

arthritis matters

ISSUE 55 | APRIL 2026

Love the Skin You're In

When we think about arthritis, our thoughts generally go to the joints (and often stay there), but some types of arthritis can affect other parts of the body, including the skin.

In this edition of Arthritis Matters we will explore the skin, how it can be affected by arthritis and other connective tissue diseases, and tips on how we can care for our skin. We will also examine some interesting research projects shedding new light into what we should consider before getting a tattoo. So, let's dive right in.

Our skin spans nearly two square metres and weighs up to twenty percent of our total body weight. It is made up of some three hundred million cells, shedding thirty thousand every minute, and renewing itself every twenty eight days. These discarded cells make up a half of all of the dust in our homes and over account for a billion tonnes of dust in the Earth's atmosphere.

Along with hair and nails, the skin is part of the Integumentary System which has some very important functions. It acts as our body's first line of defense against viruses and bacteria, regulates our body temperature, helps to maintain its balance of fluids, identifies sensations, and protects us from UV radiation and external hazards including chemicals and pollution.

Intriguingly, researchers have discovered that our skin has its own circadian rhythm. During daylight hours, it is in protective mode, focused on shielding us from the outside world. At night, it goes into repair mode. It also has its own community of microorganisms that help to fight infection, control inflammation, and assist the immune system to recognise threats. So, the least we can do is give this complex organ all of the respect and assistance it deserves.

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Our skin performs a range of critically important protective functions that are essential for our health and wellbeing



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

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BONE BASICS
Taking charge of osteoporosis

Bone Basics Project: Building Knowledge for Stronger Bones

The Bone Basics Project continues to gain momentum, with 144 eligible participants registered across rural Tasmania. Delivered in two parts, the project provides participants with valuable information, practical strategies, and personalised support to better understand and manage their bone health.

The first stage involves “Chat & Check” sessions, where participants discuss their individual bone health and identify potential personal risk factors for osteoporosis. These one-on-one conversations create a supportive environment for participants to ask questions, reflect on lifestyle habits, and gain a clearer understanding of their own risk.

The second stage brings participants together for a group education session and calcium-rich morning tea, creating a welcoming space for shared learning and community connection.

During the group session, participants attend an engaging PowerPoint presentation covering key aspects of osteoporosis awareness, prevention, and management. Topics include understanding osteoporosis and why bone health matters, how to meet the Recommended Daily Intake (RDI) of calcium through everyday foods, and the important roles of nutrition, vitamin D and calcium in maintaining strong bones. Participants also learn about bone-building and impact exercises, including practical examples of movements that help maintain and improve bone density. The presentation also highlights the role of GPs, bone density testing, and medication in osteoporosis management.

Participants receive a take-home information pack containing practical resources, an exercise guide and recipes designed to support adequate calcium intake in everyday meals.

An important component of the project is measuring how participants' knowledge improves over time. Participants complete an Osteoporosis Knowledge Assessment Tool (OKAT) questionnaire when they register and again after completing both stages.

Feedback from participants has been overwhelmingly positive. Of those who have completed both parts of the project, 95% report a better understanding of osteoporosis risks and the importance of maintaining healthy bones, while 98% say they feel more confident managing their own bone health.

Knowledge outcomes have also been encouraging. Seventy-four percent of participants who completed all stages showed improved osteoporosis knowledge, with nearly 60% improving their scores by up to 50%, and some achieving increases of over 200%.

The project has already been delivered in Beaconsfield, Clarence Point, Ouse and the Central Highlands, with upcoming deliveries planned next for Nubeena, Geeveston, and the Fingal Valley.

Through personalised conversations, group education and practical resources, the Bone Basics Project continues to support stronger bones and healthier ageing in rural communities.



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://arthritis.org.au/osteoporosis/bone-basics-project/>



Celebrating 50 Golden Years

This year Arthritis & Osteoporosis Tasmania celebrates 50 years of service to the Tasmanian community, and in this edition of Arthritis Matters we reflect on the rich history of our community-focused organization.

Much has changed in the last five decades with arthritis treatment shifting from a focus on symptomatic pain relief toward aggressive disease-modifying therapies that can halt progression and potentially regenerate joint tissue. Yet sadly arthritis continues to be underfunded and often trivialised, although the daily struggles remain all too real for those who live with arthritis and related musculoskeletal conditions.

Dr Peter Brooks, senior lecturer in medicine at the UTAS Royal Hobart Hospital medical school, was the prime mover behind establishing RAFT – the Rheumatism and Arthritis Foundation, as it was known then, supported by David Skegg (inaugural President), Jessie Wever of Lutana and Kath Reid.



In its early years, under the guidance of founding Vice Presidents (Dr Peter Wood in the North, Bill Gibson in Queenstown and Dr Peter Brooks in the South) the voluntary team at RAFT worked tirelessly to build community awareness; establish local branches (totaling 30 extending from Smithton to Rosebery and Dover); and raise funds.

Grass roots community support grew and

flourished, enabling basic office facilities to be established in Hobart and Queenstown, and the first Field Officer, Sheila Reynolds, to be appointed in 1978. RAFT affiliated with the national peak body Arthritis Foundation of Australia in 1978, and appointed its first Executive Director, Ria Ikin, in 1979. Over the next decade the Grand Lady and Tot Quests



would raise substantial funds for RAFT through generous community support and involvement, and in 1984 RAFT opened the Busy Bee Craft Shop in the Bank Arcade. In December 1983 Tasmania appointed its first full-time practising Rheumatologist, Dr Hilton Francis. In 1986 warm water exercise classes led by trained volunteers started at the Douglas Parker Rehabilitation Centre, and RAFT would become one of the first organisations in Australia to run The Arthritis Self Help Course, developed by Kate Lorig of Stanford.

In November 2000 RAFT Inc changed its incorporated name to Arthritis Tasmania Inc, and in October 2003 to the Arthritis Foundation of Tasmania Inc (trading as 'Arthritis & Osteoporosis Tasmania') falling in line with other state and territory arthritis foundations.

Following a successful trial of a community-based strength training program in 2010 in the Huon Valley, the Smoother Movers Strength Training Program was established in August 2018, and this month will onboard its 1,000 participant in one of the 27 weekly classes.

In July 2006 Arthritis & Osteoporosis Tasmania became a Registered Training Organisation and in February 2007 developed and accredited on the Australian National Training Register of vocational education and training (VET), the Course in Management of Musculoskeletal Conditions.

As we look back on the history of Arthritis & Osteoporosis Tasmania, we can be proud of all that has been achieved and grateful for the many individuals who have so generously given their time, energy and resources to make a difference in the lives of those with arthritis and related musculoskeletal conditions. As current Chief Executive I am grateful for our history, and excited for our future.

Jackie Slyp,
Chief Executive.

Love the Skin You're In

Continued from page 1

Our skin performs a range of critically important protective functions that are essential for our health and wellbeing.

This complex organ acts as a robust, waterproof barrier against the outside world, helping to heal scratches, cuts and bumps that affect its surface, by creating scabs or scar tissue. It also plays a key role as a part of our immune system. With its own immune cells, the skin helps to detect and respond to infections by initiating an inflammatory response, while communicating to other parts of the immune system that we have an invader on board. Sometimes, the skin's immune system can become dysregulated and contribute to various skin conditions such as eczema or dermatitis.

In addition, it can be affected by systemic conditions (those that affect multiple organs or systems of the body, rather than being localised to a single area) these include endocrine diseases like diabetes mellitus or thyroid disorders, or autoimmune conditions such as types of inflammatory arthritis

and/or undergoing changes in response to the treatment for these conditions. Not all people who have joint-related symptoms will have skin involvement, but a significant number will, so it is important to look out for them.

Here are just a few of the types of arthritis or chronic musculoskeletal conditions that, in addition to joint-related symptoms, can affect the skin:

- Osteoarthritis: although primarily affecting the joints, the skin can become involved as a localised inflammatory reaction over an affected joint, becoming dry and scaly, with the possibility of rashes, sores and ulcers.
- Rheumatoid Arthritis: skin-related symptoms can include the development of nodules (firm lumps under the skin), rashes, sores and/or inflammation of the blood vessels that carry oxygen and nutrients to the skin. Nodules mainly develop on bony areas such as the elbows, ankles, back of the heels, knuckles and the spine.
- Juvenile Idiopathic Arthritis (JIA): children can develop a salmon-coloured rash with small pimples

or swellings on the skin. When present with a high fever, a rash is an important clinical feature and diagnostic sign of JIA.

“It is crucial to monitor your skin for any new or unusual skin-related symptoms as these could indicate changes in the underlying condition or the safety or effectiveness of its treatment.”

- Psoriatic Arthritis: this condition is commonly associated with psoriasis, a chronic skin condition characterised by itchy, scaly patches (plaques) and rashes. Different types of psoriasis can affect different parts of the body. Nail involvement can also result, with nail pitting, thickening or lifting from the nail bed.
- Lupus Erythematosus: the characteristic butterfly-shaped rash, called a malar, can develop across the cheeks and nose and/or round scaly rashes appear anywhere on the body. These may be caused or exacerbated by exposure to the sun.
- Gout: changes in the skin can occur including redness and discolouration. An accumulation of uric acid crystals in the skin layers adjacent to affected joints can cause chalky nodules called tophi. These can make the skin rough and scaly. In severe cases, an ulcer can form.
- Ehlers Danlos Syndromes: these are a group of connective tissue disorders that cause skin to be excessively stretchy (hyperextensible) and fragile which leads to bruising and scarring, and complicates wound healing.



In all of the above conditions, and other types of arthritis or chronic musculoskeletal conditions, the skin can become extremely sore as joints and/or connective tissues become hot and inflamed.

In addition, some of the medicines used to treat these conditions can have an impact on the skin. Issues include rashes or allergic reactions, making the skin more sensitive to sunlight (photosensitive) and more prone to developing skin cancers. Always be sure to check Consumer Medical Information (CMI) for the medicines that you take to see if there are skin related precautions or warnings, and be sure to mention these to your doctor if they develop.

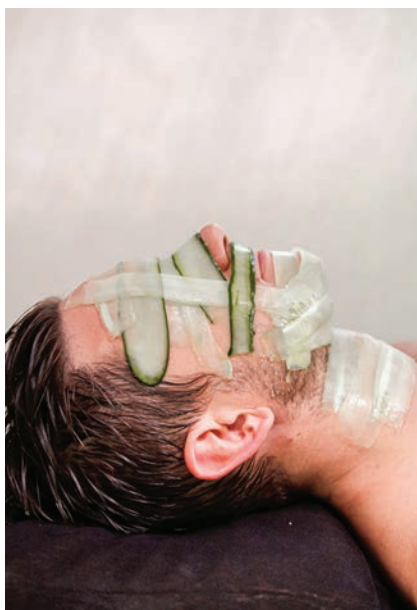
It is crucial to monitor your skin for any new or unusual skin-related symptoms as these could indicate changes in the underlying condition or the safety or effectiveness of its treatment.

Understanding the connection between the musculoskeletal condition and the skin is essential, and early recognition of skin issues can lead to timely management.

Some strategies for looking after our skin, whether we have arthritis or not, include:

- **Diet:** nutrition can have a significant effect on skin health. Eating a diet rich in antioxidants, omega 3 fatty acids and vitamins (particularly A, C and E) will support collagen production, reduce inflammation and protect it from damage
- **Hydration:** the skin is largely composed of water. Staying adequately hydrated is essential for supporting the skin's protective barrier, assisting with cell turnover and repair, flushing out toxins, delivering nutrients, and reducing itchiness and discomfort

- **Sleep:** during sleep skin cells undergo intensive repair and regeneration after the day's exposure to environmental stressors, and inflammation is decreased
- **Stress:** hormones such as cortisol can lead to skin-related issues including inflammation and reducing the repair and rejuvenation process. It can also weaken the skin's protective barrier
- **Sun Protection:** UV light causes damage to the skin, accelerating ageing and increasing the risk of skin cancer. Always use a sun block or broad spectrum sunscreen (SPF 30 or above), and a hat to cover the scalp. There is no safe way to tan (indoors or outdoors) without damaging the skin. If you are on medications that cause photosensitivity, wear long-sleeved tops and long pants when in the sun
- **Smoking:** chemicals in tobacco smoke reduce blood vessel flow, impair wound healing, accelerate skin ageing, increase sun sensitivity, and are linked to an increased risk and severity of conditions such as psoriasis, lupus erythematosus and skin cancer. Speak to your doctor about assistance with smoking cessation



- **Exercise:** sweating during exercise flushes toxins from the skin, increases blood flow which delivers oxygen and essential nutrients to the skin, it also reduces stress by releasing endorphins and helps to regulate hormones
- **Skin Checks:** regular skin checks are crucial for the early detection of skin cancer and other skin issues. Skin cancer is one of the most common cancers worldwide, and particularly so in Australia. Regular checks track changes in the skin including any moles, and in rashes, nodules or areas of skin discolouration
- **Moisturising:** use gentle, fragrance-free moisturisers to prevent skin dryness and flakiness. Nighttime is the best time for the skin to absorb moisturisers, due to its circadian rhythm. Avoid scratching or rubbing your skin if it is itchy, use cold compresses instead
- **Hypoallergenic Products:** use hypoallergenic skincare products and test any new products on a small patch of skin. Avoid harsh or highly perfumed laundry products to avoid irritating sensitive skin.

Your skin is an absolute marvel, treat it with the respect that it deserves, and love the skin that you are in!

Putting Your Best Shoe Forward

There are umpteen millions of shoes to choose from - every colour, pattern, height and shape imaginable. They can be things of great beauty and/or cause great pain.

Most of us live in a world of hard surfaces to walk on. Every step we take transfers forces up through our feet to our knees and hips. Walking in high heels can increase these forces by an average of 23%. So, we are told to relegate the heels to the back of the cupboard and wear sensible shoes. You know the ones, with stiffer materials and built-in arch supportsright?

Australian research found that these 'sensible' shoes can increase forces on the knee by 15%, arch-supporting inner soles by 6%. It also showed that flat, flexible shoes reduced knee forces by 9%, but a subsequent trial pitting these shoes and supportive runners found that the runners reduced knee pain by 63%, making them a clear winner.

But did this type of shoe reduce people's hip pain? In a recent trial, one group of people wore flexible ballet flats for at least six hours a day, for six months, and another group wore supportive runners. At the end of the period, participants were asked about their hip pain - there was no real difference between the groups (but those in flats reported more foot pain).

This research is informing our understanding of how our interaction with hard surfaces can be partially mitigated by the shoes we wear and that these don't have to be too elaborate (or hugely expensive). For people with knee OA, stable, supportive shoes like runners are likely to be more beneficial than ballet flats; with hip pain, there is not much in it. Always be sure that your shoes fit well, have a broad toe box and a low heel. Also, try to walk on softer surfaces if you can, changes in the built environment seem to be having more impact on our bodies than we realise.

Source: *Annals of Internal Medicine*



Gut Health for Arthritis Pain

There is increasing evidence that the health of our gut is critically important for our overall health, and an unhealthy gut may be implicated in a range of conditions from Depression to Parkinson's, and now the joint pain associated with arthritis.

According to researchers at the University of Nottingham, in the UK, taking a prebiotic supplement could assist in easing joint pain. In their trial, 117 people with knee arthritis were divided into four groups. One group was given a natural dietary fibre, inulin (made from chicory root, artichokes and other vegetables), a second group took inulin and did physical therapy, a third did physical therapy alone, and the last were given a placebo.

After six weeks, both inulin and physical activity were found to reduce knee pain, however, inulin was also found to improve grip strength (a powerful indicator of overall health) and reduce pain sensitivity. In addition, the inulin group only had a 4% dropout rate as opposed to over 20% in the physical therapy group.

"This exciting preliminary research highlights how diet and physiotherapy can act in different ways to have benefits for people with arthritis," Lucy Donaldson from Arthritis UK, said in a news release. "We know a variety and balance of healthy foods, including fiber, and regular physical activity matter." This preliminary research will provide a foundation for larger trials.

When Tattoos Are Toxic

Body art can be beautiful. In Australia, we are the fourth most tattooed population in the world with one in four of us being inked, and women getting more tattoos than men. Emerging research suggests that when considering a tattoo, choosing the pattern is not the only thing to take into consideration, they can have significant health implications.

Whilst tattoos are generally regarded as safe, they have been coming under increased spotlight, with researchers investigating the toxicity of tattoo inks, how/where they travel in the body, the risks associated with tattoo removal, and implications for vaccinations and imaging such as MRI scans on tattooed skin.

A team from Flinders University has been examining the ingredients of tattoo inks. Each ink has a pigment that gives it colour, and fillers and preservatives. These ingredients have large, insoluble molecules that help them stay in the layers of the skin. Their research found that even in inks used by reputable tattoo artists, some have ingredients that are not disclosed on the bottle including toxic substances like aluminium, silicon, lead and chromium.

Research teams in Europe have also been examining how far tattoo inks travel into the body. Their studies have found that tattoo inks do not stay in the skin layers. Immune cells recognise them as a foreign material and try to remove them, but they are too big, causing them to accumulate in the lymph nodes (for decades). Whilst there, the inks trigger the death of key immune cells, causing chronic inflammation. They also found that ink present at a vaccine injection site can affect the efficacy of the vaccination.

Tattoo regret is also a thing. Surveys show that of those with tattoos, 30% regret having all or some done, but removing them can also pose a risk. Tattoo removal involves using a laser



to break down inks in the skin into smaller pieces. These are then transported to the lymph nodes to deal with them. This increases the risk of an allergic reaction and a range of immune responses as the body tries to cope with the chemicals in the ink. A carcinogen called benzene has been found to form in the skin when a tattoo is removed.

If you live with a medical condition that requires you to have MRI scans, it is advisable to avoid having tattoos over the area that needs to be scanned. There have been accounts of people experiencing burning or swelling at the site of the tattoo while undergoing a scan and some inks may affect the quality of the image. Always mention any tattoos to radiology staff prior to a scan.

People with inflammatory arthritis who are in a flare, or those with active psoriasis, Ehlers Danlos or scleroderma are advised to reconsider having tattoos as adding ink or needling the skin have the potential to be problematic.

If you live with a chronic condition or autoimmune disease and are considering having a tattoo, it is recommended that you have a discussion with your doctor. In all cases, tattooing should only be performed by a licensed, experienced professional who uses sterile equipment and techniques.

Paget's Disease of the Bone

Throughout our lifespan, our bones undergo a process of tissue repair and renewal called remodelling. In Paget's Disease, this process is abnormal, with the bones breaking down more quickly and being replaced by 'disorganised' bone that is weakened and enlarged.

First described by (and named for) Dr James Paget in 1877, symptoms of Paget's Disease include bone pain, deformities and fractures. The condition is also known as osteitis deformans (meaning bone inflammation and deformity).

The condition typically affects the skull, pelvis, spine, and long bones such as those in the legs and the upper arm. Some people are affected in only one bone (monostotic) and in others, multiple bones are involved (polyostotic). It never affects the whole skeleton and does not spread from bone to bone.

The exact cause of Paget's Disease remains unknown, but it is believed to involve a combination of factors. Risk factors include:

- age (more common in individuals over fifty five years of age)
- gender (more prevalent in males)
- genetics (more likely in those with a close relative with Paget's)
- environmental exposure (to wood fire heating in childhood)
- illnesses (those previously infected by measles or respiratory syncytial virus RSV)
- ethnicity (higher prevalence in those of British or northern European descent).

In Australia, Paget's Disease is the second most common bone disease after osteoporosis, affecting 2-4% of adults over fifty five years. Cases of the condition have been declining in the past few decades, possibly due to altered environmental factors (less wood fires) and migration patterns.

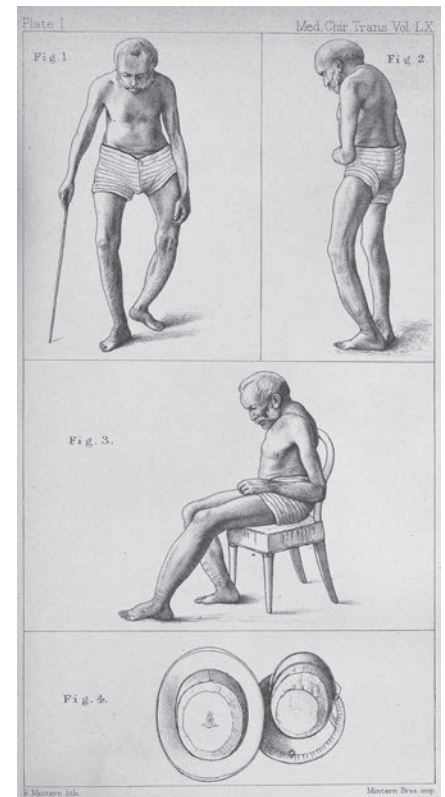
The condition can present with no symptoms. When they do occur, symptoms include

- bone pain: described as deep, aching pain in affected bones, often worse after activity
- deformities: misshapen bones such as bowing of the legs, enlargement of the skull
- fractures: weakened bones being more susceptible to fractures
- neurological changes: headaches, hearing loss or vision problems
- numbness or tingling in arms or legs: due to compression of nerve roots in the spine
- joint pain and arthritis: if bones are affected near a joint, it can lead to osteoarthritis

Diagnosis of Paget's is typically made through x-rays (which reveal changes in bone structure) and blood tests (to check for elevated alkaline phosphatase levels, indicating increased bone turnover). Other testing includes urinalysis and bone scans.

In individuals who do not have any symptoms, the condition may be discovered incidentally during blood tests or imaging for another health condition.

There is currently no cure for the condition. If the disease is asymptomatic and high risk bones are not affected (ie the skull, spine



or weight-bearing bones), disease monitoring may be sufficient. In active disease, the goal of treatment is to prevent the progression of the condition and relieve pain. Bisphosphonates are first-line treatment, they work by slowing down excessive bone breakdown and formation. Pain is usually managed with simple analgesics and anti-inflammatories, and relaxation techniques.

Exercise is important in maintaining skeletal health and joint mobility. Individuals with the condition should discuss exercise with their physicians or physical therapists prior to commencing, to ensure they do not place undue stress on affected bones. Paget's Disease of the bone is a manageable condition, and treatment and regular monitoring, individuals can lead active, normal lives.



Val Baxter: My Arthritis Journey

I first experienced osteoarthritis in my late thirties. My whole body seized up when I returned from a week in Melbourne supporting my parents who were dealing with a cancer diagnosis and

consequent surgery. An intensive course of anti-inflammatories soon had me up and running again, back on the squash court and managing four young children.

Throughout my forties, I continued working, travelling and bushwalking, though with medications in my pack. I did change from squash to tennis once the knees swelled alarmingly as I came off the squash court.

By fifty, I was taking a maintenance dose of anti-inflammatories with breakfast, which seemed to lubricate all of my joints. I sailed on with my sporting life, assisted by occasional cortisone injections, physiotherapy and podiatry sessions. I was pretty chuffed to be playing my best competition tennis at fifty-five, unaware that rapid joint deteriorations would lead to hip replacements before I turned sixty. Was I in denial? Definitely.

After the hip replacements, my surgeon wisely told me to give up impact sports and to swim or ride a bike instead. For the past two decades, cycling has been extremely beneficial for my physical and psychological health.

I joined Arthritis & Osteoporosis Tasmania in my sixties and did warm water exercise classes to enhance strength and movement. I am embarrassed to recall that I once skited that I didn't need to come any more because I had cycled sixty kilometres at the weekend. Three months later my knee gave out but I was too ashamed to return to the class.

I have made many mistakes on my arthritis journey. I believe that I have foolishly challenged arthritis in my body as if it were a sporting opponent. At times I have put my own health and safety at risk. My husband recalls us finishing the walk to Disappearing Tarn in the dark, with my face 'a mask of pain'. An ankle replacement was not far away.

The reality is that arthritis must be accommodated rather than challenged and becoming well informed is part of the journey. Arthritis Tasmania is a useful source of information. I once read

the handouts at the entrance to the old Argyle St premises, seeking ways in which I might help myself. Nothing seemed proven except sensible weight management. I aim for that but resist beating myself up when I fall short of my goal.

I once attended a seminar on pharmaceuticals, organised by Arthritis Tasmania. I learned that the stomach lining for everyone constantly decays and renews but that anti-inflammatories change the ratio of degeneration and renewal. Panadol subsequently replaced Voltaren in my bushwalking pack, as dried food was inadequate to digest the anti-inflammatories. I did not want to risk a stomach ulcer.

I did not see a rheumatologist until my 2006 Johnson and Johnson hip was replaced in 2011 when it came out of place. A scheduled shoulder replacement had to be delayed. It was my Warm Water Exercise instructor who suggested that a specialist could help with pain management. I was thus delighted to be able to travel to Mexico and Peru that year with the aid of a pain patch.

The reality is that arthritis must be accommodated rather than challenged and becoming well informed is part of the journey.



So, what have I learned about living with arthritis now that I am in my eightieth year?

1. Strength and balance classes are beneficial, as are warm water exercise classes which are also soothing.
2. Arthritis can be managed provided you pace yourself. (Note, it is not always possible to be sensible).
3. It is not a badge of honour to put up with chronic pain as serious consequences can include depression and impaired concentration. Pain leads to irritability which is hard on carers, family and friends. Synthetic opioids have their place before and after surgery and Panadol is our friend.
4. Physiotherapy is worthwhile. Ask around for a therapist with a particular interest in your troublesome joint or condition.
5. If you are an outdoor, physical person, cultivate some non-physical hobbies for the future or to alternate with gardening etc. I am contemplating family history and possibly embroidery and thankfully enjoy reading. The social aspect of any group participation is vital.
6. Acceptance is an ongoing challenge for me. I am not ready to leave my home but am making concessions such as rails where there are steps and embracing assistance with gardening and cleaning. Unsuitable step ladders have been given away as has produce formerly processed by long hours standing in the kitchen. These small achievements give me feelings of pride and joy.
7. Consider simple solutions. Arthritis Tasmania sell some wonderful gadgets which assist with everything from socks to stubborn lids on jars. A recent pain in my upper spine was eased by capably fitted new bras. My twice replaced hip is now loose at the top. It can't be replaced again, but a walking stick on the other side stabilises it and enables me to walk without pain.

Acceptance of the walking stick is my current challenge, as it simply doesn't fit my self-image. The answer came from a fellow member of my Warm Water Exercise class. "Just remember, your health and your safety are more important than your self-image".

Overall, I think that my arthritis journey has given me a much-needed lesson in humility.

Val Baxter

Living with Ehlers Danlos or a hypermobility disorder?

Living with one of the Ehlers Danlos syndromes (EDS) can be difficult and finding information a challenge. Ehlers Danlos Support UK (EDSUK) has information on a range of topics for those living with the condition, parents of children with EDS, and for allied health professionals.



They also have a YouTube channel that features a range of webinars on topics associated with Ehlers Danlos syndromes and hypermobility including diagnosis, gut issues, pain management, orthotics, pregnancy, menopause, fatigue, exercise and hypermobility, pacing and much more. It also features personal stories from people living with these syndromes.

For more details, go to: The Ehlers Danlos Support UK: <https://www.ehlers-danlos.org/> or <https://www.youtube.com/@ehlersdanlossupportuk>



Learning about Raynaud's

Raynaud's Syndrome is a condition where blood vessels narrow, limiting blood flow. It commonly affects the fingers and toes, but can also affect the nose, lips, ears and nipples. It causes these areas to become cold and change colour (turning pale white then blue).

It affects more women than men and is more common in people who live in colder climates. It is also more common in people living with inflammatory arthritides such as rheumatoid arthritis or lupus.

Scleroderma and Raynaud's UK has a series of webinars that discuss what it is and how it can be managed.

To view these webinars, go to: <https://www.sruk.co.uk/get-support/support-for-you/webinars/>

2026 Term Dates

Term 2:
4 May to 10 July

Term 3:
27 July to 2 October



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
DUNALLEY Dunalley Community Hall	Monday	10:15am - 11:15am 11:30am - 12:30pm
GEEVESTON Geeveston Hall	Thursday	1:30pm - 2:30pm
GLENORCHY Glenorchy Scout Hall	Tuesday	9:15am - 10:15am 10:30am - 11:30am
LAUDERDALE Abundant Life Church	Tuesday	10:00am - 11:00am
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
TRIABUNNA Community Hall	Wednesday	9:30am - 10:30am

NORTHWEST REGION

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



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 12:00pm - 1:00pm 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)
\$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.

Make Your Will – Leave a Legacy

We have partnered with Willed, an Australian-owned estate-planning platform to assist our supporters in writing their own legal Wills.

Leaving a gift to Arthritis & Osteoporosis Tasmania in your Will is a lasting legacy. By doing so you will have a significant impact on the lives of many people who turn to us for free information, advice and support in their time of need.

Visit Willed online: <https://www.willed.com.au/online-will?rid=arthritistas>

#arthritistas #Bequests #Legacy or contact us on 6228 4824 or email info@arthritistas.org.au to discuss.



Shoulder OA Research Volunteers Needed

Do you have 30 minutes to spare to contribute to a research study on shoulder osteoarthritis? University of QLD researchers are offering a \$50 gift voucher in return for 30 minutes of your time.

Physiotherapy is a key non-surgical management of shoulder osteoarthritis (OA); however, it is currently understudied. It is unknown what attitudes, beliefs, and treatments physiotherapists provide for adults with shoulder OA, and hence, the aim of this survey is to uncover this which could help inform the development of physiotherapy-specific guidelines for shoulder OA. For more information visit

https://uniofqueensland.syd1.qualtrics.com/jfe/form/SV_cHlvOYrhZDKD5Rk

or scan the QR code on the graphic or contact d.muhammad@uq.edu.au



OASIS Sciatica Trial

Do you have recently developed sciatica? If your answer is 'yes,' you may be eligible to join a clinical trial. Researchers from the University of Sydney are looking for people from around Australia who are living with this painful and potentially debilitating condition.

Sciatica is a condition of the lower spine that is characterised by pain radiating down the back of the leg. It is caused by pressure being placed on the major nerve in the back that supplies the leg. In addition to pain, it may also be accompanied by changes in strength and sensations in the leg.

The OASIS Trial is looking at whether oral steroid medicines can reduce pain in people who have recently developed sciatica. To see if you are eligible, go to: <https://www.oasis-trial.com/>

Bone Basics Project

Want to build knowledge for stronger bones and identify personal risk factors for osteoporosis? Consider being part of the Bone Basics Project.

To register complete a simple 20 question Yes/No quiz on our website <https://arthritistas.org.au/osteoporosis/bone-basics-project/> or call us on 62284824.

The project is visiting rural locations across Tasmania. Read more about the project on page 2 of this edition of Arthritis Matters.



BONE BASICS
Taking charge of osteoporosis