arthritis matters

ISSUE 54 | DECEMBER 2025

Hands Up!

Our hands are marvels of architectural design, mechanics and engineering. They allow us to learn about, manipulate and interact with our world, to communicate with others, build stuff, paint, sculpt and make beautiful music.

Able to make some ten thousand movements and gestures, their structure sets us apart from nearly all animals. Our opposable thumbs (that allow us to grip things) are amazing. In Australia, we only share this 'hand' shape with koalas.

Each hand (usually) has twenty seven bones (some people have more), twenty nine joints, thirty four muscles (located in the forearm), one hundred and twenty three named ligaments (that connect the bones together in a joint), twenty tendons (that join muscles to the bones), and forty eight named nerves (that allow for precise movements). A vein on the ring finger, called the Venna Amoris (the vein of love), was believed to have a direct line to the heart, which is why engagement and wedding rings go on that finger.

Our fingernails, made up of modified hairs, can indicate mineral and vitamin deficiencies, anaemia, and issues with the liver, the thyroid and blood oxygen levels. The longest fingernail ever grown was over twenty feet long and took twenty eight years to grow. In our lifetime, we spend over three thousand hours cutting our fingernails!

Our fingerprints help us to grip small things and enhance our sense of touch. They develop early in utero, in patterns unique to each of us (even identical twins have different fingerprints). As we get older and our skin becomes less elastic, fingerprints become less prominent (making them harder to read).

In this issue of Arthritis Matters, we take a closer look at how arthritis can affect our hands, and what we can do to care for these amazing structures.

Christmas Office Closure

Our Moonah office will be from COB Friday 19th December 2025 and open again on Monday 5th January 2026.

We wish you all a very safe and Merry Christmas!

In this Issue

Arthritis Matters is available in print or electronic format. Please let us know if you prefer to receive your copy by email.

Arthritis & Osteoporosis TASMANIA

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REGISTERED CHARITY · acnc.gov.au/charityregister

BONE BASICS
Taking charge of osteoporosis

Update

The Bone Basics Project offers significant benefits for Tasmanians over 50, many of whom may be unaware that they are at risk of developing osteoporosis. By bringing free, condition-specific information and personalised support directly into local communities, the Project helps individuals identify their own risk factors early and take practical steps to improve long-term bone health. The recent turnout of 33 participants at Beaconsfield Neighbourhood House and People of the Point Communities Inc. (POPCI) shows that interest is strong and that the program is reaching people who may not otherwise access this kind of information or preventative care. Through simple tools like the short registration form and 20-question quiz, and individual consultation, participants can quickly learn whether they may benefit from further guidance - empowering them to take proactive action for their wellbeing.

A key strength of the project is its two-visit model, which offers both personalised guidance and group learning. The first visit provides confidential one-on-one "Chat & Check" appointments, allowing participants to discuss their bone health, explore risk factors, and gain clarity about their quiz responses. This tailored approach ensures that individuals - whether newly diagnosed, at risk, or simply curious - receive information that is directly relevant to their circumstances. A complimentary Goodies Bag is also provided at first session and includes take-home information and nutritional samples to be enjoyed. The second visit builds on this foundation through an engaging group presentation that covers essential topics such as the nature of osteoporosis, prevention, diagnosis, nutrition, exercise, and ongoing management. With a calcium-rich "Bone-Appetite" morning tea included, the session creates an inviting, social environment that encourages questions, discussion, and shared learning.

The rollout of the Bone Basics Project across Tasmania - funded by the Healthy Tasmania Fund (an initiative of the Tasmanian Government) with in-kind support from Arthritis and Osteoporosis Tasmania - makes it an accessible and valuable resource for communities statewide. There is no cost to participating organisations or community members, and as awareness continues to grow, participation is expected to increase steadily.

HOW TO REGISTER

Registrations for the Bone Basics Project are still open, and community members are encouraged to secure their place as soon as possible.

The quickest and easiest way to register is through the Project's online form, which includes a simple 20-question Yes/No quiz to help identify individual risk factors for osteoporosis. Online registration ensures details are submitted promptly, allowing the team to plan visits to each community sooner. For those who prefer a non-digital option, hard-copy forms are also available, but the website remains the most efficient way to get started.

Locations for delivery of the Project will be determined based on the registrations received and is focussed to deliver in rural locations across Tasmania, with rural being considered 30 minutes travel from major CBDs. https://arthritistas.org.au/osteoporosis/bone-basics-project/

It's Official! Northern Public Rheumatology Services Confirmed

The impact that our combined membership and community voice can have was evident when a petition, calling for the implementation of permanent northern based public Rheumatology to continue as originally planned, was presented to the House of Assembly on 25 September by Shadow Health Minister, Ella Haddad MP.

Representatives of the AOTAS Board joined Chief Executive Jackie Slyp and community petition sponsor Diana Hardy, at Parliament House to witness proceedings, and thank Ella Haddad MP for sponsoring the petition.

The group were also appreciative that the Minister for Health, the Hon Bridget Archer, took time to step out of the Chamber briefly to speak with the group, reaffirming the Government's commitment to establishing these much needed public health services.

We have been advised that recruitment for rheumatology, nursing and physiotherapy positions is well underway, with the service expected to be up and running in Launceston sometime in March 2026. In the meantime, outreach clinics from RHH will continue to cover any service gap.

Ella Haddad MP (Shadow Health Minister), Jackie Slyp (AOTAS Chief Executive), Alison Park (AOTAS Board Member), Frankie Forsyth (AOTAS Board President), Diana Hardy (community petitioner), and Jill Harley (AOTAS Board Vice President)

Thank you again to all those 1,130 members and community supporters who signed the Petition - we could not have done this without you. The outcome highlights the impact that a unified community group can have when its members and community speak together.

Ministerial Visit

Arthritis & Osteoporosis Tasmania was delighted to have the Minister for Health, the Hon Bridget Archer MHA, follow-up the presentation of the Parliamentary petition with a visit to the Office in Moonah. The Minister spent an hour meeting volunteers and staff and viewing the extensive range of free information and resources available to the community.

Hon Bridget Archer MHA, Minister for Health; Jackie Slyp, AOTAS Chief Executive and Frankie Forsyth, AOTAS Board President.

Arthritis & Osteoporosis Tasmania welcomes and greatly values the gifts made by individuals in their Wills. As a small non-profit association these gifts are a crucial part of our overall funding, and we hold the following individual's decision to benefit our charity in the highest regard.

- Estate of the late Graeme Cherry – a remarkable Tasmanian who has honoured five charities (including Arthritis & Osteoporosis Tasmania) with a significant bequest.
- Estate of the Late June Dallas – a member of Arthritis & Osteoporosis Tasmania for over 16 years, a gift of $1,000.

Hand-le with Care

Hands are the most flexible and mobile part of the skeleton, able to grip and grab, stroke and poke, making them critically important to our function and independence.

Integral to a vast number of daily activities, our hands are subject to a range of injuries including fractures, dislocations, burns, cuts, bumps and bruises, ganglion cysts, strains and sprains; and conditions including inflammation or contractures of connective tissues (eg. trigger finger), Dupuytren's contracture (thickening of the skin and fascia on the palm), Raynaud's disease (restriction of blood flow into the fingers) and types of arthritis.

Arthritic joint changes can be in the form of:

- damage to the cartilage that covers the ends of the bones in the joint/s
- 'knobbles' (Heberden's or Bouchard's nodes) caused by boney enlargements
- inflammation or laxity of connective tissues (tendons and ligaments)
- inflammation of the lining of the joint (the synovial membrane) in inflammatory types of arthritis such as rheumatoid arthritis
- crystal buildup in the joint (uric acid in gout, calcium pyrophosphate in pseudogout, or iron in haemochromatotic arthritis)
- and changes in finger shape (dactylitis) and the nails (in psoriatic arthritis).

Hand arthritis is common, with the lifetime risk of developing it being 47% in women and 25% in men, with some 20% of people over 55 years having hand arthritis symptoms that impact on function and quality of life.

Risk factors for developing arthritis in the hands include, being:

- older (for Osteoarthritis typically after the age of 50, in Rheumatoid between 35 and 50)
- Caucasian
- female
- overweight or obese
- from a family with a history of hand arthritis
- someone who sustained injuries to their hands (through sport or repetitive work etc).

Hands can develop deformities, if arthritis is not diagnosed and actively treated/managed.

Over the years, the thumb joints can take a beating. Whether it be from sport, hobbies, work tasks, gardening or just house 'stuff,' they are key to so many activities of daily living. In fact, your thumb is actively involved in over 50% of all movements made by the hands.

Lifting heavy objects can place strain on thumb ligaments, repetitive grip and release movements can irritate tendons, strong gripping can cause tension and joint inflammation, and cartilage can become worn as structural changes take place in the joint. This can lead to cumulative soreness caused by using the joint all day (particularly on your dominant hand).

The large thumb (carpometacarpal) joint (including its surrounding connective tissue) is particularly susceptible to arthritis, and whilst older adults more usually complain of thumb soreness, children and teens are increasingly at risk of irritating/damaging this joint from activities including texting and gaming.

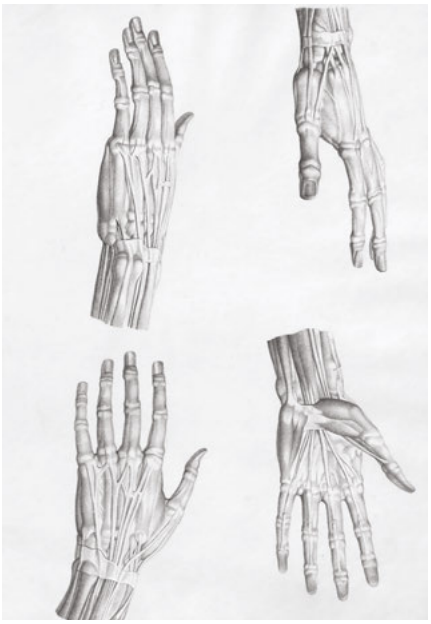
Treatment options for hand arthritis are aimed at:

- decreasing stiffness, swelling and pain
- improving/maintaining mobility, flexibility and function
- slowing down the progression of the condition.

Strategies for protecting hands include:

- preventing damage to the structures of the hands in the first place by avoiding joint stress, minimising forces, loads and repetitive movements, using equipment and aids, utilising proper lifting techniques and good ergonomics, protecting hands when playing sport, gardening and/or working
- seeking prompt treatment for hand injuries and infections

- not smoking and staying hydrated for cartilage health
- protecting thumb joints by taking care when using equipment (including for exercise, at work, in the house or the garden)
- listen to your joints - pain in a joint is its way of telling you that you have done too much and that it needs a little love - rest it in a comfortable position, apply heat or cold, and take note of what activities caused the pain so you can avoid them or do less at one time in the future
- balance periods of activity and rest - learn your 'pain-free' threshold for doing specific tasks and stop before you reach it, take frequent breaks, alternate between heavy and lighter tasks
- use energy conservation strategies - problem solve, plan, prioritise, and pace activities
- use good body mechanics and ergonomics - remember that the foot bone is connected to the finger bone (well kind of, you know what I mean). Position yourself well so that you don't exert too much strain on hand joints while lifting, pushing, pulling or even typing - change your body position to mix up the orientation of the structures being used
- use larger joints to do the work, reduce the amount of weight, force and effort being exerted on individual/sore joints by spreading the load over bigger or more joints eg. use two hands or carry heavy items in a backpack
- take shortcuts - if you find cutting vegetables painful, buy pre-cut vegetables, have groceries home-delivered or put directly in your car boot
- use aids, equipment or appliances - kettles that tip, tap turners, jar keys and electric can openers can assist with activities that place stress on hand joints, choose tools that support hands such an ergonomic computer keyboard, add padding to handles to offer cushioning
- use splints, braces, finger sleeves, supportive gloves or taping to support, protect or immobilise affected joints - wear them when working to offer support and when sleeping to keep the joints in a good position and guard against deformity
- exercises - to make hands strong and able to function, exercises are very important (the same 'use it or lose it' rule as any other joints applies). Only exercise within your pain-free threshold/limit, exercise your hands submerged in warm/ hot water, buy or make therapy dough (see a link to the recipe in Resources)
- take medications (analgesics and non-steroidal anti-inflammatories) as directed to relieve pain and enable you to function
- eat healthy, unprocessed foods and maintain a healthy weight - this is associated with less inflammation in the body and less pain
- if conservative measures don't work sufficiently and pain is stopping you from doing what you want/need to do, surgery may be an option. Types of hand surgery include joint fusion, tendon repair or transfer, Dupuytren's contracture-release surgery, bone spur removal and joint replacement
- ask for help - from family or friends to assist with particular tasks or at specific times when you are in pain



- seek advice from health care practitioners including your GP (for diagnosis and management), an occupational therapist (for recommendations on aids and equipment and/or a hand physiotherapist (for prescription of hand exercises and splints/braces).

Resources:

Hands and Arthritis Information Sheet: Arthritis Tasmania
https://arthritistas.org.au/wp-content/uploads/2024/10/4042-AA-Info-Sheet-Hands-and-arthritis-AA014-03-24-ISS1.pdf

Dealing with Pain Information Booklet: Arthritis Tasmania
https://arthritistas.org.au/wp-content/uploads/2023/07/Pain-in-Arthritis-2023.pdf

Hand Exercises: Arthritis NSW
https://arthritis.org.au/wp-content/uploads/2019/02/Exercise-Sheets-Hands.pdf

Splints: Arthritis UK
https://www.arthritis-uk.org/information-and-support/understanding-arthritis/arthritis-treatments/splints/

Therapy dough recipe: Live up
https://www.liveup.org.au/media/Therapy%20dough%20recipe%20for%20healthy%20hands.pdf

Find a Hand Physiotherapist: Australian Hand Therapy Association
https://www.ahta.com.au/directory

Reversing ageing in cartilage cells

Researchers have found a way to reverse the ageing process in cartilage cells (chondrocytes). Scientists from the Skeletal Regeneration team at the University of Southern California focused on a specific protein, STAT3, that is involved in cell growth and were able to turn back the clock on cartilage cells. They found that when this protein is active, the cells 'acted younger and healthier.'

Using an approach that looks at how cells age, the epigenetic clock, the team was able to track and measure age-related changes in cartilage cells. When STAT3 was turned off, the ageing process sped up causing cells to deteriorate faster and when it was activated there was a reversal in cell ageing, with them regaining characteristics of young cartilage - including being better able to cushion the bone ends in the joint.

Although the research is still in its early stages, the team hopes that their findings can not only lead to treatments that will prevent arthritis developing, by stopping cartilage cells from ageing, but also see the restoration of cartilage in already damaged joints.

Source: Journal Aging Cell

Switching on a New Treatment for Osteoporosis

The prevalence of osteoporosis (OP) and its associated costs are projected to increase significantly in the next decade. In Australia, this increase is expected to be in the order of 23%. There is, therefore, an urgent need for research into better treatments for preventing bone loss in this serious condition.

Researchers in Germany examining new biological targets for safe, effective treatments for OP have uncovered a hidden receptor, GPR133, that plays a vital role in the formation and maintenance of strong bones. "If this receptor is impaired by genetic changes, mice show signs of loss of bone density at an early age - similar to osteoporosis in humans" explains Professor Ines Liebscher, from the Rudolf Schönheimer

Institute of Biochemistry. By stimulating GPR133, "we were able to significantly increase bone strength in both healthy and osteoporotic mice."

The researchers hope that in switching on GPR133 within the bone tissue, bone health and strength can be enhanced in people with no bone loss and rebuilt in those with osteoporosis.

Source: Journal Signal Transduction and Targeted Therapy

Groundbreaking Osteoarthritis Study

An international team of researchers has conducted an extensive investigation into the genes associated with osteoarthritis (OA). Led by researchers from the Helmhotz Munich Centre, Germany's largest research organisation and 125 top academic institutions world-wide, the team analysed data from nearly two million people and found 962 genetic variants associated with the condition.

The team also drilled down on 69 key genes whose protein products are already targeted by approved drugs. The hope is that many of these medications could be redirected to the treatment of OA.

"This study takes a leap forward in offering tailored therapies for osteoarthritis patients, many of whom have long awaited disease-modifying options," said Professor Dino Samartzis, co-author of the study, the "research is a beacon of hope. By leveraging human genetics, we can now reimagine much more effectively as to how we treat this widespread condition."

Osteoarthritis is one of the most rapidly increasing health conditions globally. By 2050, one billion people worldwide will be living with OA. Currently, no effective disease-modifying treatments exist for this condition. This study provides insights into the genetic landscape of the disease and offers a path toward repurposing safe, approved drugs, potentially slashing the time and cost to bring effective treatments to market.

Source: Journal Nature

Better Understanding Gout - from three directions

Gout was long associated with an over-indulgence in the 'finer things of life.' Whilst lifestyle factors are important, three research teams have been doing a deep dive into some of the other underlying factors that may predispose individuals to developing this extremely painful condition.

A team from the University of California, San Diego looked at why gout develops in some people with high uric acid levels and not others. Investigating the rare case of a patient who had urate crystal deposits and erosion in their joints but did not have raised blood urate levels, they found a disrupted molecular pathway linked to a protein that protects and lubricates joints. This protein, lubricin, also plays a key role in regulating white blood cells that promote inflammation in the joint.

The group found that lubricin suppresses the production of urate and prevents it from crystallising in the joint and causing inflammation. They hope that their study can offer a potential new target for the treatment of gout.

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An international research consortium has released its final findings from a massive gout genetics study. The team examined genetic data from 2.6 million people (with and without gout) and identified 377 specific DNA regions where there were variations linked to the condition (including 149 that had not been associated with the condition before).

This further strengthens evidence that genetic factors are a major driver associated with gout risk.

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And, in another intriguing study, biologists from Georgia State University in the US have looked at a long-lost gene that was phased out by evolutionary processes in our ancestors some twenty million years ago. The gene, called uricase, produces an enzyme that helps break down uric acid. Having high levels of uric acid was beneficial way back then, for converting fruit sugars into fat - an advantage when food could be scarce.

The researchers reconstructed a version of the uricase gene, then tested it in the lab on engineered human liver cells, successfully producing uricase and reducing uric acid levels.

Hyperuricemia is a serious condition associated with gout and other complications such as kidney stones and an increased risk of heart disease. The researchers believe that their gene-editing approach could allow patients to live gout-free lives and potentially prevent other related conditions.

Source: Scientific Reports

Thriving, Not Just Surviving, After Sixty

Canadian researchers from the University of Toronto, Institute of Life Course and Aging have published a landmark study that they say shows that it is never too late for older adults to 'bounce back' to health and well-being.

The team studied over eight thousand people aged over sixty, focusing specifically on those who reported being in a state of 'sub-optimal wellbeing' - having health issues, pain, low mood and/or social isolation. The study participants' baseline health status was then reassessed after three years, with one in four having regained optimal health status during that time.

"We want this study to reshape how society views ageing. With the right environment, resources and supports, older adults don't just survive after struggling with health or well-being issues, they thrive," reported first author of the study, Mabel Ho. "It's incredibly encouraging to see that, with the right supports and lifestyle, many older adults can reclaim full health, happiness and independence - even after serious health challenges."

Source: Journal PLoS ONE

Frozen Shoulder

Shoulders are complex, highly mobile, and hardworking joints. They are also the least stable joints in the body. Each shoulder has three bones (the upper arm - humerus, collarbone - clavicle, and shoulder blade - scapula) that form a ball and socket joint. Strong connective tissue surrounds the joint (its capsule) and makes (synovial) fluid to provide joint lubrication and nourishment.

One condition that affects shoulders is known as 'frozen shoulder' (or adhesive capsulitis), where the capsule becomes inflamed, less fluid is produced, and bands of scar tissue develop.

Symptoms of a frozen shoulder include:

- constant discomfort/pain with movement or at rest, often making sleep difficult
- joint stiffness, making it hard to reach above your head or behind your back
- muscle weakness due to pain induced inactivity
- gradual onset - over months, starting with stiffness and discomfort, escalating to immobility and pain
- usually being in one shoulder at a time.

The condition typically has three stages, staying with the 'frozen' theme:

- freezing - movement is limited and causes pain (lasts from 2 - 9 months)
- frozen - pain lessens but stiffness increases (lasts from 4 - 12 months)
- thawing - movement becomes easier (this stage lasts 5 - 24 months).

The good news is that the condition usually improves over time, but it may take a few years.

There is a lot about frozen shoulders that we don't know, however, some things are known to increase the risk of it developing.

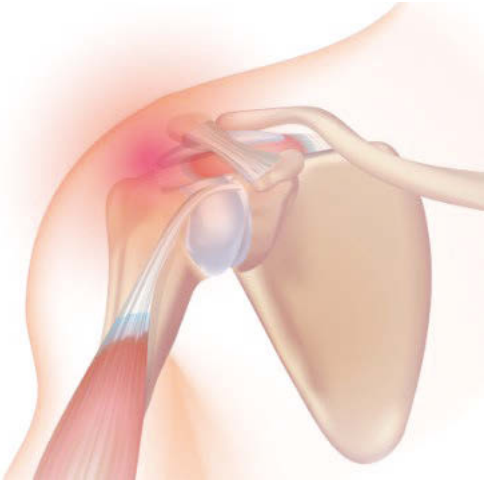
Possible contributing factors for a frozen shoulder include:

- injury/surgery - resulting in joint immobility
- medical conditions - including diabetes (up to 20% of people will develop a frozen shoulder at some stage), heart disease, thyroid disorders, Parkinson's Disease, and autoimmune conditions such as rheumatoid arthritis
- age - most people are between 40 - 60 years old
- gender - more women are affected (due to hormones that influence inflammation and healing)
- other factors may include - genetics, hormonal imbalance, smoking and poor posture.

Frozen Shoulder diagnosis involves:

- physical examination - assessing your range of movement (active - with you moving it, and passive - with your doctor doing so while you relax the joint)
- assessment of symptoms - based on your report of how the joint feels (what and when), and how long you have had symptoms
- assessment of factors including your age, gender, medical history and recent injuries.

X-rays and scans are typically not needed to make a diagnosis but may be ordered to exclude other causes for your symptoms.



Frozen Shoulder Treatments include:

- prevention - avoid long periods of inactivity
- maintain gentle movement of the joint if you sustain an injury or have surgery
- physical therapy/exercise - keep the joint moving to control pain and maintain function
- heat and ice packs - to relieve pain and inflammation
- medication - analgesics (pain relievers) and anti-inflammatories
- treatments - corticosteroid and/or saline injections into the joint
- manage underlying medical conditions that may be risk factors
- surgery - is rarely necessary but may remove scar tissue if symptoms persist.

A Frozen Shoulder needs active management through each of its three stages, and support from members of your healthcare team.

Resource:

For general information see our Shoulder Pain Information Sheet on our website https://arthritistas.org.au/ or call our InfoLine on 1800 011 041.

Annette R.

I have never had beautiful hands. My Mum used to say that they were like hers, 'capable' hands. And, capable they were - of cleaning, gardening, cooking, working as a nurse, even the odd bit of renovation. You name it, my hands have had a go at it. I guess I took them for granted and never really gave them much thought …. until they began to hurt.

The first real symptoms I had of arthritis in my hands started in my thumb joints. Activities such as opening jars, using the secateurs, and even gripping the steering wheel on long drives really made them ache.

As a nurse, I am really good at telling people to look after themselves, to prioritise their health, see their doctor, ask for help or use aids and equipment but it took a long while for me to follow my own advice. I put my aches and pains in the 'oh, its just this time, because I over did things' basket but clearly that is not the case, my hands hurt more often than they don't. So, I decided I had to become more proactive.

In order to be able to manage at work and at home, my GP recommended that I go and see a physio. I expected them to give me some exercises (which they did) and maybe recommend a splint. I was really surprised when they started with looking at my posture, showing me how to reduce stress on my hands by using my body better - positioning myself differently, using my elbow and shoulder joints more, essentially sharing the load with bigger joints.

They also showed me how to tape my thumb joints for use, particularly when in the garden or cleaning, thus giving them support. In a funny way, the tape also reminds me to look after these joints. I have also always been someone who did a task until it was done.

I now understand that I also need to work on changing my mindset, equally as much as how I do things physically. I need to break activities up into bite-sized bits, mix movements up, take frequent breaks and sometimes even leave a job half done until the next day or so. I have to say that I am still pretty poor at doing this, but I am working on it. I am finding that I make every movement count at work now too - I pace myself throughout the day and ask for help if I need it, there is usually someone to swap a task with if I need to.

I have invested in a few aids to make tasks easier - a jar key and a pair of excellent secateurs. I am also aware that I am a candidate for osteoarthritis in other joints too, so I am making an effort to eat well, lose some weight, and thinking in terms of making all of my movements quality ones.

None of this will make my hands beautiful, but they will keep me going!

willed

Start 2026 with peace of mind. New Year is the perfect time to reflect on cherished memories and take steps to secure your future. Did you know that only half of Australians have a Will? Having a Will in place protects your loved ones from unnecessary stress and ensures your wishes are honoured. Arthritis & Osteoporosis Tasmania is proud to partner with Willed, a trusted and Australian-owned provider of online Wills, to help make estate planning simple and accessible for everyone. Including a gift in your Will for Arthritis & Osteoporosis Tasmania can create a lasting legacy, helping us to continue to provide vital services, such as:

- Free information packs on arthritis pain management, bone health and exercise
- Programs to improve mobility and reduce pain
- Practical tips and techniques for self-management

You are not obliged to leave a gift to AOTAS – your Will is yours to shape. But if you do, know your generosity will make a lasting difference for generations.

Start your journey toward peace of mind today, visit: https://www.willed.com.au/arthritistasmania/

2026 Term Dates

Term 1:
6 February to 17 April

Term 2:
8 May to 10 July

Smoother Movers STRENGTH TRAINING

SOUTHERN REGION

VENUE	DAY	TIME
BLACKMANS BAY Blackmans Bay Hall	Monday Wednesday	1:00pm - 2:00pm 10:30am - 11:30am 11:45am - 12:45pm
CAMBRIDGE Cambridge Hall	Thursday	11.00am - 12 noon
CLARENCE Clarence Integrated Care Centre	Monday Tuesday	11:30am - 12:30pm 11:00am - 12:00pm
CYGNET Cygnet Hall	Tuesday	1:00pm - 2:00pm
DUNALLEY Dunalley Community Hall	Monday	10:30am - 11:30am
GEEVESTON Geeveston Hall	Tuesday	9:15am -10:15pm
GLENORCHY Glenorchy Scout Hall	Tuesday	9:15am - 10:15am 10:30am - 11;30am
LENAH VALLEY Lenah Valley Hall	Wednesday	11:45am - 12:45pm
LINDISFARNE Lindisfarne Citizens Activity Centre	Tuesday Thursday	9:30am - 10:30am 12:00pm - 1:00pm
SANDY BAY Wellspring Anglican Church	Monday Wednesday	11:30am - 12:30pm 9:30am - 10:30am
SNUG Snug Community Hall	Monday	9:30am – 10:30am 11:00am - 12:00pm
SOUTH HOBART South Hobart Community Centre	Tuesday Wednesday	12:30pm - 1:30pm 1:30pm - 2:30pm
TRANMERE Tranmere Hall	Wednesday	1:00pm - 2;00pm

NORTHWEST REGION

VENUE	DAY	TIME
DEVONPORT Meercroft Pavilion	Friday	9:30am - 10:30am
ULVERSTONE Holy Trinity Anglican Church	Thursday	9:15am - 10:15am
PENGUIN Surf Lifesaving Club	Thursday	11:00am - 12:00pm
WYNYARD Senior Citizens Club	Thursday	1:00pm - 2:00pm

Smoother Movers WARM WATER

SOUTHERN REGION

VENUE	DAY	TIME
CLARENCE 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
GLENORCHY 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 – 1hour

Pricing

$15 per class (*$18 per class for Saturday Warm Water Exercise*)
$40 initial assessment (not required for *Warm Water Exercise*)

Registration Process

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

new resources

Bone and Heart Healthy Recipe Book

The Nutrition and Health Innovation Research Institute (NHIRI), at Edith Cowan University, is committed to researching and developing programs and resources aimed at preventing and managing chronic diseases.

Their free downloadable *Bone and Heart Healthy Recipe Book* features recipes containing calcium and other nutrients to support bone health including recipes for grilled fish tacos, beetroot pancakes and an easy chocolatey ice cream (with unexpected ingredients!).

For your copy, go to: https://nhiri.ecu.edu.au/impact-resources/cooking-resources/

Build Better Bones

The *Build Better Bones* website is from the International Osteoporosis Foundation (IOF), the world's largest non-governmental organisation in the field of osteoporosis. The website brings together information on Exercise, Nutrition and Home Safety with the goal of reducing the risk of fractures associated with bone loss and supporting people at every stage of their osteoporosis self-care journey.

With a handy information sheet listing the calcium content of common foods, information on the benefits of exercise (with a list of 18 suggested exercises to do at home) and tips for making your home safer, the Build Better Bones website has something for everyone.

Visit the website at: https://www.buildbetterbones.org/

National Kids in Pain Report 2025

The *Kids in Pain Report* contains responses to a national survey conducted by Chronic Pain Australia.

One in five Australian children live with chronic pain. This Report outlines the challenges and barriers they face in accessing specialist healthcare and multidisciplinary services, and support at school. The respondents report the effects that pain has on school attendance, participation in sports, levels of daily activity, their mental health, their ability to maintain friendships and feelings of social isolation.

Their parents/carers also report the impacts that caring for a child in pain has on them including their vocational productivity - from resigning from their jobs, reducing or adjusting their working hours, working from home, and taking unpaid leave for caring responsibilities.a

To read the Report, go to: https://chronicpainaustralia.org.au/wp-content/uploads/2025/09/National-Kids-in-Pain-Report_2025.pdf

painTRAINER

painTRAINER is a free, interactive, online program that teaches strategies to manage pain. The program is designed for adults over the age of 18 who experience pain, or their caregivers.

From the University of Melbourne Centre for Health, Exercise and Sports Medicine, the program supports individuals to learn a variety of pain coping skills and techniques, and includes toolboxes with information, useful resources and a digital workbook.

For more information, go to: https://www.paintrainer.org/

Safe Exercise at Home

Public health guidelines recommend that all older people (and young ones too) be physically active every day, but sometimes it is hard to know where to start and how to do it safely.

The *Safe Exercise at Home* website has a downloadable booklet that was developed by physiotherapists to guide older adults in how to exercise safely. This booklet contains three levels of exercises to follow at home: Level 1 - Foundation, Level 2 - Moderate and Level 3 - Advanced, and a worksheet to note your sessions.

For more information or a downloadable copy of the Safe Exercise at Home booklet, go to: https://www.safeexerciseathome.org.au/

CASCADE OA

A research team from universities around Australia, including UTAS, and overseas are investigating the effect of a community-based physical activity and self-management program designed for people with hip or knee osteoarthritis. The CASCADE-OA program is a 12 week self-guided walking program.

The purpose of the study is to evaluate how this physical activity program may impact general physical activity levels in people living with hip or knee osteoarthritis.

The study is suitable for people who:

- are aged 45 years or over
- have activity-related hip or knee pain
- are willing to participate in a self-guided activity program

For more details on inclusion and exclusion criteria and trial details go to:
https://www.osteoarthritisresearch.com.au/cascadeoa-study-overview

Hands and Arthritis

Community Information Session

Featuring a presentation from: Jennifer Ball, Hand & Upper Arm Physiotherapist

Plus a display of aids and equipment.

When: 12.30 - 2.30pm
Thursday 26th February 2026

Where: Anfield Room KGV Complex, 1A Anfield Street, Glenorchy

Cost: Free

RSVP to reserve your place, call 1800 011 041

MyJoint Tai Chi Program

Following a research trial that showed the benefits of Tai Chi for people with knee osteoarthritis, the researchers have made the online Tai Chi Program free to the public.

The Program was developed by a team from the University of Melbourne, in collaboration with a panel of expert Tai Chi instructors and people with OA.

It has 12 pre-recorded 40 minute videos led by a Tai Chi instructor, that feature a modified Yang-style routine, tailored for people with modified hip or knee pain, and little or no Tai Chi experience.

For more information go to:
https://myjoint-taichi.org/

Recycle Rewards

Did you know that Arthritis & Osteoporosis Tasmania is a Recycle Rewards Partner?

Collect your containers and take them to your local Recycle Rewards drop-off point to get 10c back for every eligible item! You can choose to donate your refund. To make it easy, you can download the app and set your payment to Arthritis & Osteoporosis Tasmania, or you can use our barcode below.

Arthritis & Osteoporosis Tasmania

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Your donation, no matter how small, is helping to make a difference. Funds raised will be used to support our JIA Family Days - community events especially tailored for families navigating Juvenile Arthritis.