

# arthritis matters

ISSUE 50 | JUNE 2023

## At Work with Arthritis

*Work* (from the Old English *weorc* or Old Saxon *verk*):

- to perform duties for a wage (verb)
- physical/mental effort directed toward the production or accomplishment of something (noun)
- labour, service, hustle, toil, drudgery, daily grind, and slog! (synonyms).



This thing that we refer to as work came into our language around the early 13th century, featuring in figures of speech such as ‘many hands making light work.’ It reflected changes in how we worked ‘having one’s work cut out for us’ (circa 1610) and the terminology continued to develop, giving us ‘workforce’ (1947), ‘to work out’ denoting doing exercise (1948) and ‘work ethic’ (1959). Work has not only become deeply entrenched in our lives, for many it has also become part to their very identity. “What do *you* do?”

Going to work is something that most of us will do for at least some time during our lives. How, where, doing what and for how long will continue to evolve in response to changes in our cultural, political, and economic environments and social policies, and with the introduction of new tools and technologies.

Nearly twelve million Australians are currently in the workforce, yet many living with arthritis find their ability to fully participate or remain in employment is impacted adversely by their disease.

In this edition of *Arthritis Matters*, we will have a look at the benefits of being in the workforce, examine how changes in where and how we work and the tools we use could potentially benefit people with arthritis, and we will offer some tips to consider if your employment is being impacted by your condition.

We also take a peek at what is happening in the worlds of juvenile arthritis, arthritis research and we attempt to answer the question ‘are growing pains real?’

PS This is the 50th edition of our little newsletter!!!



## In this Issue

What’s News .....	2
Working with Arthritis .....	4
Research News .....	6
Other News .....	8
Member Stories .....	9
Programs & Events .....	10
New Resources .....	11
Get Involved.....	12

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*Disclaimer: The content provided in this newsletter is for information purposes only and should not be used in place of medical advice.*

## What's On in Juvenile Idiopathic Arthritis

In November last year, Australian Prime Minister, Anthony Albanese, and Australia's First Dog, cavoodle Toto welcomed thirteen children and teenagers with Juvenile Idiopathic Arthritis (JIA) and their parents to afternoon tea at The Lodge. The children, including eleven-year-old Harry D from Tasmania, travelled to Canberra with representatives from the Juvenile Arthritis Foundation of Australia (JAFA).

The event allowed Mr Albanese to hear directly from the children (and parents) about their daily struggles with pain, issues with accessing specialist medical and allied health services, and the general lack of awareness about the condition in the community.

JAFA Co-Founder, Prof. Ruth Colagiuri who has a grandchild with JIA, told the Prime Minister that "children with juvenile arthritis deserve better. It's time to bring resources for this painful disease up to the same level as other similarly serious and prevalent childhood conditions."

Last year Mr Albanese honoured his mother, who lived with crippling Rheumatoid Arthritis, saying "I know the difference that governments can make on peoples' lives because I lived it. Mum lived it. It's what motivated me to get into politics. To make sure no one is left behind."

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## Leaving No Child with JIA Behind

In March 2022, the Federal Parliamentary Standing Committee into Childhood Rheumatic Diseases, which received one hundred and twenty-seven submissions including one from Arthritis & Osteoporosis Tasmania, handed down its Interim Report. The Committee made fifteen recommendations. These were around issues such as paediatric rheumatology, nursing and allied health practitioner workforce shortages, gaps in specialist ophthalmic care, and the need for the establishment of dedicated specialist multi-disciplinary clinics offering outreach services in rural and regional areas.

In addition, the Committee acknowledged the current lack of awareness about the condition in areas such as General Practice, hospital Emergency Departments and schools, it recommended increased family support through the NDIS and Department of Social Security, and advocated for more efficient PBS pathways to ensure that children can access therapies that are currently available overseas.

The shortage of paediatric rheumatologists is an issue that has also been highlighted in a report by the Australian Rheumatology Association (ARA). The 'Rheumatology Workforce Report' (Feb 2023) noted that in 2021 there were only twenty paediatric rheumatologists in Australia (to deliver services at an international standard would require sixty-one) representing a shortfall of forty-one specialists. The Report noted "Paediatric rheumatology is woefully under-resourced in Australia. Addressing this should be a priority." Tasmania has no dedicated paediatric rheumatology services, with children having to travel interstate or be seen by an adult specialist.

## Camp Footloose

### JIA Camps for the Fancy-Free

Tasmanian children and young people (aged 9 to 18 years) with JIA have the opportunity to attend Arthritis NSW's Camp Footloose scheduled for October 2023. Located at the Sydney Academy Narrabeen (25km north of Sydney CBD), Camp Footloose provides a wonderful opportunity for children and young people to have fun, meet others like them and share experiences in a supportive environment.

Dedicated team leaders and staff will attend the camp and guide participants through a range of exciting activities. Fun education sessions will be facilitated by fully qualified health professionals, and nursing staff will be available 24/7 to assist with medications and other medical matters that may arise.

A travel subsidy is available, from a Commonwealth Government grant, to reimburse Tasmanian families for return airfares to the value of \$600 (for a child) and \$1200 (for a child and one parent). Arthritis NSW staff will be in attendance at the airport and will coordinate travel to the camp venue. Parents will be responsible for their own accommodation during the week of camp, at their own cost. For more details, please call Arthritis & Osteoporosis Tasmania.



Camp Footloose

## It's never JUST arthritis!

**For far too long people have been told “it’s just arthritis” – we’ll all get it eventually.**

Arthritis & Osteoporosis Tasmania continues to push back against that message and the mistaken belief that arthritis isn't serious. Our efforts are buoyed by the growth in our membership which has seen a 10.3% increase since July last year. Every one of our 959 members strengthens our voice as we continue to call for greater access to public rheumatology services for Tasmanians living outside the Greater Hobart Area; and as we seek to have improved access to affordable allied health services.



CEO Jackie Slyp with Andrew Wilkie MP

Earlier this year I was able to meet with Andrew Wilkie MP, Independent Federal Member for Clark, to brief him on current priorities for people with arthritis in Tasmania. As someone who lives with an inflammatory arthritis himself, Andrew understood the challenges that living with a long-term health condition can bring and wholeheartedly agreed with our opinion that “it’s definitely not just arthritis.”

## With Heartfelt Thanks

Bequests, or gifts left in a person's Will for the benefit of a charity, can make a significant difference, and none more so, than one recently received by Arthritis & Osteoporosis Tasmania. The late Graeme Cherry of St Helen's chose to leave gifts in his Will to benefit a number of Tasmanian charities, including ours, and whilst we are unable to personally thank him, we are truly honored to be part of his legacy. We will use his gift carefully and wisely where it can have the greatest impact.

A big thank you to all the talented craftspeople who have donated handmade items for sale. We were majorly impressed with the collection of knitted and crocheted bears, dolls, hats, scarves, and other items received. The knitted Christmas themed items were especially popular at the Combined Charities Christmas & Craft Shop, raising valuable funds to support our community-based programs and services. Special thanks to Yvonne Fogarty, Christine Larratt and the Margate Stitch & Share Craft Ladies; Judy Walker, Shirley Lovell, Kath Ferguson and Barbara Martak.



## Motion is Lotion

Exercise has long known to be good for arthritis. However, you choose to move (whether it be gardening, walking, dancing, or organized recreational activities) the importance is to regularly have some movement in your daily life – remember “motion is lotion”.

Arthritis & Osteoporosis Tasmania was recently thrilled to learn that its Healthy Tasmania Fund Healthy focus grant application to expand the Smoother Movers Strength Training Program was successful.



CEO Jackie Slyp with Premier and Minister for Health, Jeremy Rockliff

The grant funding, over two years, will enable us to engage a part-time project officer to identify new locations, find local providers, and establish programs. The Smoother Movers Strength Training Program is designed for adults of all ages, abilities and fitness levels and aims to improve functional fitness and build confidence. Classes are led by qualified exercise professionals so you can be confident that you're exercising safely, correctly, and for maximum benefit. If you think your community would benefit from a Smoother Movers Strength Training Program – be sure to let us know.

# Working with Arthritis

**One in three of us live with a chronic musculoskeletal condition such as osteoarthritis, back pain, types of inflammatory arthritis such as rheumatoid and gout, and/or osteoporosis, all of which can impact our ability to study or to work. Contrary to popular belief, arthritis is not a disease of the elderly. The majority of people will be of working age (16 - 65 years) or younger.**

*“Consideration needs to be given to what industries or work roles may be appropriate including the physical requirements of a job”*

When making decisions about study, work, or career, it is important to balance the pros and the cons and make decisions based on your individual needs - your condition (its type, symptoms, disease course/severity, and response to therapies and management strategies), any limitations your condition imposes on your ability to do the work safely, and your individual circumstances inside and outside of work.

Consideration needs to be given to what industries or work roles may be appropriate including the physical requirements of a job, the workplace environment, and the potential for career advancement into specialist or managerial roles (with less emphasis on manual aspects of the work). This is the case whether you are a young person with juvenile idiopathic arthritis considering what you might study to prepare you for entry into work or are of working-age contemplating a career or workplace change, considering a reduction in work hours, or preparing for a transition into retirement.

*Under workplace legislation, you are under no legal obligation to disclose your condition when applying for work or if you are in a job - unless it relates directly to the ‘genuine requirements of the position’*

One of the issues for those working with a chronic condition can be ‘to disclose or not to disclose.’ Under workplace legislation, you are under no legal obligation to disclose your condition when applying for work or

if you are in a job - unless it relates directly to the ‘genuine requirements of the position’ ie. if your condition might affect your ability to perform the normal duties of the role safely and effectively.

*“your employer is legally obligated to make ‘reasonable adjustments’ to accommodate your needs”*

If you do decide to disclose your condition and any associated disability, your employer is legally obligated to make ‘reasonable adjustments’ to accommodate your needs - these could include modifications to the work tasks, the work environment, any equipment used and/or the hours worked.

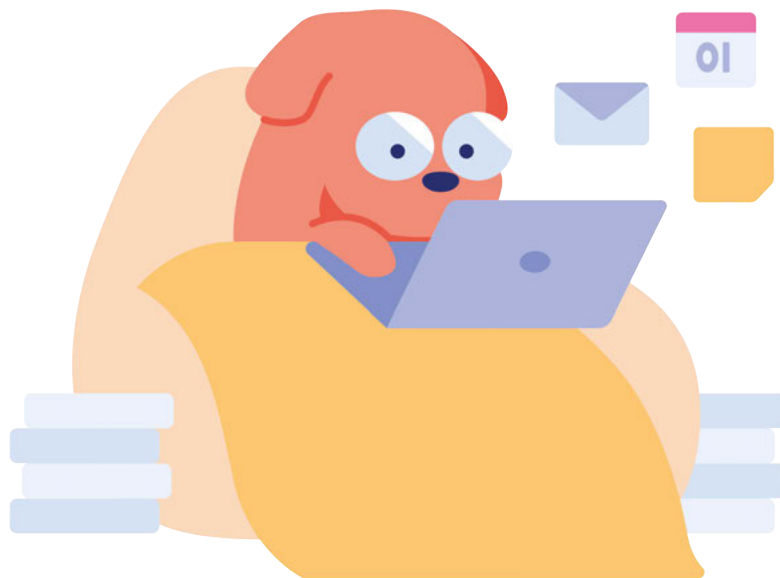
Australian workplaces need to focus on creating safe and flexible workplaces that support employees at all stages of their employment journey, accommodating differences and focusing on promoting healthy workplaces and work-related behaviours. In addition, employer/employee relationships need to be built on respectful communication, openness, and trust, with an acknowledgement that some employees will have and/or acquire limitations.

The balance needs to shift towards allowing employees to suggest how, when, where and for how long they can best do what they are trained/skilled to do, and what they need from their employer/the workplace to facilitate the same. Research points to this paying off in spades with increased workforce morale, enhanced job satisfaction, less absenteeism and greater productivity.



## Some Tips for Working with Arthritis:

- don't make a hasty decision if you are newly diagnosed or are having a disease flare - your symptoms may resolve themselves with active management (medication, physical activity, sleep etc.)
- be proactive, try to negate/modify any factors that cause an increase in your pain and/or fatigue
- consider/negotiate changes to your work environment - ergonomic, equipment (tools or your shoes/boots etc). Get advice from an occupational therapist or vocational rehabilitation counsellor
- consider/negotiate changes to your work hours - more breaks, less hours per day, longer hours but less days
- weigh up the merit of disclosing your condition/issues - if so to whom and consider how you will broach it. Be positive, try to anticipate their needs and any objections, and be able to counter them
- finding new employees takes time and money - a survey found the cost of recruiting a new employee was as much as \$24 000 in 2021, with the process taking an average of 37 days. So, it makes sense to keep you!
- be organised and focus on the most important tasks at hand, make lists if necessary - it is easy to be scattered and less efficient if you are in pain or fatigued, and be measured and steady in your approach to work tasks - utilise activity pacing strategies (don't boom and bust)
- consider other roles/tasks that you could do within your workplace/team that would accommodate your condition/physical needs and utilise your skills, and these negotiate changes
- request the opportunity to work from home for some of your hours/days (if practicable). COVID showed that many tasks can be undertaken from outside the work office



- have a written 'flare plan' that you can enact to manage periods of disease activity/increased symptoms
- consider what you value/need the most - salary, work flexibility, an opportunity to work some of the time from home, reduced or changed hours. Our needs change over time, so give this some thought
- stay physically active by attending an arthritis-specific exercise class or consult a physiotherapist or Exercise Physiologist for your own exercise program, use stretches throughout the day to stay flexible, maintain joint of movement and reduce muscle tension
- get enough quality sleep as a priority - this may take time and effort but is vitally important
- try not to have unhelpful thoughts, these serve no purpose and can exacerbate pain and anxiety.
- don't sweat the small stuff, review your work as you pack up for the day then leave it for tomorrow
- know your worth - don't take for granted the skills and knowledge you have, the equipment you can use, the projects you have been involved in, the industry networks you have developed, your organisational experience, and also your loyalty. Consider if these could be utilised in an alternative role such as in in-house training, compliance,

- or a supervisory/managerial role
- put your hand up to learn new workplace skills or equipment usage, lead a project, chair a committee, or to train and orientate new staff
- if you do get to the point where you feel that you need to leave/change employers, don't swap one set of problems for another - value your skillset and think about who would do so also
- think ahead, what new so-called 'super jobs' could you upskill into so you are in demand and can name your price/workplace conditions, and identify what skills/training you would need to get there
- lastly, be kind to yourself, work issues can 'loom large' and change can be challenging. Get advice from training providers, vocational counsellors, unions, or industry mentors. Remember, you are worth it.

For more information or support:

Musculoskeletal Australia Booklet: 'Your Musculoskeletal Health at Work' [https://mskweb.msk.org.au/\\$web/2023/02/WorkWise-Musculoskeletal-Australia.pdf](https://mskweb.msk.org.au/$web/2023/02/WorkWise-Musculoskeletal-Australia.pdf)

Australian Government - Work Assist can help you stay in work if you risk losing your job through illness, injury or disability – <https://www.servicesaustralia.gov.au/work-assist?context=22276>

## Lupus Gene Breakthrough



A young Spanish girl and an Australian research team are at the centre of an international lupus study, the results of which may one day lead to novel treatments for the condition.

Gabriella, now in her teens, developed lupus at seven. Her disease had an early onset and was very severe, which indicated that her condition had a single genetic cause. The team sequenced Gabriela's genome and researchers at the Centre for Personalised Immunology in Australia identified a specific gene mutation. This gene plays a key role in the workings of the immune system. The study, published in the journal *Nature*, could lead to new therapies for lupus and other auto-immune diseases.

Gabriella, who has been very involved in the research at each step and keeps in contact with the team, said "I hope finding the genetic cause of lupus will give hope to people with lupus and make them feel they are not alone in fighting this battle. Hopefully, the research can continue and end up in a specific treatment that can benefit so many lupus warriors who suffer from this disease."

Source: Hudson Institute <https://www.hudson.org.au/news/australian-scientists-find-genetic-cause-of-lupus/> ((Lupus\_erythematosus\_Wellcome\_L0070513.jpg (3702x4709) (wikimedia.org)))



## One Person's Pest, Another's Medicine

A clinical trial is being conducted, by a team

from the Soroka University Medical Centre in Israel, to assess whether the consumption of an extract from a plant that we know as Prickly Pear may reduce pain, fatigue and depression in women with fibromyalgia.

Tzabar (its Hebrew name) has an impressive nutritional profile with claims indicating it has antioxidant and anti-inflammatory properties and may be beneficial in managing blood sugar levels in Type 2 diabetes, assisting with heart and liver health, and lowering cholesterol. It is also recommended for constipation and reducing the effects of hangovers!

This species of cactus is native to Mexico, Southwest USA and along the Mediterranean coast. It was introduced to Australia by colonists on the First Fleet and flourished in our climate to the point that it became designated as a noxious weed. Successive governments tried to curb the spread of this spiky species by enacting legislation, offering big rewards, distributing nasty poisons and finally by supporting the importation and release of an Argentinian moth that munched on the plant. Still regarded as a pest in this country, maybe this study which will be completed in 2024, will encourage us to look more favourably on the Prickly Pear.

Source: clinosm beta <https://www.clinosm.com/trial/fibromyalgia-fm-opuntia-tzabar-fruit>

((PublicDomainPictures.net - Free Download - Prickly Pear Vintage Art))



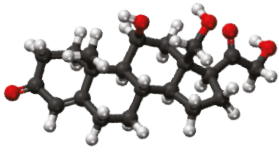
## Crunching the Numbers to Save Bone Health

Researchers analysing data from the South Korean National Health Service have found that males who had been treated for gout in their 20s had a significantly increased risk of developing osteoporosis. Using the huge dataset, the researchers identified more than 305,000 young men with gout and matched them to healthy controls and found that the incidence of osteoporosis was four times higher in the men with gout.

Whilst such a study does not delve into the biological processes at play, it shows how using such a large dataset can inform what specific research needs to be done. Importantly, it indicates that young men living with gout need regular bone mineral density screening to ensure that their bone health is monitored, and maximised if necessary.

Source: Rheumatology Network - Dec 2022 <https://www.rheumatologynetwork.com/view/gout-linked-to-higher-risk-of-developing-osteoporosis>

((File:James Gillray, 'The Gout' Wellcome M0010580.jpg - Wikimedia Commons))



## Caution Recommended for the Use of Steroids in Osteoarthritis and Back Pain

Steroids are wonderful drugs and an important tool in the physician's arsenal, however, recent studies show that they should be used with caution in people with osteoarthritis and acute back pain.

A study from a team at the University of California, San Francisco gave trial participants with osteoarthritis (OA) of the knee an injection of corticosteroids into their joint and matched them to healthy controls. Using pre and 2-year-post injection MRIs, the researchers found that those who had had the injections had significant disease progression, with increased damage to the meniscus and the cartilage in the affected joint.

In another study, researchers in Switzerland studied people with severe back pain. They were investigating the proportion of people who progressed from an acute episode of pain, to having chronic pain, and what the reason for this may be. They found that using anti-inflammatory drugs to treat the acute pain had the effect of increasing the risk of developing persistent back pain.

When an episode of acute pain strikes in conditions such as back pain or osteoarthritis, many of us reach for the anti-inflammatories but studies are now suggesting that it may be best to allow the body to do its thing, inflammation is part of its healing process. Rather, keeping moving, using heat and/or cold packs and taking simple analgesics (if necessary) is thought to be the better way to go. Always discuss medication use with your physician.

Source: The Radiological Society of Northern America [https://press.rsna.org/timssnet/media/pressreleases/14\\_pr\\_target.cfm?ID=2379](https://press.rsna.org/timssnet/media/pressreleases/14_pr_target.cfm?ID=2379)

((<https://commons.wikimedia.org/wiki/File:18-Hydroxycorticosterone-3D-balls.png>))



## Dissolvable Implant for Sciatic Pain

Researchers are investigating non-addictive pain relief alternatives for sciatica. A team from the Northwestern University, Chicago have developed a small implant that wraps around the sciatic nerve and relieves pain by cooling the nerve fibres to three degrees Celsius which temporarily blocks the conduction of nerve messages.

The rubber band-like device is positioned on the sciatic nerve during surgery. It has tiny chambers, one containing a liquid coolant and another a tiny quantity of dry nitrogen gas. Cooling happens when the liquid and the gas meet, causing the liquid to evaporate. The device is made of water-soluble materials and is resorbed by the body when the cooling process is complete.

Source: Northwestern University News <https://news.northwestern.edu/stories/2022/06/dissolving-implant-relieves-pain-without-drugs/>

((File:3D still showing Sciatica nerve.jpg - Wikimedia Commons))



## Families with Osteoarthritis Provide Clues for Early Detection and Novel Treatments

A team from the University of Utah studying families with a predisposition for osteoarthritis has found a genetic pathway that increases the risk of individuals developing the condition.

The researchers now hope that in focusing their research on this genetic 'flaw,' they will be able to detect the condition earlier in susceptible individuals and potentially find new targets for treatments for this painful and debilitating disease.

Source: *Annals of Rheumatic Diseases* <https://ard.bmj.com/content/81/10/1465>

((PublicDomainPictures.net - Free Download - Human DNA))



## Growing Pains in Children

Are *growing pains* really a thing or just another Old Wives' Tale like getting a cold from going to bed with wet hair or hiccups in children being a sign of a growth spurt?

Yes, growing pains in children do exist, although in Australia their formal name is Benign Nocturnal Limb Pains (BNLPs). This term refers to night-time pain affecting two out of five children, usually between the ages of two and twelve years. The pain can occur in the late afternoon, the evening or the first part of the night and can be severe enough to stop the child from falling asleep or cause them to wake. Either way, they can be distressing for the child and worrying for parents who are trying to soothe their youngster and work out what is going on.

The specific cause of BNLPs is still being debated, however, they are thought to be related to periods of rapid growth in the child. As children grow, the bones in their legs and arms lengthen significantly. As the bones grow, they pull on the attached connective tissues (tendons, ligaments, and muscles) and stretch

them, 'encouraging' the tissues to lengthen and strengthen. It is thought that the pains originate in these soft tissues, as they come under tension. Other suggestions are that the pains are caused by vigorous physical activity eg. after very active play or sports training, and/or are more common in children with hypermobile joints or flat feet. Intriguingly, these pains run in families.

***The frequency of symptoms varies, with most children being affected once or twice a week.***

Whatever the cause, the vast majority of BNLPs occur in the lower limbs, mostly being associated with the knees and the ankles. Not only are the leg bones growing, but they must also support the increasing weight of the developing body. The pains can occur in one or both legs (or arms) and are usually described as dull aching or throbbing felt in the front of the thighs and/or shins, the back of the knee/s and the calves and/or above the ankles.

Symptoms occur without any visible signs such as swelling, redness, bruising, heat, rash, joint stiffness, or fever. The frequency of symptoms

varies, with most children being affected once or twice a week. The good news is that episodes of pain are usually short-lived (usually lasting between thirty minutes to two hours) with no residual soreness the next morning, and BNLPs disappear in most kids within a couple of years, with no ongoing issues.

Diagnosis of growing pains can be confidently made by a General Practitioner by conducting a detailed patient history and a physical examination, without a need for X-Rays, ultrasounds or scans. A referral to a specialist Paediatrician or Paediatric Rheumatologist would only be necessary if the child's symptoms persist night after night or into the next day/s, are located in the actual joint/s or are accompanied by morning stiffness, fevers, rashes, weakness, fatigue, loss of appetite or unexplained weight loss, or if they cause the child to limp or interfere with normal physical activities. In such cases, the specialist will look to diagnose/exclude other conditions such as Juvenile Idiopathic Arthritis, Reactive Arthritis, Fibromyalgia or more serious diseases of the joints/musculoskeletal system.

So, what can a parent/care giver do during an episode of BNLP? The pain may be relieved by a warm bath or warm compresses on affected regions, gentle stroking/massage and limb stretching, over-the-counter analgesics and/or anti-inflammatories (ask your GP or pharmacist), and most importantly, lots and lots of cuddles and reassurance.

**For more information:** Arthritis Australia Growing Pains Information Sheet: [https://arthritisaustralia.com.au/wordpress/wp-content/uploads/2017/09/JIAinfosheet\\_GrowingPains\\_2305.pdf](https://arthritisaustralia.com.au/wordpress/wp-content/uploads/2017/09/JIAinfosheet_GrowingPains_2305.pdf)





In this edition, we feature a snapshot of three of our Members who have faced workplace challenges as part of their journey with arthritis:



**Sally\*** is an experienced nurse who recently started working for a large residential and community care organisation. Recently, she found that pain in her feet, caused by her rheumatoid arthritis, was making working extremely difficult. Hours of walking on a hard floor in the facility meant that at shift-end she was in agony. Her symptoms lasted well into the night, making sleep impossible and weekends were spent trying to recover from the pain before the start of the next work week. It was having a huge impact on her physical and psychological health.

Being a relatively new employee, Sally had not mentioned her condition pain to her supervisor for fear of losing her job, but she found herself at a crossroads - say something or have to resign. After much deliberation, she decided to disclose her condition and the impact that it was having on her ability to work. To her surprise, the supervisor suggested that there might be a few options that she could consider including moving into the community care team where she would be able to see clients, then break up time on her feet while driving to the next person's home and she could reduce her direct care hours and assist in coordinating the organisation's staff orientation/training activities. Having made the change Sally loves her new role.



**Malcolm\*** had worked in a large factory in northern Tasmania since leaving school, and at forty-eight-year-old had worked his way up to being a nightshift supervisor. Having lived and worked with well-managed lupus, he went back to his rheumatologist when he experienced symptoms including pain, weakness, fatigue, and unexplained weight loss. A diagnosis of autoimmune-related vasculitis was made, and Malcolm started on a new regime of medications but still had significant symptoms from his new condition. After some months, he realised that the effects of his arthritis and the stress associated with being on night shift were too much, he simply was not coping.

In speaking to the factory manager, Malcolm became aware that the company employees had an income protection insurance arrangement included as part of their salary packages ("who knew?") and suggested that he contact HR for details. Malcolm was allocated with a Vocational Counsellor who met with him to discuss his options. He now works part-time on day shift (which he and his family love) and he is completing some additional training, paid for by his employer, with a view to swapping into a role in the product quality and safety areas when he completes his study.



**Tanya\*** had worked in an administrative role for many years and loved her job, however, she found that she was not coping with the extreme fatigue associated with her fibromyalgia. Once able to juggle a million tasks, she was now finding that her 'fibro fog' was making this impossible, and she was making mistakes and forgetting things. Her boss, who was by now a good friend, had noticed that she was very weary and asked if he could help. In chatting, he suggested that she could change her hours and/or days of work if that would make things better.

This made Tanya stop and consider what it was that she thought would make a real difference with her health and at her stage of life. She decided that she needed to prioritise her health and even-up her work/life balance. Tanya negotiated dropping a day a week, choosing Wednesday for her 'me day.' This allowed her to start an arthritis-focused exercise program and to join a quilting group, something she had always wanted to do. Tanya reports feeling much less fatigued and stressed, she is coping with and loving her job again.



## Smoother Movers

STRENGTH TRAINING

### BLACKMANS BAY

Tuesday 2:15pm - 3:15pm  
Wednesday 10:30am - 11.30am  
Wednesday 12:00pm - 1:00pm

### CLARENCE

Monday 11:30am - 12:30pm

### GLENORCHY

Tuesday 10:00am - 11:00am  
Tuesday 11.30am-12.30pm

### LENAH VALLEY

Wednesday 11:45am-12:45pm

### MIDWAY POINT

Tuesday MP1 11.00am -12.00pm

### OLD BEACH

Thursday 1:00pm - 2:00pm

### LINDISFARNE

Tuesday 10:30am - 11:30am

### SOUTH HOBART

Tuesday 12:30pm - 1:30pm  
Wednesday 1:30pm - 2:30pm

### TRANMERE

Wednesday 1.00pm - 2.00pm

Smoother Movers Strength Training classes are run to coincide with Tasmanian School Term dates.

Classes are \$15 per week. All participants need to complete a pre-exercise screening form and attend a one-to-one initial assessment at a cost of \$30. For more information visit <https://arthritistas.org.au/health-services/exercise-classes/strength-balance-exercise-classes/> or call 1800 011 041.

The Smoother Movers Strength Training Program will be expanding over the next 6-18 months to more areas in Tasmania thanks to a Tasmanian Government Healthy Tasmania Healthy Focus Grant.

## Living Well with Arthritis

### COMMUNITY INFORMATION SESSIONS

Do you, or someone you care about, have arthritis? Then this session is just for you!

Come along and let us:

- bust some myths about arthritis
- explore what hurts and why
- look at a few types of arthritis
- see what you can do to live well with arthritis

Sessions planned for Devonport, Longford and St Helen's. Dates to be confirmed.

Come and see us at the [Meander Valley Community Health & Wellbeing Expo](#), from 10am – 4pm on Wednesday, 14 June 2023 at the Deloraine Community Complex, 8 Alverston Drive, Deloraine.



### Musculoskeletal Australia:

Tune in live or watch these free community webinars at your convenience. Hear from experts about types of arthritis and how to manage them with practical, up-to-date information to enhance your knowledge and skills, and help you to manage your condition effectively.

- Anxiety and Depression Linked to Chronic Pain (14 Feb 2023)
- Getting a Good Night's Sleep (29 March 2023)
- Diagnosis and Management of RA (30 May 2023 @ 7pm)
- Understanding Complex Regional Pain Syndrome (19 July 2023 @ 7pm)
- Diagnosis and Lifestyle Management of Hip/Knee OA (22 Aug 2023 @ 7pm)
- What Can You Do About Neck Pain (17 Oct 2023 @ 7pm)
- Medicinal Cannabis for MSK Conditions and Chronic Pain (21 Nov 2023 @ 7pm)

[Weblink > Our Community Webinars | Musculoskeletal Australia \(msk.org.au\)](#)

### Juvenile Arthritis Foundation of Australia (JAFA):

Watch webinars from the JAFA Symposia Series on critical issues in juvenile arthritis, to help parents, older children and young people navigate the health system and keep up to date with new developments in management of the condition.

- Flares, scares & side effects - when to get help (Oct 2022)
- Accessing benefits for children with JIA - the NDIS and beyond (July 2022)
- Minding mental health (March 2022)
- Current and emerging medications - the pros and cons (August 2021)
- Uveitis and pain management (Oct 2020)

[Weblink > https://www.jafa.org.au/jafa-symposia-series/](https://www.jafa.org.au/jafa-symposia-series/)

### Joint Action Podcast:

This podcast, hosted by Professor David Hunter, a rheumatologist and researcher whose main area of focus is osteoarthritis (OA). David interviews experts from around the world, discussing the latest research and strategies to manage OA and maximise function. Topics include:

- Arthroscopy, past time to stop the harm - Prof Teppo Järvinen (20 Feb 2023)
- What joints does OA commonly affect? - Dr Qiang Liu (6 Feb 2023)
- Tips for behaviour change for diet and exercise - Dr Shannon Mihalko (9 Jan 2023)
- Overcoming fear of movement in osteoarthritis - Dr JP Caneiro (7 Nov 2022)
- Reframing Pain for OA - A/Prof Tasha Stanton (12 Sept 2022)

[Weblink > https://www.jointaction.info/podcast](https://www.jointaction.info/podcast)

### Psound Bytes Webinars and Podcast:

Hosted by the National Psoriasis Foundation (USA), this webinar and podcast series covers topics to enhance your understanding of psoriasis, psoriatic arthritis (PsA) and spondyloarthritis (SpA), and their management. Weekly topics have included:

- Transitions and changes that impact psoriatic disease (17 Jan 2023) podcast
- Will changing your lifestyle habits help your PsA and SpA? (1 Nov 2022) podcast, (3 Nov 2022) webinar
- Treatment choices for PsA and SpA (18 Oct 2022) podcast
- Living with chronic pain and fatigue in PsA and SpA (27 Sept 2022) podcast, (22 Sept 2022) webinar
- Is choosing the Mediterranean diet right for you and your disease? (9 Sept 2022) podcast
- Juvenile PsA and Juvenile SpA (19 July 2022) webinar

[Weblink > https://www.psoriasis.org/watch-and-listen/](https://www.psoriasis.org/watch-and-listen/)

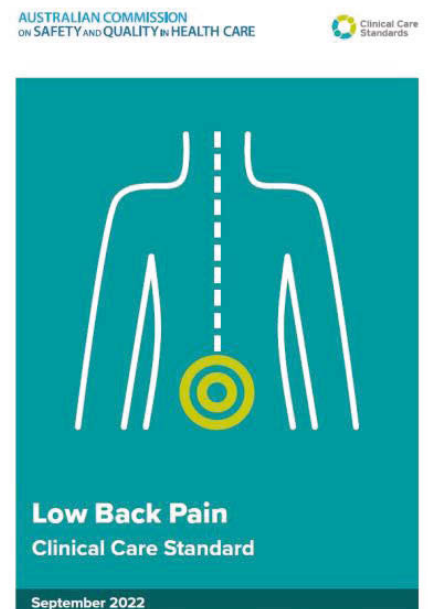
### Low Back Pain Clinical Care Standard Australian Commission on Safety and Quality in Health Care

In September 2022, the first national standard for the management of low back pain was released. This document, and its accompanying 'Common Questions about Low Back Pain' Information Sheet for Patients, advocate moving away from X-rays, imaging, and bedrest towards developing knowledge about the symptoms of the condition and finding ways to stay active. Back pain can be frightening but did you know that 75% of people will get better without any treatment and that only 1% will have a serious cause for their pain. The key is to carry on doing normal activities (as much as possible).

**Weblinks:**

[Information for Patients: https://www.safetyandquality.gov.au/sites/default/files/2022-08/low\\_back\\_pain\\_ccs\\_-\\_common\\_questions\\_about\\_low\\_back\\_pain\\_-\\_final\\_accessible\\_version.pdf](https://www.safetyandquality.gov.au/sites/default/files/2022-08/low_back_pain_ccs_-_common_questions_about_low_back_pain_-_final_accessible_version.pdf)

[Low Back Pain Clinical Standard: https://www.safetyandquality.gov.au/standards/clinical-care-standards/low-back-pain-clinical-care-standard](https://www.safetyandquality.gov.au/standards/clinical-care-standards/low-back-pain-clinical-care-standard)



## Community Raffle

Arthritis & Osteoporosis Tasmania is partnering with Play for Purpose to raise funds to support our continued work in Tasmania. Raffle 19 is now open and for a \$10 ticket you have a chance to win the \$250,000 1<sup>st</sup> prize pack including the Crafter Kampervan valued at over \$144,000 PLUS over \$100,000 in gold bullion. Raffle closes (11.59pm AEST) on Thursday, 15 June 2023. Tickets are available at <https://playforpurpose.com.au/arthritis-&osteoporosis-tas>

Play for Purpose is a 100% not for profit charity raffle that helps good Australian causes to raise funds and enable them to continue to do important work in our communities. Operated by the 50-50 Foundation, an ACNC registered charity, a guaranteed 50% of every ticket fund the cause and the rest covers prizes and costs to run the raffle. Over \$7 million has been raised for good causes since 2012.



## Annual Donor Appeal – It's not JUST arthritis

How often have you heard people say, 'it's just wear and tear', 'we'll all get it eventually', or my personal favourite 'it's just a bit of arthritis'? These careless comments trivialise the considerable pain and disability that arthritis causes many Australians.

If you have arthritis or know someone who does, you know it can significantly impact every aspect of life. Symptoms such as persistent pain, fatigue, stiff

and swollen joints, weakened muscles, anxiety, depression, and sleep problems can affect a person's ability to be as involved in social, community and work activities as they might like. So, no, it's not 'just' arthritis.

Arthritis & Osteoporosis Tasmania is committed to extinguishing the falsehood that "it's just arthritis" and supporting Tasmanians affected by arthritis, but we need your help to continue our efforts. Please give generously to our annual appeal.

I appreciate that you are likely to receive many requests for donations, but I can assure you that your gift to us stays in Tasmania and will make a big difference to the level of support our small, largely voluntary association can provide. Every donation will make a difference and is greatly appreciated. Thank you, and remember, it's never 'just arthritis'.

To make a donation please scan the QR code and this will take you to our donor page on the GiveNow giving platform where you can

make your donation of choice securely online. A receipt will be emailed to you. Alternatively, enter <https://givenow.com.au/arthritis-tasmaniasupportappeal> in your internet browser and this will take you to our GiveNow donor page. If you don't wish to donate online, you can make a donation of your choice at any branch of the Westpac Bank directly to Arthritis Foundation of Tasmania, BSB 037009 Account 291173. Please use your name as reference so that we can thank you and provide a receipt for tax purposes. All donations \$2 and above are tax deductible.

Thanking you in advance for your support.

