

# Arthritis Matters

NUTRITION

RESEARCH

EXERCISE

HEALTH

Issue 66 | June 2020

R.R.P \$6.95

## A CAN-DO ATTITUDE

Creates a full life

### EXPLORE

our new exercise video series *Get Moving!*

### THE CAUSE AND EFFECT

of stress and arthritis

### THE SCIENCE

of stretching

**Arthritis**  
NEW SOUTH WALES

[www.arthritisnsw.org.au](http://www.arthritisnsw.org.au)

# ABOUT US

Arthritis NSW is a member-based health charity founded in 1967 to help improve the quality of life of people affected by arthritis and other musculoskeletal conditions. We work to empower the individual to manage their own condition and health towards achieving their personal meaning of our vision, **Freedom from Arthritis**.

The organisation is a trusted source of evidence-based and up-to-date information on arthritis and its treatment, with resources and education delivered across a number of platforms including our website at [arthritisnsw.org.au](http://arthritisnsw.org.au), publications such as *Arthritis Matters* and community awareness sessions in metropolitan and country areas. Our health services team develops and delivers exercise programs tailored to the needs of people affected by arthritis, such as the popular Warm Water Exercise Classes and Strength & Balance program. We deliver annual camps for children affected by juvenile arthritis: Camp Twinkletoes for children under eight years old and their families, and Camp Footloose for children and young people aged nine to 18 years.

We engage with the community through our membership program, a network of support groups, publications such as *Arthritis Matters*, eNewsletter subscriptions, social media platforms such as Facebook, and our toll-free Arthritis Infoline which connects callers with health professionals.

You can subscribe to our FREE monthly eNewsletter at [eepurl.com/9rFd5](http://eepurl.com/9rFd5)



## BENEFITS OF MEMBERSHIP

**Understanding | Support | Community**

We would love to have you as a **Member** of Arthritis NSW. This involves payment of a modest annual Membership fee which not only helps us to develop and deliver our services, but also provides you with a number of unique member-only benefits. You will receive up to date information via our magazine *Arthritis Matters*, three times a year and attractive discounts on all classes and events.

For more information on becoming a Member, please visit:

[arthritisnsw.org.au/membership/about/](http://arthritisnsw.org.au/membership/about/)

Call: 02 9857 3300 Email: [info@arthritisnsw.org.au](mailto:info@arthritisnsw.org.au)

- ✓ Be heard
- ✓ Be informed
- ✓ Be supported
- ✓ Be rewarded



# Arthritis Matters

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For arthritis information  
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**On the cover:** Heather Exelby stays active in Dubbo.

### Advertising

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**For enquiries or to advertise in *Arthritis Matters*:** 02 9857 3300 or [info@arthritisnsw.org.au](mailto:info@arthritisnsw.org.au)

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## Leading with change and optimism



Welcome to the latest issue of *Arthritis Matters*.

It is great to be part of the Arthritis NSW family – and what a delight to be able to work with a great team of Directors, volunteers and staff towards our vision: *Freedom from arthritis*.

I wanted to join this family after seeing the impact of this ‘hidden disease’, and also the change that is possible with the right support and intervention.

My first experience of arthritis was seeing my mum struggle with osteoarthritis in her 40s. She had a husband and two teenage sons to help her open bottles and jars, to warm heat-packs and help her carry the shopping. I often wondered what would have happened if she didn’t have that help.

And the most recent is a young footballer I coach who missed last season with a mystery illness. He was in pain and devastated that he couldn’t play with his mates. But after a diagnosis of juvenile rheumatoid arthritis, and subsequent treatment, he is super excited about getting back on the field this winter!

So, I know there are thousands of lives that can be changed with the right support and this is why I am thrilled to do whatever I can to help people in their journey to freedom from arthritis.

### Life in lockdown

I took up my role with Arthritis NSW when the team, along with the entire nation, had already been in lockdown for several weeks. ANSW resolved to stay in contact with as many members as possible to let them know that we were here for them. In April, during the height of the quarantine measures, the Health Services Team checked in with all our gentle exercise participants aged over 70. While they prepared to discuss ways to fend off loneliness and maintain fitness at home, they were happily surprised with the cheerful attitude of so many, which brightened the day of the health team in return. Four of our member’s lockdown experiences are on page 20.

The ANSW team was also focused on our members’ physical health in social isolation, knowing how important it was to keep everybody moving during COVID-19 and the winter months. So they combined their talents to produce a fantastic video exercise series *Get Moving!* which members can follow at home. There’s more on *Get Moving!* on page 8.

To further fight inactivity in lockdown, our health team has given expert advice on stretching (page 18) and the importance of interrupting and reducing our sedentary lifestyle (page 22).

### Arthritis Australia

Thanks to the renewed sense of shared responsibility between ANSW and Arthritis Australia, we are working together on new opportunities to support people living with arthritis. I’ll have more details to share later in the year. Also, Arthritis Australia, with the Australian Rheumatology Association, launched a new online rheumatoid arthritis patient-support website MyRA. For more about our collaboration with Arthritis Australia turn to page 12.

### New strategy

June 30 marked the end of ANSW’s 2017–2020 corporate strategy and I am currently working with the Board to create a new plan to ensure we deliver effective services into the future. Thank you to those people who completed the 2020 Stakeholder Survey as it provided valuable guidance. I’m looking forward to sharing the new strategy with you in the next issue of *Arthritis Matters*.

### Health as a priority

During this time of unprecedented events, even as restrictions start to ease, our health outcomes are impossible to predict. ANSW will continue to build on our strengths of providing up-to-date and evidence-based information on how to help people living with arthritis live their best lives, in lockdown and beyond.

A handwritten signature in black ink, appearing to read 'Alex Green', with a long, sweeping underline.

**Alex Green**  
CEO  
Arthritis NSW

# Jafa reassures and rallies parents

On 14 May, the Juvenile Arthritis Foundation Australia (Jafa) gathered together its board and a panel of expert medical specialists in an online symposium *Critical Issues for Juvenile Arthritis; Treatment, Research, COVID-19 & Beyond*.



Jafa Founder and Director Ruth Colagiuri, who has an extensive working and academic background in public policy, clinical care and health service research, introduced the Jafa Board and handed over to symposium moderator, Arthritis NSW Board member and paediatric rheumatologist Dr Davinder Singh-Grewal.

## Health education

A number of paediatric rheumatologists then gave a series of health education talks.

Dr Ben Whitehead of the Children's Hospital, Brisbane, demystified the concerns that surround the use of Methotrexate, a disease modifying anti-rheumatic drug (DMARD), particularly with the current fears around immuno-suppressant medication during the COVID-19 pandemic. Important messages included:

1. Methotrexate has helped control the immune systems in children with juvenile arthritis since 1990 and is responsible for a great reduction in the types of disability previously associated with juvenile arthritis.
2. While it is used in cancer treatment, the dosage used for juvenile arthritis is significantly lower.
3. A child on Methotrexate to treat juvenile arthritis is perfectly safe to attend school and is not a risk to other children, although because their immune system is being actively suppressed, there is an easier chance of infection from, say, the flu.
4. When to stop taking Methotrexate? When a child is sick with a fever, has chicken pox, or is unwell without cause.

Dr Jeffery Chaitow of the Sydney Children's Hospital, Westmead, brought the issue of COVID-19 into perspective

around children living with juvenile arthritis and using various immuno-suppressant medications. He reassured parents that of all the cases of COVID-19 to date in Australia, only 70 cases appeared in children. He reiterated that overall, children's experience of the virus has been mild and they seemed less effective at passing on the virus to vulnerable family members. For these reasons, he stated that:

1. It was safe to return children to schools. If there was a breakout in a school, parents can use their own judgement and the school will most likely take their own actions.
2. Children have been one of the smallest hit demographics by COVID-19, not only in Australia but also internationally (1.7% of cases in US, 2.0% in the UK, 1.3% in China).
3. The immuno-suppressive effect of medications used for juvenile arthritis is much weaker than those used in children's cancer. It is encouraging that very few children using cancer-related immuno-suppressants have ended up in hospital because of COVID-19.

Dr Jane Munro from the Royal Children's Hospital in Victoria gave a robust presentation on the advancement of medical treatment for juvenile arthritis. She spoke of the challenges of balancing factors like disease activity, response to medications, and lifestyle factors such as stress when trying to achieve remission. Dr Munro recommended that parents:

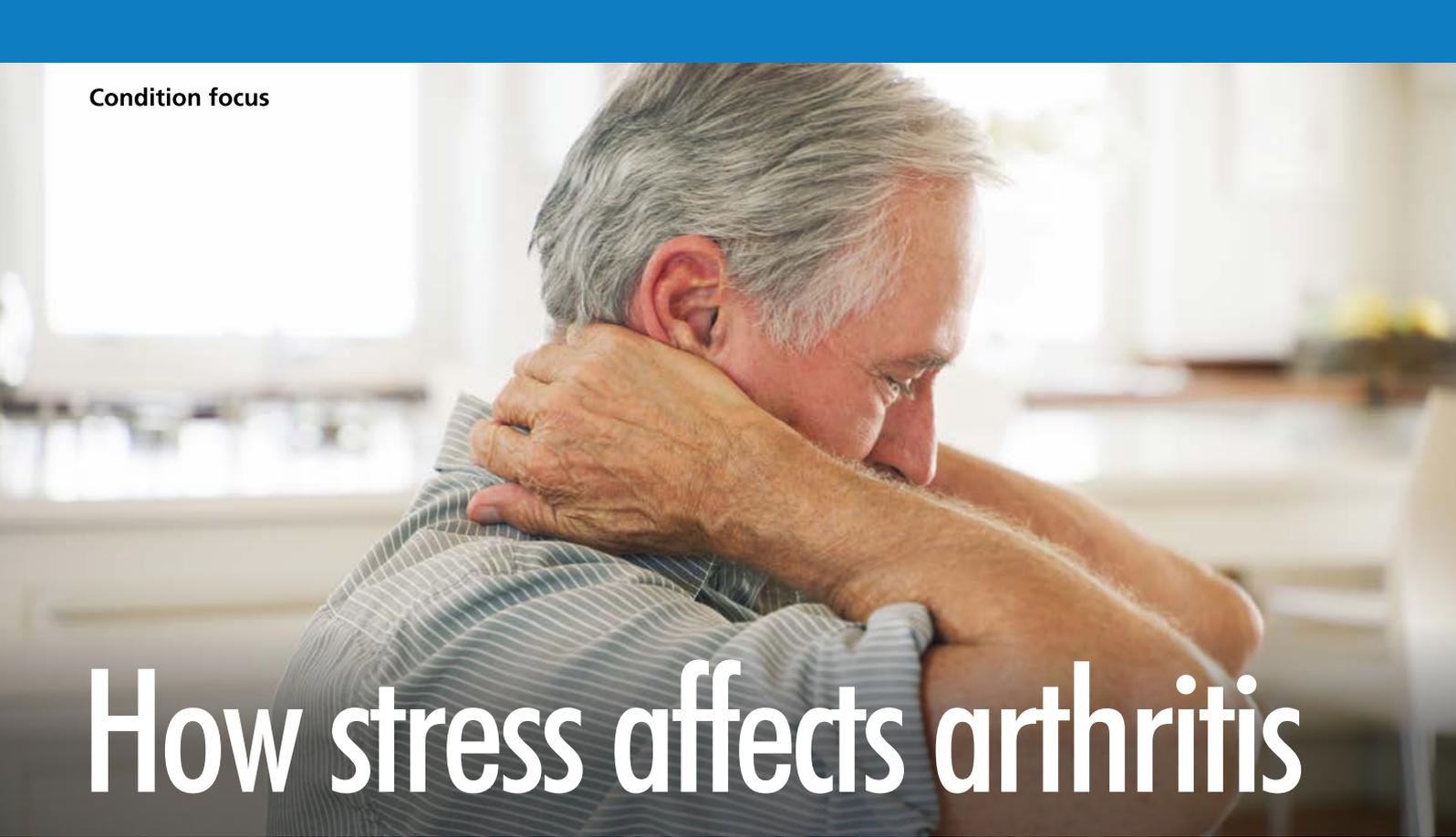
- play an active role in the management of their child's condition and in their relationship with their child's rheumatologist
- ask for help if they need further understanding of the medical information given to them
- access Child Life Therapy units within the hospital that can provide techniques to help make procedures, such as medication injections, a more positive experience
- always consult the rheumatologist before stopping treatment.

Finally, Dr Munro said that the future of research for juvenile arthritis was driven by collaboration and that gene therapy was likely to unlock understanding and potential cure and treatment options.

## Andrew Cairns

Manager Health Services  
Arthritis NSW

*If you missed the symposium, you can access it at: [jafa.org.au/whats-new-1](http://jafa.org.au/whats-new-1).*



# How stress affects arthritis

Stress is a constant presence in our lives, particularly in our current circumstances. A chronic disease like arthritis, which brings pain, high medical bills, and an uncertain future, ramps up stress levels even more. Being under stress can worsen arthritis symptoms. Experts say that the best solution is to manage stress before it can undermine disease management and quality of life.

## How stress contributes to arthritis

Your body's stress response triggers the release of chemicals that ready you to face the challenge at hand. Your breathing quickens, your heart rate increases, and your muscles tense in preparation. This reaction is fine in the short term, but when it fires repeatedly, the increased tension in your muscles can amplify your arthritis pain. Stress also sets off the immune system's inflammatory response. Inflammation is what fuels joint damage in rheumatoid arthritis (RA), lupus, psoriatic arthritis (PsA), ankylosing spondylitis (AS), and other inflammatory forms of the disease. The longer you're exposed to stress, the more destructive the inflammation can become.

## How arthritis worsens stress

Arthritis symptoms contribute to stress, especially when they're unrelenting. Constant pain, fatigue, and poor sleep create a vicious cycle. Each symptom worsens the others and adds to the stress you already feel. When you're tired, you don't want to exercise. A lack of movement inflames your pain, which makes it harder to sleep. Worrying about future disability or difficulty paying your medical bills only adds to your stress. Some forms of arthritis, including PsA, contribute to stress by their effects on your appearance. The embarrassment of trying to hide your skin plaques can be damaging to your self-image.

## Coping with stress

Here are a few tips from the US Arthritis Foundation to help you manage stress.

1. Talk to a therapist. If stress has begun to dominate your life, you might benefit from interventions like cognitive-behavioral therapy (CBT). CBT helps to reframe the issues that cause you worry, and help you deal with them in a more positive way.
2. Get your arthritis under control. Following the treatment your doctor prescribed will relieve symptoms like pain and stiffness before they can add to your anxiety.
3. Exercise. When you walk, swim, or do other aerobic activities, your body releases feel-good chemicals called endorphins. Regular fitness boosts your self esteem and mood, and combats depression and anxiety. Yoga, which incorporates movement and deep breathing, combines fitness with stress relief.
4. Take relaxation breaks. Sitting quietly for a few minutes and breathing deeply can put your body into a calmer state.

## Cause and effect

Carol Eustice is a writer for [verywellhealth.com](http://verywellhealth.com), an online resource for reliable, understandable, and up-to-date health information covering arthritis and chronic illness. Below, she explores the cause and effect of stress and arthritis.

Stories abound of people who connect the evolvement of their arthritis to a stressful incident in their lives. A stressful incident, such as a car accident, death in the family, divorce, loss of a job, or other personal tragedy, is regarded as the precipitating event which triggers the disease. Opinion varies on this theory because it is so difficult to prove, based on the variety of human experiences and human responses.

The quandary over implicating stress arises because stress is impossible to measure. What one person considers stressful may be considered a challenge by another person. An event is viewed as stressful based on a person's perception of the event. There are also a variety of stressors and it is difficult for researchers to assess if they all have equal impact. Even though the issue of a cause and effect relationship between stress and disease remains complicated for researchers, recent research has implied that a high level of stress can disturb sleep, cause headaches, lead to high blood pressure, heart disease, depression, and likely contribute to other illnesses.

## Reverse cause and effect

People with arthritis must confront the same kinds of stress as everyone else. Additionally, living with chronic arthritis creates another medley of stressful problems. Chronic arthritis adds the stress of pain, fatigue, depression, dependence, altered finances, employment, social life, self-esteem and self-image.

During stressful times, the body releases chemicals into the bloodstream and physical changes occur. The physical changes give the body added strength and energy and prepare the body to deal with the stressful event. When stress is dealt with positively the body restores itself and repairs any damage caused by the stress. However, when stress builds up without any release, it affects the body negatively.

A vicious cycle occurs in the relationship between arthritis and stress. The difficulties which arise from living with chronic arthritis create stress. The stress causes muscle tension and increased pain along with worsening arthritic symptoms. The worsening symptoms lead back to more stress.

## Stress management

The University of Washington, Department of Orthopedics, lists three components of a successful stress management program: learn how to reduce stress; learn how to accept what you cannot change, and learn how to overcome the harmful effects of stress.

### Reduce stress:

- identify the causes of stress in your life
- share your thoughts and feelings
- try not to get depressed
- simplify your life as much as possible
- manage your time, and conserve your energy
- set short-term and life goals for yourself
- do not turn to drugs and alcohol
- use arthritis support and education services
- become as mentally and physically fit as possible
- develop a sense of humor and have some fun
- get help to cope with hard-to-solve problems.

### Accept what you cannot change:

- realize that you can change only yourself, not others
- allow yourself to be imperfect.

### Overcome the harmful effects:

- practice relaxation techniques
- learn to overcome barriers to relaxation.

## Corticosteroid and stress

Many arthritis patients are prescribed a corticosteroid, such as prednisone, as part of their treatment plan. Without some precautionary measures, stress can be dangerous to someone taking corticosteroids. Corticosteroids are closely related to cortisol, which is a hormone produced by the adrenal glands. Cortisol helps regulate salt and water balance and carbohydrate, fat, and protein metabolism. When the body experiences stress, the pituitary gland releases a hormone which signals the adrenal glands to produce more cortisol. The extra cortisol allows the body to cope with the stress. When the stress is over, adrenal hormone production reverts to normal.

Prolonged use of corticosteroids results in diminished production of cortisol by the body. With insufficient cortisol production, the body could be left inadequately protected against stress and open to additional problems such as fever or low blood pressure. Physicians often prescribe an increased dose of corticosteroid to compensate for this when there is a known or expected stressful event.

Sources:

[arthritis.org/health-wellness/healthy-living/emotional-well-being/stress-management/how-stress-affects-arthritis](http://arthritis.org/health-wellness/healthy-living/emotional-well-being/stress-management/how-stress-affects-arthritis)

[verywellhealth.com/the-effect-of-stress-on-arthritis-188163](http://verywellhealth.com/the-effect-of-stress-on-arthritis-188163).

Medically reviewed by Kashif J. Piracha, MD on April 15, 2020

# Get Moving!

Regardless of the current climate, it is extremely important for your health and management of your arthritis that you remain as active as possible. Arthritis NSW's *Get Moving!* Series is a compilation of recorded exercise videos and circuits aimed at increasing levels of physical activity and exercise among those with arthritis. Additionally, each video is accompanied by an instruction booklet and you can easily access all materials on our website: [arthritisnsw.org.au](http://arthritisnsw.org.au).

It's important to stay physically active and exercise as much as you can. Physical activity and exercise promotes muscle strength, good bone health, joint range of motion and helps to maintain balance, which is really important to prevent falls! While it can at times seem counterproductive, being active and exercising with arthritis is highly recommended. Contrary to popular belief, exercise does not damage your joints, in fact, it promotes the opposite by helping to preserve joint integrity and reducing perceived pain. Staying active also helps reduce the risk of developing and severity of sedentary diseases such as obesity, diabetes, cardiovascular disease, heart attack and stroke. Furthermore, exercise has wonderful benefits for our mental health, eg. exercise promotes a happy/elevated mood, manages depression, anxiety and stress, and it can even help with concentration and memory processes.

## The series

Since there are many types of arthritic conditions that affect us differently at different ages, the *Get Moving!* Series demonstrates a variety of exercises to cater for varying fitness and mobility levels. The series includes recorded demonstrated exercises pitched at four levels of exercise intensity: beginner, basic, intermediate and advanced levels, with 12–13 exercises in each level. Most exercises are

the same across each of the levels, however, they vary in difficulty. So the exercises range from a regressed version of an exercise (beginner level) to a progressed, weighted version (advanced level). Additionally, for each exercise level, there is an example circuit video for you to view and even follow along with. Each exercise level has a companion booklet that explains in detail the hows, whys, and do's and don'ts of all exercise-related considerations.

## Level profiles

It's not possible to pigeonhole certain exercises by age, this is why the exercise level profiles are a guide only. To assess what level suits you best, watch the videos and read through the exercise booklets. You may find that you want to mix and match exercises from different levels, and that's ok. If you are unsure about where to start or what exercises to choose, we recommended consulting your GP or allied health professional.

### Beginner:

- 65+
- possibly co-morbid eg. heart condition
- non exerciser
- decreased/compromised range of motion in joints and/or poor balance.

### Basic and Intermediate:

- ages between 40–60s
- has some exercise experience
- has a base level of fitness eg. may do walking or gardening
- arthritic condition and/or comorbid conditions are well managed and do not significantly impact ability to perform activities of daily living.

### Advanced:

- ages between 20–40s
- gym goer or experience with group exercise classes
- at minimum, a moderate level of fitness
- arthritic condition well managed and does not significantly impact ability to perform daily activities
- likely not comorbid and/or is managed well.

## Versatility

What's great about the *Get Moving!* Series is that we considered various levels of fitness, mobility and versatility when selecting and categorising exercises. We have included exercises that require little to no equipment, so you can take and do them at home, in a park or even at work. We have also catered for those who have some exercise equipment available, eg. exercises that involve using resistance bands and weights. For those who want to make exercises

The *Get Moving! Series* exercises progress through levels of difficulty. The images on the right demonstrate how the Sit to Stand exercise (beginner and basic levels) progress to a Body weight squat (intermediate level) then to a Weighted squat (advanced).

more challenging but don't have traditional exercise equipment, we have demonstrated how you can make exercises harder by using household items, eg. placing items into a backpack to make a lunge or squat more challenging. You will find more information about how to make weights from household items in the accompanying booklet. You don't need to add resistance or weights to your exercises, however, bear in mind that for muscular strength adaptations to occur, resistance or adding weight is recommended.

The *Get Moving! Series* only includes a select amount and variety of exercises. We recommend choosing those you feel comfortable doing and if there are others you'd like to see included and demonstrated, then we encourage your feedback.

The series is generic and not tailored to your specific condition. The exercises are a guide only. Arthritis NSW recommends you consult with your GP or health care professional before starting any exercise program, especially if: you haven't exercised before; haven't exercised in a long time; have a complicated medical history; are unsure about performing any of the exercises; or have recently had a total hip or knee replacement (or similar other) or recent surgery. While exercising, if you feel unwell, lightheaded or have chest pain, cease exercising and seek medical advice as soon as possible.

For more information contact Health Educator Kat Keane at [kkeane@arthritisnsw.org.au](mailto:kkeane@arthritisnsw.org.au) or call 1800 011 041.

**Kat Keane**  
Health Educator  
Arthritis NSW

## Sit to stand



## Body weight squat



## Weighted squat





Dubbo Arthritis Support Group members at one of their Christmas parties:  
L-R: Valda Kellehear, Robyn Warn, Heather, Brian Semmler and Anne Sherring.

# Dunmoovin in Dubbo

Heather Exelby and her family moved to Dubbo in 2006 after many years spent living and raising her family in northern Queensland and the US. Diagnosed with arthritis at 40, but showing no symptoms until she was 50, Heather joined Arthritis NSW 10 years ago. She now looks after the family property, convenes the local arthritis support group and keeps active, though at a slower pace these days, in the local community. She tells her story below.

I'm Heather Exelby, convenor of the Arthritis NSW Dubbo Support Group. I joined Arthritis NSW in 2010, became treasurer for the Dubbo branch in 2011, then convenor when we became a support group in 2014.

In 2016 I felt honoured and humbled when members of our group successfully nominated me for a *Dubbo Day Award* which our local council present to volunteers who have made a worthy contribution to the local community.

## Osteoarthritis

When I was about 40 and living in Mackay, I had an X-ray on my back and shoulders, which my GP told me showed early signs of arthritis. Thankfully, I had no noticeable symptoms as I had recently gotten married and yet to have my two children. When I was over 50, my knuckles became painful and

deformed, and I was diagnosed with osteoarthritis. The drug Vioxx helped control the symptoms, until it was taken off the market because it increased the risk of heart disease, then I was switched to Celebrex. However I was later taken off Celebrex because I also have Crohns disease, and Celebrex increases the risk of internal bleeding.

In 2008, my right knee started to give me problems, worsening dramatically in 2010. My rheumatologist recommended knee replacement surgery which was done here in Dubbo by an orthopaedic surgeon who visited Dubbo monthly from Sydney. The surgery involved replacing the knee joint with an artificial one made of metal and plastic. To maximise the benefits of this surgery, it was essential that I mobilised the knee straight away. This involved intensive physiotherapy, which was timed shortly after taking pain killing medication.

There are limitations to how I can use my replacement knee. For example I can't do anything that might jar it, such as jogging. Also I can't squat with my weight on my knees, so I sit on a low stool to do things like weed my garden. However I need to keep the muscles around my knee strong, so I do lots of walking, including delivering advertising pamphlets.

## Daily management

I use aids to make my daily activities simpler and less tiring. These include chunky-handled kitchen utensils, grip pads, jar opening tools, tap turners, pen grips, long-handled shoe horns, grab handles in the bathroom and on steps, and gardening aids.

In line with dietary recommendations for arthritis, I try to include foods rich in omega-3 fats which can help reduce inflammation. I also take daily fish oil and Glucosamine/Chondroitin



Heather and her husband Graeme.

supplements. More recently I have found that rosehip further alleviates my symptoms.

My 10-year check-up last year showed my artificial joint was still in good condition, however X-rays showed the cartilage in my other knee had significantly deteriorated. I now do knee exercises and lots of walking, hoping to prolong the need for another knee replacement.

### Idyllic childhood

Growing up on a dairy farm near Echuca in Northern Victoria, I had an idyllic childhood. I was the second youngest of five children, and we all shared farm and household chores. Feeding the calves was always a favourite! Spare time was spent swimming in irrigation channels, skipping, playing hop-scotch, riding bikes to the pool or friend's houses, and playing in the haystack. As we got older we played netball, tennis, cricket and football in local sporting leagues. All the while I was learning to play piano.

After school, I worked in hospitality and retail, including music shops. I also taught music privately. I became a representative for Avon, selling door to door. I dabbled in playing keyboards in a local start-up band, then joined a fairly successful cabaret band that came to my town of Shepparton. I moved to Brisbane with the new band, and soon after we got the job of being the resident band on Lindeman Island! I spent three years there! It was a very enjoyable lifestyle!



Heather feeds their horse Smokey.

After three years, the band disbanded and I moved to nearby Mackay. I worked in retail and resumed selling Avon. It was in Mackay that I met my husband Graeme who was working for a mining and construction supply company, Ingersoll-Rand. While in Mackay I sat the public service exam and began working for the Department of Social Security (DSS, now Centrelink).

### On the move

Graeme's work meant we moved around a lot, and soon we were on the move. First to Townsville, where I continued with DSS and selling Avon, then to Brisbane, then back to Mackay. Graeme and I married in Mackay in 1988. Our daughter Sandra was one of the earlier IVF babies, born in 1990, and her brother Nathan followed 18 months later by natural conception! In 1992, Graeme got a job with Sandvik, a mining supply company, and we moved to Mt Isa.

In 1996, Sandvik offered Graeme the role of worldwide marketing manager, based in Houston, Texas! So we headed for America with our six and four year olds in tow! We spent 10 years in the US, living in Florida and Texas. As our children spent most of their childhood in America, they returned to Australia with American accents, which they still have 14 years later. Our US visa meant I was not permitted to work in America for the first five years, which was perfectly timed as this was when our kids were in primary school. After that I worked for a friend in her landscaping business, which I thoroughly enjoyed!

### Home to Dubbo

Back in Australia in 2006, we bought a 25 acre property just outside Dubbo. We called the property *Dunmoovin* as we had had enough of moving house after 12 moves in 24 years. Graeme started a coaching and mentoring consultancy business to the mining industry, and I became our bookkeeper. His work involves travelling to mine sites all over the world, and currently he is riding out the COVID-19 pandemic in Zambia.

In 2010, Graeme was diagnosed with prostate cancer and had a radical prostatectomy. We joined the local Prostate Cancer Support Group, and in 2013 I took on the role of correspondence officer, which I still hold today.

Having just turned 30, Sandra lives in Wodonga and works in a plant nursery. Nathan works as a sound and lighting technician at the Dubbo Regional Theatre. At age 71, I still hope to become a grandma eventually!

With COVID-19 I'm still able to deliver advertising literature, but our arthritis and prostate meetings, lunches and coffee catch-ups are all cancelled for now.

My plans are to keep as fit and active as possible to minimise the impact of my osteoarthritis and to ensure I have the energy to keep up with grandkids when that day comes!

# Stronger together to support our people

In this year of unprecedented change and challenge, Arthritis NSW is happy to report a sense of increased connectivity, shared purpose and responsibility between Arthritis Australia and affiliated state and territory organisations in supporting all Australians living with arthritis.

Arthritis Australia is the national peak body for arthritis and advocates at a national level to affect policy-related change to improve care and support for people with arthritis. It also funds and supports projects that advance research. The states and territories contribute to these objectives, and engage directly with people living with arthritis who seek reliable information and support services, acting as a central communication between them and the national body.

## New opportunities

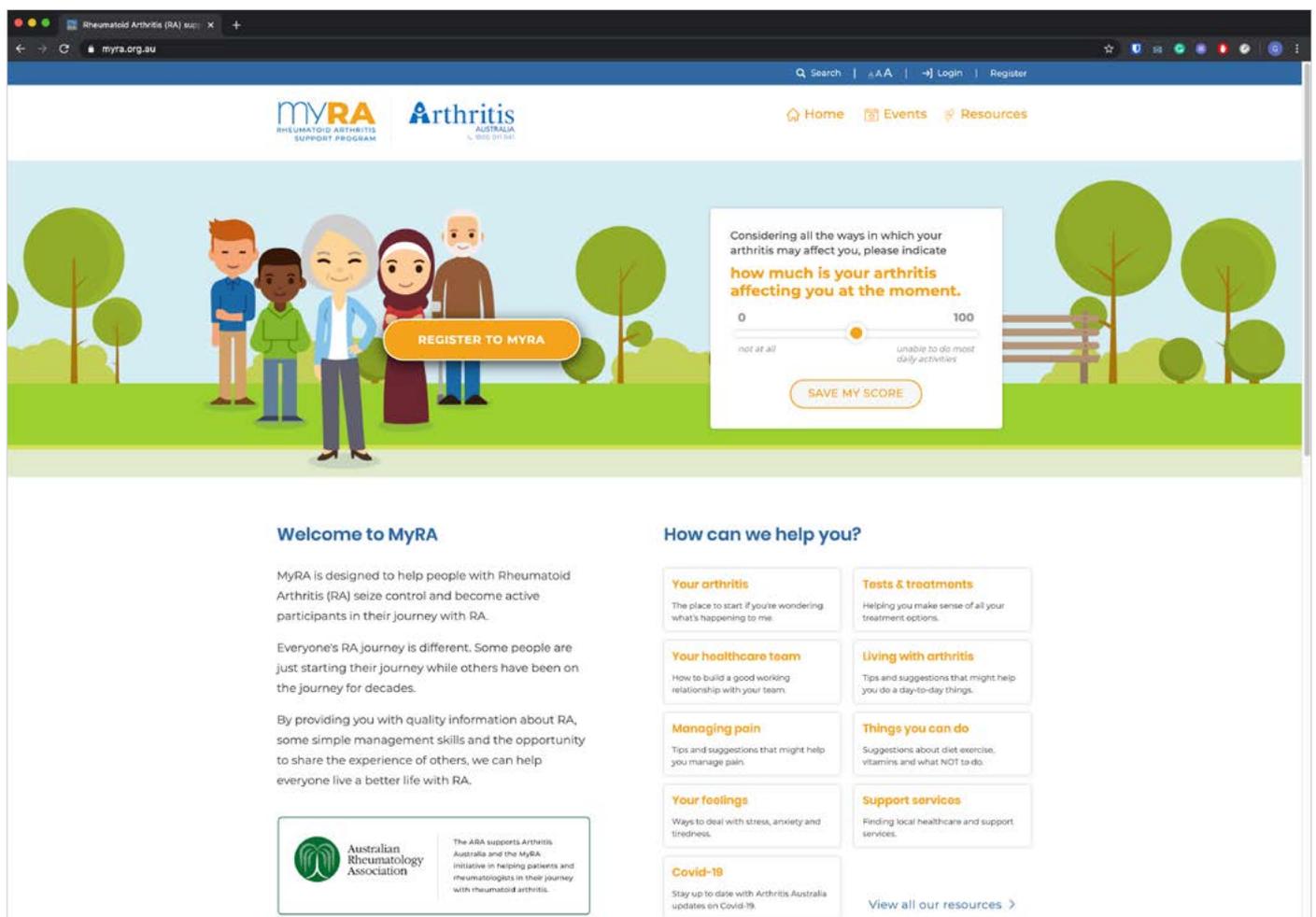
According to Arthritis NSW's Health Services Manager Andrew Cairns, the close relationship shared between the national body, states and territories is vital to ensure they achieve their shared objectives and effectively support and serve people living with arthritis.

'Arthritis NSW and Arthritis Australia are working closely together on new opportunities to further support the lives of people with arthritis,' Andrew said.

The state and territory affiliates have formed two working groups at the CEO and Health Educator level to review service improvements and devise joint projects. 'We believe these working groups will increase collaboration between the national body and its partners,' he said. 'The groups provide input from a diverse range of people to ensure that our projects and challenges are considered from a variety of perspectives. For example, we seek feedback directly from stakeholders and provide insights from subject matter experts within the health services teams.'

## Collaboration

The groups also ensure that services provided by all arthritis organisations have a consistent vision, message and delivery approach. 'Arthritis NSW welcomes this approach as a crucial and positive step to enable all organisations beneath the arthritis banner to deliver optimal value to our consumers,' Andrew said.



The value of collaboration is also evident at the highest level with the Council of Advice which is comprised of Arthritis Australia and Affiliate Chairs / Presidents or Board delegates. The Council of Advice is chaired by ANSW Board President Nigel Corne. Here, the members of the Council of Advice meet quarterly to deliver a high level governance role, provide strategic advice and insights, and leverage each other's capabilities and strengths through collaboration activities.

The CEO of Arthritis Australia Andrew Mills said that his team was thrilled to be working so closely and collaboratively with Arthritis NSW.

'We have many projects that will improve the lives of people living with arthritis to be delivered through and with our state and territory Affiliates and we're looking forward to the input of the working groups to help develop future projects,' Andrew said.

### Focus on RA

Arthritis Australia recently delivered two projects that focused on the concerns of people living with rheumatoid arthritis (RA). The first is the MyRA website which was launched in May, [myra.org.au](http://myra.org.au).

'MyRA was developed in collaboration with our state and territory Affiliates, informed also by respected international arthritis peers,' said Andrew Mills. 'The end result is a digital platform that provides a holistic patient-support system covering symptoms, risks, treatment options, diet, exercise, day-to-day tips, support services and advice on how to manage pain, mental health and fatigue. It looks at how to build good relationships with healthcare teams and provides updates about COVID-19.'

The project was independently developed by Arthritis Australia for Australian users with unrestricted, educational grants from sponsors, requiring an ambitious whole-of-health-sector approach.

'We welcome the incredible support from our Affiliates from across Australia and look forward to continuing to work with them to holistically support patients,' said Andrew Mills. 'To our knowledge, the approach we have taken with developing the MyRA website is the first of its kind – the combination of a centralised program and funding, created with support from multiple countries, to provide information that is indexed to a patient's point in their disease journey and integrates drug-specific support.'

### National awareness campaign

A second project was a national awareness campaign for RA and other autoimmune condition which features a mainstream, radio advertising campaign and social media campaign, to be launched in June 2020. The timing of this awareness campaign is timely for people living with RA and other forms of inflammatory arthritis, particularly during the time of COVID-19. Andrew Mills said that the idea, which came from the state and territory affiliates, aimed to encourage more people to call the Infoline.

'We noted when the COVID-19 pandemic began that many Infoline callers with inflammatory arthritis were concerned with the risks of compromised immunity. A lot of their questions were around the taking of, and access to, their medication,' he said. 'So we launched a co-ordinated national awareness campaign that initially focused only on RA but was expanded to include other inflammatory autoimmune conditions,' he said. 'We will run the campaign during June on the Nine Radio Network talkback programs and the advertisements reassured people to continue taking their medication to control flares and that access to their medication was not at risk.'

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# Insights into chronic pain

In May this year, the Australian Institute of Health and Welfare (AIHW) released *Chronic Pain in Australia*, which reported that musculoskeletal conditions were the predominant diagnosis in people with chronic pain.

Chronic pain is pain that lasts beyond normal healing time after injury or illness—generally 3 to 6 months. It is a common and complex condition, and the pain experienced can be anything from mild to severe. The defining characteristic of chronic pain is that it is ongoing and experienced on most days of the week.

Chronic pain can result from injury, surgery, musculoskeletal conditions such as arthritis, or other medical conditions such as cancer, endometriosis or migraines. In some cases, there may be no apparent physical cause.

## Insights

The report provides insight into the experience of Australians managing chronic pain and explores the latest national data on the proportion of people with chronic pain, as well as its impact, treatment and management.

The report states that most people with chronic pain are in hospital for musculoskeletal conditions:

‘More than 42 per cent of people with chronic pain as the additional diagnosis have a principle diagnosis of diseases of the musculoskeletal system and connective tissue, such as arthritis and back pain.’

The report also lists behavioural factors that increase the likelihood of developing chronic pain. They are: being female, increasing age, genetic predisposition and environmental influences, such as socioeconomic disadvantage. Many behavioural risk factors have also been linked to chronic pain, including physical inactivity, smoking, and being overweight or obese.

### Physical activity

Sedentary behaviours and low levels of physical activity are associated with chronic pain. Regular physical activity may also reduce pain severity and increase the ability to perform the tasks required for daily living and recreation in those with chronic pain.

### Smoking

People who smoke are more likely to have chronic pain conditions such as fibromyalgia, back pain and headaches.



In 2016, smokers and ex-smokers were more likely to self-report chronic pain (15% and 13%, respectively) than people who had never smoked (8.2%).

### Weight

Being overweight or obese is a risk factor for developing chronic pain. A higher body mass index is associated with greater joint and back pain due to the increased pressure on these areas. Obesity is also linked to other pain conditions, including fibromyalgia, headaches and abdominal pain.

### Related conditions

Several long-term health conditions are associated with chronic pain. Musculoskeletal conditions, for example, arthritis and back pain, cardiovascular diseases, diabetes, asthma, stroke, and bowel disease may be associated with increased risk of experiencing chronic pain.

There may also be a two-way relationship between chronic pain and mental health disorders. Many people with chronic pain report psychological distress, and psychological symptoms may be associated with increased risk of chronic pain.

Compared with people without chronic pain, those with chronic pain were 2.6 times as likely to have arthritis, 2.5 times as likely to have mental health problems, 2.5 times as likely to have osteoporosis and 2.4 times as likely to have other long-term health conditions, or a long-term injury.

To read the report visit: [aihw.gov.au/reports/chronic-disease/chronic-pain-in-australia/contents/summary](http://aihw.gov.au/reports/chronic-disease/chronic-pain-in-australia/contents/summary)

## Australians at greater risk of osteoarthritis

A study has found Australia has among the highest rates of osteoarthritis, with cases predicted to keep rising as we get both larger and live longer.

Australia has among the highest rates of osteoarthritis in the world, with the number of people suffering from the debilitating disease expected to rise as we keep living longer.

More than 300 million people worldwide have osteoarthritis in the hip and knee, according to a new study: *The Global Burden of Disease Study*, which is funded by the Bill and Melinda Gates Foundation.

The degenerative disease is caused when protective tissue cushioning the ends of bones wears down, gradually worsening over time.

The larger joints are most vulnerable but osteoarthritis can also effect other bones, including the spine.

### Affluence

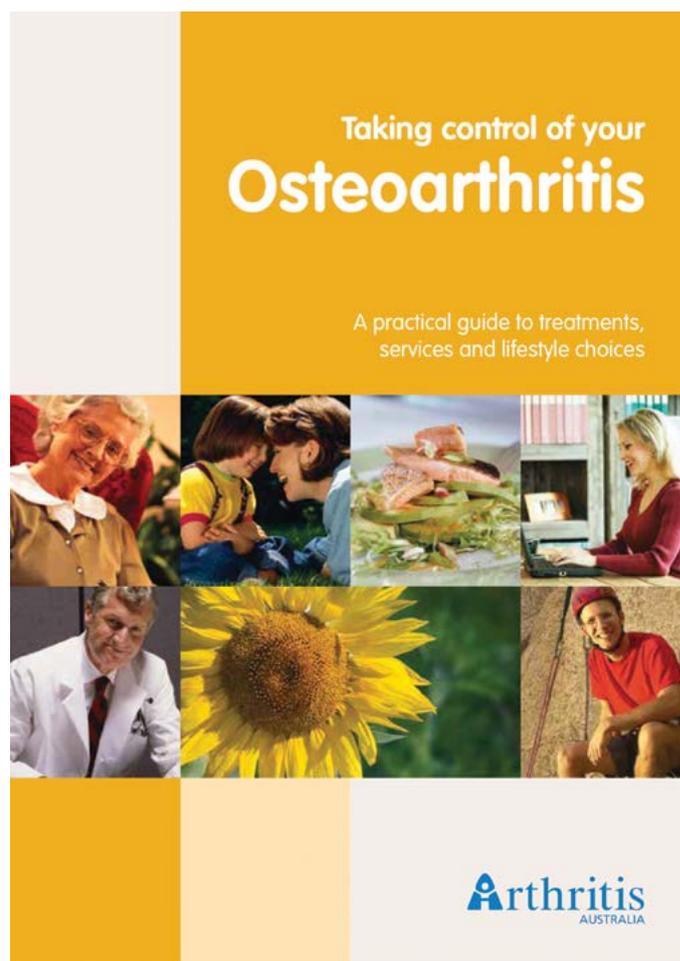
Researchers compared health data from 195 countries and found the disease is most prevalent among more affluent regions, including the US, Australia, North Africa and the Middle East.

It also strikes women more than men, with cases rising to peak between 55 and 59 years of age.

There were nearly 15 million new knee and hip cases worldwide in 2017, an increase of more than eight per cent since 1990.

Researchers warn the disease represents a 'major public health challenge' with cases to boom as major risk factors, such as age, joint injury and obesity, grow.

'Although there is variation between countries in prevalence and incidence ... its burden is increasing in most countries, especially among women,' the study says. The pain and lack of mobility experienced by osteoarthritis sufferers can lead to profound physical disability. Disability rates have increased 10 per cent since 1990, when the collection of global disease burden data first began.



Globally, the combined length of time people lived with an arthritis-linked disability over a year in 2017 was equal to about 9.6 million years.

And people spent more of their lives with a disability if they resided in the US, Asia Pacific or Australasian regions, where they were also likely to live longer and be overweight.

Researchers say reducing the burden of osteoarthritis will require better knowledge of risk factors along with earlier intervention and treatment, 'together with the improvement of healthcare infrastructure for managing the increasing number of patients with the condition'. They called for the collection of more population data to monitor the disease burden and measure improvements. *The Global Burden of Disease Study* was published online in the journal *Annals of the Rheumatic Diseases*.

**For more information about osteoarthritis, download *Taking control of your osteoarthritis* from [arthritissw.org.au](http://arthritissw.org.au).**

Source: [Healthtimes.com.au](http://Healthtimes.com.au)

## Exercises improve the rheumatoid hand

The results of a study conducted in the US in 2015 among rheumatoid arthritis sufferers showed that a tailored hand exercise program is a worthwhile, low-cost intervention as an adjunct to a range of prescription drugs (Lamb et al. 2015).

The study consisted of 490 adults who had rheumatoid arthritis of the hand and had been on a stable drug regimen for at least three months. The participants were split into two groups: usual care, or usual care plus a hand exercise program including the *TheraBand Hand Exerciser* that lasted for 12 months. The researchers used overall hand function as well as cost effectiveness of hand exercises compared to drugs as measurement benchmarks.

In addition to being cost-effective, the hand exercise group showed improved hand muscle strength, improved hand dexterity and improved flexibility.

The TheraBand Hand Exerciser is a great tool for patients with rheumatoid arthritis of the hand. This tool comes in five progression levels and, much like the study, helps strengthen grip, increase dexterity and mobility, and improve fine and gross motor skills while offering the added benefit of hot and cold therapy. The Hand Exerciser is a must-have for anyone with rheumatoid arthritis in the hand.



Article reproduced from Performance Health Academy: [performancehealthacademy.com](http://performancehealthacademy.com).

Source: Lamb SE et al. 2015. Exercises to improve function of the rheumatoid hand (SARAH): a randomised controlled trial. *Lancet* Jan 31;385(9966):421-9. doi: 10.1016/S0140-6736(14)60998-3. Epub 2014 Oct 9. Disclaimer: Performance Health provided hand exercisers for this study, but did not provide monetary funding.



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## What legacy will you leave behind?



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**Our work helps people to manage their condition on a daily basis.**

Leaving a gift in your Will is a very personal decision, and perhaps the greatest commitment you can make to help create opportunities and contribute positively to life changing services and to make a difference in someone's life.

Thank you for your support and helping us to move closer to *Freedom from Arthritis*.

For further information about leaving a gift in your Will, or to have a confidential conversation, please call 02 9857 3300 or email: [bequests@arthritisnsw.org.au](mailto:bequests@arthritisnsw.org.au) or visit our website at [www.arthritisnsw.org.au/support-us/planned-giving-bequests/](http://www.arthritisnsw.org.au/support-us/planned-giving-bequests/)

# The science of stretching

The benefits of stretching vary greatly among individuals – often due to the many ways that you can stretch, for example, yoga, pilates, static stretching and tai chi. What is great about stretching, is that it can be modified to suit your needs, and the key is understanding how your body functions.

The main aims of stretching include: improved flexibility of muscles around the joint, better joint alignment, reduced pressure patterns and improved function of muscles and joints. If you need convincing, the benefits are confirmed by the Royal Australian College of General Practitioners, in their *Guidelines for the Management of Hip and Knee Osteoarthritis* which includes joint alignment as a key modifiable risk factor to in the holistic assessment of people with hip and knee osteoarthritis<sup>1</sup>. The Chair of the Institute of Bone and Joint Research (IBJR), Professor David Hunter, refers to stretching in the recent IBJR podcast Joint Action interview with senior physiotherapist Matt Williams on exercising with osteoarthritis<sup>2</sup>. Details of this podcast are discussed later in this article.

## Promote flexibility

Stretching can be in basic form, such as a calf stretch, or involve movement that takes the joint through range of motion. For me, after 32 years as a fitness instructor (with damage bouncing on hard floors), a former hockey player (twisting and bending my body), double whiplash and

overuse injury, the angles of stretch positions are crucial to make sure that I target the muscles that need it most. We all have our own history of injuries that may have contributed to our arthritis or pain. No matter what your issues are, promoting flexibility in the tight muscles, strengthening the weak ones and a finding a short but regular stretch routine is a powerful combination to manage pain and dysfunction.

## Different approaches

Due to the many different approaches to stretching, this article draws on the perspectives of four health and fitness professionals to cover the age ranges of 30s, 40s, 50s and 60s. By understanding what works for Kat, Marietta, Kit and myself, we hope that you will find your own approach to self-manage muscles, joints, pain and arthritis effectively.

### Kat Keane

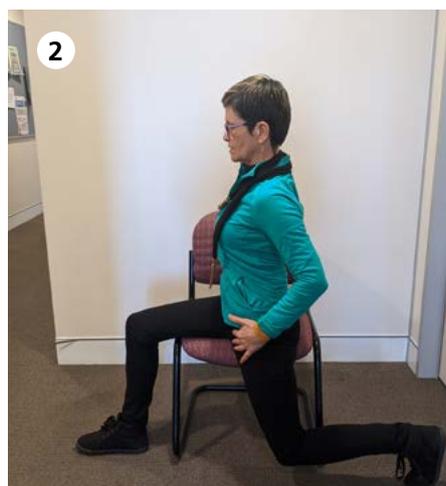
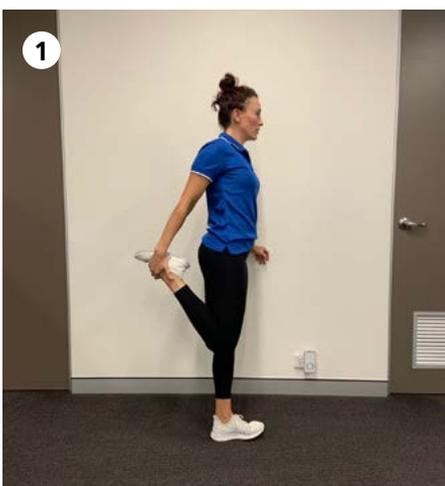
The first perspective is from Arthritis NSW's own wonderful Health Educator, Kat Keane. Kat has an article *Reduce and Interrupt Sedentary Behaviour* in this issue, and has recently completed the excellent *Get Moving!* Series that encourages people

of various fitness and mobility levels to get active. One of the stretches that we see Kat do often in the office is the quadriceps stretch shown below (1). Kat is also a big fan of squats and encourages us all to do 10 squats every time we visit the bathroom! The quadriceps stretch balances the work of the squat and minimises the risk for tug-of-war around the knee where quadriceps muscles are attaching.

You can learn more about Kat's approach in the *Empowering You* exercise series that she has developed, and through *Get Moving!*, the online exercise video series recently produced by the Arthritis NSW team.

### Marietta Mehanni

Australian Fitness Instructor of the Year in 2018 and currently working with several physiotherapists on targeted exercise programs, Marietta has devoted her life to teaching fitness, and has learnt most from her own injuries. Her issues include a frozen shoulder, sciatica, and knee injuries. After working with health professionals and trialling different approaches, she now knows that the underlying causes of all injuries were faulty movement patterns.



When I met Marietta in 1998, she had a severe rotator cuff injury and frozen shoulder syndrome. To manage this injury, she has learned to balance strength and flexibility, to address pain or injury early, and be patient but consistent in correcting movement. Pictured below (4) is Marietta's favourite stretch now for her shoulder – she hasn't had any pain for 15 years.

In relation to her knees, Marietta has learned that varying the angles of sit-to-stand, lunges, steps and walking movements can ensure the balance of muscle work. She says as long as the knee is aligned above your ankles (not collapsing in/out/forward), muscles will work together and avoid loading the knee joint. Combine this with flexibility of muscles around the joint – quadriceps, hip flexors and hamstrings – and the knee joint will have the best environment for optimal function. Below is one of my favourite positions, the hip flexor (2), often given by physiotherapists for knee replacements, involving components of strength and stretch in the holding pattern.

The above approach is echoed by physiotherapist Matt Williams in the podcast interview shared by Arthritis NSW on 11 May on Facebook. Matt explained that 'strengthening muscles around joints is important, along with range-of-motion exercises and stretching to improve the flexibility of muscles around joints'. This might be tai chi, yoga-based movements, or seated exercises. This approach was confirmed last year at ANSW's rural health seminar in Bathurst by physiotherapist Jen Mannell – her favourite exercise was the seated leg extension. Straighten out your leg – if



you gently draw toes back aligned with your shins, a calf or hamstring stretch becomes a bonus effect.

### Kit Laughlin

Our fourth perspective comes from several conversations over the years and in May this year with Kit Laughlin, author of the books *Overcome Neck and Back Pain*, *Posture and Flexibility*, and *Stretching and Flexibility*. Kit has travelled the world for more than 30 years presenting workshops on these topics. He is an advocate for PNF – Proprioceptive Neuromuscular Facilitation stretching – where isometric resistance is applied to stretch positions. In this context, you would do a hamstring stretch, resist your leg against your hands (nothing moves = isometric), then move further into the stretch. The concept can be applied to many exercises and stretches – this helps strengthen muscles throughout range of motion, and I've found it a great way to address imbalances. It is important to focus on resisting only in the area of stretch/resistance, therefore being relaxed is important and this has influenced Kit's inclusion of meditation approach. While meditation is another topic in its own right, it is sufficient to say that being able to relax while stretching facilitates the important holding pattern for positions.

### Janine Robertson (myself)

I recently found out that at 58 years of age I'm exactly the average age of our membership. We have many younger and older members, and I am happy to represent the average. I mentioned my musculoskeletal issues earlier, however am fortunate to be an instructor of pilates-based stretching and therefore I stretch more regularly than most. However, during COVID-19 lockdown, I was not teaching for the first time in many years. The decision to practice what I preach was a good one – 10 minutes of stretching complemented by a regular walk. I'm happy to report that this has kept my bits 'n pieces where they should be and I am relatively pain free.

### Stretching routines

A question that I'm often asked as an instructor is: What are the best times to stretch? My answer, depending

on circumstances of the participant, would usually be as follows:

- Mobility in mornings: ankle circles or alphabet, gentle shoulder rolls backwards followed by shrugs to promote blood flow, drawing toes back to lengthen the back of your legs before walking bare foot, gentle back stretch for any tight areas
- After a walk: stronger and longer stretches while the body is still warm with greater blood flow. Examples include quadriceps and hamstrings (can be seated and sliding hands down the legs) stretches, and gentle neck stretches to each side, hip openers and rotations (3)
- At night before bed: stretch the areas of greatest need so that you can sleep in a relaxed way. For me this is a calf stretch to prevent foot cramps and a shoulder stretch (arm gently behind my back and gently pushing downward) to avoid neck stiffness – in winter, if your shoulder is raised, or head tilted, neck stiffness can occur.

**The bottom line:** Your GP is always a good first reference if you're unsure, or stretching isn't working for you. It's always worthwhile checking your technique with a health professional – you might just find that practice is all it takes, along with some adjustments in technique. You might even want pull out some of the exercises that you have been given over the years and have another go with a fresh perspective!

### Janine Robertson

Health Services Quality Manager  
Arthritis NSW

### References

1. *Guidelines for the Management of Hip and Knee Osteoarthritis*: Royal Australian College of General Practitioners, National Health and Medical Research Council 2018, p 15.
2. IBJR Joint Action podcast 11/5/2020. Interview between Professor David Hunter and physiotherapist and Musculoskeletal Co-ordinator of the Royal North Shore Hospital's Osteoarthritis Chronic Care Program Matt Williams on practical tips for exercising with osteoarthritis: [jointaction.info/podcast/episode/b02d61a3/exercising-with-osteoarthritis](http://jointaction.info/podcast/episode/b02d61a3/exercising-with-osteoarthritis)

# Living in lockdown

In April, at the height of the quarantine measures, the Health Services Team checked in with all of our gentle exercise participants who were aged over 70. We weren't prepared for the amazing can-do attitudes of these wonderful members who decided to make the best of their time in lockdown.



## Gloria

At 87, living with osteoarthritis and osteoporosis in an over 55s independent facility, Gloria says she was lucky to have great neighbours who all look out for each other, and a variety of ways to keep herself entertained.

'I've had osteoarthritis in my back since my 60s,' said Gloria. 'In 2013, my lower back and neck pain was pretty intense and my daughter had invited me on a trip to France to see the Sydney Male Choir, which her husband belonged to, sing at the Anzac Day celebrations at Villers Bretonneux. The pain was severe, but I thought I'm going to be in pain wherever I am so I might as well be in pain in Paris. I would last the morning and after lunch I would lay down in my hotel room and moan with the pain. I bought a walker in Paris and rattled over those cobblestones everywhere.'

Gloria was listed for a back operation but after a 12 month wait, she said she didn't need it as the pain had settled.

Lockdown didn't stop Gloria from exercising with her walker for 20–30 minutes two or three times a week with a younger friend. 'She walks more quickly than I do so that encourages me to go faster. I live in Beecroft, which is a hilly area, so we go up hills and get a takeaway coffee. It's nice to do.'

In lockdown, Gloria took a break from helping at Meals on Wheels where she was a volunteer driver for 30 years. 'Because of COVID-19, if you were over 70 you had to sign a waiver if you wanted to keep volunteering. But they had young people coming in to volunteer because they were unemployed, so I thought they had enough help.'

'I missed the Seniors Club which closed of course. The warm water exercise classes at Karonga House Epping on a Saturday have remained closed. I live alone with Ribbons, my cat, but my daughters visited me. One used to be a nurse and the other is a preschool director, so both were aware of the social distancing rules.'

'I had other amusements. I listen to classical music on ABC FM, and at 11am every day, Martin Buzzacott plays dance music to encourage everyone to get up and move. My craft group encouraged us to knit squares for the Wrapped with Love charity. So I started knitting again. There's room for the knitting and Ribbons on my lap.'



## Dianne

Dianne has her Wii machine to thank for much of her activity during lockdown and gets support from wearing high waisted jeans. At age 75, with arthritis in her neck thanks to an injury in 1983, she also lives with the condition in her hip and lumber.

'I don't take medication anymore, my GP, who is also a naturopath and has studied Chinese medicine, eased me off it,' Dianne said. 'He told me to resume yoga and aqua aerobics and attend warm water classes with ANSW at the War Memorial Hospital, which I did.'

'I play tennis on my Wii machine and use it for yoga and balance exercises. I also attend a Saturday yoga class at Epping RSL. And I've found that if I wear high waisted jeans, it acts like a corset and supports my hips and lower back.'

Dianne lives in a retirement village in a studio apartment in Elizabeth Bay and is a retired businesswoman in the automotive industry. 'I didn't mind being alone in lockdown. I'm ok to just be with myself. It's mindfulness.'

'I do miss going to the cinema, catching the train to Circular Quay and having a coffee and croissant with Nutella at the Lindt café. A new lady moved in to the place at the end of my hallway and we had coffee and chatted socially distantly. I regularly walk around the block three or four times a week and stop at a local café for a takeaway salad sandwich. It's the regular things we do that hit the pleasure spot in the brain.'

'Luckily I have lovely neighbours and that made all the difference in these difficult times. We used to have regular get-togethers in the lounge on Friday nights and the complex has its own cinema, so we've all gotten to know each other over the years.'

And for her amusement? 'I love *Who Do You think You Are?* It's a gardening show on 2GB Saturday and Sunday mornings.'



### Gail

On February 11 this year, Gail, 79, boarded the Ruby Princess to cruise to New Zealand so she could have a day with her daughter and three small grand-daughters in Tauranga Port. After a calm and healthy cruise, she disembarked in Sydney on 24 February. 'We were so lucky,' Gail

said. Two days before we left, the Diamond Princess was off the coast of Japan and people had developed coronavirus and weren't allowed to leave the ship. I looked up Smart Traveller and they didn't have a warning. COVID-19 was so far away at the time.'

Gail has osteoarthritis in her hands, where it is most severe, her knees, hips, spine and neck. 'I can't open bottle tops, turn water taps or use gardening implements. I've had better taps fitted so I can use them and recently had surgery on my hand to reinforce the joint on my right pointer finger. I can't vacuum or sweep without having pain for the next couple of days. However, I have good posture and I walk a lot, briskly for 45 minutes every day.'

Gail misses the warm water exercise classes at Lane Cove she takes once a week. 'The classes made such a difference. I didn't realise how beneficial they were until I had to stop due to COVID-19. I have more discomfort and pain day-to-day now.'

To compensate, Gail completes a set of exercises given by her physiotherapist before she gets out of bed. 'I draw my knees up and take them from side to side. This moves and loosens the vertebrae. I do lots of stretches on the bed. Then I shower and then more stretches on the carpet, including some theraband exercises. I walk every day, sometimes with a friend.'

Gail lives on her own in a small block of units with nice neighbours. Her children brought her groceries while in lockdown and visited her in separate sessions on Mothers' Day. She has eight grandchildren, and found it hard not to see them. 'I watched lot of foreign films, with subtitles, they are more interesting than TV series from the US. And I love listening to podcasts when I'm walking.'



### Elizabeth

Elizabeth, 70, still lives in the family home with her twin sons who will soon turn 21. She was diagnosed with rheumatoid arthritis 11 years ago. 'Before my diagnosis, I found that when I got out of bed, my hands and legs were stiff,' Elizabeth said. 'It got worse, but I was raising

my sons so I was busy, and didn't take much notice. Then I woke up one morning frozen to the bed. I couldn't move. But I had to move because I had to get the boys to school.'

Elizabeth had her twins when she was 49. Two years later her husband died, so she had to raise them on her own.

'My GP initially didn't know what the problem was and told me to take pain killers and take it easy, which I did until I eventually went to a physiotherapist. She thought I had rheumatoid arthritis and wrote a letter to my GP. So he sent me to a rheumatologist, who diagnosed me.'

It took a few years before Elizabeth found the right medication at the right dose. She now gives herself a monthly injection, which she has found to be very effective. She's a retired registered nurse.

Elizabeth misses her warm water classes. The instructor is a physiotherapist, and she brings music so we exercise to Tina Turner's *Nut Bush City Limits*. 'Our group is very fond of each other, we've known each other a long time. The water exercises are good for me because, after two knee replacements and a foot reconstruction, I'm not great on my feet. Water is safer.'

'I'm a lifelong member of Weightwatchers, but in lockdown, I had to watch my weight.'

Elizabeth's living arrangements include one son who lives in her granny flat and the other who lives in the house with her. 'One son studies engineering and is a cadet in an engineering company. The other is a qualified carpenter and works for a construction company. I raised them to get on with things. We're a team and made the most of lockdown, as we do everything else. The carpenter does repairs around the house and the engineer helps me with home technology.'

'I didn't mind lockdown. I looked after myself, decluttered my wardrobe, sat in the sun and read books.'

# Reduce and interrupt your inactivity

Current research demonstrates that sedentary work and lifestyle behaviours have a profoundly negative affect on our health. The message is loud and clear – sitting in your office chair or on your couch at home may now be seen as a high risk activity.

Sedentary behaviours, lifestyle habits or certain work types can increase the risk of developing lifestyle diseases, for example obesity, diabetes, cardiovascular disease, and cancer, and musculoskeletal conditions such as neck and low back pain, and in particular, arthritis. This is due, in part, to the *prolonged* and *uninterrupted* sedentary behaviour which typically comes with daily activities such as watching TV, reading or a desk job. Couple this with (the potential of) poor dietary choices and stress, and you may see unwanted conditions emerge sooner rather than later.

There is, however, one very simple action you can put in place to reduce your risk of developing lifestyle and musculoskeletal conditions, that is: reduce and break up time spent doing activities that require little to no movement.

Each type of arthritis affects the number and location of joints in our body differently, however, many of these conditions share similar symptoms, including joint pain or tenderness, joint stiffness, swelling, joint warmth and/or redness, difficulty moving joints normally and fatigue. The cause of arthritis is complicated and still not fully understood, however, one of the biggest contributors to the development of arthritis, especially osteoarthritis, is physical inactivity.

## The cartilage story

To understand why it is important to reduce and break up time spent doing activities that require little to no movement, you need to be aware of how cartilage stays healthy. The following narrative is a very simplistic way to explain this, and although it's not the whole story, it's pretty close. Firstly, many types of arthritis such as osteoarthritis and rheumatoid arthritis directly affect or target structures called articular cartilage. This is the cartilage that covers the ends of bones that join together to make a joint eg. such as our knee or hip joint. Its main function is to provide a smooth, lubricated surface for articulation and to facilitate the transmission of loads with as little friction generated as possible. Cartilage is free from blood vessels, nerves, and lymphatics, meaning it doesn't have a nutrition or waste removal service, which means it has a limited capacity for natural healing and repair. Instead, it relies on the movement of water (or 'synovial fluid' which fills the gaps between joints) in and out of it to feed and keep it clean. In this sense, cartilage is like a sponge as it soaks up what it needs. Water is constantly being drawn into cartilage by huge amounts of water loving molecules (embedded in the cartilage) called Proteoglycans, and water is then squeezed out by the forces it experiences during movement and loading (key point!) Thus, routine movement and load



(especially load) is essential to maintain the health of our cartilage. What happens when we sit or stand still for long periods is the fluid becomes stagnated, and the mechanical pump action, ie. the movement of water in and out of the cartilage by physical activity and load, in our joints isn't triggered.

It's imperative that cartilage is kept lubricated to ensure it remains robust through time, ie. aging, doesn't cause pain near or at the joint site where the cartilage is compromised or becomes stiff and range of motion is lost. The preservation of articular cartilage is highly dependent on maintaining its integrity (thickness, smoothness, and availability and movement of water or synovial fluid), however, with increasing age, there is a decrease in the hydrating and lubricating mechanisms within the cartilage and joint. These changes tend to compromise the function of cartilage and it loses its ability to undergo reversible deformation. This is the equivalent of getting wrinkles or going grey. We can't stop these things from happening, but if we know how to look after them, we may be able to delay them or reduce the severity.

## Lifestyle diseases

This is where 'reduce and interrupt' comes into action. Reducing and interrupting your sedentary behaviour at work and/or at home with physical activity, weight bearing movement and exercise keeps your joints healthy and happy. While there may be a natural decline in the mechanisms that keep our joints healthy over time, current research indicates that exercise and physical activity significantly reduces the risk of developing osteoarthritis.

How, you may ask?

The mechanical stimulation that our joints receive from exercise and physical activity inhibits inflammatory markers (which causes damage to cartilage) and stimulates regenerative processes, thus delaying the natural ageing process of our cartilage. Furthermore, breaking up your sedentary behaviours with physical activity and exercise may help to maintain or reduce body weight, and reduce the risk of developing, or the severity of, cardiovascular diseases, heart attack, stroke, and diabetes. Research indicates that these lifestyle diseases can also contribute to the development and severity of arthritis, as follows.

### Obesity

Increased body weight can impact negatively on joint cartilage by increasing shear forces and joint contact time. Forces, load and impact are great for our joint but the problem is when it's in excess (such as when you're overweight) and damage can accumulate over time. Also, the more body fat you possess, the more of the hormone leptin you produce and circulates in your blood. Leptin happens to be pro-inflammatory (bad for cartilage) and pro-catabolic (even worse – pro-catabolic means to 'break down'). This basically means that leptin is associated with cartilage degradation and loss.

### Cholesterol

Independent of weight, increased levels of low density lipoproteins (LDLs), the bad cholesterol, and triglycerides are associated with cartilage damage.

### Hyperglycaemia or Diabetes

Diabetes is an independent risk factor for osteoarthritis. High levels of glucose reduce transportation and production of certain substances, ie. collagen and chondrocytes, responsible for cartilage synthesis. High blood glucose levels also impair anti-inflammatory pathways, thus high blood glucose levels are both inflammatory and catabolic to cartilage, and this is bad!

### C-reactive Protein (CRP) and systemic low grade inflammation

CRP is a protein made by the liver and secreted into the blood. It is often the first evidence, known as a biomarker, of inflammation or an infection in the body. Its concentration increases in the blood within a few hours after the start of infection or other inflammatory injury. It is also found in the blood when systemic low grade inflammation is present – systemic low grade inflammation is present in those with metabolic conditions such as diabetes and obesity. CRP is associated with decreased cartilage volume and increased pain. In fact, it is one of the inflammatory biomarkers that is looked for when doing a blood test for osteoarthritis.

What you need to understand is that prolonged bouts of sedentary behaviour can significantly change, for the worse, metabolic functions. Good cholesterol can drop by 20 per cent, blood circulation drops and blood sugar levels rise in as little as two hours of sedentary behaviour, and over time, your metabolism can also slow by 25-50 per cent. All the consequences to prolonged and uninterrupted sitting can lead to a number of health concerns already mentioned (above), such as increased blood pressure, high blood sugar (glucose), insulin sensitivity, excess body fat around the waist, systemic low grade inflammation and abnormal cholesterol level.

## Reduce and interrupt

How do I reduce and interrupt my sedentary behaviour? Well, I'm glad you asked!

Every hour, stand up and move around to load and pump the synovial fluid around your joints. Take a five minute walk, walk the long way to the toilet, walk the stairs, or doing as little as 10 squats at your desk or from your couch is enough to break up the sedentary behaviour that may save your joints. You may be aware of the Australian Physical Activity Guidelines and you may be meeting the minimum requirements for your age, however, and quite unfortunately, the minimum physical activity requirements do not negate the negative metabolic and musculoskeletal consequences of prolonged bouts of uninterrupted behaviour/activity. *The key here is to break up prolonged, uninterrupted bouts of sedentary behaviour.*

### Key points:

1. Think of your cartilage as a sponge – it soaks up what it needs and movement/load helps squeeze it out and circulate in the joint.
2. Cartilage has no nutrient or waste removal services, so without movement and loading through our joints, we don't 'feed' or 'clean up' our cartilage to keep it healthy.
3. Moderate doses of exercise can positively influence cartilage health and reduce the risk of developing arthritis.
4. Lifestyle diseases and osteoarthritis can occur independently of each other, however, research indicates that lifestyle conditions (chronic inflammation and metabolic diseases) are detrimental to cartilage and increase the risk of developing osteoarthritis.
5. Meeting the minimum Australian physical activity guidelines is great, but you also must reduce and interrupt your sedentary behaviour as often as possible (every hour) to ensure a you are keeping the 'sponges' in your joints lubricated, and to maintain a healthy, non-inflammatory, internal environment.

**Kat Keane**  
Health Educator  
Arthritis NSW

# WINTER SOUP STOCKPILE

These soup recipes are warming and delicious. Make double the recipe and freeze them for another day.

**TIPS:** Liquid expands as it freezes so make sure you don't overfill your containers. Soups made with grains or lentils will thicken when frozen. Add a dash of water to soup when reheating to thin out the texture.

## Celeriac and barley soup

### Ingredients

- 1 tbsp butter
- 6 fresh rosemary sprigs
- 2 onions, finely chopped
- 600g celeriac, peeled and chopped into 0.5–1cm chunks
- 125g pearl barley
- 1.75 litres good quality vegetable stock
- Handful of chopped green beans
- One bacon rasher chopped and fried for garnish
- 4 heaped tbsp crème fraiche
- Grated nutmeg



### Instructions

1. Heat the butter in a large pan over a medium heat, then fry the bacon and the leaves from 1 rosemary sprig for 8–10 minutes until crisp. Set aside some bacon and rosemary to garnish, then add the chopped celeriac and reduce the heat. Cook gently for 15 minutes until softened. Finely chop the rest of the rosemary leaves and add to the pan for the last 2 minutes.
2. Stir in the pearl barley and stock, then bring to the boil. Season, then simmer for 40 minutes or until the barley is soft and the soup is thick. Ten minutes before the end of cooking time stir the chopped green beans. Fry the chopped bacon.
3. Ladle into bowls, add crème fraiche, grate nutmeg over and finish with the reserved bacon and rosemary.
4. To freeze, at the end of step 2, let the soup cool, ladle into containers and freeze for up to 3 months.

Source: [deliciousmagazine.co.uk](http://deliciousmagazine.co.uk)



## Lentil and bacon soup

### Ingredients

- 8 thick rashers smoked bacon, roughly chopped
- 2 tbsp olive oil
- 2 leeks, cut into large chunks
- 4 garlic cloves, finely chopped
- 400g red lentils, rinsed
- 1½ litres vegetable stock
- 400g can coconut milk
- Juice of 1 lime
- Lime wedges, fresh coriander leaves to serve

### Instructions

1. Heat a large pan and cook the bacon until golden. Remove and set aside. Heat the oil in the pan and gently cook the leeks and garlic for a few minutes until softened. Stir in the lentils and toss together well for a few minutes.
2. Pour in the stock and coconut milk and simmer for 15 minutes or until the lentils are cooked. Remove from the heat and stir in the bacon. Serve with lime wedges, and garnish with coriander.
3. If freezing portions, let the soup cool, ladle into freezer bags or containers (not too full), and freeze for up to two months.
4. Defrost, then reheat thoroughly – add a splash of boiling water to loosen the mixture.

Source: [deliciousmagazine.co.uk](http://deliciousmagazine.co.uk)

## Sweet potato and ginger soup

You can prepare this soup up to one week in advance, then store in a sealed container in the fridge.

### Ingredients

- 1kg sweet potato, skin on, roughly chopped
- 2 eating apples, such as braeburn, cored and cut into wedges
- 1 tbsp olive oil
- 2 tbsp coconut oil
- 1 onion, finely chopped
- 2 tsp coriander seeds, crushed
- 2 tsp cumin seeds, crushed
- 20g fresh ginger, grated
- 400ml coconut milk
- 750ml good quality vegetable stock
- 1 tsp salt
- Greek yogurt and fresh coriander leaves to serve

### Instructions

1. Heat the oven to 200°C/180°C fan/gas 6. Spread the sweet potato pieces and apple wedges in a large roasting tray, drizzle with olive oil and season with salt and pepper. Roast for 40–45 minutes until softened and golden.
2. Meanwhile, in a large saucepan, heat the coconut oil. Add the onion and fry over a low-medium heat for five minutes. Add the coriander and cumin seeds, then fry for a further 5–10 minutes until fragrant.
3. Add the ginger, coconut milk, stock and salt, and bring to a gentle simmer. Once the sweet potato and apple are cooked, add them to the pan. Simmer for a further 5 minutes, then remove from the heat. Use a stick blender to whizz the soup until smooth – wrap a tea towel around the pan to prevent the soup from splashing while you whizz it. Or carefully blend in batches in a jug blender.
4. Serve with yoghurt and coriander.

Source: [deliciousmagazine.co.uk](http://deliciousmagazine.co.uk)



## Pea and roasted garlic soup

### Ingredients

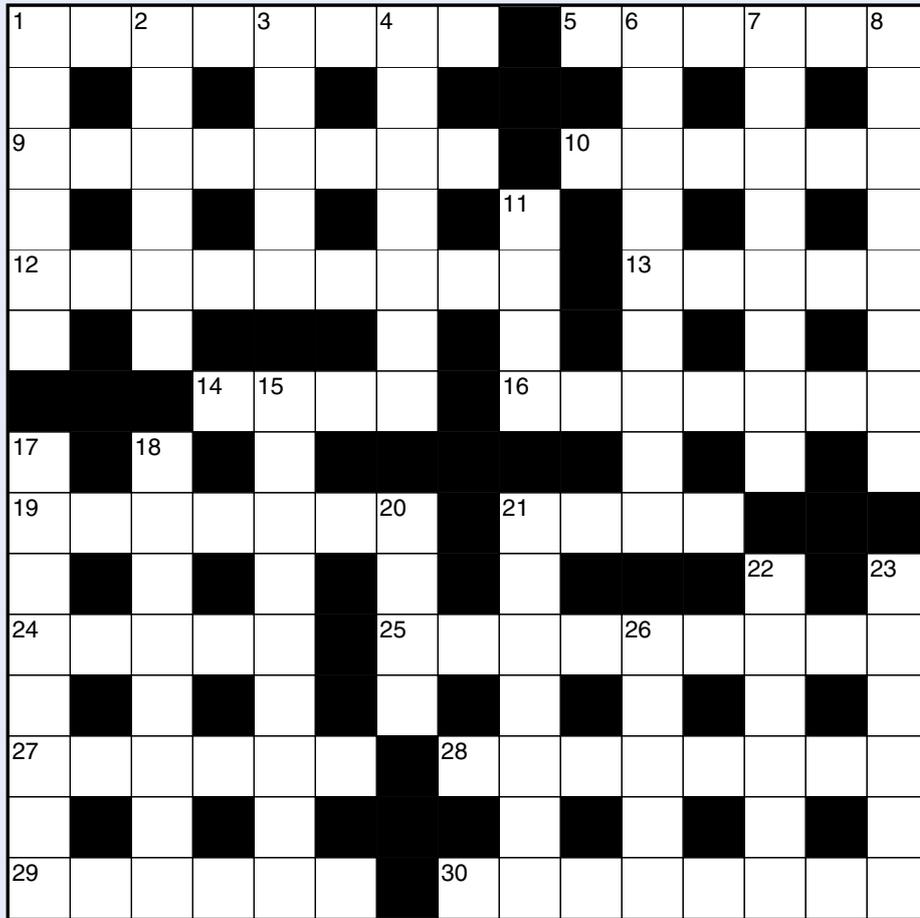
- 1 garlic bulb
- 60ml cold-pressed extra-virgin olive oil, plus extra to serve
- 1 onion, finely chopped
- Fresh parsley leaves
- 1 litre vegetable stock
- 500g fresh or frozen peas
- 1 tbsp cider vinegar
- Dill leaves to garnish

### Instructions

1. Heat the oven to 200°C/ fan180°C/gas 6. Cut the top off the garlic bulb, put on a baking tray and drizzle with 1 tbsp of the olive oil. Bake for 30–35 minutes.
2. Meanwhile, heat the remaining olive oil in a large saucepan over a medium heat, then cook the onion and thyme for 5 minutes. Add the stock, peas and vinegar, season with salt and freshly ground black pepper, then bring to the boil.
3. Reduce the heat to low, then add the parsley and simmer gently, partially covered, for 5–10 minutes.
4. Remove from the heat, allow to cool slightly, then pour into a blender. Remove the garlic from the oven and squeeze the cloves out of their skins into the blender. Whizz until the soup is your preferred texture. Serve with dill and a drizzle of oil.

Source: [deliciousmagazine.co.uk](http://deliciousmagazine.co.uk)

# Crossword



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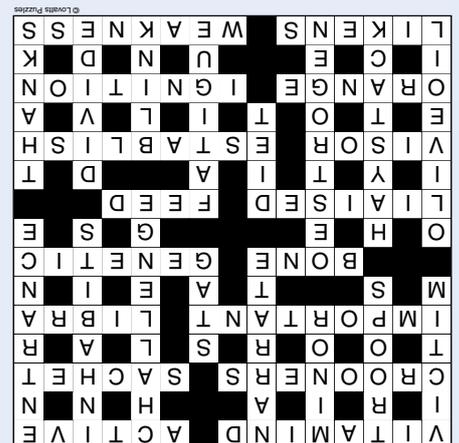
## DOWN

- 1 Casualty
- 2 Cavalry units
- 3 Lesser
- 4 Recount (story)
- 6 Confront
- 7 Occupies
- 8 Door
- 11 Male deer
- 15 The rapid decline of this hormone during menopause can lead to the development of osteoporosis
- 17 An essential ingredient in 20 down, it is said to be beneficial for reducing inflammation (5,3)
- 18 Like a needle in a ...
- 20 Studies have shown following a Mediterranean ... can provide relief from joint pain
- 21 A feeling of extreme mental or physical tiredness
- 22 Separate
- 23 Appreciation
- 26 Eyelid flicker

## ACROSS

- 1 Essential nutrient that helps your body digest calcium (7,1)
- 5. Keeping an ... lifestyle can help maintain your health and strength
- 9 Lullaby singers
- 10 Scented bag
- 12 Influential
- 13 Scales zodiac sign
- 14 Osteoporosis is a condition that affects ... density
- 16 Rheumatoid arthritis can develop due to both lifestyle and ... factors
- 19 Acted as go-between
- 21 Nourish
- 24 Cap peak
- 25 Set up
- 27 Carrot colour
- 28 Starter mechanism
- 29 Compares
- 30 Inactivity due to pain or joint problems can cause muscle ...

## Crossword solution



## Find help, guidance and support through our local networks

Who to Contact			Meeting Place	Meeting Schedule
Bathurst	Nelma	0431 829 709	Bathurst RSL, 114 Rankin St, Bathurst	2nd Thursday 10am
Corowa	Heather	02 6033 4393	Challenge Enterprises, 93 Guy St, Cnr of Redlands Rd, Corowa	1st Wednesday 1.30pm
Cowra	Christine	0427 423 596	Upstairs, Calare Building, 103 Kendal St, Cowra	1st Tuesday 2pm
Dubbo	Heather	02 6887 2359	Macquarie Club, 313 Macquarie Street, Dubbo	2nd Thursday 10am
Holroyd/Merrylands	Michelle	02 9631 7363	Nelson Grove Retirement Village, 2 Newport Street, Pemulwuy	3rd Monday 10am
Kincumber	Jeanette	0418 226 891	Brentwood Village Auditorium, Scaysbrook Dr, Kincumber	4th Friday 10am
Long Jetty	Liz	02 4332 5245	Nareen Gardens Retirement Village, 19 Bias Avenue, Bateau Bay	1st Thursday 10am
Macarthur	Charmaine	0423 500 066	Campbelltown Library, Hurley St, Campbelltown	1st Wednesday 10am
Maitland District	Veronica	02 4966 4649	East Maitland Bowling Club, New England Hwy, East Maitland	1st Thursday 10am
Newcastle	Judy	02 4088 3146	Mayfield Ex-Services Club, 58 Hanbury St, Mayfield	3rd Monday 1pm
Nowra	Gary	02 4423 3633	Paceway Cafe, 3 Stewart Place, Nowra	1st Thursday 10am
Parkes	Sandra	02 6863 4904	Pink Orchid Café, 16–18 Busman St (odd months); AOG Church Hall, 7 Rees Ave (even months), Parkes	Last Tuesday of the month 10am Meet bi-monthly
Penrith	Jan	02 4722 5940	CWA Room, Cnr Tindale St and Castlereagh St, Penrith	2nd Wednesday 9.30am
Ryde	Mary	0402 257 568	Ryde-Eastwood Leagues Club, Ryedale Rd, West Ryde	4th Thursday 1pm
Wagga Wagga	Lorraine	02 6926 3203	Rules Club, Cnr Fernleigh and Glenfield Roads, Glenfield Park	1st Thursday 1pm
Warilla/Shellharbour	Sheila	02 4296 1340	Warilla Bowling Club, Jason Ave, Barrack Heights	3rd Thursday 1.30pm
Woy Woy	Heather	0423 017 450	Ettalong Bowling Club, 103 Springwood Street, Ettalong	3rd Tuesday 10.30am

If you would like to know more about forming a support group, call us for a convenor's pack on **02 9857 3300** or email [friends@arthritisnsw.org.au](mailto:friends@arthritisnsw.org.au).



# Arthritis

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