

# arthritis matters

ISSUE 52 | NOVEMBER 2024

## Bone Health Basics

Truthfully, how often do you spare a thought for your bones, or do you consider them a kind of ‘set and forget’ part of your body? Sadly, it seems that too many of us do just that.

It can be hard to pay attention to every part of our bodies, and the bits that cause pain or swell up literally scream at us for attention. In most cases, our bones suffer in silence. Studies show that 66% of the Australian population has compromised bone health. We take our bones for granted, it is now time to prioritise their needs.

Bones are dynamic, living organs involved in a lifelong process of growth and renewal that starts in the womb and continues until the day we die. Over this time, they are affected, positively or negatively, by our health (the conditions we live with and the medications we take), our nutrition and intake of vital vitamins and minerals, the amount and type of physical activity we do (or not), and how much sunlight/Vitamin D we receive.

Never has the need for a whole-of-life focus on the health and strength of our bones been more important. As our population ages, and our children and young adults replace healthy ‘bone growing’ activities with sedentary pursuits, our nation is staring down a tsunami of poor bone health and all that this brings.

As individuals, we need to take greater responsibility for our bone health. We must make it a priority to actively build and maintain strong bones at every stage of the lifespan - our function and independence are at stake.

Also, as a community, we must ensure that future generations hit their bone health potential. This means tipping our bedroom-dwelling youngsters out into the sunshine, to run, skip and jump and play in the real world, not on a gaming console. They need to eat more calcium rich foods and ditch all the cola and caffeine laden drinks.

In this edition of *Arthritis Matters*, we will delve into the wonderful world of bones, and what we can do to keep them strong (continued on pages 4 and 5).



## In this Issue

What's New .....	2
Bone Health Basics .....	4
Research News .....	6
Other News .....	8
Member Story .....	9
Programs & Events .....	10
New Resources .....	11
Get Involved .....	12

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**ARTHRITIS INFOLINE:**

**1800 011 041**



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

## Our Plan for the Future

The Board recently signed off on a three-year Strategic Plan 2024-2027. The development of the Plan was greatly informed by the feedback from Members and key stakeholders, through surveys conducted earlier this year. Thank you to everyone who completed one of our surveys.



Arthritis & Osteoporosis Tasmania's vision is that *all Tasmanians have equitable, timely and affordable access to the best available arthritis care and management. Our Mission is to make a positive difference to the lives of Tasmanians affected by arthritis. Supporting the achievement of our vision and mission are four strategic pillars - Working Together; Advocacy & Influence, Awareness; Prevention & Education; and Effective Organisation.*

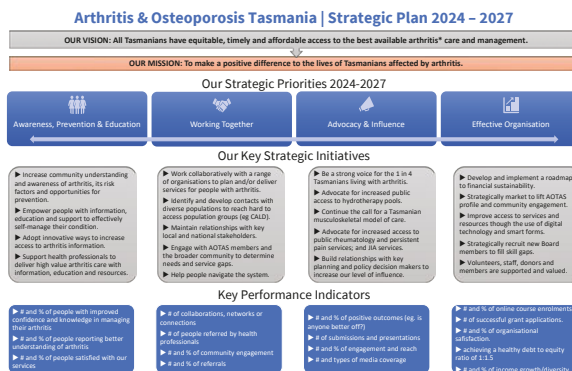
Central to the new Strategic Plan is our primary focus on arthritis awareness, prevention and education. Having access to current, evidence-based information on conditions and treatment strategies is vital for people to make informed decisions with the support of their healthcare team. AOT will be adopting innovative ways to increase access to information and continuing to offer our free *Living Well with Arthritis* information sessions across regional communities.

As a small not for profit with 2.4 FTE employees, working together is an essential component of the Plan. We not only depend on our dedicated team of volunteers, but also work collaboratively with a range of government and non-government organisations to plan and deliver services and extend our reach to all Tasmanians with arthritis.

AOT will persist in its efforts to be a strong voice for the needs of the 1 in 4 Tasmanians living with arthritis. We will continue to advocate for increased access to public rheumatology services for children and adults, particularly for those residing in the northeast, northwest and central regions of Tasmania.

All this would not be possible without an effective organisation and financial sustainability is fundamental to AOT's continued existence. AOT will be looking to grow its fee for service online training services for health professionals working with people with arthritis. This will not only provide increased revenue to sustain the organisation and the provision of free community services, but also enhance arthritis knowledge and understanding among those health care providers delivering services to those with arthritis and related conditions.

A copy of AOT's Strategic Plan can be downloaded from our website at <https://arthritistas.org.au/wp-content/uploads/2024/10/AOT-SP-2024-27-FINAL-v1.pdf> or phone 1800 011 041 and ask for a copy to be emailed or posted to you.



## Thank You for Completing our Survey

A big 'thank you' to all 146 members who took the time to complete our survey earlier this year. Your feedback was invaluable and greatly informed the development of our new strategic plan and future activities. Trevor from Oatlands, and Margaret from Acton Park, were the two lucky members chosen at random to win a \$50 WISH Card.

Unsurprisingly, osteoarthritis was the most reported type of musculoskeletal condition (78%); followed by osteoporosis (27%); rheumatoid arthritis (10%) and fibromyalgia (10%). Almost half (44%) reported difficulty using everyday products as a major issue, followed by difficulty accessing warm water hydrotherapy pools (41%) and dismissal of the impact of their condition by health care providers (41%). High out of pocket costs in accessing healthcare services (36%) and over reliance by GPs on medications and surgery (35%) rounded off the top five issues of concern.

It was heartening to hear that 89% would recommend Arthritis & Osteoporosis Tasmania to a friend or colleague.



## Reaching Goals

Our *Smoother Movers* Strength Training Program was once again a finalist in the Social Value & Community Impact Award category of the National AUSactive Awards program. Whilst we weren't a winner at the national level, we were extremely proud to have been one of the 8 finalists.

Last year, AOTAS received a Healthy Tasmania Healthy Focus grant to expand the Smoother Movers Strength Training program statewide. Our expansion of the program has been under way for over 12 months now. We have seen nine new programs added to our ever-growing timetable with 5 of those started this year. We have welcomed 109 new participants in Tasmania this year not to mention our loyal participants, some of whom have been coming along for 6 years!

If you are living with arthritis, haven't been physically active for some time or would like guidance getting started, reach out to the Arthritis & Osteoporosis Tasmania team. A list of our current programs is available on page 10.

Classes are run on a weekly basis and are in line with school terms. Find out more about becoming a *Smoother Mover* by following the link below; if you feel like this is the program for you, complete the Pre-exercise screen or contact the office for more information on 62284824.

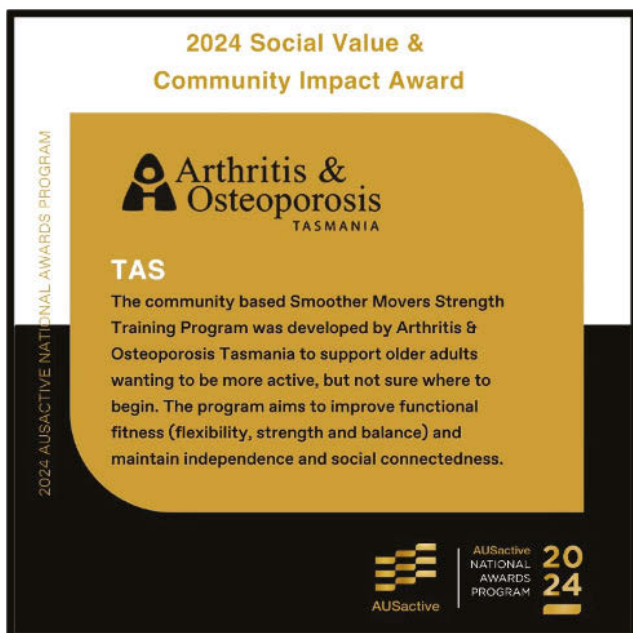
<https://arthritistas.org.au/health-services/exercise-classes/strength-balance-exercise-classes/>

**Janene Glover**  
Program Officer Smoother Movers  
Strength Training Program



# Smoother Movers

STRENGTH TRAINING



## Bone Health Basics continued

Our bones are active organs that play a vital role in many aspects of our health and function. They give us form as human beings, protect our vital organs and help us to move and do the fun stuff. Bones produce blood cells, store minerals, growth factors and fat, preserve our body's pH balance, and detoxify it by storing heavy metals etc. They even feed deep layers of our joint cartilage, supplying it with nutrients. So, it makes a lot of sense to look after these hard-working structures.

From early after conception, a fetus develops a cartilage framework, its early skeleton. At birth, much of this cartilage has hardened into bone. It will then take until that individual's mid-twenties to 'lay down' their adult bones or reach *Peak Bone Mass*, the point at which their bones are as long and as strong as they will ever be.

After this, bones continue to grow on the inside. This process is called remodeling - it is basically a repair and recycling process. New bone cells are produced, and old ones are broken down and re-absorbed by the body. In our older years, the number of bone cells being broken down overtakes the number being produced - this leads to a net loss of bone and results in a decline in bone mass, density and strength.

Let's have a quick look at some bone-related terms - *bone mass* refers to the amount of bone tissue in the skeleton, *bone mineral density* describes how tightly packed and mineral rich this tissue is, *bone strength* refers to its ability to withstand stresses as we move around, and *bone loss* refers to a reduction in bone tissue. The conditions associated with lower-

than-normal bone density is called osteopenia, and significant bone loss is osteoporosis (OP).

*Osteoporosis* literally means 'porous' bone. An osteoporotic bone looks like Swiss cheese, with big holes through it and broken fragments of bone within its micro-architecture. It is not hard to imagine this bone breaking from a bump, a trip or fall, or even a hug.

The fractures associated with OP are called '*minimal trauma*' or '*fragility*' fractures. These are breaks that happen with little or no trauma or force - a broken wrist from tripping over the dog or broken ribs from a sneeze or simply from bending over. A common place for fractures is in the neck, vertebrae compress becoming wedge-shaped, causing the head to move forward. This is called a kyphosis or 'dowager's hump.' Osteoporotic fractures have the potential to seriously impact movement, function and independence.

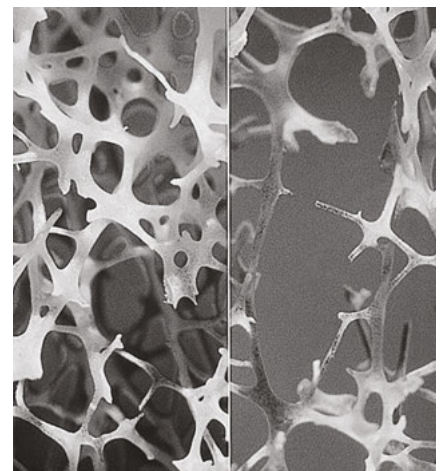
For this reason, it is imperative that we see a wrist or rib fracture as a signal to check the person's risk factors for osteoporosis and/or if indicated, test their bone density, because the next break (and there is likely to be one - in what is called the Fracture Cascade) might be a big one - a hip fracture.

There are a range of risk factors that can increase your likelihood of having developing osteoporosis. Some are *non-modifiable*: your gender (80% of those with OP are female), age (the older you are the more likely you are to develop OP), heredity (family history is a strong predictor of low bone mass), frame-size (petite, thin-boned women have less bone to lose), and hormones - oestrogen helps build bone (so

age at menopause for women is important), and levels of testosterone and oestrogen are factors in bone loss in men. Some medical conditions can increase your risk of OP, these include rheumatoid arthritis, lupus, diabetes (Types 1 and 2), and coeliac disease. And some medications can do the same - glucocorticosteroids, proton pump inhibitors, anti-seizure medicines, some cancer therapies and many more.

Some risk factors are, however, *modifiable*: lack of exercise/ sedentary lifestyle, smoking, alcohol consumption, low calcium intake, protein and/or vitamin D deficiency, high salt diet, excessive caffeine consumption and drinking cola drinks. It is these factors that you can do something about, for your bones' sake.

For an easy way to assess your risk factors, go to the *Know Your Bones Online Self-Assessment*: <https://healthybonesaustralia.org.au/resource-hub/know-your-bones-tool/>



Normal and degraded bone micro structure

# An active approach to building and maintaining strong bones

## Do bone growing/maintaining exercise

Osteogenic (bone growing) exercise is vitally important for bone growth, development and health at all stages of life. It can make bones and muscles stronger and reduce the risk of falls (a major cause of broken bones) by enhancing balance and coordination.

There are three safe and effective types of exercise (including, for those with low bone density), they are:

- *weight-bearing impact loading* (land-based, not water exercise, so that gravity plays a part)
- *resistance training* (intended to increase strength by using increasing resistance eg weights)
- *balance training* (strengthens muscles that keep you upright, to prevent falls, and fractures).

For information on ONERO, a dedicated exercise program specifically designed for people with low bone density and/or osteoporosis, see page 9.



## Increase/maintain your calcium intake

Bones act as the body's calcium bank, storing 99% of its calcium. This mineral plays a vital role in strengthening the bones and the teeth and plays an important role in other systems of the body. Nearly three quarters of females (73%) and half of males (51%) in Australia, over the age of two years, do not meet their daily calcium requirements.

People at different stages of life need different amounts of calcium. Young children, those in their teens and early twenties, women over 50 years and men over 70 years have greater than average requirements. For information on how much calcium you should consume go to: <https://healthybonesaustralia.org.au/your-bone-health/calcium/>

The safest way to consume calcium and for your body to effectively absorb it, is from the foods you eat. It is vitally important that you know your calcium requirement based on your age and gender, calculate how much calcium you consume each day and increase your intake of calcium rich foods including dairy products, leafy green vegetables, tinned fish, baked beans and nuts if necessary. If this is not practicable, speak to your doctor about calcium supplementation.



## Vitamin D for strong bones

Bones need Vitamin D in order to absorb calcium and stay strong. It also assists with keeping muscles strong. Unlike other vitamins, not much Vitamin D comes from the foods we eat - dietary sources are unlikely to contribute more than 5 - 10% of an adult's daily requirement. Foods that do have some Vitamin D include egg yolks, beef liver, cheese, fatty fish like tuna, mackerel and salmon, and foods fortified with Vitamin D like some milks, juices and cereals.

We can get Vitamin D from exposure to sunshine however, we need to balance this with the risk of sun damage/cancer. The amount of time you should spend out in the sun will depend on how much skin you expose, where you live, the season of the year, the time of day you are outside, and your skin colour. In Australia, over 30% of us suffer from some degree of Vitamin D deficiency (in Tasmania this is much higher), in these people, Vitamin D supplementation may be indicated. Speak to your doctor if you think you may be deficient.



## For more information on aspects of bone health and osteoporosis, go to:

Health Bones Australia:  
<https://healthybonesaustralia.org.au/>

The Bone Health Foundation:  
<https://www.bonehealth.org.au>

Royal Osteoporosis Society:  
<https://theros.org.uk/>

## New alloy for better joint implants

Australian researchers are leading the way with their next generation material for joint replacement implants. The team from Flinders University have added gallium, a chemical element more at home in electronics than the human body, to standard titanium implants. Gallium offers two significant benefits to current implant alloys, it is less stiff and flexes more like bone (in current implants this can be a source of pain) and it resists bacteria (which can cause illness and require additional surgery).

“The alloys in this work have shown very promising results and are part of ongoing efforts to improve components in orthopaedic implants,” says Dr. Reza Hashemi, who led the study. “Compared to existing prostheses, the addition of gallium produces a superior material with antibacterial properties to improve patient outcomes while reducing

potential pain, medical complications and long-term implant failure.”

Infection is a significant issue with any joint replacement surgery. The site at which the implant meets a patient’s natural bone has the potential to be colonised by bacteria. This can cause the bone/implant connection to fail. By adding between 3% and 5% gallium, the new alloys killed between 90% and 95% of the bacteria (*Pseudomonas aeruginosa*) that frequently infects

implants, over a six-hour period with no adverse effect to human cells.

In comparison, titanium alone only killed 3% of the bacteria present. The findings were published in the *Journal of Functional Biomaterials*.

Source: Flinders University.



## Predicting Osteoarthritis

Blood tests have long played a part in the diagnostic process in conditions such as rheumatoid arthritis, now a new blood test has been shown to successfully predict osteoarthritis (OA) of the knee *eight years* before x-rays show joint damage.

Using a large UK database, the researchers from Duke University, North Carolina analysed the blood serum of 200 women, half with OA and half without the disease. They found that a small number of biomarkers in the blood test successfully distinguished the women with knee OA from those without it, catching molecular signals of OA before many of the women were diagnosed with the disease by x-ray.

The team used molecular biomarkers to diagnose knee OA with 85% accuracy

and predict its progression with 74% accuracy. They believe that their test could be used for both diagnosis and as a tool to develop therapies in the future.

Knee OA is used in research studies because it is a large joint that ‘x-rays well.’ This test could be a game changer in diagnosing OA early and the person would be able to take positive steps to the decrease the likelihood of joint damage and severe disease through utilising strategies such as weight management, physiotherapy and exercise/physical activity.



## Sex Differences and Pain

We have known for a long time that females develop more pain syndromes than males. A new study conducted by researchers from the University of Arizona has shed new light on the reason why. In a recent study published in the journal *Brain*, the team were the first to identify functional sex differences in nociceptors, the sensory nerve cells involved in pain.

The study represents “a significant advance in understanding how pain may be produced in males and females” according to Dr Frank Porreca, Research Director of the Comprehensive Center for Pain & Addiction. “The outcomes of our study were strikingly consistent and support the remarkable conclusion that nociceptors, the fundamental building blocks of pain, are different in males and females. This provides an opportunity to treat pain specifically and potentially better in men or women, and that’s what we’re trying to do.”

Examining the excitability of nociceptor cells located near the spinal cord, the team noted a difference in the thresholds for activation of these cells when exposed to stimuli in the presence of the hormone prolactin and the neurotransmitter orexin B.

“We are bringing the concept of precision medicine - taking a patient’s genetics into account to design a therapy - to the treatment of pain,” Porreca said. “The most basic genetic difference is the patient being male or female. Maybe that should be the first consideration when it comes to treating pain.”

## The Cause of Raynaud's

Raynaud's Phenomenon, also known as Secondary Raynaud's or Raynaud's Syndrome, is a painful condition that can affect people with inflammatory arthritis or other autoimmune conditions, and connective tissue diseases (unlike Primary Raynaud's which occurs on its own).

The condition affects blood vessels, usually in the fingers and toes. The blood vessels narrow, or vasospasm, when stress is experienced, or the extremities are exposed to cold temperatures. This narrowing of the vessels prevents blood from reaching the affected area, causing pain and making the skin appear white and blue. When the Raynaud's attack ceases, blood returns to the area causing burning, throbbing, tingling, numbness, and/or swelling to occur.

It has been known that some factors can increase the risk of developing

Raynaud's Phenomenon – these include injuries to the fingers and toes, smoking, some medications and/or occupations (eg. using a jack hammer).

Now researchers from the Queen Mary University of London's Precision Healthcare Research Institute and the Berlin Institute of Health have identified the genetic cause for the condition, being two gene variations. Their findings could lead to recommendations for patients with Raynaud's to help manage their condition and point to novel treatment options.



## Tonsils, Twins and Ankylosing Spondylitis

Researchers in Sweden have done a deep dive into some of the factors that may increase the risk of a person developing Ankylosing Spondylitis (AS). We know that a genetic predisposition is the leading cause AS, specifically carrying the HLA-B27 gene increases the risk significantly. This study looked for environmental factors in early life that may also heighten a person's risk of developing AS.

In a study of people with the condition and healthy controls, it was found that several factors were associated with an increased risk of diagnosis of AS - the most significant included having one or more older siblings, having a history of serious childhood infections, being a twin or triplet, and childhood tonsil removal.

Our tonsils are part of our immune system. Full of white blood cells, they are a line of defense against things that can make us sick. Their job is to trap and destroy bacteria and viruses that cause throat and lung infections. However, tonsils can become chronically inflamed leading to their removal.

This research lends further weight to our understanding of birth order, childhood infections and implications for autoimmune conditions, and suggests that people who have had (chronic tonsilitis and) tonsil removal should be monitored for symptoms of types of inflammatory arthritis later in life.



## Sore heel?

HEEL PAIN STUDY  
seeking participants

### If you have pain under the heel, read on.

The Menzies Institute is conducting a study into how to better treat a common, painful foot condition, 'Plantar Heel Pain' (also known as plantar fasciitis, joggers heel or heel spur syndrome).

Up to 50% of people with plantar heel pain have a 'bone bruise' (bone marrow lesion or BML) in their heel bone.

We are investigating whether a treatment which can target the bone bruise might be more effective (than a placebo) at reducing pain in people with plantar heel pain.

If you have had pain under the heel for longer than 3 months, haven't had any foot surgery, recent heel injections or previous shockwave treatments, and are able to have an MRI, we would love to hear from you.

The study involves attending Menzies for three 20-minute treatments over 3 consecutive weeks, as well as having your foot scanned in an MRI both before and after treatment. **There is no cost to participants.**

To register your interest or find out more information, scan the QR code below.

This study has been approved by the University of Tasmania Human Research Ethics Committee **H0029837**. The Balsa study co-ordinator is Dr Jason Rogers ([jason.rogers@utas.edu.au](mailto:jason.rogers@utas.edu.au)).



## Developing a vaccine to reduce muscle and bone loss

Research being conducted in Florida is working to enhance the muscle and bone health of seniors, and of astronauts.

Bone loss is a big issue as we age and for astronauts as they live and work in a gravity-free environment. It is so important that the state of Florida, home to NASA's Kennedy Space Center in Cape Canaveral and to one of the 'oldest' populations in the US, has become the centre for some of the most 'futuristic' research in the world.

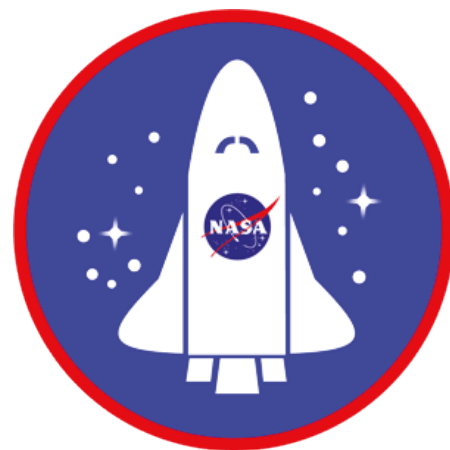
Researchers from the University of Central Florida and the biotech company Vaxxinity are collaborating to develop vaccines that prevent and mitigate muscle and bone weakening. This research is time critical, and timely. The number of older people in the population is increasing across the globe, and space agencies are looking at putting people onto the moon and even on Mars. The researchers believe the best way to address the 'bone problem' is to produce a vaccine that would reduce the loss of bone or help regain it in the case of injury, immobility or space travel. If all goes well, human clinical trials of the vaccines could begin as early as 2025.

what Earthling older adults would lose over two decades. This was with the astronauts doing two hours of exercise per day while on a space flight.

Worryingly nine of the astronauts did not recover their bone mineral density in the year after their space flight.

"Putting humans into this extreme environment (of space), shows the kind of weak points of our body and by studying this we can also apply it to humans living on Earth," reports Dr Michal Masternak, of the UCF College of Medicine. "This combination of better understanding of what's happening there can give us answers to some problems that we are getting here on Earth with our everyday living."

Finding ways to support our increasingly ageing population to live longer, healthier lives is critical for us in Australia, particularly in Tasmania which has the oldest population in the nation. Increasing life expectancy and declining fertility rates mean that the number/proportion of older people will continue to grow. According to the 2020 Census, 16% of our population (4.2 million Australians) were over 65 years - 3 in 10 of us are aged 75 - 84 years, 1 in 8 over 85 years old. By 2066, the proportion of older people in our community is estimated to rise to 23%. These figures demonstrate the imperative for research into bone



health, in whatever form it takes and for whichever population.

Space medicine can serve us all - those firmly planted on our planet and future deep space travelers. NASA is planning to send astronauts back to the moon, with a mission planned for 2025, and space agencies have turned their gaze towards Mars.

"Our company wants to help humanity prepare for the next millennia," Mr Lou Reese of Vaxxinity stated, "If we are to become a space-faring species, solving fundamental problems related to space travel and living are table-stakes\*." This vaccine research is just part of the puzzle.

(\*P.S. 'table stakes' are defined as 'minimum entry requirements - I had to look it up!)

Source: Journal of Scientific Reports

## Vale Ben Marris OAM

The Board, staff and volunteers of Arthritis & Osteoporosis Tasmania were saddened to learn of the recent passing of Ben Marris OAM. Ben was first elected to the Board of the then Rheumatism & Arthritis Foundation (RAFT) in 1996 taking on the role of President from 1987-2001 during which he guided the Association through a significant governance restructure. He was awarded Honorary Life Membership of Arthritis & Osteoporosis Tasmania in 2003. Ben was involved in many community-based activities and initiatives including the Wooden Boat Festival and Haemochromatosis Australia and was an effective and strong patient advocate. Vale Ben.



## ONERO – exercise for bones

Not all exercise is equal when it comes to maintaining/enhancing bone strength. ONERO (from the Latin for 'overload') is a safe and effective, evidence-based high intensity exercise program for post-menopausal women and older men with low to very low bone mass.

Developed in Australia, based on more than a decade of high-quality, ground-breaking Australian research\*, ONERO has been designed specifically to prevent osteoporotic fractures by stimulating bone development, preventing falls and enhancing function in at-risk individuals.

The specific set of exercises in the program (consistent across all ONERO sites) is aimed at enhancing bone health by targeting strength and mobility with participants being supported to learn correct bone-loading techniques.

A team led by Professor Belinda Beck from Griffith University in Queensland, designed and conducted the research. The results were so impressive, they founded The Bone Clinic and its ONERO Program, which is now run by ninety providers across Australia, and is being picked up internationally.

The ONERO program, supervised by specifically trained and accredited exercise professionals, is currently available at three Tasmanian locations - Moonah, Mornington and Sandy Bay.

For more information go to: <https://onero.academy/osteoporosis-exercises/>

If you live in other areas of the state, you can enrol in ONERO Online. The at-home program offers bone strengthening and falls prevention exercises that can be safely performed unsupervised using simple, inexpensive equipment easily sourced from stores such as KMART and target. For more information go to: <https://onero.online/>

\* Before starting any exercise program, look for independently validated research evidence supporting that specific program - some programs look credible and claim to be evidence-based, but are not.

### My Experience of the ONERO Program

Having commenced medical treatment, aged fifty-four when my BMD (Bone Mineral Density) showed osteopenia (low bone density) with significant deterioration, I was subsequently diagnosed with osteoporosis at age fifty-seven.

In the absence of any fractures, on retirement nine years later, I attended Pilates classes, but this was short-lived due to COVID. Weekly walks and gardening have been my only other form of regular exercise in the ensuing years.

Being a career Health professional, I did not hesitate when offered the opportunity to participate in a scientific study on osteoporosis and I commenced twice weekly ONERO classes under The STOP FRACTURE study in April this year.

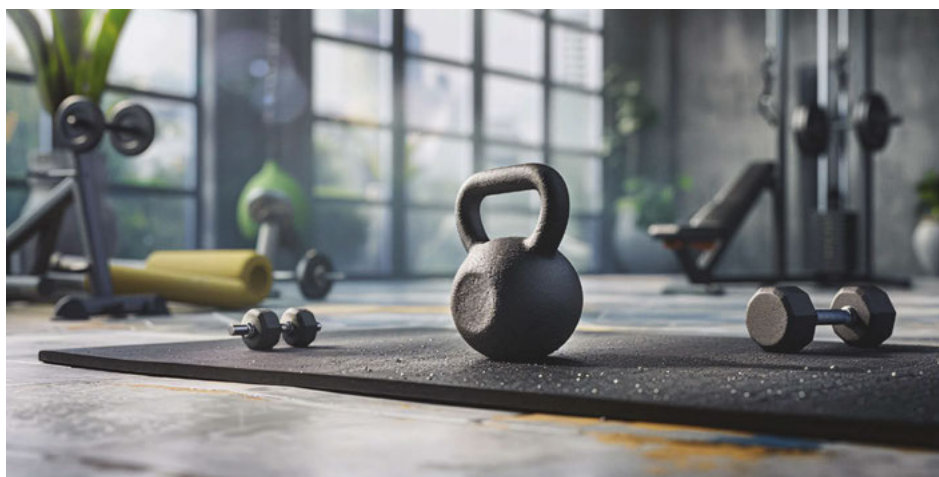
As an evidenced-based program designed specifically to prevent osteoporotic fracture by stimulating bone development and preventing falls, it was a no brainer to consider this participation. The supervised program incorporates specified exercises using weights as resistance for the upper body, lower body and trunk musculature, and varied core and balance exercises of gradually increasing difficulty.

After just a few classes, I was soon reaping the benefits - I felt stronger, my balance improved, and I felt energised.

During a recent two-month vacation on the mainland, I felt I would be missing my new regime but was able to continue the standardised program whilst visiting Brisbane for several weeks. I returned to Hobart lifting higher weights, which continue to increase on a weekly basis.

I have never been a gym junkie, but I find exercising in a small group of like-minded people with a common purpose is refreshing, stimulating and energising. To date body and spirit are still unbroken!

**Diane**  
**InfoLine Volunteer,**  
**Arthritis & Osteoporosis Tasmania**





## Smoother Movers

STRENGTH TRAINING

### BLACKMANS BAY

Blackmans Bay Hall

Tuesday 2:15pm - 3:15pm

Wednesday 10.30am - 11.30am

Wednesday 11.45am - 12.45pm

### CAMBRIDGE

Cambridge Hall

Thursday 11:30am - 12:30pm

### CLARENCE

Clarence Integrated Care Centre

Monday 11:30am - 12:30pm

Tuesday 10.45am - 11.45am

### GLENORCHY

Glenorchy Scout Hall

Tuesday 10.00am - 11.00am

11.30am - 12.30pm

### LENAH VALLEY

Pat Murnane Memorial Hall

Wednesday 11.45am - 12.45pm

### LINDISFARNE

Lindisfarne Citizens Activity Centre

Tuesday 10.30am - 11.30am

Thursday 12pm - 1pm

### PENGUIN

Penguin Surf Life Saving Club

Monday, 9.30am - 10.30am

Thursday 11am - 12pm

### SANDY BAY

Wellspring Anglican Church

Monday 11.30am - 12.30pm

Wednesday 9.30am - 10.30am

### SNUG

Snug Community Hall

Monday 9.30am - 10.30am

11.00am - 12.00pm

### SOUTH HOBART

South Hobart Community Centre

Tuesday 12.30pm - 1.30pm

Wednesday 1.30pm - 2.30pm

### TRANMERE

Tranmere Hall

Wednesday 1.00pm - 2.00pm

### ULVERSTONE

Holy Trinity Anglican Church

Thursday 9.30am - 10.30am

COMING SOON  
Bruny Island,  
Dover, Cygnet  
and Geeveston

## Living Well with Arthritis

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

If you have any queries, please contact  
us: on **1800 011 041** or  
**info@arthritistas.org.au**

Supported by Huon Valley Voice for Health  
and Health Consumers Tasmania, through  
funding provided by the Tasmanian  
Department of Health

Tuesday, 19th  
November 1pm-2.30pm  
Cygnet Hall

Wednesday, 20th November  
10am-11.30am  
Jim Casey Oval, Dover

1pm-2.30pm  
Geeveston Hall

## Juvenile Idiopathic Arthritis Consumer Care Guide

A new Juvenile Idiopathic Arthritis (JIA) Consumer Care Guide has been developed to support parents and carers of children and young people with this condition. It includes information about the disease, what to expect at every stage, tips for every age, and extra resources for more information and support. The goal of the Guide is to empower children/young people and their families to advocate for their care and make informed choices throughout their journey with JIA.

The Guide was created with JIA families, supported by Arthritis Australia and funded by the Australian Government.

To access your copy of the Guide, go to: <https://arthritisaustralia.com.au/wordpress/wp-content/uploads/2024/03/JIA-consumer-care-guide-ARA-endorsed.pdf>

## Rheumatoid Arthritis Consumer Care Guide

A Consumer Care Guide has also been developed to support people diagnosed/living with Rheumatoid Arthritis.

With input from people with RA, the Guide contains information that they say they wished they had access to when they were first diagnosed. It contains information on what RA is, how it is managed, medications for the condition, and strategies for people in early, active and well-controlled stages of their disease. It also offers guidance on

To access your copy of this Guide, go to: <https://arthritisaustralia.com.au/wordpress/wp-content/uploads/2024/03/RA-consumer-care-guide-ARA-endorsed.pdf>

## New Osteoarthritis of the Knee Clinical Care Guide

Over 2.2 million Australians have knee osteoarthritis and each year some fifty thousand will undergo knee replacement surgery. But is this the best way to treat this common condition?

The Australian Commission on Safety and Quality in Health Care has released a new Osteoarthritis of the Knee Clinical Care Standard. This standard describes the care that patients can expect to be offered by clinicians and healthcare services for a specific condition, regardless of where they live in Australia.

Dr Norman Swan from ABC Radio's Health Report (Saturday 17 August) spoke to Orthopaedic Surgeon, Dr Christopher Vertullo about the new Standard and discussed osteoarthritis of the knee, specifically alternatives to surgery. To listen to this interesting interview, go to the Health Report: <https://www.abc.net.au/listen/programs/healthreport>

The Care Guide has an accompanying Consumer Guide. This Guide describes the care that you should be offered (from assessment and diagnosis to evidence-based strategies that have been shown to divert people away from surgery) and has been developed to support you in having informed discussions with your care team.

For a copy of the Consumer Guide: <https://www.safetyandquality.gov.au/standards/clinical-care-standards/osteoarthritis-knee-clinical-care-standard/related-resources#for-consumers>

## Musculoskeletal Australia Community Webinar Series

Catch up on the 2024 webinar series with topics including:

- Diagnosis and management of Psoriatic Arthritis
- Working well with your healthcare provider

- Understanding and understanding thumb arthritis
- Diagnosis and management of axial spondyloarthritis
- The role of the microbiome in a person's health

Find links to these and more at: <https://msk.org.au/community-webinars>

## Arthritis New South Wales Community Webinar Series

Register to attend the upcoming community webinars:

- Travelling with Arthritis - 14th November 2024 @ 12.00pm
- Managing Seasonal Stress with Arthritis - 26th November 2024 @ 10.00am

Find links to these webinars at: <https://www.arthritisnsw.org.au/health-services/education-programs/webinars/>

## 'Exercise & Women's Health' free e-book

From Exercise Sports Science Australia (ESSA) this new e-book focusses on the benefits of exercise for general health and covers a variety of conditions that affect women at all life stages.

Developed as a fun, user-friendly guide for women of all ages, it covers topics from exercising safely for weight loss, breast cancer and Poly Cystic Ovarian Syndrome, to exercising during and post pregnancy and through menopause, the Exercise & Women's Health eBook has it covered.

<https://exerciseright.com.au/wp-content/uploads/2019/01/ESSA-Exercise-Womens-Health-eBook.pdf>

ESSA also has e-books on Exercise for Older Adults, and for people with Persisting Pain – see their website for details. <https://www.essa.org.au/>



The 48th Annual General Meeting of the Arthritis Foundation of Tasmania Inc will be held on Wednesday, 20 November 2024 at 3pm. All members welcome.

Agenda items:

- Previous minutes
- Audited Financial Statements
- Election of new Board Members
- Special resolution change to constitution
- Honorary Life Membership
- Auditor appointment

Attendance can be on-site at 19A Main Road, Moonah, or an online meeting link will be available for members who are unable to attend in person. For more information and to RSVP ring 1800 011 041 or email [info@arthritis.org.au](mailto:info@arthritis.org.au)

### Support Arthritis & Osteoporosis Tasmania in the Hobart Run The Bridge

on Sunday, 2 March 2025. Take in all the iconic sites of Hobart on foot and support Arthritis & Osteoporosis Tasmania. The Hobart Run The Bridge starts at Bellerive Oval, then heads along the Hobart Waterfront taking in Bellerive Quay, Kangaroo Bay, Tasman Bridge, Government House, Hobart Waterfront, Salamanca and Battery Point. Events on offer are the traditional 10km run, the 5km run, 5km walk and 1km dash for children. Registrations now open at <https://www.hobartrunthebridge.com.au/>

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### Calling all Juvenile Arthritis families!

Thanks to a Hydro Tasmania Community Grant we are excited to announce we will be holding a Juvenile Arthritis Family Fun Day at Bonorong Wildlife Sanctuary on Saturday, 16 November. Come along and meet other families navigating the challenges of juvenile arthritis; enjoy a guided tour; and learn about the wombats, devils, echidnas and more! This event is free! Whole families, including siblings, are welcome. Light lunch provided or bring your own. Registration required: <https://arthritis.org.au/health-services/juvenile-arthritis-family-fun-day/>

