

# arthritis matters

ISSUE 53 | AUGUST 2025

## Back to Basics

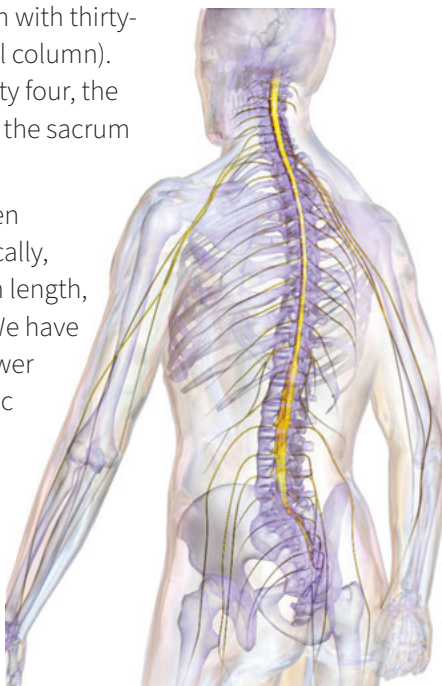
In this spine-health focused edition of Arthritis Matters, we will look at the structures that make up the spine, bust some myths about our backs, and offer some strategies for keeping them strong and avoiding/managing back pain.

First, some facts about our spines - we are born with thirty-three vertebrae (bones that make up the spinal column). By the time we reach thirty, we only have twenty four, the lower nine having fused into two bones (being the sacrum and the coccyx).

Our cervical spine (in the neck region) has seven vertebrae - the same number as a giraffe! Typically, our cervical vertebrae are eleven millimeters in length, a giraffe's measure twenty eight centimeters. We have twelve thoracic (mid back) and five lumbar (lower back) vertebrae, five in the sacrum (in the pelvic region) and four in the coccyx (tailbone).

The human spine starts to develop on Day 17 after conception. In utero, the baby has a 'C' shaped spine (i.e. in the foetal position), as the infant grows, the 'S' curve of the spine develops in response to movement - in the top part as they lift their head (explaining the emphasis on 'tummy-time') and further down as they start to sit, crawl and stand. These curves are important as they assist with movement, balance, range of motion and make injuries less likely.

The total length of our spine depends on the time of day, due to the effect of gravity on the spinal discs and cartilage which lose water content while we are upright. Without the effect of gravity, astronauts 'grow' up to 3% taller in space.



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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.*

**New to Arthritis Matters, a page where we will feature one of the less well-known conditions affecting the musculoskeletal system - there are some 150 types of arthritis and countless more types of injuries that affect its structures. In this edition, we will have a brief look at Polymyalgia Rheumatica, see page 8.**





## BONE BASICS

Taking charge of osteoporosis

### Bone Basics Project

We're excited to welcome Makara Harris to the team as the Project Officer for our Bone Basics Project. Makara brings valuable experience from the community services, disability services, and health sectors. With a strong interest in health education and rural life, she's looking forward to delivering the project and sharing vital health information with rural communities—building connections, improving lives, and making a lasting impact.

#### What is this Project?

The Bone Basics Project is delivered by Arthritis & Osteoporosis Tasmania and funded by the Healthy Tasmania Fund, an initiative of the Tasmanian Government. The project aims to raise awareness about the importance of bone health and the prevention of osteoporosis through education and community engagement. It offers an opportunity to learn more about osteoporosis—how it can be prevented, diagnosed, and managed. Participants can identify their personal risk factors, explore strategies to reduce those risks, and discover how to maintain a lifestyle that supports strong, healthy bones.

#### What can you gain by participating in the Bone Basics Project?

As a participant, you'll have access to a range of free services and resources, including:

- A personalised 20-minute "Chat & Check" session for a one-on-one review to help identify own personal risk factors for developing osteoporosis, held locally in your community.
- A free goodies pack with nutritional samples to enjoy, easy to read information fact sheets and guides, and the Living Life with Healthy Bones DVD.
- Access to attend a "Taking Charge of Osteoporosis" session, offering an opportunity to gain practical knowledge on what is osteoporosis, bone loss and fractures, getting enough calcium, recipes, and the role of Vitamin D and exercise in prevention and management of osteoporosis.
- A 'Bone-Appetite' experience.
- Help to create your own Personal Action Plan to support positive changes and a bone-healthy lifestyle.
- An invitation to join Arthritis & Osteoporosis Tasmania (AOTAS) for ongoing support and access to strength and warm water exercise classes.
- Insights into how to live well with osteoporosis and support others in the community who may be affected.



#### Want to be part of the Project?

Expressions of Interest can be made through our website page or contacting our Infoline directly. Take this opportunity to learn, get tested, and take charge of your bone health with guidance and support every step of the way.

#### Eligibility to Participate:

People over 50 years of age, residents of rural communities. Locations will be determined once sufficient Expression of Interest within an area is established. Generally, rural locations will be defined as locations that are approximately 30 minutes travel out of Hobart, Launceston and Devonport CBDs.

*Not eligible? For those interested in knowing more about osteoporosis that are not currently eligible for the Project, please feel free to explore our website further or call us on Infoline 1800 011 041 for more information. If you're concerned about your bone health, please talk to your doctor.*

## Northern Rheumatology and Persistent Pain Services

**Earlier this year Arthritis & Osteoporosis Tasmania ramped up its advocacy campaign for improved access to rheumatology and pain services for Tasmanians living in the North and North West.**

Central to this was an ePetition to the Tasmanian House of Assembly, championed by AOTAS member and community advocate, Diana Hardy, and sponsored by Ella Haddad MP, Shadow Minister for Health. The ePetition called on the Liberal Government to stand by its commitment to establish permanent northern based Rheumatology and Persistent Pain Clinics.

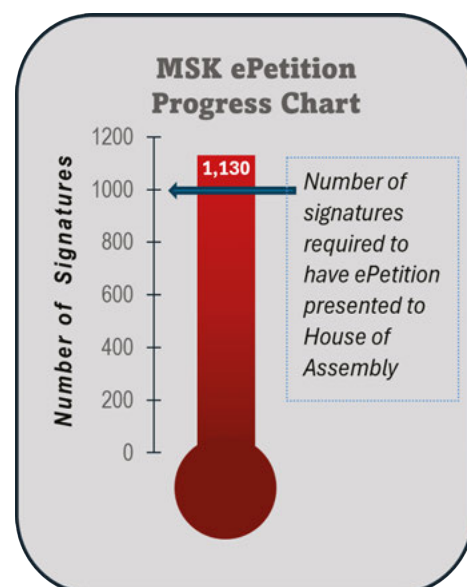
After allocating \$6 million for the establishment of these services in the 2023 State Budget and progress being made towards this welcomed commitment, in late 2024 everything ground to a halt and funding was reportedly no longer available. Instead, a handful of outpatient clinics were offered, supplemented by telehealth services.

The ePetition gained a welcomed 1,130 signatures – 130 more than the requirement of 1,000 signatures for it to be tabled in the House of Assembly.

An article in The Examiner newspaper in May, and an interview with AOTAS CEO, Jackie Slyp on ABC North breakfast radio, also stimulated a Government response, with the former Health Minister's Office indicating to ABC North presenter Kim Napier, "services would be in place by the end of 2025".

However, until the recent State Election results are confirmed and a new Cabinet sworn in, we are unable to seek assurance that this will be the case.

The ePetition will be presented in the House of Assembly once the new Parliament sits. In closing, thank you to everyone who added their signature to the online ePetition and helping AOTAS pave the way for better arthritis care in Tasmania.



## Juvenile Arthritis Family Fun Days

It was great to meet up with a group of Tasmanian families at our Juvenile Arthritis Family Day at Tasmania Zoo outside of Launceston in March.

Thanks to Hydro Tasmania for making this possible through its Community Grants Fund. Our next event is planned for the south of the State in November 2025.

Please visit our website <https://arthritistas.org.au/health-services/juvenile-arthritis-family-fun-day/> for more information and to register your interest in future events.



Arthritis Tasmania CEO Jackie Slyp with JIA families at the Tasmania Zoo in March 2025



# Back Care Basics

Four million Australians experience 'back problems' every year and eighty percent of us will have at least one episode of back pain in our lives.

Understanding the structure of the spine can assist in preventing back problems and relieving back pain. When we think about the spine, we tend to focus on the vertebrae (the stack of bones in our backs) and the discs (the gel-like 'cushions' between them), but it has many other structures. There are muscles that are attached to the vertebrae by tendons to facilitate movement, ligaments that hold the vertebrae 'stack' together, facet joints that provide flexibility and stability to the spinal column, cartilage which provides cushioning (between the vertebrae and discs), and parts of the fascia (which connects each shoulder to the opposite hip). It also involves nerves and blood vessels that serve the entire body, and importantly, the brain.

Responsible for many very important functions, the spine protects the spinal cord, provides support for the head (which weighs up to 5kg), serves as attachment points for the tendons that facilitate movement, and helps to stabilise our body weight when we are standing, bending, twisting and walking. It is central to most everything we do, yet it is generally under-appreciated and often misunderstood. Here are some myths and facts about the spine.

### Myths about the spine:

- it is vulnerable to injury
- it can 'go out' and discs can 'slip'
- pain always indicates spinal damage
- more pain equals more serious damage
- bed rest is always best while it hurts
- scans are necessary to diagnose and manage back issues
- strong analgesics and anti-inflammatories are recommended for back pain
- slouching causes a 'bad' back
- you need to sleep on a very firm mattress if you have back pain
- surgery is the recommended option for the relief of back pain.

### Myths and facts about the spine

### Facts about the spine:

- it is designed to move
- it is very strong and resilient and has excellent healing capabilities
- most episodes of back pain are self-limiting (they will get better on their own)
- the most common cause of back pain is muscle, tendon or ligament strain
- exercise can significantly help to prevent and alleviate back pain
- a quarter of the spine is cartilage, which needs movement to stay healthy
- constipation can lead to referred pain felt in the lower back
- psychological stress is associated with increased back pain
- pain relievers and anti-inflammatories have less efficacy than physical activity
- surgery is rarely necessary or recommended for back pain.

### 'Back problems' describes a range of issues that affect the spine, some of these include:

- muscle, tendon or ligament strains: commonly sport or work/activity-related, or from quick movements like recovering from a loss of balance
- disc disorders: bulging/ruptured discs result in the fluid inside pushing against or through its outer shell
- osteoarthritis: this occurs as the cartilage on the facet joints erodes due to age, injury or repetitive movements
- bone spurs (osteophytes): extra bone develops on the end of the bones in the joints
- inflammatory arthritis: eg such as Ankylosing Spondylitis, rheumatoid arthritis
- spinal stenosis: narrowing of the spaces within the spine, causing irritation or pinching of nerves including the big sciatic nerve (causing pain in hips and/or down the leg/s)
- changes to the natural curves of the spine: eg. lordosis or sway-back
- spinal fractures: as a result of osteoporosis.



**As we age, several changes happen in the spine and are normal, including the:**

- discs drying out and providing less cushioning
- muscles, tendons and ligaments becoming less conditioned and losing flexibility
- joints losing fluid and cartilage
- vertebrae losing mineral density and strength
- fascia becoming inflamed, torn or dehydrated causing pain and stiffness.

There are two main types of back pain, based on duration. These are acute back pain which typically lasts a few days to less than three months, is often linked to a specific injury or event and is characterised by sharp pain, and chronic back pain which lasts longer than three months, often does not have a clear cause and is usually felt as dull aching.

Back pain can also be classified as specific or non-specific. Specific back pain is caused by an identified disease or structural problem in the spine. Non-specific back pain is when it isn't possible to identify a specific disease or structural reason to explain the pain. Back pain is most commonly non-specific, in 90% of cases.

It is natural to think that an x-ray or scan would be necessary if you have back problems, however, research shows that they are rarely required or meaningful - only showing anything of importance in 4% of cases.

***Strategies for avoiding/relieving back pain***

There are a range of things that you can do to reduce your chances of having an episode of back pain and/or relieving the symptoms of one, they include:

- keeping moving - your spine needs to move to maintain its strength and flexibility, exercise can reduce the intensity and recurrence of episodes of back pain. It can also reduce inflammation, muscle tension and enhance your sleep. The key with all physical activity is to get moving as soon as you can, start slowly and gradually increase the duration and intensity of exercise. Stop any activity that causes discomfort. Exercise is more effective than any medications.
- reducing sitting - research shows that if you sit a lot, reducing this by 40 minutes per day can prevent or relieve back problems and pain
- reducing/avoiding activities that place strain on your back (like twisting under load), using good lifting techniques, mixing up activities so muscle groups and other connective tissues stay strong
- seeing an Exercise Physiologist or physiotherapist for an individual exercise plan
- maintaining a healthy weight - carrying extra weight, particularly around the belly, is associated with an increased risk of developing/more episodes of back pain
- ceasing smoking - it decreases blood flow to the structures in your back, and negatively affects bone mineral density and disc health
- staying hydrated - spinal discs, muscles, tendons, and ligaments need to be hydrated or they can become injured and/or cause stiffness and pain
- ensuring you have sufficient calcium and Vitamin D to keep your vertebrae strong and protein for muscle health. Also, studies show a nutritious diet assists with pain management
- looking after your mental health, being in pain is tough and can stop you from doing the things you enjoy, psychological and social support are important
- learning more about your back and what you can do to enhance its function and relieve pain.

**Resources and Information:**

Arthritis Tasmania: **Taking Control of Your Back Pain booklet** - [https://arthritistas.org.au/wp-content/uploads/2018/08/BackPain\\_Booklet\\_17.pdf](https://arthritistas.org.au/wp-content/uploads/2018/08/BackPain_Booklet_17.pdf) or call 1800 011 041

Musculoskeletal Health Australia Community Lecture:

**'Backup: why back pain treatments aren't working and the new science offering hope.'**

[https://www.youtube.com/watch?v=eOK\\_URjaR\\_c](https://www.youtube.com/watch?v=eOK_URjaR_c)

## Safety of Paracetamol Questioned

Paracetamol has long been recommended as the go-to pain reliever for people living with musculoskeletal pain associated with arthritis. A new study has cast doubt on its safety and effectiveness, particularly in those over 65 years and older.



The study, led by Professor Weiya Zhang, from the University of Nottingham, involved nearly 180 000 participants who took paracetamol and 400 000 who did not. Of those who had taken repeated doses (being two prescriptions within a six-month period) of paracetamol, there was an increased risk of peptic ulcers, gastrointestinal bleeding, heart failure, hypertension, and chronic kidney failure, compared to those who had not taken the medication.

The team's conclusion, based on the study results was "given its minimal pain relief effect, the use of paracetamol as a first-line pain killer for long-term conditions such as osteoarthritis in older people needs to be carefully considered."

Source: the journal - Arthritis Care and Research

## Healthy Eating for Pain Relief

One in five people over the age of 45 live with debilitating persistent pain, and sadly to date, there are few effective treatments.

Researchers from the University of South Australia have found that a healthy diet (eating foods such as vegetables, fruits, grains, lean meats, dairy etc) can reduce the severity of persistent pain. Their study found that the beneficial effect was stronger in women, which is good news as women are 70% more likely than men to be living with long term pain.

Researcher Sue Ward reported the group's findings were encouraging. "Knowing that simple changes to your diet could offset chronic pain, could be life changing."

Whilst the researchers aren't certain why a healthy diet can ease chronic pain, Ms Ward suggested "It's possible that the anti-inflammatory and antioxidant properties of the healthier



foods is what reduces pain, but we can't yet determine whether poorer diet quality leads to more pain, or if pain leads to eating a poorer quality diet."

"A healthy, nutritious diet brings multiple benefits for health, wellbeing, and pain management. And while personalised pain management strategies should be adopted, a healthy diet is an accessible, affordable, and effective way to manage and even reduce pain" she added.

Source: the journal - Nutritional Research

## Potential Prevention of RA

The gut microbiome is of interest to researchers studying ways to prevent the development of rheumatoid arthritis (RA).

Researchers at the University of Leeds, UK conducted a longitudinal study of nineteen people and found that gut bacteria associated with inflammation was present in higher amounts ten months before individuals developed clinical rheumatoid arthritis.

The study, conducted over fifteen months, identified individuals at risk of developing the condition due to high levels of CCP+, an antibody that attacks healthy cells. Samples taken from these people showed changes in their gut bacteria, including in levels of Prevotella (a bacteria known to play diverse roles in human health, particularly within the gut and oral microbiomes, and previously implicated in rheumatoid arthritis), and a general lack of micro-diversity in their gut microbe makeup.

The researchers will now trial potential treatments targeting this ten-month window, including increasing intake of dietary fibre, taking prebiotics or probiotics and improving oral/dental hygiene to keep harmful bacteria from the mouth away from the gut.

Source: University of Leeds.



## Knee OA

Researchers from the University of Sydney have used data from 131 studies, involving participants between 20 to 80 years, to examine over 150 risk factors associated with the development of osteoarthritis (OA) of the knee.

They found that obesity, having a knee injury, and workplace risks such as shift work and lifting heavy loads were primary causes of knee OA. On the positive side, following a Mediterranean diet and drinking green tea were found to reduce the risk.

“Eliminating obesity and knee injuries combined could potentially reduce the risk of developing osteoarthritis by 14% across the population. We urge governments and the health care sector to take this seriously and implement policy reforms that address occupational risks, subsidise knee injury prevention programs, and promote healthy eating and physical activity to reduce obesity” said Dr. Vicky Duong, lead author of the study.

Source: the journal - Osteoarthritis and Cartilage



## Stem Cell Implants for OA

Whilst there are a lot of promises made about the use of stem cells in the management of joints affected by osteoarthritis (OA), the results are often underwhelming.

The Royal College of Australian General Practice Clinical Guideline for Hip and Knee Osteoarthritis strongly recommends against stem cell use finding the evidence is ‘of ‘very low’ quality, that studies available to date were at serious risk of bias and overall, the risks outweigh the benefits.’ The stem cells usually used are isolated from adipose (fat) tissue, bone marrow and/or synovial tissue.

A research team at the University of Basel, Switzerland has reported on a new technique with promising results. They developed cartilage implants using stem cells from the noses (nasal septum) of people with damage to their joints. These cells were allowed to multiply in the laboratory for two weeks on a scaffold made of soft fibres. The resulting cartilage implant was then cut into the required shape (of the defective cartilage) and implanted into the joint.

“Nasal septum cartilage cells have characteristics that are ideally suited to cartilage regeneration,” explained Professor Martin, from the research team. For example, these cells can counteract inflammation in the joints. The researchers believe that giving the cartilage implants time to mature significantly improved clinical efficacy, even in patients with complex cartilage injuries, and they suggest that the method could be suitable for the treatment of degenerated cartilage in osteoarthritis.

Source: the journal - Science Translational Medicine.

## Fibromyalgia and Gut Health

Fibromyalgia is a challenging condition to live with and to research. Research from McGill University, Montreal, Canada has zeroed in on the gut microbiome to offer insights into and potential management strategies for this intriguing disorder.

Affecting 2% to 4% of the population, predominantly women, Fibromyalgia is characterised by symptoms including widespread pain, sensory hypersensitivity (to cold, heat, strong smells etc.), significant fatigue, and problems with memory, concentration and mood, to name a few.

Early studies had shown that the makeup of the gut microbiome in women with Fibromyalgia differed from that in healthy controls, yet the connection between this and any functional role has remained a mystery.

The McGill team conducted two studies – in mice and in humans. In the murine (mouse) arm of the study, they performed faecal microbiota transplantation from women with the condition into mice. The result was that the mice developed hypersensitivity to heat and cold and pain within four weeks, the pain was still observed four months post-implantation.

In the human study, fourteen women with severe, treatment-resistant Fibromyalgia received five oral doses of faecal microbiota transplantation from healthy female donors. Post-treatment, twelve reported a clinically significant reduction in pain.

Whilst larger studies are required to validate this research, it does indicate that modulating the gut microbiota through faecal transplantation offers potential treatment for those living with this condition.

Source: the journal - Neuron





### Polymyalgia Rheumatica

Coming from the Greek, meaning ‘pain in the muscles,’ the name Polymyalgia Rheumatica (PMR) doesn’t exactly roll off the tongue. Having said that, the first recorded name for the condition dates back to 1888, when Scottish physician, Dr William Bruce, named it Senile Rheumatic Gout!

PMR is a type of inflammatory arthritis that is most commonly diagnosed in people aged 50 years old and over, with the average age of diagnosis being 70 years. It affects twice as many women as men, is more common in people of Caucasian descent and/or those with a family history of the disease.

Polymyalgia Rheumatica is basically what it says on the box, a condition characterised by widespread pain and stiffness felt mainly in large muscle groups of the body. It is often described as a condition of the ‘girdles’ meaning it is usually felt in the muscles of the shoulder (neck, shoulders and upper arms) and pelvic (hips, buttocks and thighs) girdles. Unlike other types of arthritis, PMR does not usually cause

permanent joint damage, however, if muscles are not used, over time it can cause loss of function and disability.

Other symptoms include overwhelming tiredness, loss of appetite and weight loss, mild fevers, malaise, and it can make a person feel anxious or depressed.

There is no specific test for PMR, if the condition is suspected (ie. in a person over 50 years who has developed new pain in their shoulder/neck or hip/buttock regions, where symptoms occur mainly in the morning or after rest), a doctor will order blood tests that look for high levels of inflammation in the blood. The doctor will then use the reported symptoms and blood test results to decide if it is likely to be PMR.

People with PMR have an increased risk of developing a condition called Giant Cell Arteritis (GCA). This involves inflammation of blood vessels. Symptoms of GCA include severe headaches, tenderness/pain in the temples or scalp, pain in the jaw, tongue or side of the face when chewing, and/or blurred or double vision. This is a serious condition and needs urgent diagnosis and treatment.

“It is very important for people with Polymyalgia Rheumatica to stay active”

Polymyalgia Rheumatica is treated normally with oral steroids, usually prednisolone, for a period of months or years. The goal of the treatment is to lower inflammation and stop the symptoms. A doctor will monitor the response to the treatment and lower the dose over time. The good news is that most people respond well to treatment and go into remission.

It is very important for people with Polymyalgia Rheumatica to stay active - keeping joints working, to get good quality sleep, and eat a diet high in fruits, vegetables, whole grains, lean meats and fatty fish, and dairy products.

#### Information Resources:

**Polymyalgia Rheumatica** Information Sheet and **Blood Tests and Pathology for Arthritis and Other Autoimmune Disorders** Information Sheet can be found on the Arthritis Tasmania website <https://arthritis.org.au/> or call our office on 1800 011 041 for your copy.

**Polymyalgia Rheumatica** booklet from Versus Arthritis UK, go to: <https://www.versusarthritis.org/about-arthritis/conditions/polymyalgia-rheumatica-pmr/>

**Understanding and Managing Polymyalgia Rheumatica** webinar presented by Dr Daniel Boulos for Musculoskeletal Health Australia, go to: <https://www.youtube.com/watch?v=mQ4jw7NPOFA>



## Vale Judith Nguyen OAM

We honour the remarkable life and contribution of Judith Nguyen who passed away peacefully at home in Sydney last month.

Judith was a fierce advocate for Australians with arthritis, serving as Board Member of Arthritis Australia and Chair of Arthritis & Osteoporosis Tasmania. In recognition of this work Judith was awarded the Medal of the Order of Australia in 2013.

Despite living with severe rheumatoid arthritis from the age of 30, Judith led a vibrant life as an educator, government leader, and passionate community volunteer.

Judith's warmth, leadership, and generosity touched many lives far beyond her work for Arthritis Australia. She leaves behind her children, grandchildren, siblings, and countless friends and colleagues who will cherish her memory and enduring impact.



*Pictured in April 2025: L to R - Ainslie Cahill AM (Former CEO, Arthritis Australia) with Late Judith Nguyen OAM*

## Natalie's Story

It started so suddenly, just a mild twinge one evening and the next day I couldn't move without terrible back pain, I didn't know what had hit me.

At thirty two, the mother of three young kids and active helping my partner on our farm, I have always been fit and well. My only experience of spine-related issues was when I was heavily pregnant, then my back would get tired by the end of the day. That is why I was so surprised when I was literally flattened by this excruciating pain in my back, from doing absolutely nothing out of the ordinary.

At first, all I wanted to do was lie in bed, dreading the time when I would need to get up to go to the bathroom next. I hobbled around a little, bent over and unable to do a thing. I couldn't lift our toddler or help with the older kids, do any housework or help on the farm.

After a week, I decided to go to see the GP, just getting there was an absolute trial, it took two and a half hours for me to have a quick shower and get dressed, then the trip in the car was agony - only to be told that the best thing I could

do was to move around more, take a Panadol and use a hot water bottle if necessary.

I asked the GP if I needed a scan or X-ray to see what damage I had done, because surely it would show something serious, only to be told that it would be a waste of time and money. She explained that I most likely had a strained muscle and that it would resolve itself, and it would do this sooner if I started to move as normally as possible.

It didn't get better immediately, but each day I was able to do more. I was careful not to twist my spine and made an effort walk as much as I could, often taking the toddler and the dog with me - it was actually quite lovely. I have since seen a physio who gave me a few exercises to do to make my back stronger and I do them if I have any twinges, but these are rare now. I also called Arthritis Tasmania, and they sent me a booklet on back pain which explained a lot and I feel more confident that I can improve function and manage any back issues in the future.

## Recycle Rewards

We are excited to announce that we've signed up with Recycle Rewards. That means your empty eligible drink containers can help Arthritis & Osteoporosis Tasmania (AOTAS) raise funds for Juvenile Arthritis (yes, kids get arthritis too!) Specifically, we will be using funds raised to support our JIA Family Days - community events especially tailored for families navigating Juvenile Arthritis.

It's easy to set up, all you have to do is:

- ✓ Download the Recycle Rewards app
- ✓ Register an account
- ✓ Search for Arthritis & Osteoporosis Tasmania in the eligible Charities
- ✓ Set us as your payout
- ✓ When you return your containers, scan your barcode from your App and your payment will be automatically donated to AOTAS.

You can also use the App to find your nearest return point.

Every container counts proving that change really does add up.



# programs & events



**Smoother Movers**  
STRENGTH TRAINING

## SOUTHERN REGION

VENUE	DAY	TIME
<b>BLACKMANS BAY</b> Blackmans Bay Hall	Monday Wednesday	1:00pm - 2:00pm 10:30am - 11:30am 11:45am - 12:45pm
<b>CAMBRIDGE</b> Cambridge Hall	Thursday	11:30am - 12:30pm
<b>CLARENCE</b> Clarence Integrated Care Centre	Monday Tuesday	11:30am - 12:30pm 11:00am - 12:00pm
<b>CYGNET</b> Cygnet Hall	Tuesday	1:00pm - 2:00pm
<b>DUNALLEY</b> Dunalley Community Hall	Monday	10:30am - 11:30am
<b>GEEVESTON</b> Geeveston Hall	Tuesday	9:15am - 10:15pm
<b>GLENORCHY</b> Glenorchy Scout Hall	Tuesday	9:15am - 10:15am 10:30am - 11:30am
<b>LENAH VALLEY</b> Pat Murnane Memorial Hall	Wednesday	11:45am - 12:45pm
<b>LINDISFARNE</b> Lindisfarne Citizens Activity Centre	Tuesday Thursday	9:30am - 10:30am 12:00pm - 1:00pm
<b>SANDY BAY</b> Wellspring Anglican Church	Monday Wednesday	11:30am - 12:30pm 9:30am - 10:30am
<b>SNUG</b> Snug Community Hall	Monday	9:30am - 10:30am 11:00am - 12:00pm
<b>SOUTH HOBART</b> South Hobart Community Centre	Tuesday Wednesday	12:30pm - 1:30pm 1:30pm - 2:30pm
<b>TRANMERE</b> Tranmere Hall	Wednesday	1:00pm - 2:00pm

## NORTHWEST REGION

VENUE	DAY	TIME
<b>BURNIE</b> Burnie PCYC	Wednesday	11:00am - 12:00pm
<b>ULVERSTONE</b> Holy Trinity Anglican Church	Thursday	9:15am - 10:15am
<b>PENGUIN</b> Surf Lifesaving Club	Monday Thursday	9:30am - 10:30am 11:00am - 12:00pm
<b>WYNYARD</b> Senior Citizens Club	Thursday	1:00pm - 2:00pm

**2025  
Term Dates**

**Term 3: 21 July  
to 26 September 2025**

**Term 4: 13 October  
to 19 December 2025**



**Smoother Movers**  
WARM WATER

## SOUTHERN REGION

VENUE	DAY	TIME
<b>CLARENCE</b> Clarence Joint Therapy Centre	Monday Tuesday Wednesday Thursday Friday	3:00pm - 4:00pm 3:00pm - 4:00pm 3:00pm - 4:00pm 3:00pm - 4:00pm 1:00pm - 2:00pm
<b>GLENORCHY</b> Hydrotherapy Pool, KGV	Monday Tuesday Wednesday Friday Saturday	12:00pm - 1:00pm 10:00am - 11:00am 10:00am - 11:00am 11:00am - 12:00pm 9:00am - 10:00am 10:00am - 11:00am

### Our Classes

Our Smoother Movers Strength Training and Warm Water Programs incorporate balance, endurance, flexibility and strength-based exercises, which can be modified according to your fitness level, medical history and goals.

### Duration

45mins – 1 hour

### Pricing

\$15 per class (\$18 per class for Saturday Warm Water Exercise)

\$30\* initial assessment (not required for Warm Water Exercise)

\*In some locations an additional \$20 may apply for provision of equipment

### Registration Process

Completing a pre-exercise screening form is a requirement for both programs.. This can be done online via the website: <https://arthritis.org.au/exercise-pre-screen/> or by calling the InfoLine 1800 011 041 and requesting an information pack be posted or emailed to you.

## Walking for Joint Health

In a recent episode of the Joint Action podcast, Professor David Hunter was joined by Dr Sarah Kobayashi to talk about the power of walking - especially for people with osteoarthritis. Sarah shares her insights into the many health benefits of walking, why it's so important for joint health, and how to overcome common barriers to getting started.

Whether you're new to walking or looking to establish a sustainable routine, this episode offers practical advice and motivation to help you take that first step.

Find this episode and many more at: <https://www.jointaction.info/>



## A Man's Guide to Osteoporosis Prevention

There is a common misconception that osteoporosis only affects women, but this is not only untrue, it is potentially dangerous. Every year, world-wide, millions of men over the age of 50 years break bones due to low bone mineral density. A booklet produced by the International Osteoporosis Foundation discusses the risk factors associated with bone loss in men including testosterone deficiency and androgen deprivation therapy (for those being treated for prostate cancer) and outlines five steps for better bone health.

For this booklet, and much more, go to: <https://www.osteoporosis.foundation/educational-hub/material/patient-resources>

## Resources for Kids with Arthritis

From our friends at the Juvenile Arthritis Foundation of Australia, a comprehensive, user-friendly booklet that includes information on the types of Juvenile Idiopathic Arthritis, pharmacological and non-pharmacological therapies, and tips for managing school life.

Adapted for Australian use, the booklet was produced by Juvenile Arthritis Research UK, it is suitable for mid to late primary to older children, their parents, grandparents, teachers, and day care staff – and is available in English, Mandarin, Vietnamese and Arabic.

<https://www.jafa.org.au/my-jia-download/>

Find our booklets: Finding Out Your Child Has Arthritis and Living With Arthritis A Guide for Young Adults on the Arthritis Tas website: <https://arthritistas.org.au/> or call us on 1800 011 041



## Nutrition and Pain

Research shows that eating nutrient-rich food can positively influence chronic pain, as well as contributing to general health and wellbeing. Live Well With Pain UK have developed an online Nutrition Self-Assessment Tool and also a free Chronic Pain Cookbook to assist people living with chronic pain to make nutritional changes. Their website also

includes Nutritional Top Tips - what to include (and to exclude) in your daily food intake and why.

For this information and more, go to: <https://livewellwithpain.co.uk/resources-for-people-with-pain/nutrition-and-pain/>

## Sjögren's Disease

Sjögren's Disease is a chronic autoimmune condition where the immune system mistakenly attacks moisture-producing glands, leading to dryness in the mouth and the eyes, and other parts of the body. The condition primarily affects females over the age of forty but can occur at any age. It can occur alone or alongside other autoimmune conditions such as rheumatoid arthritis and lupus.

For more information on the condition, its diagnosis and management, go to Sjögren's Australia: <https://www.sjogrenaustralia.com.au/>

Whilst more common in women, men can be diagnosed with Sjögren's Disease and whilst many of their symptoms will be similar to those in women, patient-reported experiences show some subtle differences. Men report they are more likely to be diagnosed with nervous system and cardiovascular system related conditions than women, and they experience daily symptoms of neuropathy (nerve damage) more often than women.

For more information on how Sjögren's affects men, go to: <https://sjogrens.org/>

For a copy of our Information Sheet on Sjögren's, go to: <https://arthritistas.org.au/> or call us on 1800 011 041 and we will send it to you.



## Shoulder OA Research

Do you live with shoulder osteoarthritis, support someone who does, or treat it clinically?

Despite shoulder OA impacting many Australians and causing significant pain, we don't know much about it. Researchers from the University of Queensland want

you to answer their survey to help them change this!

### What does it involve?

- a short survey, approx. 5- 10 min of your time.
- writing 1-5 questions you think are important to answer.
- sharing a bit about yourself – your age, gender.



Find out more! Go to: [soar@uq.edu.au](mailto:soar@uq.edu.au)

Scan the QR code  
to do the survey.

## Are You Living with Chronic Disease?

Macquarie University researchers want to understand your experiences of social isolation and loneliness linked to chronic disease (incl. arthritis, osteoporosis, back pain, diabetes, cancer, asthma etc).

They are conducting a confidential online survey to identify possible factors that may impact chronic disease outcomes, social isolation and loneliness.

To be eligible to participate, you must:

- live with at least one chronic disease
- be 60 years and over

You will be asked to complete a short online screening survey to work out if you are eligible. If you proceed, you will be asked to participate in a 30-45 minute online survey and complete an annual survey each year for up to 4 years.



Scan the QR code to learn more about the study or email [olderadults.research@mq.edu.au](mailto:olderadults.research@mq.edu.au)

## Do you have Chronic MSK Pain?

Researchers from the University of Sydney want to learn more about how and why some people with chronic musculoskeletal pain choose to engage in certain health and wellness practices, such as mindfulness meditation.

They are inviting adults living with chronic musculoskeletal pain to complete a 20 minute online survey. Chronic musculoskeletal pain is pain arising from the bones, joints, muscles or related soft tissues, that persists or recurs for longer than three months. (You do not need to have any experience in mindfulness meditation to participate in this study.)

Go to: <https://redcap.sydney.edu.au/surveys/?s=PTW9KKDMJAJM74D8>

## Pain and Emotion Therapy Trial

Living with chronic pain can be very emotionally challenging. Researchers at the University of New South Wales and Neuroscience Research Australia are investigating an online emotional recovery program for chronic pain.

The team will investigate whether an online skills training program in emotional regulation, can help people with chronic pain manage the physical and emotional aspects of their pain.

What does the research involve?

The Trial is a 9 to 12 week psychological intervention, involving eight 60 to 90 minute sessions using Zoom, and daily training using a web app to watch videos and complete tasks on a smart phone. Participation also means completing a series of questionnaires, before and after the therapy, six and 12 months later.

For more information or to register your interest to be contacted when recruitment begins, go to: <https://www.neurorecoveryresearch.com/pain-emotion-therapy>