Arthritis Clinical Link Newsletter

Created and Distributed by the Mary Pack Arthritis Program

A Newsletter for health professionals working with people with arthritis December 2010

Editor's Message

Desite advances in technology, especially in relation to the Internet and videoconferencing capabilities, health-care has been generally slow to embrace change. This hit home several weeks ago when I emailed the first notice regarding the November 25th Clinical Exchange session on Telerehabilitation, and received a suggestion back from an ACE member to send these notices as part of an outlook meeting request message. Hmh, this old dog hadn't tried that before. I have, however, used Internet tools like Meeting Manager, Survey Monkey, and Webex, all of which are free, generally easy to use, and very useful. In this issue there is a summary of a client presentation conducted at Mary Pack on the topic of 'Your Health Records: Finding, Filing, Sorting, and Sharing' that addressed ways to use computers and the Internet to track personal health information. This issue also has a summary of a recent article in Joint Health Monthly on the topic of 'Your health, the Internet and social media: making it work for you'. There is a wave coming and we can either ride it or let it pass over us. For those who are riding it, are there web-based tools you can suggest that increase your productivity at work or that can be used to manage ones' health? If so, please let me know and I'll pass this information on.

Paul Adam, Rheumatology Liaison & Outreach Services Coordinator Paul.Adam@vch.ca

Spotlight on OASIS Services

OASIS, The Osteoarthritis Service Integration System, is an assessment and referral program designed to help clients self-manage their osteoarthritis (OA). Initially targeting hip or knee OA, OASIS now also sees clients with hand, foot, or ankle arthritis. OASIS is appropriate for clients with any stage of OA, from those with early OA changes to those preparing for joint replacement surgery.

Clients access an OASIS assessment clinic, located in Vancouver, Richmond, and the North Shore, by family doctor referral. At the clinic, clients are assessed by an interdisciplinary team, which may include a physiotherapist, occupational therapist and/or nurse. Following the appointment, the client is provided with an Action Plan outlining the steps to take to manage their OA. The client is referred to appropriate programs and support services in their community and is often referred to OASIS education sessions.

Did you know that...

- OASIS has completed more than 5,500 individual assessments*
- OASIS has made more than 20,000 outgoing referrals and recommendations to community resources*
- About 60% of the clients seen at OASIS are non-surgical

*Numbers as of March 31, 2010

OASIS provides numerous education sessions at both the OASIS clinics and at community centres throughout Vancouver, Richmond, and the North Shore. Education sessions are led by a nurse, physiotherapist, occupational therapist, or dietician. Physician referrals are not required in order to attend. The primary education series (see box below) gives people the basic information that they need in order to manage their OA. Nordic Pole Walking sessions are offered at local community centres for those clients who are interested in keeping active while reducing the load on their joints. In addition, OASIS offers classes to help prepare clients for joint replacement surgery, including PreHab education (2 - 12 months prior to surgery) and PreOp education.

OASIS Primary Education Series:

- OA Basics & Beyond
- Exercise & OA
- Pain Management & OA
- Nutrition & Supplements
- Mindful Eating for Weight Control

OASIS strives to improve access to information about OA and its management and has created a number of OA-specific brochures and handouts. These materials have been translated into Traditional and Simplified Chinese, Punjabi, and Farsi. OASIS has also created an OA Self Management DVD featuring clients who have OA and/or are preparing for joint replacement surgery. OASIS has video-conferenced education sessions to sites throughout BC that do not have access to the OASIS program. In addition, OASIS has a comprehensive website that includes information about OA and OASIS, a listing of our education services, a section for healthcare providers, and a searchable Listing of Community Services (www.oasis.vch.ca).

OASIS conducts Outreach Clinics to provide access to populations who are not easily able to access the OASIS services because of geographic, language, cultural, physical and/or socioeconomic constraints. Outreach Clinics help to build relationships not only with clients, but also with family physicians and other healthcare providers in the community. To date, OASIS has conducted Outreach Clinics in the Vancouver Downtown Eastside, Sechelt, Powell River, and the Pemberton/Mount Currie region. Feedback from the outreach clinics indicates that clients who attend the clinics are not clients who would traditionally access such a program.

OASIS recognizes the importance of working with partners in order to ensure that clients with OA receive optimal care. Within Vancouver Coastal Health, OASIS works closely with the Mary Pack Arthritis Program, as well as the Chronic Disease Management and the Healthy Living Program. Outside of VCH, OASIS partners with The Arthritis Society, Parks and Recreation groups, as well as various community organizations, such as SUCCESS, Multicultual Societies, and Assissted Living Progams. These partnerships help to ensure that clients from all backgrounds can access OASIS services. In addition, OASIS transfers knowledge and resources to groups throughout the province by participation on the Provincial Rehab Advisory Group (PRAG).

With the aging population, the incidence of OA is increasing. Rising expectations from today's healthcare consumer results in clients who are motivated to learn what they can do to stay as healthy and active as possible. OASIS aims to meet this consumer expectation by giving clients the information and skills that they need in order to self manage their own condition, thereby limiting the development and progression of OA.

If you would like more information about the OASIS Program, please call the OASIS Regional Office at 604-875-4257 or visit www.oasis.vch.ca

Thanks to Wendy Watson for this piece on OASIS.

Models of Care - Update

After the article on models of care in the last newsletter, I had an interesting email exchange with Lynnda Swan, an assistant OT professional practice

leader for the Interior Health Authority. She noted that the Primary Therapist Model is being used by community rehab in the Central Okanagan, and that a variation of this model also features prominently in a proposal by pediatric health care professionals for a new model of pediatric care in BC. In community rehab, most clients are only on one program, either PT or OT, but not both. However, all referrals are looked at by both PT and OT and together they decide based on the needs identified by the referral, the relative workload, their skills and areas of expertise, and a bit of geography, who will at least go out to do the initial visit. She states that there is a lot of informal consulting between the two disciplines and at times there will be a joint visit for the other discipline to provide more indepth input. In general, only the more complex clients are receiving both OT and PT services at the same time. The primary therapist addresses basic self care, mobility and transfers, exercise, home management, equipment, and other needs.

RA Hand Course and annual Introduction to the Assessment and Management of Rheumatic Diseases Course.

We are offering two courses this coming year. For the first time, we will be holding a 2-part course called,

Best Practice for the Hand with Rheumatoid Arthritis
Part 1: Assessment & Treatment Recommendations for Physical & Occupational Therapists
Date: Sunday, January 30th, 2011
Objective: To learn best practice for assessing and managing common rheumatoid arthritis (RA) hand deformities: ulnar drift, swan neck, and boutonniere.
Fee: $275

Part 2: A Splinting Workshop for Occupational Therapists and Certified Hand Therapists
Date: Monday, January 31st
Objective: To learn best practice for splinting common RA hand deformities.
Fee: $225
Please note that attendance at Part 1 is a prerequisite for attending Part 2.

Final registration deadline is December 31st. As the registration for Part 2 is very limited, if you are applying for Part 1 & 2, please send two separate cheques ($275 and $225) with your completed registration form.

We also have the dates for our annual course, **Introduction to the Assessment & Management of Rheumatic Diseases: A Skills Workshop for Nurses, Physical and Occupational Therapists**
Date: April 4 - 7, 2011
Objective: To gain basic knowledge and clinical skill in the assessment and management of rheumatic disease.
Fee: $500
Registration deadline is March 4, 2011.

For more information about either course, please contact Paul Adam at Paul.Adam@vch.ca

CAOT Conference - Halifax, May 2010 by Charl Young, OT, Victoria Arthritis Centre

I attended the CAOT conference in Halifax this past May. We were right on the harbourfront - what a beautiful city. It was a great conference, the theme this year being “Meaningful Occupation: Enabling an ocean of possibilities.” Such a range of topics and presenters from all over the world: OT with the homeless; OT in the military; OT in postnatal care; Israeli OT’s working with Ethiopian Immigrants (in Israel)...and on and on.

One of the presentations I was most interested in seeing was titled, “Productivity, Self-care, Leisure,.....and Rest? It was, as you can imagine, promoting rest as an “occupation”, and not just as an adaptive strategy. I found this so exciting to think about because in my practice over the years I’ve

come to see my discussions about rest - how clients do it, when they do it, what stops them doing it, as often being the biggest factor in them learning to manage arthritis pain/fatigue. My job would be so much easier if it was just understood to be an "occupation". I feel I sometimes have to seduce patients into buying into the importance of rest, and try to by telling them things like "80% of my job is dealing with this - 'pacing/resting'!" or suggesting that they call their rest a "zero gravity break" or "proactive resting" in order for them to feel okay about it, or plying them with bright fridge posters "Rest BEFORE you are Tired/Sore". Just figuring out "how long is too long is an excercise in itself. Then convincing people that they will need a loud annoying timer placed some distance away in order to effectively take a break at the halfway mark - because at that time, they will feel so well and hopefully be so engaged enjoying themselves - there is simply no other way to do it. While people attending this presentation worked in a variety of settings and with a variety of age groups, it was clear that this concept resonated with all.

It was also interesting to see the number of presentations encouraging the use of technology in OT, such as creating OT applications, web-based tools for patients and clinicians, and web-based or teleconferenced fatigue management (study showing no difference in efficacy over face-to-face delivered programs), etc.

There were many presentations around driving, such as driving with schizophrenia, or post-CVA, and supporting safe driving with arthritis via a web-based tool that is still in development. One poster discussed car design with the older driver in mind and cited the Toyota Venza as one such car. There is quite a CAOT driven initiative about driving, and their website has various promotional materials available on this topic.

The closing presentation by the President of the American Association of OT's was a lot of fun. She was a very dynamic and entertaining speaker who chose 'Power' as her topic, challenging us to contemplate our power and, dare I say, "embrace" it. She used the analogy of 'High Definition OT' - us focusing on being more comfortable as "directors" of films our clients star in. She also took us on a historical review of how female dominated professions, like nursing and OT, have evolved in relation to more "collegial" professions, like Medicine and Law, which was fascinating.

As before, after attending a CAOT conference, I came away energized and newly in awe of our profession.

Useful Tools and Resources

The Arthritis Society has a nifty new resource for patients called, "**Just Diagnosed Toolkit: A guide to help you understand and manage arthritis**". This 12-page booklet has sections on What is arthritis, Your arthritis health-care team, Checklist #1: What will my health-care team need to know about my health history, Checklist #2: What will my health-care team require from me, Checklist #3: What questions should I be asking my doctor or other members of my health-care team, Tips for healthy eating, Exercise: the key to maintaining mobility, Tips for managing arthritis pain and avoiding injuries, Medications, Five P's of energy conservation, and additional resources. For free copies of this booklet, pleae contact the Arthritis Answers Line at 604-875-5051 or toll free at 1-800-321-1433.

Neil Pearson, the Penticton-based physical therapist, has launched a new website that is called, "**Life is now: Overcome pain, live well again**". The site has pages for patients, yoga instructors, and health care professionals with information on his centre's programs, patient success stories, pain management products, courses, workshops, and a variety of resources. These resources include educational webcasts, articles, videos, book references, and helpful web links. The resource page for this site can be accessed at:

http://www.lifeisnow.ca/pip/resources-abstracts-downloads-links/

The Arthritis Society has now made their **Standardized Assessment of Joint Inflammation** tool available for free on the Internet. The online CD-ROM is intended for health care professionals and the purpose of the tool is to enhance the ability of users to identify joint inflammation using a standardized joint assessment technique. French and English versions are available and can be accessed at: http://www.arthritis.ca/saji/

The Assessment of Spondyloarthritis International Society (ASAS) is a group of experts in the field of spondyloarthritis whose mission is to support and promote translational and clinical research of spondyloarthritis. The society has a website with a host of resources including a slide library, publications, meeting information, the ASAS assessment handbook, assessment tools, an online Ankylosing Spondylitis Disease Activity Score (ASDAS) calculator, other validated questionnaires, and a list of useful links. All of these materials are free to access at their website, http://www.asas-group.org/

The Department of Physical Therapy at UBC has posted on their web page an inventory of outcome measures for use across the continuum of care in total joint arthroplasty. These measures, associated links, and information to guide their use were compiled by the Provincial Rehabilitation Advisory Group (PRAG) Subcommittee on Outcome Measures. These can be viewed at: http://www.physicaltherapy.med.ubc.ca/research/Physical_Therapy_Knowledge_Broker.htm

Henry Stewart Talks is an online repository of seminars by leading experts in the world speaking on a multitude of topics. Although a few talks are free to access, most can only be viewed following purchase. The site does not indicate the cost to view these seminars, but rather gives a phone and email contact. The site does allow an individual to apply for a free trial. Most of the seminars are medical in nature. As an example, three of the seminars that came up when I used 'arthritis' as a search term were; monoclonal antibodies in the management of rheumatoid arthritis, anti-cytokine therapy in rheumatoid arthritis, and anti-TNF therapy in rheumatoid arthritis. These were but three of 25 seminars. These talks can be accessed at http://hstalks.com/

Your health, the Internet and Social Media: Making it Work for You

JointHealth Monthly, a newsletter for people with arthritis that is published by Arthritis Consumer Experts, had an article in their November edition that looked at health, the Internet, and social media.

The article had an interesting summary of how social media is being used by people with arthritis, including Facebook, Twitter, and You Tube. In relation to Facebook, people can connect with other arthritis patients around the world, find patient support groups, access national and international arthritis groups, chat and ask questions, and learn about arthritis-related events. The article noted that there are 49 pages on rheumatoid arthritis and over 500 different groups. Facebook also has over 200 pages and groups for OA, whereas osteoporosis, ankylosing spondylitis, and psoriatic arthritis each have approximately 100 pages and groups. Finally, juvenile idiopathic arthritis has about 300 pages and groups.

Twitter is also described as being an excellent platform for staying informed about current news and events in the arthritis world. Some of the examples of organizations that are on Twitter include Health Canada, JointHealth, CBC Health, and New York Times Health. Finally, YouTube is also an excellent resource for people living with arthritis, as it has over 5000 videos from 142 channels related to arthritis addressing such topics as exercise, pain relief, symptoms, and treatment strategies. To read the article in full, check out the Arthritis Consumer Experts web site at www.jointhealth.org

Book Review - Water Exercises for Rheumatoid Arthritis

Marie Westby has provided the following review of **Water Exercises for Rheumatoid Arthritis** by Ann A Rosenstein. This book was published in 2008 by Idyll Arbor Inc., WA.

Introduction and Arthritis Basics

The author provides a straight forward, easily-understood overview of the benefits of exercising in water that are not necessarily specific to individuals with RA. She tends to oversimplify the information about arthritis by suggesting there are two major categories of arthritis (OA and inflammatory) and citing a long-standing myth as the cause of OA. Further, she provides an incomplete classification scheme for the diagnosis of RA, which may lead to misinformation for the reader. I don't recommend these initial chapters for the person who wants to learn about causes, diagnosis, and common features of RA. It would have been nice if she provided resources/links to other sources of more complete information, such as the Arthritis Foundation and The Arthritis Society. The only mention of the Arthritis Foundation is on page 258 and she incorrectly states the reader can "get more information about arthritis and fibromyalgia".... It is quite apparent she has simply re-used the information and references she used for preparing a companion book on FM for this book applied to the RA population, and this is concerning.

Exercise Chapters

The chapters on safety and equipment are thorough, but again not specific to RA. Included in the chapter about safety is a small section on arthritis medications that is outdated. Her only recommended reference is 10 years old. Exercises are suggested under the categories of flexibility, range of motion, stretching, aerobics, and strength training. I could not see any mention of "red flags" or precautions specific to individuals with RA, such as concerns around instability in the upper neck, postions/grips leading to deformity in the hands, or forefoot pain. Some of the exercises, such as "Upper Arm Three" on page 205 would not be recommended for the person with shoulder involvement - there is no warning or precaution provided. In general, most of the exercises are appropriate for someone with mild to moderate RA, but as stated earlier, certainly not specific to this form of arthritis.

I cannot recommend this book as a stand alone guide to water exercise for RA, but it may serve as another source of exercise information and supplement other exercise resources.

Your Health Records: Finding, Filing, Sorting, and Sharing

Clients at the Mary Pack Arthritis Centre in Vancouver had the chance to participate in a workshop by Dallas Hinton, a retired computer science instructor, on the topic of personal health records. The workshop discussed techniques for creating personal health records, including software and Internet-based programs.

Examples of software applications that can be used for building personal health care records include:

ToodleDo - not a personal medical records site, but it does offer tools to help individuals with organizing and keeping on top of daily tasks http://www.toodledo.com/

Remember the Milk - another site with organizational tools http://www.rememberthemilk.com/

Evernote - also not a personal medical records site, but it does have tools for capturing, filing, and organizing notes and information http://www.evernote.com/

Google Health - this personal medical records site has tools for managing personal health information, setting personal health goals, tracking one's progress on meeting health goals, and sharing health information www.google.com/intl/en/health/about/

MyNetDiary - this site has a variety of tools and information for individuals who want weight loss assistance (www.mynetdiary.com)

MPAP Staff Education Day

Presentations from the 2010 MPAP Staff Education Day are now available for viewing on the Arthritis Resource Guide for BC website. These include presentations on the following topics:

The Me I am Becoming: How to promote psychological change in individuals with chronic pain by Dr. Thomas Lipinski. Dr. Lipinski is a psychologist with over 30 years of experience. His areas of expertise include depression, anxiety, and chronic pain.

St. Paul's Hospital Pain Program by Clare Lakes. Ms. Lakes is an occupational therapist with other 30 years of experience who has spent the past 10 years working at the Pain Centre at St. Paul's Hospital.

The Management of Chronic Pain: A Practical Experience by Clare Lakes.

Inflammatory Arthritis: Extraarticular manifestations and comorbidities by Dr. Angela How. Dr. How has been a practicing rheumatologist since 1984. In addition to her private practice, she is involved in the Young Adult Rheumatic Disease clinic, Travelling Consultation Clinics to Hazelton and Smithers, and as chair of the Medical Advisory Council.

Lupus 2010: What's New by Dr. Jennifer Reynolds. Dr. Reynolds has a private practice as a rheumatologist in Vancouver's Lower Mainland and is involved with the Lupus Program.

Arthritis & Work by Dr. Diane Lacaille. Dr. Lacaille is a practicing rheumatologist, an Associate Professor in the Division of Rheumatology at UBC, and a senior scientist at the Arthritis Research Centre of Canada. One of the areas of her research expertise is the impact of arthritis on employment and preventing work disability.

These talks can be found at:
http://www.argbc.ca/practitioner/professional-resources/pod-casts

We are excited to be trying something new for our 2011 MPAP Staff Education Day. This coming year we are hosting staff day in a facility that will have full videoconferencing capabilities. Although we will still be inviting all ACE members to attend in person, we will also be arranging satellite sites around the province where our ACE members can participate in proceedings without having to travel to Vancouver. I will be emailing all of our ACE membership early in 2011 to find out who might be interested in participating by videoconference so that we can begin booking satellite locations. In the meantime, please put Thursday, June 9th in your daytimers should you be interested in participating.

Report from the 2010 ACR/ARHP Conference

Methotrexate in Rheumatoid Arthritis

The following key points have been taken from a talk given by Dr. Michael Weinblatt from Harvard University who provided a synopsis of what we currently know about methotrexate (MTX) use in rheumatoid arthritis (RA).

- MTX remains the standard therapy for RA

- One-third of all patients do just as well on MTX as patients on biologics. If patients are not responding to MTX there are three options that can be tried singly or in combination, including increasing the dosage, switching to subcutaneous injections, and/or pushing the dose of leucovorin

- The benefits of MTX can continue for up to 4 - 5 weeks after discontinuing this medication. The teaching message here is that if a patient discontinues MTX and reports still feeling well after a cou-

ple of weeks, and therefore believes that MTX was not making a difference in his or her treatment, advise the patient that benefits can continue for up to 5 weeks post-discontinuation.

- MTX takes up to 6 months to reach a steady state. Patients should notice a difference in their disease at the 4 - 8 week mark when MTX is used at therapeutic levels, but maximum improvement may not occur until the 6-month mark.

- When the dosage of MTX is changed, benefits will not be noticeable for three or four more weeks.

MTX Toxicity and Side Effects

- MTX, unlike many other DMARDs, NSAIDs, and prednisone, does not have deleterious effects on the cardiovascular system.

- There is a great range of individual sensitivity related to MTX toxicity. Do not assume that it only occurs at higher dosages.

- Increased doses of MTX correlates with increased risk of liver toxicity.

- LFT elevations are often subtle and transient to start (i.e., just above normal values; not always 2 - 3 fold increases), therefore if lab work is only done every 3 months these elevations will often be missed. It is important to do labs more regularly, i.e., every 4 - 8 weeks.

- Risk of liver toxicity increases over time, therefore it is even more important to do regular lab work the longer the patient remains on MTX.

- Lung toxicity occurs less than 0.43% (less than what was previously thought), but if a patient should get MTX lung disease, they will have a 15% increase in their risk of reacquiring it, and therefore should not be restarted on MTX.

MTX Absorption

- MTX taken by mouth has 30% less absorption. For example, if a person takes MTX 20mg po, it is equivalent to actually taking MTX 14 mg.

- Low doses of po MTX have increased bioavailability. The implication of this is that if a patient won't switch to subcutaneous MTX, try splitting up the po dose, e.g., 7.5mg in a.m. + 7.5mg in p.m.

- There is an additive effect to Biologics when MTX is added. The implication of this is that if a patient wants to discontinue MTX after starting a biologic, explain that blood concentrations of the biologic are increased with MTX and therefore the patient will do better remaining on both medications.

- Caffeine (including cola drinks) significantly affects MTX absorption. The implication here is that if a patient is getting an inadequate response to MTX, inquire as to his or her caffeine intake.

MTX and Drug Interactions

- Plaquenil potentiates the effects of MTX, therefore they are very effective drugs when used in combination.

- Watch for MTX toxicity when changing NSAIDs, as NSAIDs can affect MTX renal clearance.

- Probenecid/Antifolate use leads to increased risk of bone marrow suppression due to reduced MTX clearance.

Cautions/Contraindications

- Patients on dialysis - 1 does of MTX could be fatal.

- Elderly patients with reduced kidney function and decreased cognition can easily get into trouble. Ask at each visit what day the patient takes their MTX, as they may mistakingly start taking oral MTX on a daily basis rather than weekly.

- Stop MTX if GFR <30.
- Increased risk of herpes zoster with MTX, therefore consider vaccinating prior to starting MTX. (Note that herpes zoster is a live vaccine).

Thanks to Deb Scarsbrook for taking such detailed lecture notes.

As it was my first time at an American College of Rheumatology conference and my first time in Atlanta, I wasn't sure what to expect from either the host city or the meeting itself. I was surprised at how much I enjoyed Atlanta and the friendly locals, and would recommend it to anyone as an interesting destination and a great city to hold a conference as large as the ACR/ARHP Scientific Meeting. As for the conference, I was very much impressed by the great work and great minds that presented at the lectures I attended. The days were long but extremely worthwhile.

As a physiotherapist, I was of course biased towards the information on exercise and arthritis, and there was a lot of emphasis on exercise at the Atlanta conference. One of the lectures I attended was **Putting ACR Osteoarthritis Guidelines into Practice: Clinical Applications for the Hip and Knee**. A technical expert panel looked at current research findings and has developed recommendations for treatment for hip and knee osteoarthritis. These recommendations have yet to be officially published so keep an eye out for them in the future.

The Centre for Disease Control Arthritis Program also presented their research findings that helped shape their new ad campaign called, "**Physical Activity, The *arthritis* pain reliever**". Their research showed that the arthritis population knows that they need to exercise but have difficulty taking action towards getting more exercise. People also responded and were more motivated to exercise if studies/ evidence was included to add credibility to the message. People with arthritis also were motivated to exercise when told that activity would elevate their mood. These were just a couple of points of many that were presented that will help me to motivate my clients to keep moving after they have finished at the Victoria Arthritis Centre.

Ingrid Lundberg M.D., PhD. from Sweden also presented on Exercise Intervention in the Management of Myositis. Her research and the research of others around the world is showing that it is safe and effective to start exercising (strength and aerobic exercise) as soon as the individual has been started on pharmacologic therapy.

Thanks to Peggy Fletcher for her ACR report.

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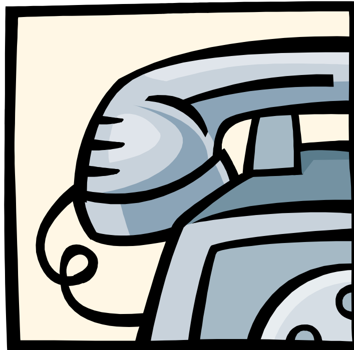
Clinical Consultation available through your ACE membership



As an ACE member, you have access to physical therapists, occupational therapists and nurses with many years of rheumatology experience. If you have a clinical question or complex or challenging client and would like to consult with one of our experienced clinicians, please contact one of the people listed below. We will return your call or e-mail as quickly as possible.

You can also contact senior clinicians in our regional centres
(Cranbrook, Penticton & Victoria). They are a valuable local resource.

An ACE member who used this service in the past states: “Great resource. Please continue!”

Contacts:

Physiotherapy

Marie Westby
PT Teaching Supervisor
604-875-4111 Ext. 68834 (Mon-Th)
marie.westby@vch.ca

Susan Carr
Senior Staff physiotherapist
604-875-4111 Ext. 68840 (Tu – Fri)
susanl.carr@vch.ca

Nursing

Jane Prince
Clinical Resource Nurse
604-875-4111 Ext. 68857
jane.prince@vch.ca

Occupational Therapy

Catherine Busby
OT Clinical Specialist
604-875-4111 Ext. 68815 (Th, Fri)
cathy.busby@vch.ca

Barbara Porter
OT Clinical Specialist
604-875-4111 Ext. 68816 (Mon,Tu,Th)
barbara.porter@vch.ca

Regional Centres

Cranbrook: 250-426-4442
Penticton: 250-492-4000 Ext. 2286
Victoria: 250-598-2277