

# Arthritis Clinical Link Newsletter



Created and Distributed by the Mary Pack Arthritis Program

A Newsletter for health professionals working with people with arthritis

June 2011

## Editor's Message

The theme of this issue of the Arthritis Clinical Link Newsletter is '**Research in BC: Questioning, Learning & Disseminating**'. Working at the Mary Pack Arthritis Program all these many years, I have been lucky to see first hand how research, education, and treatment can all act to inform the other. Problems and dilemmas in treatment get turned into research questions, and what we learn from research helps to impact both how we practice and the content of our education to clients and other health care professionals. In this issue, I'll be highlighting findings from some recent BC research studies, describing how some of those findings have been applied, and providing some information on a couple of studies that needs your assistance with recruitment. Elsewhere in the newsletter, you'll find a description of some new online resources, a summary of the Mary Pack Arthritis Program Interdisciplinary Staff Education Day, as well as some new resources that are being made available for free from Abbott Laboratories. Please email me if you have questions or if there are any resources that you're aware of that I can include in an upcoming newsletter.

Paul Adam, Rheumatology Liaison & Outreach Services Coordinator [Paul.Adam@vch.ca](mailto:Paul.Adam@vch.ca)

## Welcome to New ACE Members

I am very pleased to welcome the following new ACE members:

### Physiotherapy

Robin Roots - The North  
Heather Hodge - Haida Gwaii  
Lauren Karst - Lions Gate Hospital

### Nursing

Sarah Hein - Prince George  
Katalin Todor - Victoria  
Maureen Shojania - Kelowna  
Diane Johnston - Nanaimo  
Robyn Boese - Skidegate, Haida Gwaii  
Melissa Wong - Vancouver

### Occupational Therapy

Meghan Sears - Kelowna  
Angela Look - Richmond  
Katie Quirk - Burnaby  
Julie Frisbee - Langley  
Julia Middleton - Vancouver  
Alison Roberts - West Vancouver

## Attention Nurses! New BC Rheumatology Initiative

British Columbia rheumatologists in their private offices now have the opportunity to provide patients with complex inflammatory disease with joint nursing visits every 6 months. The visit will consist of an assessment, written treatment plans, and any

counselling the patient needs for management of their particular diagnosis. As a result of this new initiative, many rheumatologists will be looking for nurses who are interested in working on a contract/consultative basis to meet this need. If you are a nurse and this type of work experience appeals to you, please contact your local rheumatologist for further information.

## **New Arthritis Research Centre of Canada (ARC) Resources - Research into practice**

The Arthritis Research Centre of Canada (ARC) has two new resources that are currently available online. The first is a series of short and entertaining videos that cover topics important for people living with arthritis and those who want to avoid it. These include:

### **📺 Does Glucosamine Sulfate Relieve Knee Pain?**

The effectiveness of Glucosamine is widely debated. Dr. Cibere, Rheumatologist and Research Scientist at the Arthritis Research Centre of Canada (ARC), illustrates why Glucosamine Sulfate is not as effective at relieving pain from knee osteoarthritis as hoped and provides recommendations to manage knee osteoarthritis - see video [here](#)

### **📺 Osteoarthritis is a Treatable Disease**

Learn why not to ignore your aches and pains, how early detection and treatment of osteoarthritis may prevent its progress and joint damage and what [Dr. Jolanda Cibere](#) recommends for people with osteoarthritis. Dr. Cibere, Research Scientist with the Arthritis Research Centre of Canada, explains the research behind these recommendations - see video [here](#)

### **📺 Rheumatoid Arthritis and DMARDs**

Learn why people with rheumatoid arthritis (RA) need early, aggressive treatment with disease-modifying anti-rheumatic drugs (DMARDs) that can prevent joint damage, reduce pain and reduce the risk of premature death. Dr. Diane Lacaille, Senior Research Scientist with the Arthritis Research Centre explains the research behind these recommendations

- see video [here](#)

### **📺 Gout and Diet**

Learn how your diet and lifestyle can help you avoid gout. [Dr. Hyon Choi](#), a leading world expert in gout at the Arthritis Research Centre of Canada will take you through healthy eating guidelines to prevent or manage gout. Dr. Choi explains:

"Eating healthy food, exercising, and maintaining a healthy weight can help people manage their arthritis, minimize painful attacks, and decrease the risk of developing other complications." - see video [here](#)

### **📺 Lupus and Preventing Heart Attacks and Strokes**

Learn how to reduce your risk of heart attack or stroke if you have lupus. Dr. John Esdaile, Scientific Director of the Arthritis Research Centre of Canada, explains the cause of the increased risk of heart attacks and strokes in lupus patients and provides recommendations to reduce your risks - see video [here](#)

A second resource available from the ARC website is an instructional video on how to diagnose osteoarthritis

Learn how to perform standardized knee assessments and diagnose knee osteoarthritis years earlier. RheumTube is a comprehensive set of standardised tests created based on a decade of research by Dr. Jolanda Cibere - see video [here](#)

## **Arthritis Research Centre of Canada (ARC) Studies Currently Recruiting**

There are two studies that are currently recruiting people with Early Rheumatoid Arthritis living in British Columbia.

### **The ANSWER Project**

The ANSWER project is an online program to help people with rheumatoid arthritis make decisions about using Methotrexate as a treatment.

Study eligibility includes:

- Have been diagnosed with RA
- Have been recommended by your physician to use methotrexate but have doubts about starting the medication
- Have access to the Internet
- Can communicate in English
- Live in either British Columbia, Alberta or Ontario

More information on the ANSWER project, including how to register, and a short demonstration video is available [here](#)

### **Early Inflammatory Arthritis Help-Seeking Experience ERAHSE 2**

Researchers from the University of British Columbia and Arthritis Research Centre of Canada are recruiting volunteers to take part in an interview-based study on people's early experiences of arthritis, or arthritis like symptoms.

Study eligibility includes:

- Have recently been diagnosed with rheumatoid arthritis
- Have recently seen a rheumatologist and been tested for rheumatoid arthritis
- Are available for one face-to-face interview (60 - 90 minutes), plus 3 to 4 short telephone interviews over the course of one year
- Can communicate in English
- Live in British Columbia

Any information given will be anonymous. Study participants will receive \$50.00 as a thank you for their time and to cover parking/travel expenses. If

you know of someone who would like to take part in the study or would like more information, please contact:

**Charlene Yousefi, Research Coordinator**

[cyousefi@arthritisresearch.ca](mailto:cyousefi@arthritisresearch.ca)

Phone: 1-877-871-4575 (toll free)

OR

**Jenny Leese, Research Assistant**

[jleese@arthritisresearch.ca](mailto:jleese@arthritisresearch.ca)

Phone: 1-604-871-4502 (toll free)

Information is available on the study website [here](#).

### **Report from the 2010 American College of Rheumatology (ACR) Conference**

I was fortunate enough to be able to go to the ACR/ARHP conference in Atlanta, Georgia in November. What a great opportunity to see what is new, and confirm that what we are doing is so much right! I have never been to such a large international conference, and was impressed to see how well thousands of people were organized, how sessions were easy to find, and how much research is going on! The people of Atlanta are truly "gentile", and I discovered I love Southern cookin'.

Highlights for me were some talks on patient education - how to keep concepts simple, developmentally appropriate for paediatric patients, and how to look at and use electronic media effectively as education tools. I am hoping to start a project where we can incorporate simple interfaces for clients so they are able to view short arthritis-related videoclips when they are in the waiting room.

I attended a talk by Dennis Jannisse, Cped, which highlighted a product called ShearBan, a friction relief material. We will order it and see if it reduces friction over callused areas and bunions, and we will try it on insoles for hot spots, such as mt heads, toe tips, or where the heel/Achilles tendon rubs on the shoe.

I attended a couple of talks about work disability with RA and gleaned some insight into assessing more carefully issues of getting ready for work, and discussing issues around disclosure and relationships with other staff with patients, as studies found these are consistently major issues for clients. I have tried a standardized ergo assessment twice now as part of a study at UBC, and indeed have found the assessments helped the client and myself focus more on these areas, than I otherwise would have.

Linda Frodyma, OT, Victoria Arthritis Program

[Linda.Frodyma@vch.ca](mailto:Linda.Frodyma@vch.ca)

## **Rehabilitation Practice in Rural and Remote British Columbia**

**Robin Roots<sup>1</sup>, Linda Li<sup>1,2</sup>, Lesley Bainbridge<sup>3</sup>, Helen Brown<sup>4</sup>**

<sup>1</sup>Dept. of Physical Therapy, University of British Columbia (UBC); <sup>2</sup>Arthritis Research Centre of Canada, Vancouver; <sup>3</sup>College of Health Disciplines, UBC; <sup>4</sup>School of Nursing, UBC.

People living in rural communities have higher rates of arthritis than people living in cities. (1, 2) While clinical practice guidelines for osteoarthritis and rheumatoid arthritis recommend occupational therapy and physical therapy as part of the management and treatment of these diseases,(3, 4) rural residents have less access to these services due to the shortage of occupational therapists (OTs) and physical therapists (PTs) in rural areas.(5, 6) In an effort to provide educators, employers and health care decision makers with information to address these important issues, we conducted research to better understand the practice of OTs and PTs in rural British Columbia (BC).

We recruited OTs and PTs who lived and worked in rural and remote communities in BC to participate in this study. The purposive sample included professionals with a variety of professional experience from public, private and community practices. During face to face interviews, participants were asked:

1.) to describe their rural practice, 2.) what skills and knowledge they recognize as being unique to rural practice, and 3.) what barriers they encounter in practice and the effective strategies that help them meet these challenges. Interviews were audio-recorded and transcribed. Guided by the analytic approach of interpretive description, transcripts were coded, similar and divergent themes were identified and then interpreted to construct an understanding of rehabilitation practice in rural areas. Interpretations were reviewed with the participants to ensure the results reflected the reality of rural practice.

Interviews were conducted with six OTs and 13 PTs, who served a total of 15 different rural communities that ranged in population from a few hundred to 15,000. The length of time participants had been in rural practice ranged from 6 months to 34 years. All participants identified themselves as generalists due to the breadth of their knowledge and skills and rural practice as a specialty. They described how features of rurality such as geography, the social determinants of health and limited access to health services required them to have advanced assessment skills, to address many health issues upstream, to work to the full scope of their practice and to stretch their role into areas that overlapped with other health professionals. Participants enacted their practice through partnerships and participation such as providing group medical visits with local providers and visiting specialists, such as rheumatologists. A team based approach was seen as a means to overcome resource shortages and enhance professional development. Specifically related to arthritis care, collaboration with health professionals working in specialized, urban centres such as GF Strong and with the Mary Pack Arthritis Program was valued highly by participants. Reflective practice and self-directed learning was recognized as essential to maintaining professional competency. Finally, participants identified a number of supports to increase recruitment and retention. These include rural placements during entry-level training programs and increased access to continuing professional development, formal mentoring programs and professional networks.

In conclusion, this research asserts the importance of curricular content in professional training programs that addresses the rural context and the broad range of knowledge and depth of skill required to serve the diversity of rehabilitation needs of rural residents. The research findings also provide valuable information to health care decision makers regarding the need for innovative models of service delivery that are responsive to the rural context and support for professional networks and accessible continuing professional development in attracting OTs and PTs to rural areas and supporting them in their rural practice.

The findings of this research have been presented to the Mary Pack Arthritis Program Arthritis Clinical Exchange teleconference series, the Northern Health Authority as part of strategic planning for fall prevention services as well as a number of conferences, including the Annual Scientific Meeting of the American College of Rheumatology.

Robin wishes to thank Dr. Linda Li for her role as supervisor and the Canadian Arthritis Network, Arthritis Health Professions Association and the Physiotherapy Foundation of Canada for financial support to conduct this research. For further information, Robin can be reached at [roots@island.net](mailto:roots@island.net).

1. Canadian Institute for Health Information. How healthy are rural Canadians? An assessment of their health status and health determinants. Ottawa, ON: Canadian Institute for Health Information 2006.

2. Health Canada. Arthritis in Canada: An ongoing challenge. 2003.

3. American College of Rheumatology. Guidelines for the management of osteoarthritis Arthritis and Rheumatology 2000;43(9):1905- 15.

4. American College of Rheumatology Subcommittee on Rheumatoid Arthritis. Guidelines for the management of rheumatoid arthritis: 2002 update. Arthritis and Rheumatology. 2002;46:328-46.

5. Canadian Institute for Health Information. Workforce Trends of Physiotherapists in Canada, 2007. Ottawa, ON: CIHI 2008.

6. Canadian Institute for Health Information. Workforce Trends of Occupational Therapists in Canada, 2007. Ottawa, ON: CIHI 2008.

### **ArthritisID - A new iPhone App for Patients and Health Care Professionals**

Created in a partnership between the National Arthritis Awareness Program, Arthritis Consumer Experts, and the Arthritis Research Centre of Canada, ArthritisID will provide current, evidence-based, unbiased information for iPhone users. It will also have interactive screening tools and questionnaires for detecting arthritis, and detailed treatment strategies for osteoarthritis, rheumatoid arthritis, gout, lupus, ankylosing spondylitis, and some of the rarer forms of arthritis. Two versions of the app will be launched in June:

ArthritisID - designed for the general public with information on early detection, “best practice” medical treatment, joint pain, talking with your doctor, and self-management

ArthritisID PRO - designed for healthcare professionals to help in staying abreast of current best practice guidelines for detecting, diagnosing, and managing arthritis. This app will also feature exam videos and a CME section where physicians can earn CME credits built around the information contained in a test format on the app

### **Abbott - Free Patient Disease Guides**

Abbott Laboratories has recently made available three disease guides, one each for rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis. Slightly larger than the size of a DVD case, the guides consist of written information and an informative DVD covering such topics as disease basics,

my health care team, what I feel, treatment options, resources for daily life, tracking my pain, family and friends, on the right path, and experiences of other people with this disease. The interactive DVD also comes with an interactive component in many sections that allows for the printing of resource materials, as well as tools to use and discuss with members of the health care team.

Disease guides can be obtained by contacting your local Abbott representative:

RA - Vancouver City Centre, Vancouver Island, and Northern BC - Mary Roka - [mary.roka@abbott.com](mailto:mary.roka@abbott.com)  
AS, PsA - Vancouver City Centre, Vancouver Island, and Northern BC - Jennifer Weidemann - [jennifer.weidemann@abbott.com](mailto:jennifer.weidemann@abbott.com)

RA - Lower Mainland, Fraser Valley & Interior of BC - Mike Roberge - [michael.roberge@abbott.com](mailto:michael.roberge@abbott.com)  
AS, PsA - Lower Mainland, Fraser Valley & Interior of BC - Matt McCoy - [matt.mccoy@abbott.com](mailto:matt.mccoy@abbott.com)

### **Abbott Laboratories - Free Health Care Professional Powerpoint Presentations**

Abbott Laboratories has also recently launched 10 powerpoint presentations that are being made available to allied health professionals across Canada.

Working in collaboration with Jane Prince, RN, Lorna Bain OT, and Ontario rheumatologist, Dr. Carter Thorne, these non-branded presentations cover the following topics related to ankylosing spondylitis, psoriatic arthritis, and rheumatoid arthritis:

- Information about your disease
- Managing pain
- Managing fatigue
- Protecting your joints
- Treatment options
- Exercise and arthritis
- Coping with your disease
- Healthy eating and weight management
- Lifestyle issues
- Coping with your disease
- Communicating with your physician and health-care team

If you are interested in conducting patient education sessions, but are lacking the resource material to do so, please contact the Abbott representative in your area (see previous article for contact names and information), who will be happy to provide you with a free copy of any of the presentations that you require.

### **MPAP Patient Education Presentations**

The Mary Pack Arthritis Program is in the process of making available to ACE members the Powerpoint presentations that we use in our Patient Education Program at Mary Pack in Vancouver. The first two presentations that will be disseminated are:

**Inflammatory Arthritis: Getting Control of the Disease** - this presentation addresses the issues related to the medical management of inflammatory arthritis.

**Inflammatory Arthritis: Understanding the Disease** - this presentation covers basic information related to signs and symptoms, what causes joint damage and types of damage, genetic predisposition and triggering factors, blood tests for measuring inflammation, and more.

Both presentations have been developed by Jane Prince, RN and will be made available shortly in an email blast to the ACE membership, as well as being placed in the professional resources section of the Arthritis Resource Guide for BC website - [www.argbc.ca/practitioner](http://www.argbc.ca/practitioner)

### **Online Resource for Patients with Foot and Ankle Problems**

Footeducation.com is an online peer-reviewed resource created by a team of orthopaedic surgeons with subspecialty training in foot and ankle surgery. The website provides a range of information and resources in the following areas:

- ★ Foot and ankles basics - foot and ankle anatomy, biomechanics of the foot and ankle, glossary of foot and ankle terms, foot and an-

kle patient education handouts, surgical complications, physical therapy, foot and ankle medical supplies, non-operative treatment, and post-surgical issues

★ Foot and ankle conditions:

- ★ Acute conditions - e.g., achilles tendon rupture, ankle fracture, stress fractures
  - ★ Chronic conditions - e.g., ankle arthritis, metatarsalgia, rheumatoid arthritis, hallux valgus, plantar fasciitis
  - ★ Other foot and ankle conditions
- ★ Foot pain identifier
- ★ Surgical procedures - e.g., ankle fusion, ankle replacement, achilles tendon repair, and a wide range of other foot and ankle procedures
- ★ FAQ - can I run after major foot surgery, how do I fit a metatarsal pad, preparing for foot surgery, what type of physical exercise can I do after major foot surgery
- ★ Resources - primary web links

## MPAP 2011 Staff Education Day

Eleven remote locations participated in this year's Mary Pack Arthritis Program Staff Education Day including sites in Victoria, Port Alberni, Campbell River, Williams Lake, Vernon, Trail, Kamloops, Vanderhoof, Smithers, Haida Gwaii (2 sites), and the Yukon Territories (5 sites).

Participants at these sites watched and had the following comments on these sessions:

***Navigating the Nutrition Highway*** by Ms. Gita Joshi - *"Excellent. Thank you, especially re information on PPI's"*

***Update on Scleroderma*** by Dr. James Dunne - *"I was expecting that I wouldn't gain much from this talk, but it was very interesting. Excellent speaker"*

***A Practical Approach to Weight Management*** by Ms. Arlaina Waisman - *"Excellent presentation on the basics of weight management. Good resources"*

This was the first time that we have made our annual staff day sessions available by videoconference.

Approximately 20 ACE members from the Lower Mainland also attended inperson. These participants attended for the full day and thus had the chance to watch afternoon sessions on ***Putting Collaboration into Teamwork*** by Barbara Casson and Marcia Choi, and ***Developing a Program Focused on Interprofessional Collaboration*** by the Vancouver Inflammatory Arthritis Program Team.

Other than the occasional spotty reception in a couple of sites, most areas were able to stay connected for the whole morning. Many ACE members completing evaluation forms commented on the benefit of not having to travel or to take extra time off of work in order to be able to access the educational sessions. Seventy-five percent of the respondents preferred attending for only the half-day rather than the full-day session.

We are tentatively planning the next staff education day for the end of May or early June, 2012. I will be sending an email out in the autumn to find out what ACE program sites might be interested in participating remotely.

## The Osteoporosis Book: Bone Health

ACE member, Gwen Ellert RN, MEd, as well as co-authors Alan Low PharmD, CCD and John Wade MD, FRCPC have just published the third edition of their popular book on osteoporosis. Geared to people with the condition, the book has a wealth of information on the following topics: Bone Growth and Development; Primary and Secondary Osteoporosis, Menopause and Hormone Therapies; Testosterone, Andropause and Bone Loss; Calcium; Vitamin D and Other Vitamins and Minerals; The Importance of Exercising and Safe Movement; Exercises, Clinical Evaluation to Assess Bone Health; 10-Year Fracture Risk Assessment Tools; Fall and Fracture Prevention and Post-Fracture Care, Medical Treatments, Living

Well with Osteoporosis, Patient Examples; and Resources.

This book retails in stores for \$24.95 and is also available online at the Chapters/Indigo website for \$16.46, plus shipping and handling.

## **Spotlight on the GF Strong Inpatient Arthritis and Neuromusculoskeletal Program**

The GF Strong Inpatient program continues to offer service for patients with inflammatory arthritis requiring short periods of intensive rehabilitation or following joint reconstruction surgery, as well as patients with a variety of neuromuscular impairments including polyneuropathy, GBS, complex trauma, MS (new onset or recent functional change), and complex burns and amputees.

To be eligible for care a patient must be:

- 16 years of age or older
- Have a diagnosis of inflammatory arthritis (**and referred by a rheumatologist**) **OR**
- Have a diagnosis of neuromusculoskeletal impairment with new onset or significant change in function and typically transferring from acute to rehab care
- Be medically stable
- Have achievable functional rehabilitation goals for a short stay admission

If you are working with clients with inflammatory arthritis who, as a result of their disease, are experiencing significant difficulty with activities of daily living, an inpatient stay for intensive rehabilitation at the GF Strong Program may be appropriate. Arthritis inpatients have access to intensive physiotherapy and occupational therapy, as well as social work and nursing. Additional services can be brought in as needed, such as vocational rehabilitation counselling, speech language therapy, psychology, dietary services and nutrition. If the client lives within the Greater Vancouver area, he or she may be able to transfer to the Arthritis Rapid Access Rehab Program (ARRAP) to complete their intensive rehabilitation

as an outpatient.

If you have a client that may be appropriate and would like to discuss the case with the admissions coordinator, please contact:

Kathy Puri, BSR(PT) - 604.737.6495

[Kathy.Puri@vch.ca](mailto:Kathy.Puri@vch.ca)

## **Did you Ever Wonder?**

Am I an ACE member? The Arthritis Continuing Education (ACE) program is a network of physical and occupational therapists, and nurses throughout British Columbia who work with arthritis patients on either a full- or part-time basis. If you meet this criteria and are receiving this newsletter then you are an ACE member.

The Mary Pack Arthritis Program provides a variety of member services including:

- ACE Clinical Exchange
- ACE Clinical Link Newsletter
- Clinical Consultation
- Professional Resources on the ARGBC website
- ACE Course and other educational events
- ACE Member's Directory

Please contact Paul Adam [Paul.Adam@vch.ca](mailto:Paul.Adam@vch.ca) if you would like more information on any of these services.

## **Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients**

The Registered Nurses Association of Ontario (RNAO) have recently published evidence-based guidelines to identify strategies and interventions that nurses and other health care professionals can use to foster our client's ability to manage their chronic conditions. These guidelines are based on the 5 A's Approach and detail specific strategies that can be implemented at each of the 5 A levels: Assess, Advise, Agree, Assist and Arrange.



This is a well-organized and conceptually sound document that provides a number of gems. To name just a few, there is a 2-item questionnaire for screening for depression, a concise discussion on health risk appraisal questionnaires, and scripts for motivating behaviour change and checking for client understanding through “Ask-Tell-Ask” and “Closing the Loop”. The document also contains an overview of innovative self-management delivery models, a glossary of self-management terms, and a reference list and links to key web-based self-management resources.

These guidelines are available for free in a downloadable pdf format from the RNAO website - click [here](#) to obtain.

## **Arthritis and the Physical Activity Line of BC**

The Physical Activity Line of BC is a free resource for practical and trusted physical activity and healthy living information. Their mission is to improve health through physical activity tailored to every individual’s needs and lifestyle.

They accomplish this by:

- Providing guidance to help individuals become more physically active, overcome your barriers and stay motivated
- Educating individuals with the most up to date, trusted physical activity and health information
- Connecting people with health professionals and community health and fitness programs

CSEP Certified Exercise Physiologists® are available for FREE consultations Monday to Friday 9:00 AM - 5:00 PM, to assist individuals with all of their physical activity related needs!

Toll Free Number: 1-877-725-1149

Lower Mainland: 604-241-2266

Individuals can also email the PAL staff around the clock with any of your questions or concerns at [info@physicalactivityline.com](mailto:info@physicalactivityline.com)!

Marie Westby PT, PhD, the PT Teaching Supervisor at the Mary Pack Arthritis Program has provided The Physical Activity Line with information on promoting exercise and physical activity for people with arthritis, including Fast Facts on physical activity and arthritis, What kind of exercise is needed, Who should exercise, Which exercises are best, When and Where to Exercise, and Points to Remember. The key message here is that everyone with arthritis should be engaged in an appropriate level and type of physical activity. This information will be posted shortly on the Physical Activity Line website - <http://www.physicalactivityline.com/>

## **BC Active Choices Program**

The Active Choices Program is another service that has been developed to help foster physical activity. Active Choices is a personal, telephone-support program to encourage regular physical activity for people who want to be more active. A physical activity "coach" works with individuals through regular telephone contacts to develop an exercise routine customized to the needs, abilities and goals of each participant. The program focuses on teaching self-management skills including goal setting, self-monitoring, problem solving obstacles, accessing social support, internal motivation and self-efficacy, along with relapse prevention. Trained coaches oversee two participants over a six-month period. Active Choices has been tested in a series of research trials of adults at the Stanford Prevention Research Centre. Research has demonstrated that the program is effective as a safe, successful method to assist sedentary adults in adopting and maintaining a healthy lifestyle which includes regular aerobic exercise. Specifically, participants were doing more physical activity at a higher level, had more satisfaction with their body appearance and function, and had decreases in total Body Mass Index.

The advantages of being active:

- Enhances mobility
- Advantages of being active
- Improves appetite, digestion and elimination

- Keeps joints, tendons and ligaments flexible for easier, unrestricted movement
- Improves blood pressure readings and glucose levels
- Helps balance and agility
- Improves overall mental and physical health

What an Active Choices participant is saying about the program:

I appreciate the program. The regular contact with the coach provides support for my efforts and helps to keep me on track with my exercise goals.

For more information or to register for these programs, please contact Lower Mainland 604-940-1273 or toll-free 1-866-902-3767 or email [selfmanagement@eastlink.ca](mailto:selfmanagement@eastlink.ca)

### **Electronic Health Library of BC**

Although I have written about e-HLBC in a past issue, I wanted to remind everyone about this wonderful service. The Electronic Health Library of BC provides the academic and health care community of British Columbia with easy access to online health library resources. The purpose of the e-HLbc is to support and improve practice, education, and research in the health sciences. Website can be accessed [here](#).

### **Citations & In The News**

**Javier R & Perrot S.** Do men and women experience pain differently? What are the implications for the rheumatologist? *Joint Bone Spine* 2010;77:198-200.

This editorial does a succinct overview of what epidemiological studies have found in relation to gender differences in the prevalence of pain, whether biological factors lead to greater vulnerability of women, whether analgesics are less effective for women, and what the practical implications of this research in the field of rheumatology.

**Song J, Semanik P, Sharma L, Chang RW, et al.** Assessing physical activity in persons with knee osteoarthritis using accelerometers: Data from the osteoarthritis initiative. *Arthritis Care & Research* December 2010;62(12):1724-1732.

**Batcho CS, Durez P & Thonnard J.** Responsiveness of the ABILHAND questionnaire in measuring changes in rheumatoid arthritis patients. *Arthritis Care & Research* January 2011;63(1):135-141.

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**Jeffery AE, Wylde V, Blom AW & Horwood JP.** "It's there and I'm stuck with it": Patients' experiences of chronic pain following total knee replacement surgery. *Arthritis Care & Research* February 2011; 63(2): 286-292.

**Brandes M, Ringling M, Winter C, Hillmann A & Rosenbaum D.** Changes in physical activity and health-related quality of life during the first year after total knee arthroplasty. *Arthritis Care & Research* March 2011;63(3):328-334.

**Daleboudt GMN, Broadbent E, McQueen F & Kaptein AA.** Intentional and unintentional treatment nonadherence in patients with systemic lupus erythematosus. *Arthritis Care & Research* March 2011;63(3):342-350.

**Weinblatt ME, Bathon JM, Kremer JM, Fleischmann RM, Schiff MH et al.** Safety and efficacy of Etanercept beyond 10 years of therapy in North American patients with early and longstanding rheumatoid arthritis. *Arthritis Care & Research* March 2011;63(3):373-382.

**Menz HB, Roddy E, Thomas E & Croft PR.** Impact of Hallux Valgus severity on general and foot-

specific health-related quality of life. *Arthritis Care & Research* March 2011;63(3):396-404.

**Simic M, Hinman RS, Wrigley TV, Bennell KL & Hunt MA.** Gait modification strategies for altering medial knee joint load: A systematic review. *Arthritis Care & Research* March 2011;63(3):405-426.

**Kramer HR & Giles JT.** Cardiovascular disease risk in rheumatoid arthritis: Progress, debate, and opportunity. *Arthritis Care & Research* April 2011;63(4):484-499.

**Wasko MC, Kay J, Hsia EC & Rahman MU.** Diabetes Mellitus and insulin resistance in patients with rheumatoid arthritis: Risk reduction in a chronic inflammatory disease. *Arthritis Care & Research* April 2011;63(4):512-521.

**Bremander A, Petersson IF, Bergman S & Englund M.** Population-based estimates of common comorbidities and cardiovascular disease in ankylosing spondylitis. *Arthritis Care & Research* April 2011;63(4):550-556.

**Dagfinrud H, Halvorsen S, Vollestad NK, Niedermann K, Kvien TK & Hagen KB.** Exercise programs in trails for patients with ankylosing spondylitis: Do they really have the potential for effectiveness. *Arthritis Care & Research* April 2011;63(4):597-603.

**Golightly YM, Hannan MT, Shi XA, Helmick CG, Renner JB & Jordan JM.** Association of foot symptoms with self-reported and performance-based measures of physical function: The Johnston County Osteoarthritis Project. *Arthritis Care & Research* May 2011;63(5):654-659.

**Kuriya B, Hernandez-Diaz S, Liu J, Bermas BL, Daniel G & Solomon DH.** Patterns of medication use during pregnancy in rheumatoid arthritis. *Arthritis Care & Research* May 2011;63(5):721-728.

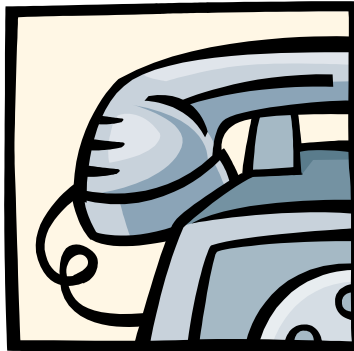
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### **Best Practice Recommendations for Management of the Hand with Rheumatoid Arthritis**

The Mary Pack Arthritis Program will be holding a 1-day workshop in Vancouver on Monday, November 21, 2011 on the topic of **Best Practice Recommendations for Management of the Hand with Rheumatoid Arthritis**. The workshop will entail a half-day session for physical therapists, and a full-day session that includes a splinting workshop for occupational therapists and certified hand therapists. Registration will be very limited with 16 spots for the full-day session and an additional 20 spots for the morning only session. This course will be subsidized and registration details will be sent out in an email blast to the ACE membership in August.

## 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

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#### Regional Centres

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