and top layers, the result is a whiter rice. This white rice is simply a refined starch that is largely removed of its original nutrients. The fibre in brown rice makes it better for digestion and it also makes your stomach feel fuller more quickly.

Cheddar cheese for cottage cheese: 100 grams of cottage cheese has 98 calories compared to standard cheddar which has 402 calories.

Ice-cream for Greek yoghurt: Swap after dinner ice-cream treats for Greek yoghurt with some berries or a little honey. The protein in the yoghurt will fill you up and the sweetness of the berries and honey makes it a delicious and healthy dessert option.

Couscous for quinoa: Quinoa is a simple swap for rice and couscous. Not only is it a delicious gluten-free 'grain' option for any meal, quinoa is high in protein and although we eat it like a grain it is actually a seed.

Nutrition



Fizzy drinks for water: Ditch fizzy drinks for water, and you will find you lose weight quickly and feel less bloated too. Fizzy drinks contain a high level of sugar which can damage your teeth, and syrup – which could cause you to develop diabetes. You can jazz up water with fresh lemons or limes.

Cappuccino for white tea: A cappuccino contains 150 calories, whereas a cup of white tea is only 3 calories. So if you still want caffeine as a pick-me-up in the morning, try swapping your coffee for white tea. Later, you could try swapping white tea for calorie-free peppermint or green tea which contain antioxidants and act as an appetite suppressant.

Turn to page 22 to discover the smart swaps for a healthy BBQ.

Source: healthymummy.com

Psoriatic arthritis

Psoriatic arthritis (PsA) causes pain, stiffness and swelling in and around the joints and develops in roughly 30 percent of people who have psoriasis¹. Left untreated, the condition can cause permanent joint damage. For people who have or suspect they may have PsA, it is extremely important to work with a rheumatologist to find the right treatment plan.

What is psoriatic arthritis?

Psoriatic arthritis is a chronic, inflammatory disease of the joints and the places where tendons and ligaments connect to bone. The immune system creates inflammation that can lead to swelling, pain, fatigue and stiffness in the joints.

PsA can start at any age, but often appears between ages 30 and 50. For most people, it starts about 10 years after psoriasis begins. While it is less common, people can develop psoriatic arthritis without having psoriasis. Genes and environmental factors are both thought to play a role in the onset of the condition.

Symptoms

PsA can develop slowly with mild symptoms, or it can develop quickly and be severe – each case is different. Early recognition, diagnosis and treatment of psoriatic arthritis is key to prevent or limit the extensive joint damage that occurs in later stages of the disease. Some people may develop PsA in a joint after an injury – which may appear to be a cartilage tear.

Here are the common symptoms of psoriatic arthritis:

- fatigue
- tenderness, pain and swelling over tendons
- swollen fingers and toes that sometimes resemble sausages
- stiffness, pain, throbbing, swelling and tenderness in one or more joints
- reduced range of motion
- morning stiffness and tiredness

- nail changes — eg. the nail separates from the nail bed or becomes pitted, mimicking fungus infections
- redness and pain of the eye (uveitis)

There is little connection between psoriasis severity and PsA severity. Having a severe case of psoriasis does not necessarily mean you will have a severe case of psoriatic arthritis. You could have few skin lesions but many joints affected by arthritis.

PsA locations

Psoriatic arthritis can occur anywhere that you have a joint or where your ligaments and tendons connect to bone. Your rheumatologist will consider how many joints are affected before determining a treatment plan. Even a small number of inflamed joints, however, can have a profound impact on pain and function and factors into the treatment decisions.

Mild psoriatic arthritis is sometimes referred to as oligoarticular, meaning it affects four or fewer joints in the body. Severe psoriatic arthritis is often referred to as polyarticular, meaning it affects four or more joints.

There are locations that are more common for people to experience psoriatic arthritis symptoms:

Spondylitis refers to inflammation of the spinal column. The main symptoms are inflammation with stiffness of the neck, lower back and sacroiliac joints. Spinal arthritis makes joint motion in these areas painful and difficult.

Enthesitis refers to inflammation of entheses, the site where ligaments or tendons insert into the bones. Common locations for enthesitis include the bottoms of the feet, the Achilles' tendons and the places where ligaments attach to the ribs, spine and pelvis. It is unique to PsA and does not occur with other forms



1. Psoriasis is a common skin condition that speeds up the life cycle of skin cells. It causes cells to build up rapidly on the surface of the skin. The extra skin cells form scales and red patches that are itchy and sometimes painful. Psoriasis is a chronic disease that often comes and goes.

of arthritis such as rheumatoid arthritis or osteoarthritis. Enthesitis can make the tissues in the affected area become ropey – known as fibrosis – or solid – known as ossification or calcification.

Dactylitis, or ‘sausage digits’, refers to inflammation or swelling of an entire finger or toe. It happens when the small joints and entheses of the surrounding tendons become inflamed. Dactylitis is another distinguishing indicator of psoriatic arthritis. Typically, dactylitis involves a few fingers and/or toes, but not in a symmetrical pattern – PsA affects different toes and fingers on different sides of the body.

Diagnosis

Your doctor will diagnose psoriatic arthritis from your symptoms and a physical examination. Your skin will be examined for signs of psoriasis, if you have not been diagnosed with this already. There is no specific test for psoriatic arthritis. However your doctor may order blood tests for inflammation, such as the erythrocyte sedimentation rate (ESR) test. Blood tests may also help to rule out other types of arthritis. If your doctor suspects you have psoriatic arthritis you should be referred to a rheumatologist.

Treatment

Though there is no cure, there are treatments available to help stop the disease progression, lessen pain, protect joints and preserve range of motion. Early recognition, diagnosis and treatment of psoriatic arthritis are critical to relieve pain and inflammation and help prevent joint damage.

Your rheumatologist will tailor your treatment to your symptoms and how severe your condition is. There is no way of predicting exactly which treatment will work best for you. Your doctor may need to trial several different treatments before finding the one that is right for you and may include medicines, such as:

- non-steroidal anti-inflammatory drugs (NSAIDs)
- disease-modifying anti-rheumatic drugs (DMARDs)
- biological DMARDs.

For more information see the Australian Rheumatology Association's Patient Medicine Information

What you can do

1. See a rheumatologist. A rheumatologist can diagnose psoriatic arthritis and make sure you get the right treatment to help your symptoms and prevent future problems. If you have psoriatic arthritis and have not seen a rheumatologist, ask your doctor to refer you.
2. Learn about psoriatic arthritis and play an active role in your treatment. Not all information is trustworthy so always talk to your doctor or healthcare team about treatments you are thinking about trying.
3. Live a healthy life. Stay physically active, eat a healthy diet, stop smoking and reduce stress to help your overall health and wellbeing.
4. Learn ways to manage pain with exercise, heat and cold, massages, relaxation and taking care of your joints. See box.
5. Acknowledge your feelings and seek support. As there is currently no cure for psoriatic arthritis, it is natural to feel scared, frustrated, sad and sometimes angry. Be aware of these feelings and get help if they start affecting your daily life.

Sources: psoriasis.org/psoriatic-arthritis
Arthritis Information Sheet: *Psoriatic Arthritis*,
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Reviewed December 2017



Arthritis & Osteoporosis

NSW has a range of information sheets on the different types of arthritis (including psoriatic arthritis) their symptoms, medical treatment and ways you can self-manage your condition. To access the full range visit arthritisnsw.org.au/about-arthritis/types-of-arthritis/ or call **02 9857 3300**.

Community backs call for JIA funding



Late last year, Arthritis & Osteoporosis NSW called for the NSW Government to significantly increase funding and education for doctors and nurses treating juvenile arthritis.

The media picked up the story and, after two ABC TV interviews and some

online profiles of our Camp Footloose teenagers, AOSNW launched a petition on social media, asking our Facebook followers to sign and share to spread the word and create a groundswell of support.

In less than a week the petition attracted more than 800 signatures, an encouraging sign for an issue which needs immediate attention. At time of print, more than 1500 people had added their support.

AOSNW CEO Sandra Vincent said that NSW was falling behind both international guidelines and benchmarks in other Australian states when it comes to the diagnosis and care of juvenile arthritis. 'The condition is more common than childhood diabetes and affects more than 3000 children in NSW,' she said.

If you would like to help raise awareness of and attention to this issue you could do the following:

- Write to your local MP
- Write to NSW Health Minister: The Hon. Brad Hazzard, MP, GPO Box 5341, SYDNEY NSW 2001
- Write to Shadow Health Minister: The Hon. Walt Secord, Parliament House, Macquarie Street, SYDNEY NSW 2000

Sign our petition and share on your social media: The petition will provide details on the issue that you can include in your correspondence to the contacts above and links to how to share on social media. Here is the link address: arthritisnsw.org.au/2019/01/21/petition/

Leanne Hinden

Social Media & Digital Marketing
Co-ordinator
Arthritis & Osteoporosis NSW

Rural program heading to the outback

Thank you to the many donors who have given generously to our latest Rural Health Appeal. The more money we raise, the more places we can visit.

'We are still planning this year's program but we know that it's important to take our messages about living well with arthritis to new audiences and we will achieve that by going further afield than last year,' said Health Services Manager Andrew Cairns.

The Rural Health Initiative 2018 ended its run in November with our stand at the Albury Show, followed by a presentation on exercise and nutrition. An evaluation of the whole program reported that all five community education sessions were rated highly by participants. In addition, feedback from the Macksville event confirmed that there had been new referrals to physiotherapy and occupational therapy as a direct result of the

forum. There was a general increase in memberships to support groups and AOSNW generally.

If you would like to donate to our Rural Appeal visit arthritisnsw.org.au/support-us/current-appeals/rural-health-appeal-2019/ or call 02 9857 3300.

Janine Robertson

Health Services Project Officer
Arthritis & Osteoporosis NSW

Support Camp Twinkletoes



It's hard to believe that it's almost time for Camp Twinkletoes 2019. The camp will be held in May to help families of children from birth to eight years suffering from juvenile arthritis.

The costs of the camp are high, however AOSNW has contained the fees to ensure the event is accessible to all families. We are asking for your help to sponsor the shortfall between the fees and actual costs per person.

To donate visit: arthritisnsw.org.au, call us on 02 9857 3300 or complete the donation form inserted in this issue of *Arthritis Matters*.

WORKPLACE GIVING

Did you know that you can give regularly to AOSNW through workplace giving? It's so easy as your payroll department will organise it for you. Your donation is also pre-tax so it will cost you less than the amount we receive, eg. if you donate \$5 it will only cost you \$3.38 while AOSNW will receive still \$5. This keeps administration costs down as well.

To set it up call 02 9857 3300 or email info@arthritisnsw.org.au.

Finding new pathways

Retirement villages

Following our successful program delivering education sessions at six retirement villages in the Sydney basin throughout 2018, Arthritis & Osteoporosis NSW is looking forward to continuing raising awareness of arthritis and its impact on those who live with the condition this year.

As well as education focused on 'living well with arthritis', the sessions include information on the services and programs AONSW provides, which are made possible through the generosity of our financial supporters via donations, regular giving and bequests.

We are very excited that the delivery of our education session *Managing Arthritis* to the residents of retirement villages will include those villages in and beyond the Sydney metropolitan area in 2019.

If you are a resident of a retirement village or part of the management team, please contact us to receive an information pack and/or to book a session at friends@arthritisnsw.org.au.

Support groups

Our Support Groups are vitally important to AONSW and their local community because they are the hub of communication with both current and potential members. The groups are made up of AONSW members who have lifelong personal experiences to share with those who have been newly diagnosed. Members of a support group can provide a wealth of information from their own life experiences, a friendly smile and a cup of tea.

Support groups can provide a lifeline to those in the community with arthritis, a condition which can restrict sociable physical activity, resulting in isolation and loss of connections.

For information on meeting times and dates, as well as locations of your nearest group, please contact AONSW at friends@arthritisnsw.org.au or visit arthritisnsw.org.au/membership/support-groups/

Working with CSR Gyprock

Last year, CSR Gyprock and Arthritis & Osteoporosis NSW got together to educate tradespeople on how to maintain better health and work practices.

Tradespeople, especially those in the construction and manufacturing industry, are susceptible to developing arthritis due to the physical and demanding work they put their body through each day. The project informs plasterers of the best practices to help prevent and manage the condition with the aim to prolong their career and improve general wellbeing.

According to Safe Work Australia, between 2010–2011 and 2014–2015, tradies made up 30 per cent of Australia's workforce, but represented 58 per cent of serious claims

for workers' compensation. The incidence rate was three times the rate of all other occupations with around 190 serious claims made each day. Musculoskeletal disorders, with the most common type being arthritis, are a serious health problem that make up 15 per cent of the compensation claims.¹

Regular exercise and stretching improves joint mobility, flexibility, muscular strength, posture and balance. Health Services Manager Andrew Cairns has overseen the production of a series of videos demonstrating stretching and safe lifting techniques which tradesmen can easily adopt to prevent, protect and reduce the impact of arthritis.


The videos can be accessed at youtu.be/AZfr9dvmnZY

For further information call 1800 011 041.

1. safeworkaustralia.gov.au/doc/infographic-serious-claims-tradies


Jo Boik


Business Development Manager
Arthritis & Osteoporosis NSW



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Handle with care

If you look after someone who has a chronic illness, such as arthritis or any other musculoskeletal condition, then you may be considered a carer. This person may be your child, parent or other family member, partner or a friend. It can be an equally challenging and rewarding role and, rest assured, you are not alone.

The Australian Government has a comprehensive website dedicated to the many carers who look after loved ones. Carers are extremely valuable members of our society, contributing across the facets of family, health and community. Read on for some practical advice and reassurance. Visit the website here: carergateway.gov.au

New to caring

If you've just started caring for somebody, it can feel overwhelming. Becoming a carer might have come about gradually. Or perhaps your life changed in a day. Whatever happened, becoming a carer can change your life in many ways. Some of these changes can be positive, but they might also be challenging. Everyone's experience of caring will be different.

Rewards

Many carers say there are a lot of positive aspects to the role, including:

- knowing you are helping someone who needs you and who you care about
- a strong relationship between you and the person you care for
- a sense of purpose

- personal growth and new skills
- being acknowledged and appreciated by the person you care for, and by family and friends
- sharing the fun times, and being there for successes and improvements.

Challenges

Caring for someone can be hard work and take up a lot of time. It may change your relationship with the person you are caring for, and limit your freedom and spontaneity.

Sometimes relationships can strengthen, but the demands of caring mean that they can also become strained. Carers often have to deal with strong emotions, like guilt, anger and stress which can spill into other relationships.

Many carers feel socially isolated. Caring for someone means you might miss out on being with friends, spending time with family members or doing things for yourself. Caring for someone can affect work and education opportunities. It can also be expensive. You might be entitled to carer payments, even if you are caring and working.

Changes

Circumstances can change when you are caring for someone. The health of the person you are caring for might worsen. Their condition might become more complex. You might notice physical or behavioural changes. Medicine management can become more difficult. They might need extra help at home, hospital care or residential care.

However, the health and condition of the person you care for might improve so they may need less care. While this is positive, it can be difficult too, since you might feel less useful than you did before.

Planning for change is important. You can:

- get help from counselling, respite care or extra services
- contact your local Carers Association for advice and support
- ask your doctor for help preparing a personalised care plan for the person you are caring for
- keep a record of changing symptoms and behaviour and show your notes to your doctor.

Respite

If you're caring for someone, you might find it hard to take a break. But it is important that you do – for both yourself and the person you care for.

Respite care is when the person you care for is looked after by someone else. That can be in their home, or somewhere else. It might be for just a few hours or overnight, or for longer periods. You can choose what is best for you and the person you care for.

Respite care can be provided informally by family or friends, or formally by a respite service. Some people may choose respite at home, while others prefer community or centre-based services.

Different types of respite services may be available:

- **In-home respite** – a care worker provides care in the home or may take the person you care for on an outing, or stay overnight.
- **Centre-based respite** – held at a centre or club that organises group activities for the person you care

for, allowing them to meet other people.

- **Community access respite** – provides activities to encourage a sense of independence in the person you care for by providing social interaction.
- **Residential respite care** – a short stay in a residential care home for the person you care for.
- **Consumer-directed respite care** – a package that gives you more choice about the type and delivery of respite care.

Carers often worry about leaving the person they care for. But it is important to remember that respite is only for a short period of time and regular breaks may be important for you as a carer.

Consider planning a break in advance. This can help avoid stress build-up. It can also help to avoid waiting lists that services may have. However, emergency respite may be available if the unexpected happens - a major illness, a bereavement or you need help at short notice.

Some services are free; others are not. The cost of respite care depends on the care provider, the length of time involved, and the type of care.

You can contact your nearest Commonwealth Respite and Carelink Centre on 1800 052 222 for advice on the types of respite and support available in your area. They may be able to help you find the respite care that best meets the needs of you and the person you care for.

Financial changes

You may be able to claim a carers payment if you are caring for someone. If your circumstances change, however, your rate of payment might also change. It's common to be worried about financial assistance coming to an end. The Department of Human Services website has information on what you need to do if your circumstances change.

Source: carergateway.gov.au/caring-for-someone

WE RECOMMEND

Daily Living

Aids for Daily Living (ADL) supplies products to people with arthritis to help ease their pain and increase their productivity and independence.

Here are two products that have been independently tested and approved by Arthritis Australia, designed to give very practical help to people with arthritis.

All purchases are backed by a 90-day money back guarantee. Remember to make your purchase through the Arthritis NSW website:
arthritisnsw.org.au/adfl-shop/



Medicine cap remover \$9.90

This two in one helper makes it easy to remove child proof caps and has added magnification that helps you read the labels. Engineered with a series of grooves that marry up to the most common medicine bottles, the cap remover helps you easily open medications and vitamins.

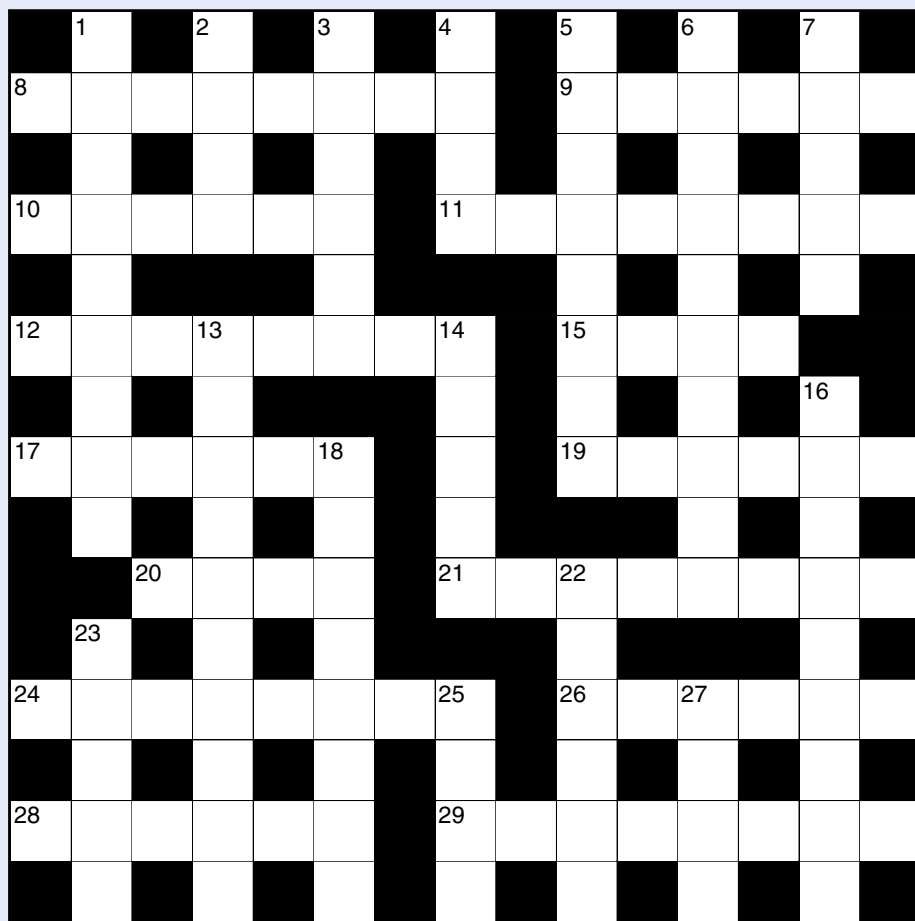


Easi-grip scissors \$39.90

The Easi-grip scissors are extremely lightweight with plastic handles and stainless-steel blades. The continuous loop handle automatically reopens the scissors when pressure is released. As they require only a gentle squeeze to operate them, they can be used between fingers and thumb or fingers and the palm of the hand. They can be used either right or left-handed.

Crossword

In this issue, the answers to some of the crossword clues relate to fatigue, which is a common symptom of arthritis. For information on managing fatigue, visit our webpage at arthritisnsw.org.au/living-with-arthritis/fatigue-arthritis/



© Lovatts Puzzles

ACROSS

8. Fatigue, pain, and stiffness are classic ... of rheumatoid arthritis
9. Strength and stamina, which is commonly lacking in fatigue sufferers
10. Deteriorate (of a condition or illness)
11. Living with this autoimmune disorder may increase one's susceptibility to fatigue, ... syndrome (7'1)
12. Ailments, such as lupus or scleroderma, that contribute to fatigue
15. Getting this regularly, especially before tiredness sets in, should ease fatigue issues at least temporarily

17. Sister's son

19. Political refugee

20. Pre-migraine sensation

21. P..... your day will help reduce fatigue

24. Question or statement

26. Lateral epicondylitis is familiarly known as ... elbow

28. Inaccuracies

29. It becomes restricted when one's limbs are fatigue-affected

DOWN

1. Found in inflamed tissues, these chemicals can be a contributor to extreme fatigue
2. Therapeutic baths
3. A classic arthritis sign is inflammation and stiffness in these
4. Applications
5. Commodity
6. This mental illness is a significant contributor to arthritis-related fatigue
7. Great physical or mental pain
13. The essentially total absence of 9 across, which may be mental, physical, or emotional
14. Sufferers of arthritis-related fatigue may find that even eight hours of this does little to alleviate their condition
16. Impermanent (of an illness or disorder)
18. Inactivity due to arthritis-related pain may cause ... of the muscles
22. Individuals who are less physically ... are at increased risk of experiencing arthritis-related fatigue
23. The release of adrenaline, an excess of which can contribute to fatigue, puts increased strain on this organ
25. Deciduous trees
27. Lacking sensation

CAMP POSITIVELY IMPACTS CHILDREN'S LIVES



Last year, Arthritis & Osteoporosis NSW commissioned research to develop a model to measure the social impact of Camp Footloose on the lives of the children who attend the five-day annual event.

Health Services Manager Andrew Cairns said that the impetus behind the research was to find a way to collect data that showed that there had been positive changes in the physical, psychological and social effects of juvenile arthritis (JIA) on the child following their participation at camp.

'We already knew through our own delivery of services to children

with JIA that the condition impacts them physically, psychologically and socially,' Andrew said. 'These children experience physical pain, worry, anger, negative self-image and feelings of exclusion.

'We also see them leave at the end of the camp in a much happier and confident frame of mind than when they arrived, and their parents confirm this as well, because the camp provides them with education, support and peers with whom they can share experiences and understanding.'

The research provider, the Social Impact Institute, attended Camp Footloose in October to interview parents, children, volunteers and AONSW staff over the five days. They also conducted general conversations with the children and observed them during activities.

Survey tool

Their report confirmed the impacts that JIA has on children and the benefits that Camp Footloose provides them. The researcher also

recommended a specific survey tool to measure the health-related quality of life of children with JIA enabling AONSW to collect data to provide a profile and build a platform for this vulnerable group of children.

CEO Sandra Vincent said that the research was ongoing. 'We still need to collect data on children with JIA who have not attended the camp, which will provide the baseline information that will be compared to the children who have attended and demonstrate the impact the camp has on the children's future,' she said.

Andrew said the research findings had given AONSW a great stepping stone for the social progress they want to achieve. 'The research verified that we are addressing JIA correctly within our programs. Now we can use the data to make the government more aware and pro-active in consideration of juvenile arthritis,' he said.

Lindy Sivyver

Marketing & Campaigns Co-ordinator
Arthritis & Osteoporosis NSW

Osteoarthritis strategy aligns with AONSW

In November 2018, the National Osteoarthritis Strategy was launched at the National Osteoarthritis Summit in Canberra in preparation to be implemented Australia-wide.

The strategy was prepared by the National Osteoarthritis Project Group as a national response to the condition and to outline how our limited healthcare resources could be coordinated to achieve optimal outcomes for people.

The Group is led by Professor David Hunter who is the Florence Cope Chair of Rheumatology, Chair of the Bone and Joint Institute, Professor of Medicine at University of Sydney and the Royal North Shore Hospital and Consultant Rheumatologist at North Sydney Orthopaedic and Sports Medicine Centre.

Osteoarthritis is the most common chronic joint disease and one of the leading causes of pain and disability in Australia and globally.

AONSW CEO Sandra Vincent said that it was pleasing to see that five of the strategy's six priorities aligned closely to Arthritis & Osteoporosis NSW objectives and Clinical Framework.

The priorities are:

Priority 1: Implement multifaceted programs to prevent obesity and increase physical activity for the prevention of osteoarthritis.

Priority 2: Adhere to joint injury prevention programs

Priority 3: Support primary care practitioners to deliver high-value care to people with osteoarthritis, including increased prescription of lifestyle interventions.

Priority 4: Improve the uptake of evidence-based and affordable, tailored, non-surgical care and support for ongoing self-management by all Australians with osteoarthritis.

Priority 5: Optimise decision-making processes leading to total joint replacement surgery and maximise client outcomes following total joint replacement surgery for people with severe osteoarthritis.

Priority 6: Implement non-surgical management of severe osteoarthritis in the community.

'We are looking forward to the implementation of the National Osteoarthritis Strategy as it will optimise the coordination of health care resources and help achieve optimal outcomes for people living with osteoarthritis,' Sandra said.

Source: National Osteoarthritis Strategy, National Osteoarthritis Strategy Project Group, Osteoarthritis Summit Canberra 2018.

consol.eventsair.com/QuickEventWebsitePortal/osteoarthritis-summit-2018/oasummit18

Healthy BBQ ideas

During the warmer months, the classic Aussie BBQ is a popular approach for both entertaining and meals at home. Here are some healthy options that are kind to your joints.

The classic barbecue menu can be problematic for someone living with arthritis, or trying to manage their weight. Between high-fat staples such as creamy potato salad and greasy burgers, and inflammation-spiking processed foods like white buns and ice cream, it's a recipe for an arthritis-diet disaster.

The good news is that with these BBQ food swaps you'll be out on the deck, wielding the tongs, and serving up healthy, tasty and joint-smart alternatives in no time.

STARTERS

Instead of fatty chips and dips, try ...

- Grilled whole-grain bread, accompanied by a tomato-based bruschetta, white bean puree, hummus and other spreads
- Grilled summer vegetable skewers like zucchini, yellow squash, Spanish onions and peppers.



MAIN DISHES

Instead of greasy meats such as burgers and sausages, try ...

- Mushrooms marinated in equal parts olive oil, balsamic vinegar and lemon juice. You'll get immune-boosting nutrients in the mushrooms, vinegar and lemon juice. Plus, studies show that oleocanthal, one of the most concentrated anti-inflammatory compounds in olive oil, may dampen the body's inflammatory process and reduce pain sensitivity with a pharmacological action similar to ibuprofen.
- Salmon with a splash of lemon and a sprinkling of savory summer herbs. Salmon is rich in omega-3s and vitamin D, which can enhance joint health, boost immunity and protect against inflammation.

SIDE DISHES

Instead of mayo-based salads like coleslaw, potato salad and pasta salad, try ...

- Bean salad – all beans boast fibre, protein and a bevy of anti-inflammatory phytonutrients.
- Sliced tomatoes, buffalo mozzarella and basil drizzled with balsamic vinegar and olive oil. Choose this tasty summer Caprese salad and you'll get more oleocanthal and cancer-fighting lycopene.



CONDIMENTS

Instead of tomato sauce (which packs two teaspoon of sugar per tablespoon) or mayo (which is relatively high in unhealthy fat), try ...

- Antioxidant-packed salsa or pico de gallo*. Weighing in at just four to five calories per tablespoon, and zero fat, salsa boasts plenty of nutrients.
- Olive oil-based pesto or sundried tomato spread. All three ingredients – olive oil, basil and sundried tomatoes – are loaded with anti-inflammatory properties.

* In Mexican cuisine, pico de gallo, also called salsa fresca or salsa cruda, is made from chopped tomato, onion, cilantro, fresh serranos, salt, and lime juice. Other ingredients, such as shrimp, or avocado, are also sometimes added.

Extracted from an article by Amy Paturel and published at arthritis.org/living-with-arthritis/arthritis-diet/recipes/healthy-grilling.php

DESSERTS

Instead of ice cream, cookies or cake, try ...

- Frozen bananas dipped in 70 per cent chocolate and rolled in coconut flakes. Dark chocolate is loaded with powerful disease-fighting compounds called flavanols, which help protect your cells against damage. Plus, chocolate is rich in magnesium, a critical nutrient for bone and joint health.
- Grilled fresh fruits, such as peaches, plums and pineapple, are perfect on their own or with frozen yogurt. (For best results, grill only one side of the fruit and use high heat for a quick sear).

FISH AND VEGETABLE SKEWERS



Here is another way to add seafood to a BBQ – add bite-sized pieces to your vegetable skewers. Try this version from Healthymummy.com.

INGREDIENTS

- 8 wooden skewers
- 4 x 120 gram pieces of skinless firm white fish such as ling or barramundi
- 1/2 orange squeezed
- 1 handful fresh coriander
- 4 tsp mild paprika
- 1 zucchini, cut into chunks
- 1 punnet cherry tomatoes
- 1 red capsicum, diced, seeds removed
- Salt and pepper to season

METHOD

1. Cut the fish fillets in half so that you have eight pieces of fish (roughly 60 grams each).
2. Chop up the coriander and mix it with the paprika and orange juice.
3. Rub the fish with the seasoning and let it marinate for an hour in the fridge.
4. When ready, skewer the fish pieces, along with the vegetables, through the thickest part to make a skewer.
5. BBQ or grill the skewers for around 5 minutes on each side.
6. Let them sit before serving.

Serve with a green salad or brown rice

Recipe and image from Healthymummy.com

Living well with arthritis

Arthritis affects people of all ages and circumstances, impacting not only the person's health, but also their ability to work and their family dynamics. Thank you to these members for sharing their stories.



Judy, 61, Newcastle

Judy was in her early 40s when she started getting pain in her lower back and hips. An x-ray revealed she had arthritis in her spine. 'One morning a year later I woke up and felt I had been hit by a truck,' Judy said. 'Another GP sent me for blood tests and a bone scan, and I found

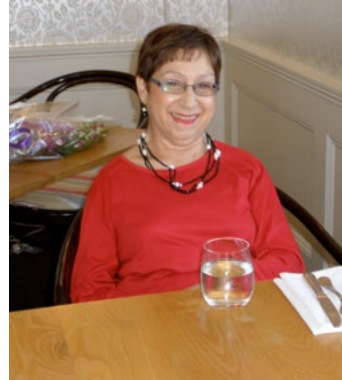
out I had lupus and arthritis from neck to toe. He didn't tell me what type of arthritis I had, he gave me medication which helped for a while. In 2015 I saw a rheumatologist who diagnosed my rheumatoid arthritis.'

Luckily Judy had her two children in her 20s, so she wasn't raising them while trying to manage her conditions. However, she worked in the kitchen of a private hospital where she was on her feet most of the time. 'I worked for four or five years after the initial diagnosis but then I had to retire because of the fatigue,' she said.

'The pain and fatigue is worse in summer, I get so tired I can sleep for three hours in the afternoon. I have fibromyalgia as well, which was diagnosed around the same time. Sometimes I don't know which condition is causing the pain,' she said.

As far as non-medical treatments go, Judy finds that remedial massage alleviates pain and takes magnesium and vitamin D for her bone health. She does exercises in the pool and walks in cooler weather.

For eight years, Judy has run the Newcastle Support Group which has evolved recently to an informal coffee and chat group. 'People feel isolated with arthritis and it's good for them to come along and have a chat. It has been so beneficial for me,' Judy said. 'I would hear others' stories and feel that I was going through the same thing. We understand each other and give each other support and company.'



Louise, Sydney

Louise's arthritis journey began 51 years ago with a sudden unexplained weakness in her right groin. 'The doctors had no diagnosis as blood markers showed no inflammation so I was bed-ridden for weeks and missed school,' Louise said. 'Throughout secondary school, I had

pain in my hips, knees, shoulders and back, resulting in me having to wear a corset under my uniform during Year 12.'

Louise studied music and English at university to become a secondary school teacher. Unfortunately, her right hip joint deteriorated significantly and she had a total hip replacement at age 22, followed by the left hip at age 23.

She worked full-time as a music teacher, got married and migrated to Australia in 1986. After settling in Sydney, Louise found a teaching position, sang in a choir and gave piano lessons after school. Her husband was supportive and helped with the housework.

However, from a diagnosis of atypical Ankylosing Spondylitis, the disease morphed into rheumatoid arthritis. 'My feet, hands and fingers were affected so I couldn't play nor teach piano. As my spine deteriorated, I had many fusions, resulting in it being too difficult to sing. Eventually, continuing damage to many joints made classroom teaching impossible, meaning I was forced to retire early,' Louise said.

'Now I attend weekly art history lectures and tutor high school students after school. I'm a keen theatregoer and attend concerts. After a fall at home in 2014, when I broke my right femur, I use a forearm walking frame and a wheelchair.

'I've taken many medications but 40 years of cortisone means that I have osteoporosis. I eat a calcium-rich diet and omega-3 foods. After many joint replacements and revisions, I stopped counting them! I'm blessed with a devoted husband, outstanding medical care and doctors. What more could a girl want?'



Laura, 33, Sydney

Laura lives in Sydney with her husband and their two children aged 3 and 1. She first realised something was wrong in May last year when she developed ankle pain. 'After seeing a physio for a few weeks, it was getting worse rather than better. I was eventually diagnosed

in October with arthritis - different doctors refer to it as spondyloarthritis, ankylosing spondylitis or seronegative arthritis. It's inflammatory, it's auto-immune, and it's painful,' Laura said.

'We don't own a car and rely on public transport and walking to get everywhere. For almost six months last year, I was in considerable pain due to severe inflammation in my foot, and we were very limited in what we could do. It was very difficult to care for my children, which was upsetting and frustrating. We tried to find activities close to home or public transport that were interesting and manageable, but it feels like I really missed a lot of quality time with my kids.

'I'm thankful that I had my wonderful and very hands-on husband to take care of the kids, and to take care of me. I felt helpless, not being able to stand and walk and help with housework or children, but whenever I got upset about this, my husband was very supportive in reassuring me that it is okay for me to rest. I also had my colleagues at work offer to perform the more walking-intensive parts of my job for me (even the pregnant woman helped out!).

Laura began taking methotrexate in October. 'While I'm finding the side effects unpleasant, overall it has vastly improved my quality of life. I am able to walk much more comfortably which is a huge relief. I'm starting warm water exercise classes soon, and am hoping this will help me regain some fitness without causing pain.'



Oscar, 11, Canberra

'Hello, my name is Oscar and I am 11. I live in Canberra with my family. I have a brother called Felix aged 6, and a sister called Matilda aged 9. I have oligoarticular juvenile arthritis but am really lucky to only have it in my knees.

'I was 8 when I was diagnosed with arthritis. My parents and I were alerted to something being wrong when my left knee started hurting at random times for no reason that we knew of. I have been on many different kinds of medicine throughout the past three years and have had three big needles in hospital with laughing gas (it's funny).

'I just take methotrexate every week now and I've been great for the past six months and my arthritis does not really affect my life in any way. When my knees are bad I can't walk, so I use crutches or a wheelchair. It doesn't bother me too much, I still have fun with my friends.

'I went to Camp Footloose last October and that was fun too. The only bad thing about Camp Footloose is that it's only once a year. I wish it was more often because I have so much fun with my arthritis friends.

Here is a photo of me in my vegetable garden, I love gardening but find it hard when my knees are sore.'



Preventing falls

As people age, their chance of falling increases. Each year, about a third of people aged over 65 experience a fall. For people with osteoporosis, even a minor fall can cause a fracture, so it is important to avert them wherever possible. A first step in prevention is understanding the major causes of falls, which are:

- poor muscle strength
- poor vision
- problems with balance
- home hazards which lead to tripping.

Muscle strength

Strength building exercises such as progressive resistance training (lifting weights that become challenging over time) are recommended to address poor muscle strength or prevent muscle wastage. Exercise must also be regular, at least twice a

week and vary in routine. Arthritis & Osteoporosis NSW runs a Strength & Balance exercise program designed to help individuals with arthritis and osteoporosis to develop strength, improve overall fitness and improve confidence. For class details see page 30.

A physiotherapist can help with a falls prevention program such as undertaking supervised resistance training to strengthen muscles and doing balance exercises such as heel-to-toe walking and Tai Chi.

Vision check

Poor vision can contribute to a potential fall. According to the NSW Department of Health, eye conditions such as cataracts, macular degeneration and glaucoma can increase your chances of having a fall. Tell your doctor if you notice any changes to your eyesight.

Have your eyes checked regularly by an optometrist. As we age it becomes harder to:

- see obstacles, uneven footpaths and edges of steps
- see spills on the floor
- see well in poor light and cope with glare
- adjust to sudden changes in light.

If you get new glasses, it will take time to adjust to them, so be extra careful.¹

Stability

A doctor can review any conditions such as low blood pressure or inner ear problems which may cause balance issues, or medicines that may cause dizziness. They may also evaluate your diet as poor nutrition can contribute to light-headedness.

Balance exercises

An important way we can avoid falls and injury is by improving our static (stationary) and dynamic (moving) balance skills. According to AONSW Health Service Manager Andrew Cairns, the following exercises targets static and dynamic balance, helping to improve strength and coordination. Please start slowly with each exercise, and ensure you follow the safety tips. Work up to performing two to three repetitions of these exercises every other day.²

Safety tips

1. Wear comfortable and close-fitting clothing. Avoid pants that are too long or wide at the ankles, which may cause tripping.
2. Wear shoes that have a high back collar for adequate ankle support; a firm sole and a heel less than one inch: those with stability issues may find that the thicker flared sole of an athletic shoe can cause tripping on carpet.
3. Maintain contact with a wall or stable chair when you first start the exercises or if you continue to feel unsteady.
4. If you are at high risk of falls, conduct these exercises in a safe environment under supervision.

Standing balance

- Stand with your feet shoulder-width apart on a hard surface with a hand touching a point of contact in front or to the side.
- Maintain this standing position as you slowly count to 25. As your balance improves, practice this exercise without touching your point of contact.

Advanced standing balance

- In a standing position, bring your feet together and try to maintain your balance as you slowly count to 25. Work toward performing this exercise without a point of contact.
- For the next level, bring one foot in front of the other, heel to toe, and hold for a count of 25. Work toward performing this exercise without a point of contact, and when you master that, try it with your eyes closed.

Tightrope walk

This exercise needs a hallway that has a firm floor.

- In a standing position, place one hand against the wall to maintain balance. Walk forward slowly, with your feet moving heel to toe as if you're on a tightrope. Look directly ahead as you walk in a straight line.
- As you become better at this exercise, try it without a point of contact.

Side step

- Stand with your feet together and keep your knees slightly bent, not locked. Place one hand against the wall to maintain balance.
- Slowly step to the side with one foot, and then bring the other foot to join.
- Continue sidestepping for 10 to 15 steps in each direction.
- As you become better at this exercise, try it without a point of contact.

Modified grapevine walk

- Stand with your feet together, knees slightly bent.
- Cross your right foot in front of the left, continuing this pattern as you move to the left for 10 to 15 steps. Repeat in the opposite direction, crossing your left foot over the right.

Flamingo stand

- Stand facing a wall with your feet shoulder-width apart and both hands outstretched and touching the wall.
- Slowly raise one leg, and hold for a count of ten. Repeat with the other leg. As you improve your balance with the exercise, try it without touching the wall. To increase the difficulty, close your eyes as you hold your raised leg.

Home hazards

An occupational therapist can conduct a home audit and suggest important changes to the home environment. They may recommend walking aids.

This is a useful home checklist:

- install handrails on steps and in bathrooms beside toilet, shower and bath
- place non-slip strips on stairs and non-slip mats in bathroom
- ensure rooms and stairways are well lit
- ensure edges of rugs and mats are flat or remove altogether
- secure electrical cords and remove loose cords from walkways
- ensure regularly used items in kitchen are within easy reach
- maintain paths around the home.

Bone strength

As well as the measures you can take to help prevent falls, maintaining strong bones is important in lowering your risk of fractures. To reduce further bone loss and your risk of fractures:

- take your osteoporosis medicine as directed
- follow advice about adequate calcium, vitamin D and exercise
- decrease your alcohol intake
- stop smoking
- stay informed – discuss your bone health with your doctor, pharmacist and physiotherapist and visit the Osteoporosis Australia website and Arthritis & Osteoporosis NSW website for information: osteoporosis.org.au and arthritisnsw.org.au

Sources:

1. activeandhealthy.nsw.gov.au/assets/pdf/3-falls-prevention-eyesight-october-2012.pdf
2. aaptiv.com/magazine/exercises-improve-balance-after-60

Reference:

What you need to know about Osteoporosis: Consumer Guide, Osteoporosis Australia, 4th edition 2006/2017



Swimming builds strength

Lap swimming is a wonderful low-impact sport for people with arthritis. It works all your muscle groups and builds cardiovascular endurance. It also stretches and lengthens your body, improving your posture.

Water can have a gentle, soothing effect on the body. Swimming laps can be very meditative; there is no pounding music, no clanging weights – it's just you and the water. The support of the water and the lack of joint impact make swimming a good choice for people who are unable to undertake high-impact activities, such as running.

Modifications

Specific modifications will depend on your joints affected by arthritis, but you may consider the following:

- Warm water pools are not ideal for lap swimming. A pool that is too hot will increase your blood pressure more rapidly than if you are in a cooler pool.
- Each stroke uses different joints in different ways. You will have to choose which is most comfortable for your affected joints.
- Swim equipment, such as kickboards and pull buoys, can help you modify your strokes.

Tips

- Since swimming is a non-weight-bearing exercise, you will need to add a weight-bearing exercise to your overall fitness routine to strengthen your bones, particularly if you are swimming to manage osteoporosis.
- Swimming lessons are helpful if you need to learn correct technique, form and body positioning to lessen joint strain.

Just remember to start slowly and increase the time, distance, intensity and speed at which you swim as you are able.

Source: arthritis.org/living-with-arthritis/exercise/arthritis-friendly/lap-swimming.php



Discount on Speedo swimwear

Speedo is once again offering our members a 20 per cent discount across the entire Speedo range until 30 June 2019.

Simply enter the promo code **AONSW20** when shopping online. Visit speedo.com.au to access the online catalogue. The discount excludes Fastskin race suits and cannot be applied in conjunction with any other offer.



Find help, guidance and support through our local networks

Location	Who to Contact			Meeting Place	Meeting schedule
Bathurst	SG	Nelma	0431 829 709	Bathurst RSL, 114 Rankin St, Bathurst	2nd Thursday 10am
Corowa	SG	Heather	02 6033 4393	Challenge Enterprises, 93 Guy St, Cnr of Redlands Rd, Corowa	1st Wednesday 1-30
Cowra	SG	Christine	0427 423 596	Upstairs, Calare Building, 103 Kendal St, Cowra	1st Tuesday 2pm
Dubbo	SG	Heather	02 6887 2359	"Sporties" 101 Erskine St, Dubbo	2nd Thursday 10am
Hawkesbury	BR	Julienne	02 4574 1928	Windsor Library, 300 George St Windsor	3rd Tuesday 10am
Holroyd/Merrylands	BR	Michelle	02 9631 7363	Merrylands RSL 14 Military Rd in the coffee shop	4th Wednesday 10am
Kincumber	SG	Jeanette	0418 226 891	Brentwood Village Auditorium, Scaysbrook Dr, Kincumber	4th Friday 10am
Long Jetty	SG	Liz	02 4332 5245	Nareen Gardens Retirement Village, 19 Bias Avenue, Bateau Bay	1st Thursday 10am
Macarthur	SG	Charmaine	0423 500 066	Campbelltown Library, Hurley St, Campbelltown	1st Wednesday 10am
Maitland District	BR	Veronica	02 4966 4649	East Maitland Bowling Club, New England Hwy, East Maitland	1st Thursday 10am
Newcastle	SG	Judy	02 4088 3146	Mayfield Ex-Services Club, 58 Hanbury St, Mayfield	3rd Monday 1pm
Nowra	SG	Gary	02 4423 3633	Café Continental, 3 Stewart Place, Nowra	1st Thursday 10am
Parkes	SG	Sandra	02 6863 4904	Pink Orchid Café, 16-18 Busman St (odd months); AOG Church Hall, 7 Rees Ave (even months), Parkes	Last Tuesday of the month 10am - Meet bi-monthly
Penrith	BR	Jan	02 4722 5940	CWA Rm, Cnr Tindale St & Castlereagh St, Penrith	2nd Wednesday 930am
Ryde	SG	Doris	02 9817 7470	Ryde-Eastwood Leagues Club, Ryedale Rd, West Ryde	4th Thursday 1pm
Wagga Wagga	SG	Lorraine	02 6926 3203	Rules Club, Cnr Fernleigh & Glenfield Roads, Glenfield Park	1st Thursday 1pm
Warilla/Shellharbour	BR	Sheila	02 4296 1340	Warilla Bowling Club, Jason Ave, Barrack Heights	3rd Thursday 1pm
Woy Woy	SG	Heather	0423 017 450	Woy Woy Bowling Club, North Burge Rd, Woy Woy	3rd Tuesday 10am

BR – Branch **SG** – Support Group

For further meeting details, please contact the person listed or refer to our website at arthritisnsw.org.au/membership/support-groups/

Events calendar



March 2019

Kidsflix: LEGO Movie sequel

March 9, Hoyts Warrawong
March 16, Hoyts Bankstown

Community Education Session: 'Arthritis, Osteoporosis and Maintaining Mobility'

10am – 12.30pm March 20,
Sutherland Shire Council

April 2019

Camp Twinkletoes

(date and venue to be confirmed)

May 2019

Kidsflix: Pokemon Detective

Pikachu

May 18, Hoyts Erina

June 2019

Kidsflix: The Secret Life of Pets 2 tbc

June 29, Hoyts Blacktown

Warm water exercise

Classes operate during the NSW Public School term. The following class times are subject to availability. To register your interest, visit our website at arthritisnsw.org.au/warm-water-exercise to complete and submit the form or call us on 02 9857 3300.

Canterbury Hospital, Campsie

Monday 12.00pm (women only)
Wednesday 1.30pm

Mowll Village, Anglican Retirement Village, Castle Hill

Monday 1.30pm
Tuesday 1.30pm and 2.30pm
Thursday 1.30pm and 2.30pm

Karonga School, Epping

Saturday 8.00am

Lane Cove Physiotherapy, Lane Cove

Tuesdays 1.30pm
Wednesdays 12.30pm
Thursdays 5.00pm

St Lukes Hospital, Potts Point

Wednesday 12.30pm
Saturday 9.00am
Saturday 10.00am

Royal Rehab, Ryde/Putney

Tuesdays 4.00pm
Saturdays 10.00am

Physical Therapy, Wollongong

Mondays 10.00am
Wednesdays 6.00pm
Fridays 10.00am

Strength & Balance

Epping YMCA, Epping

Mon and Wed 10.00am
Mon and Wed 11.00am

RNSH Community Centre, St Leonards

Tues and Thurs 2.00pm

Volunteer

Arthritis & Osteoporosis NSW is grateful for the support of our wonderful volunteers who help us deliver our services and keep our office running smoothly. We are always keen to hear from people interested in volunteering with us, particularly in the following areas:

- fundraising activities
- keeping our database up to date
- phoning members, support groups and branches to update our records
- helping to prepare for Camp Twinkletoes and Camp Footloose
- helping with Kidsflix registration and check in.

Please call us on **02 9857 3300** if you are interested in helping us in any of these areas.

Crossword solution





What legacy will you leave behind?



Your gift is about making a difference in the lives of those impacted by arthritis and its effects.

With one in four adults and one in 1,000 children in the state affected by this condition, we have extended our community education reach into rural NSW. Our programs create awareness of ways to prevent arthritis and to spot symptoms early for better health outcomes. Our annual camps help reduce the isolation experienced by children living with juvenile arthritis and give them a safe space to have fun in a supportive environment. Our gentle exercise programs – warm water and strength and balance classes – help keep people active and moving, building muscle strength and core stability, which reduces overall pain.

Our work helps people to manage their condition on a daily basis.

Leaving a gift in your Will is a very personal decision, and perhaps the greatest commitment you can make to help create opportunities and contribute positively to life changing services and to make a difference in someone's life.

Thank you for your support and helping us to move closer to ***Freedom from Arthritis.***

For further information about leaving a gift in your Will, or to have a confidential conversation, please call 02 9857 3300 or email: bequests@arthritissw.org.au or visit our website at www.arthritisnsw.org.au/support-us/planned-giving-bequests/



Arthritis & Osteoporosis

NEW SOUTH WALES

www.arthritisnsw.org.au

Arthritis & Osteoporosis NSW
Locked Bag 2216
North Ryde NSW 2113

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ABN 64 528 634 894

Arthritis Infoline: **1800 011 041**
Phone: **02 9857 3300**
Fax: **02 9857 3399**

Sign up for our monthly eNewsletter: eepurl.com/9rFd5
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