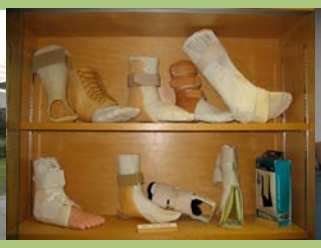
Arthritis Clinical Link Newsletter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A newsletter for health professionals working with people with arthritis **November 2011**

Editor's Message

The theme of this issue of the Arthritis Clinical Link Newsletter is '**Online Continuing Education for Health Care Professionals'**. As you are probably aware, more and more professional education opportunities are moving online, as health care facilites, professional organizations, and universities continue to add to the stock of online resources. What I report on in this issue is just a smattering of what's out there and so I'd be keen to hear of any other offerings that you think are worth sharing with the ACE membership. Elsewhere in the newsletter, you'll find a description of other online resources, an invitation to participate by videoconference in next summer's Mary Pack Arthritis Program Interdisciplinary Staff Education Day, as well as the new Canadian Rheumatology Association (CRA) guidelines for treating rheumatoid arthritis. Please email me if you have questions or if there are any other resources that you're aware of to include in an upcoming newsletter.

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

New! CRA Treatment Guidelines for RA

After 2 years in development by a national working group of rheumatologists, researchers, family physicians, and rheumatoid arthritis patient experts, ***2011 CRA Treatment Recommendations for RA*** are now available. Recommendations on safety aspects of these therapies have also been developed and will be released following ratification, before the end of the year.

These recommendations were created as a tool to help support clinical decision-making for healthcare providers and RA patients. They address a large number of treatment questions identified a priori through a national survey of Canadian rheumatology professionals. Recommendations were based on a synthesis of international RA guidelines, supporting evidence from RCTs and observational studies, and expert consensus of the national working group.

Highlights from 2011 CRA Treatment Recommendations

- 5 overarching RA care principles
- 26 graded treatment recommendations addressing:
  i. General RA treatment strategies
  ii. Treatment with glucocorticoids
  iii. Treatment with methotrexate and other traditional DMARDs
  iv. Treatment with biologic DMARDs
- 2 RA assessment and treatment alogrithms
- Discussions of potential barriers to implementation

These guidelines address a range of questions related to the goals of RA treatment, frequency of disease

activity monitoring, and the role and timing of different treatment options.

The guidelines can be found on the Canadian Rheumatology Association (CRA) website at: http://www.rheum.ca/en/contentpage.asp?sid=23

Introduction to the Assessment and Management of Rheumatic Diseasese

The next ***Introduction to the Assessment and Management of Rheumatic Diseases*** workshop has been set for March 5th - 8th, 2012. This 4-day event for physiotherapists, occupational therapists, and nurses is a great introduction to the field of rheumatology care for practitioners new to arthritis, or it can be a nice refresher for ACE clinicians and therapists who last had formal arthritis education many years ago. As in past years, The Arthritis Society has generously offered to provide a travel bursary to help defer the costs for BC and Yukon Territories course attendees living outside of the Lower Mainland of British Columbia. The deadline for the submission of applications is February 3, 2012. Application forms can be obtained by contacting Paul.Adam@vch.ca

Formal Online Education for Health Care Professionals

As I noted in the Editor's Message, an increasing number of online courses are available to health care professionals. The Association for Rheumatology Health Professionals (ARHP) has taken a lead in this area. A few years ago it launched an online course for physicians, fellows-in-training, nurse practitioners, physicians assistants, and other clinicians to build competence in the care of people with rheumatic diseases called the ***Advanced Rheumatology Course***. Consisting of 19 modules in one of three tracks (adult, pediatric, or combined), the online course has audio slide presentations, clinical pearls, references, challenges, and assessments. Fees vary depending on which of the three tracks an individual registers. CME credits are available for completing a full track. Single modules can be taken at a cost of $100/module, but CME credits are not available. ARHP plans to offer a second online course in the near future called the ***Fundamentals of Rheumatology Course***. This more basic course will have a similar format of challenge questions, lecture presentations, clinical pearls, and assessment questions. Five modules will be available, some of which include overview of rheumatic disease, assessment and management of the adult with rheumatic disease, assessment and management of the child with rheumatic disease, and nursing management of the infusion patient. Modules can be purchased as single sessions or in combination. For more information, check out the website at: http://www.rheumatology.org/education/ProfMeetingCourses/nppa.asp

Another leader in online education is the Cleveland Clinic's Center for Continuing Education. This free online resource offers various informations series, each of which contains either text-based materials or webcasts around a unified topic. Some of the arthritis-related series topics include:

- Debating the Issues of Early and Aggressive Treatment of Patients with Rheumatoid Arthritis
- Biologic Therapies IV - Current and Emerging Indications
- Multidisciplinary Treatment Strategies on OA & NSAIDS in the 21st Century: Efficacy and Side Effects, and
- Understanding Osteoarthritis Today

The ***Understanding OA Today*** series listed above has individual presentations, such as moving beyond symptom control to disease modification; epidemiology and risk factors: who gets it and why; measuring treatment effects in osteoarthritis: symptoms and structure; and, OA: unstoppable disease vs. potentially modifiable. All sessions are targeted to rheumatologists, rheumatology fellows, and other interested health care professionals. Sessions can be ac-

cessed at: http://www.clevelandclinicmeded.com/specialties/RheumatologyImmunology.aspx?id=148&name=Rheumatology%20/%20Immunology

A final online course that you may find of interest is provided by UBC's Centre for Healthcare Management and it's called ***Social Media in Healthcare***. This for-profit course offers a mix of online text-based reading, audio presentations, links to additional reading materials, and small assignments designed to foster thinking about how to incorporate social media into your practice as a clinician or health care manager. An added feature is a discussion board that allows registrants to share ideas and feedback with each other. As I am presently enrolled in this course, I'll be discussing more about the use of social media in healthcare in the next newsletter. For now, you can read more about this course at: http://chcm.ubc.ca/2011/07/12/social-media-and-health-care-explored-in-new-course/

Why do our patients' knees hurt after TKA?

A recent article in *Pain* highlighted the effects of presurgical expectancies on the postsurgical outcomes in individuals who had undergone a total knee arthroplasty (TKA). The study appears to be well constructed and followed 120 individuals over a 1-year period. It measured: 1. **Pain and function** via the WOMAC 2. **Comorbidities** effects on outcomes 3. **Pain-related fear of movement** via the Tampa Scale for Kinesiophobia 4. **Depressive symptoms** via the Patient Health Questionnaire 5. **Expectancies** via four questions (How likely is it that one month following surgery; your pain will have decreased? your sleep will return to normal? you will have resumed your household responsibilities? you will have resumed your social and recreational activities?)

The results: As previous studies have shown, in predicting post-operative pain severity and function following a total knee arthroplasty, presurgial pain catastrophizing predicts poorer recovery, as well as pain-related fear of movement and depression.

Recommondations: Prior to having a total joint replacement, individuals who have psychological factors that may impede a good outcome, should undergo pain psychology consultations and treatment to improve post-surgical outcomes. The Pain Catastrophizing scale is a great tool to use to predict who will have residual pain.

Fun Fact: Despite objective indicators of surgical success, literature indicates 15 - 30% of individuals who undergo a TKA will report post-surgical pain and disability.

Sullivan M, Tanzar M, Reardon G, et al. The role of presurgical expectancies in predicting pain and function one year following total knee arthroplasty. Pain 2011; 152:2287-2293.

From: The PT Project www.theptproject.com

As an addendum to this piece, psychosocial consultations are available to people with arthritis in British Columbia through the Social Work Department of the Mary Pack Arthritis Program (for further information, contact Greg Taylor Greg.Taylor@vch.ca)

Report from the 2012 American College of Rheumatology (ACR) Conference

Several Mary Pack Arthritis Program staff members attended the recent American College of Rheumatology conference in Chicago, Illinois. Here is some of what they learned.

Are You Getting Enough Sleep? Probably Not…
At the ARHP keynote presentation "Sleep for Success", Dr James Mass challenged us about the importance of our sleep habits and of getting a minimum of 7.5 – 8 hours of sleep per night. Sound impossible? It may, but is absolutely necessary to your cognitive, physical and functional well being. Did you know:

- It is normal to take 15 – 20 minutes to fall asleep. If you are asleep the moment your head hits the pillow, this is indicative of sleep deprivation
- It is not normal to wake up in the night, or wake early. Again, both are signs of sleep deprivation
- If you sleep 6 or less hours/night, your resistance to infection decreases by 50%, and after 2 weeks your performance driving is equivalent to a blood alcohol level of 1.0 – akin to driving impaired! 80,000 people in the US fall asleep (microsleeps) at the wheel every day
- Sleep is critical to cognitive functioning, including memory, learning, creativity and problem solving. The brain needs 8 hours of sleep to transfer short term memory from the hippocampus to the neocortex. Sleep deprivation increases stress hormones, which in turn decrease development of new brain cells in the hippocampus
- Motor functioning benefits most from the calcium cascade that happens in the 5th and final REM cycle in an 8 hour sleep pattern. Without this, muscle memory and patterning is significantly impaired. Ironically, this makes getting up early to exercise in the morning one of the worst things you can do for your physical performance. Early morning exercise is also not good for your back, due to changes in the discs as we sleep. At least a half hour of gentle warm up is necessary prior to early morning exercise to protect the back. He illustrated this point with a variety of high level and professional athlete stories, including Sara Hughes' gold medal Olympic skate.
- Sleep is the most significant predictor of longevity. This does not bode well for the 71% of us who do not get the recommended 7.5 – 8 hours of sleep per night.

Sounds dismal. The good news is there are many things you can do to increase sleep time. Some you may already do, or do with your kids, and some may be new to you:

- have consistent bedtime and wake time, even on weekends
- avoid caffeine, nicotine and alcohol 3 hours prior to bedtime
- exercise regularly, with the optimal time to exercise between 5 and 7 pm, or around noon
- have a quiet, dark and cool bedroom. This may mean turning the clock to the wall to avoid the light it emits
- avoid using technology (laptop, ipad, etc) within one hour of bedtime. The blue wavelength light emitted is stimulating
- if you toss and turn for more than 15 minutes, get up and go back to bed only when sleepy
- use CBT/relaxation techniques to help get to sleep
- use a good pillow to align the head and neck. Back sleepers will need a pillow with a trough in the middle, tummy sleepers and elliptical shaped and side sleepers a pillow with squared sides and corners.
- a power nap of less than 15 minutes can be restorative in a bi-phasic sleep pattern

Much more detail is available on Dr. Maas' website www.powersleep.org The video link on this website contains all his key messages from the ARHP keynote talk, with a few less video examples than he showed to us. He also promotes some commercial interests. You can find both his books, Power Sleep and Sleep for Success on the Indigo.ca website and right now (Nov 2011) can get both on sale for less than $35.

Sleep well!

Lori Cyr
Occupational Therapy Practice Coordinator, MPAP

Efficacy and Safety of Calcium and Vitamin D Supplementation

Dr. Robert Haney from the Creighton University Osteoporosis Research Center explained how important Vitamin D is in the health of just about every aspect of our bodies. It seems to hold the key to not just calcium absorption but also to disease immunity. It seems to be helpful in fighting chronic diseases such as hypertension, osteoporosis, TB, diabetes, cancer,

and periodontal disease. It has also been shown to b decrease falls, as it helps with the strength of lower extremity muscles. It was shown to be helpful in fighting influenza in Japan.

Of some interest is the amount of Vitamin D that is recommended (400 to 800 IU) is somewhat contentious in that it is based on studies using baby mice. The Endocrinologist Society as well as the Gerontologists recommends much higher doses: 1000 to 2000IU for males and up to 4000 for females.

The studies that linked Vitamin D with cardiovascular (CV) health appear to lack a certain amount of validity in that the CV events were self reported and had no hospital admissions.

The link of Vitamin D to hip fractures was one in which excessive amount of Vitamin D were injected (up to 500,000IU).

By Julie Wilson, Physiotherapist, Victoria Arthritis Centre

Targeted Approaches to Complex Pain Management

Dr. Daniel Clauw, Director of the Chronic Pain and Fatigue Research Center at the University of Michigan, reported that "there is no chronic pain state where the degree of damage or inflammation in the periphery (i.e. nociceptive input) correlates well with the level of pain". There are a multitude of non-psychological neurobiological factors that can increase or decrease sensitivity to pain, and these occur in many chronic pain states. Because these central factors play prominent roles in most individuals with chronic pain, we need to modify our approach to better identify and treat "central pain". Any individual can have a combination of the mechanisms occurring.

Most speakers that day used a framework for understanding and discussing pain. Dr. Y Lee described the mechanisms in the following structure:

- Peripheral pain has nociceptive mechanisms, plus inflammation pain has additional mechanisms that quickly sensitize the peripheral nerve roots and the dorsal root ganglion/dorsal horn of the spinal cord. Classic examples of peripheral pain occur with acute injury, osteoarthritis, rheumatoid arthritis and cancer pain.

- Neuropathic pain is damage or dysfunction of peripheral nerves and occurs in diabetes and post-herpatic neuralgia.

- Central pain is characterized by disturbance in pain processing in the brain, brainstem and spinal cord. Fibromyalgia is an example where neuroplastisity occurs, for example in the microglial cells and astrocytes of the dorsal horn. Evidence was also presented demonstrating decreases in neurotransmitters of the descending pain modulatory pathways and increases of the neurotransmitters in the pain amplification pathways. Functional MRIs demonstrate different brain processing in people with chronic pain.

Submitted by Catherine McAuley

Update on Osteoarthritis

As Chair of next year's ARHP Clinical Focus Course on osteoarthritis, I tried to attend as many OA-related sessions as possible at this year's meeting. I thought I would share some of the highlights from various sessions and speakers.

It is now widely acknowledged that OA is a disease involving failure of the entire synovial joint including all tissues (cartilage, subchondral bone, ligaments, menisci, periarticular muscles and peripheral nerves)

The symptom complex of OA includes pain, stiffness, fatigue and sleep disturbance that results in functional limitation, physical disability, participation restrictions and reduced health-related quality of life (Lane N et al. Osteoarthritis Cartilage 2011)

There are numerous factors associated with developing knee OA and varying levels of risk (odds ratios) ranging from a slightly protective effect with smoking (OR 0.84) to an almost 3-fold increase with obesity (OR 2.63) and 4-fold increased risk with prior knee injury (OR 3.86)

A number of candidate genes have been identified as predisposing an individual to OA in various ethnic groups

There is moderate evidence that persons with symptomatic radiographic OA have increased all-cause mortality compared with healthy controls; possibly due to cardiovascular and GI causes as well as reduced physical activity

MRI has been extremely valuable in identifying the earliest OA joint changes and correlating these with OA knee pain (e.g., bone marrow lesions, synovial thickening, meniscal tears)

There is increasing recognition of the role of central non-neuropathic pain from increased central sensitization and defective central inhibition for descending pathways of afferent (sensory) pain inputs. Studies suggest that about one-third of hip or knee OA pain has a component of central sensitization.

If anyone would like more information on the OA presentations, feel free to contact me!

Marie Westby, PT, PhD
Marie.westby@vch.ca

Health Literacy Networks in British Columbia

There are several different health literacy networks in British Columbia, each of which has a different mandate or purpose. These include:

BC Health Literacy Network - The network guides and supports the implementation of the BC Health Literacy Strategy. Opportunities for potential projects and partnerships are shared and supported. The network puts out a monthly newsletter with information on health literacy education events and has hosted two provincial Roundtables. To receive the newsletter, please contact meredith.woermke@bcmhs.bc.ca

BC Health Authorities' Health Literacy Network - The BC Health Authorities' Health Literacy Network supports initiatives and collaborations among British Columbia's Health Authorities to address health literacy concerns and impacts, such as sharing resources and activities, as well as collaboration on education sessions and cross promotions. For more information, contact Leslie Clough (lclough@cw.bc.ca)

Patient Voices Network - The Patient Voices Network was created to support the Ministry of Health's Patient as Partners work. The Patient Voices Network creates a mechanism to recruit, train, and support patients and their caregivers to engage openly and honestly in suggesting changes that may benefit the health care system. There are different ways for patients to participicate. The online virtual network allows interested patients to receive updates and complete surveys on health improvement work. The activated network provides training for patients and provides opportunities to participate in working groups, committees, focus groups or other processes where the patient voice can contribute to guiding health care changes in BC. For more information, contact Peter Toppings (connect@patientvoices.ca) or visit the website at www.patientvoices.ca

Literacy Outreach Coordinators Network - Literacy Outreach Coordinators are in place across the province to facilitate and coordinate activities resulting from community literacy planning. Their work includes identifying and establishing supportive relationships and networks for literacy work and creating new or enhanced literacy programs and services. They also participate in evaluation and measurement strategies for literacy work. For more information, contact Lori Walker lwalker@decoda.ca

Health Literacy Resources

I recently came across some great resources that have been produced and made available online by Literacy Partners of Manitoba. A sample of these are included, along with links to the pdf:

Patient's Prompt Card (PDF 136 KB)
This wallet-sized folding card will help a client remember what to ask at the doctor's.

Health Provider's Handy Guide to Working with Clients with Low Literacy Skills (PDF 30 KB)
This card suggests strategies to use and things to remember when working with clients with low literacy skills.

Literacy and Health Manual (PDF 157 KB)
This manual introduces health providers to the links between literacy and health, and offers strategies for reaching clients with low literacy skills.

Clear Doc Index - This checklist can be used by health care providers to ensure that health information materials meet accepted literacy guidelines
http://www.plainlanguage.mb.literacy.ca/resources/ClearDoc2004.pdf

All this, as well as links to other great health literacy websites, can be found at:
http://www.plainlanguage.mb.literacy.ca/resources.htm

Canadian Best Practices Portal

The Canadian Best Practices Portal (CBPP) is a compendium of community interventions related to chronic disease prevention and health promotion that have been evaluated, shown to be successful, and have the potential to be adapted and replicated by other health practitioners working in similar fields. The Portal should be one part of your solution to improving public health, as it allows access to well evaluated and effective chronic disease prevention and health promotion interventions.

Launched publicly in November of 2006, it is a major project of the Centre for Chronic Disease Prevention and Control (CCDPC) within the Public Health Agency of Canada (PHAC). It contains:

☑ Catalogue of best practice systematic review sites

☑ Searchable database of interventions

☑ Resources for achieving public health planning, chronic disease prevention, and health promotion goals

A sampling of the 417 Canadian or international interventions listed include active living everyday, aerobic exercise for sedentary and functionally limited adults, behaviour change program to increase physical activity, cognitive behavioural prevention of depression and anxiety, community-based osteoporosis fall and prevention program, dietary advice by practice nurses, exercise program for osteoporosis, and home and group-based exercise for balanace confidence and balance ability.

Each intervention typically has a short summary of what the intervention is about, the country in which it was created, how it was evaluated, and citations for where evaluation data has been published. As well, there is often a link to the intervention website and an ability to download a more detailed summary of that particular intervention or program.

The portal also has a collection of 60 different resources including manuals, databases, reports, guidebooks, courses, and toolkits from Canada and around the world. These include guide to project evaluation: a participatory approach; health promotion 101: online course; the community guide: what works to promote health; and the community toolbox: links to databases of best practices.

The Public Health Agency of Canada has also produced a CD-Rom of resources relating to chronic disease prevention and control that was released in April 2011. It includes copies of a large number of different reports providing epidemiological data on a

variety of physical and mental health conditions, as well as reports on issues such as rural health, womens health, and a variety of tools for patients to foster better communication skills when dealing with the health care system.

The portal and free CD-Rom offer a wealth of resources that take one step towards helping health care professionals from always reinventing the wheel. The CD-Rom can be obtained by phoning 1-613-954-8524. The portal resources can be accessed at: http://cbpp-pcpe.phac-aspc.gc.ca/

Canadian Agency for Drugs and Technologies in Health (CADTH)

Another online resource providing a wealth of information is the Canadian Agency for Drugs and Technologies in Health (CADTH). The purpose of this agency is to provide evidence-based information to clinicians and decision makers about the effectiveness and efficiency of health technologies.

Much of what you may find of interest is on the Products tab of the website. Here you will find:

Optimal Use Topics - short summaries of the issue, a review of the evidence, links to other resources, and a guidance card that summarizes the key evidence - e.g., hip protectors.

Therapeutic Reviews - these evaluate the comparative effectiveness, harms, and cost-effectiveness of medical treatments - e.g., Final Reports on Biologics for Rheumatoid Arthritis.

Health Technology Assessment - One hundred and eighty seven reports are currently available on various topics including:

- Home telehealth for chronic disease management
- Minimally invasive arthroplasty in the management of hip arthritis disease: systematic review and economic evaluation
- Real-time (synchronous) telehealth in primary care: systematic review of systematic reviews
- Infliximab and etanercept in rheumatoid arthritis: timing, dose escalation, and switching; and
- Infliximab and etanercept in rheumatoid arthritis: systematic review of long-term clinical effectiveness, safety, and cost-effectiveness.

Rapid Response - Over 1500 rapid response reports are available on a myriad of topics including:

- Celecoxib versus non-selective non-steroidal anti-inflammatory drugs: clinical effectiveness, safety, and cost-effectiveness
- Calcium and vitamin D for falls and osteoporosis prevention: safety
- Sternoclavicular joint injuries and the development of arthritis: clinical evidence; patient care pathways: clinical effectiveness and guidelines
- T-score as a measurement to assess the 10-year fracture risk: a review of the clincal evidence
- Bisphosphonates for the prevention of osteoporosis in patients treated with systematic corticosteroids: a reveiw of the clinical evidence and guidelines
- MAKO's RESTORIS implants and MAKOplasty procedure for early to mid-stage osteoarthritic knee disease: clinical and cost-effectiveness, health service delivery, and safety
- Use of social media, telecommunications and telehealth to educate patients with chronic diseases: clinical effectiveness, and
- Genesis II versus Stryker knee replacement systems: comparative clinical and cost-effectiveness.

I found all of these reports amongst the first 120 listed, in order of date released. As there are such a multitude of reports, a search feature is included to make finding a particular report more easy.

Environmental Scanning - Finally there are 195 environmental scans. Two of these include shared services in health care and initiatives for healthy aging in Canada. Most environmental scans have sections on context, objectives, findings, conclusion, and references. Issues in emerging health technolo-

gies and a health technology update are detailed in a regular publication called the CADTH Communique.

All of these CADTH resources can be found at: http://www.cadth.ca/en

Mark Your Calendars - MPAP Staff Education Day is on Thursday, May 24th, 2012

The Mary Pack Arthritis Program has scheduled its Staff Education Day for Thursday, May 24th at the Paetzold Auditorium at Vancouver Hospital. Attendance at this event is freely available to any ACE member. Those living in the Lower Mainland are invited to attend in person. For the second year in a row, we will also be inviting ACE members in BC and the Yukon Territories to attend by videoconference. At this point, remote sites will likely be set up in Smithers, Vanderhoof, Whitehorse, Victoria, and Trail. An email will be coming around to all ACE members in the new year to find out if anyone else is interested in being a remote videoconference site host for this event.

Although most sessions have yet to be confirmed, we will likely be offering sessions on the following topics:

- Update on Osteoporosis
- The 5 A's Approach: Framework and tools to support patient self-management
- Arthritis and the Athlete
- Fatigue and Arthritis

A final list of topics and speakers should be available when I send out the aforementioned email in the new year. I hope that many of you will be able to join us, either in person or by videoconference.

New Report - The Impact of Arthritis in Canada: Today and over the Next 30 Years

A report released at the end of last month, ***The impact of arthritis in Canada: Today and over the next 30 years***, states that there are currently 4.4 million Canadians living with osteoarthritis and projects that in 30 years, more than 10 million, or one in four, Canadians will have OA. It is also predicted that rheumatoid arthritis, which currently affects 0.9% of the population, will increase to 1.3% over the next 30 years. To prevent this dramatic increase in disease prevalence, the report makes an economic case for implementing 4 major recommendations:

- Provide TJR surgery to all who need it and want it
- Reduce obesity rates by 50% in Canada
- Provide adequate pain management to all individuals with at least moderately painful hip and knee OA
- Improve early diagnosis and access to DMARD therapy for people with rheumatoid arthritis.

The full report is available is at http://arthritisalliance.ca/home/index.php

Research Studies Currently Recruiting

There are two studies currently or about to start recruitment that may be of interest to your patients with arthritis:

1. **OPEN (Osteoarthritis Physical Activity & Exercise Net): Can an interactive website increase physical activity in people with previoulsy undiagnosed early knee osteoarthritis?** Being physically active has been shown to reduce pain, improve quality of life and have potential to reduce joint damage. However, a recent survey in British Columbia found only 1 in 4 people with mild osteoarthritis symptoms (pain; stiffness) met the recommended level of physical activity. Research in people without arthritis shows that web-based tools can increase walking behaviour, but none of these tools are designed with the needs of people with arthritis in mind. Research in other chronic diseases has found that people are more likely to quit smoking shortly after the diagnosis of a smoking-related disease. Thus, the diagnosis of osteoarthritis presents an ideal 'teachable moment' to engage those who have been sedentary to become physically active.

The website, called OPEN (Osteoarthritis Physical Activity & Exercise Net), will be created based on a well developed behavioural theory. The project directly targets physical inactivity at a time when the joint damage tends to be mild, and when people are more motivated to adopt a healthy behaviour.

OPEN should be open for recruitment early in the new year to sedentary people in BC with early knee osteoarthritis

2. The second project, ***Animated, Self-serve, Web-based Research tool (ANSWER): A decision aid for people with early rheumatoid arthritis***, was described in the last newsletter and is still recruiting people who were diagnosed with rheumatoid arthritis within the last 12 months, have never used Methotrexate, and have Internet access.

Potential participants can be directed for more information to the Arthritis Research Centre of Canada website at:
http://www.arthritisresearch.ca/top-menu-research-current/research-current.html

Researcher Kudos

Congratulations to Marie Westby, PT, Mary Pack Arthritis Program for two recent awards.

$5000 for "***The effects of a community-based post-rehabilitation exercise program after total hip and knee replacement: A pilot study***" (Co-investigators: Natalie Grant, PT, OASIS and Kim Boskov, PT, Richmond Hospital

CIHR Cafe Scientifique Program for "***Hip and Knee Replacement Surgery and Rehabilitation in BC: The Best Place on Earth?***" - Vancouver, May 10, 2012. Expert Panel: Dr. Ramin Mehin, orthopaedic surgeon, Fraser Health Authority; Ms Pamela Fayerman, Vancouver Sun Health Reporter; Hon. Pat Carney, CM; and Marie Westby, PT, PhD, Mary Pack Arthritis Program
Moderated by: Dr. Catherine Backman, Professor, Department of Occupational Science and Occupational Therapy, UBC

Clinical Pearls

The Silver Spring Ring Company has been working on a couple of styles of hinges to be able to open up a splint to get it over an enlarged joint. Still a work in progress so not in their catalogue - you'd need to contact Jesse if you have a client interested to find out about pricing.

Jesse is very familiar with these hinges and he's sent links to a couple of youtube videos.

This version is very flush and may be easier for some people to open
http://www.youtube.com/watch?v=mxxzX6u-zFQ&feature=youtube_gdata_player

This video illustrates a "spring" version and a future idea for Swan Neck & Latteral Support Splints
http://www.youtube.com/watch?v=VUeynaKxaB0

Jesse Garris, General Manager, Silver Ring Splint Company, jesse@silverringsplint.com
Phone: 800.311.7028 or 434.971.4502
Fax: 888.456.8828 or 434.971.8828

From Jacklin Hoole, OT, Victoria Arthritis Centre

Canadian Institute for the Relief of Pain and Disability

The Canadian Institute for the Relief of Pain and Disability is an online site that offers a wealth of resources for both patients and health care professionals in the areas of chronic pain and workforce disability including:

- Written information on various aspects of pain and its management
- Webinar series - upcoming topics:
  - January 23rd - Positive Coping with Chronic Pain, Dr. Joti Samra

    - February 8th - Out-thinking Pain: How the Mind can Control Pain, Dr. Catherine Bushnell
    - Past webinar sessions are available for viewing
- A library of Youtube videos categorized under chronic pain, neck pain, back pain, fibromyalgia, healthy living, and psychology and chronic pain
- News and events
- Conference listing
- Chronic pain toolkit
- British Columbia Consumer Resource Guide can help patients find valuable chronic pain services, programs, support groups and organizations in their neighborhood
- Disability in the workforce resources including tools, and links to other work disability organizations, resources, and magazines
- Grants and awards
- Research resources - research organizations, evidence-based research resources, tools for conducting systematic reviews / article review, electronic library resources and open access, and researcher directories
- Chronic pain hotline (coming in 2012)
- Health and Work Productivity Portal will provide practical knowledge, tools and resources to help all stakeholders create safe, healthy and productive workplaces (coming in 2012)

The website can be accessed at:
http://www.cirpd.org/Pages/Default.aspx

Arthritis ID and Arthritis ID PRO are now freely available

Arthritis ID (patient version) and Arthritis ID PRO (health care professional version) have both been released and are free to download as an iPhone, iPad or iPod Touch application. Both versions were produced by a collaboration between the Arthritis Research Centre of Canada and Arthritis Consumer Experts.

Arthritis ID PRO is a valuable tool to help healthcare professionals screen patients for arthritis and understand the latest approaches in the disease's treatment and prevention. Features include:

- Interactive screening tool and questionnaire to help identify common forms of arthritis
- Continuing Medical Education (CME) activities
- Treatment strategies for osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, lupus and gout, as well as some rarer types of the disease

To find out more, please visit
www.ArthritisIsCured.org

Falls Prevention Resources at Vancouver Coastal Health

There is now a series of 'Falls Prevention' pages on the Vancouver Coastal Health website that address various aspects of 'falls prevention' from a patient's perspective. This includes information on understanding the cause of falls, how factors related to ones general health increases the risk of falls, as well as information on how to improve home safety and to mitigate falls hazards when navigating out in the community. Finally, there are also tips on how to make a plan to be ready should a fall occur. All of these can be found at http://fallprevention.vch.ca/

Citations & In The News

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Upcoming TAS Patient Education Opportunities

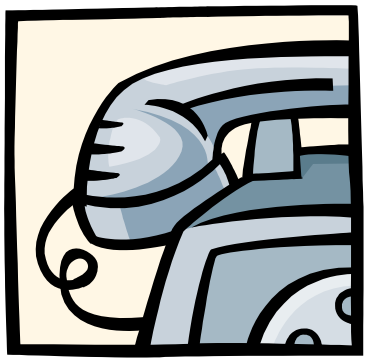
Kamloops - Arthritis in Your Knees. A 2-hour education session on Wednesday, February 8th

Kelowna - Lunch and Learn sessions continue to take place on the third Monday of each month.

Mission - Arthritis self-management program runs for six consecutive Tuesday afternoons starting on February 7th.

As new events are continually being added to the events calendar, please check back regularly to: http://www.arthritis.ca/local%20programs/bcyukon/events/default.asp?s=1

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!”

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