

Arthritis Clinical Link Newsletter



Created and Distributed by the Mary Pack Arthritis Program

A Newsletter for health professionals working with people with arthritis

October 2009

Editor's Message

Technology advances in the Internet continues to put more and more information at our fingertips. And in our busy lives the problem becomes how can we manage to remember information that may not be needed now, but could potentially be of use at some point in time in the future. And the more bombarded we are with data, the harder the process of future retrieval becomes. I would like to say that I had an answer for how to address this difficult dilemma. Unfortunately, the best that I've been able to come up with is my own personal system of categorizing and storing information in electronic file folders on my work PC, home laptop, and memory sticks. I would be interested if any of our readers have found other tools (e.g., software) or systems to aid information storage and retrieval. And on that note, I am hopeful that some of the information that is in this month's edition of the newsletter will strike your interest and will end up stored for future retrieval on your system of choice.

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

How AHPA Can Benefit You!

The Arthritis Health Professions Association (AHPA) is a national rheumatology organization for Canadian health care professionals working in a variety of clinical and administrative settings, such as hospitals, clinics, community programs, and universities. The cost of joining this organization has been very inexpensive, with a 2009 membership cost of \$60, and with many benefits. These benefits include, but are not limited to the following opportunities:

- 1) Free access to the 6-session 2010 audio conference series that will only be open to AHPA members
- 2) Apply to attend the AHPA pre-course, and if accepted receive free pre-course registration and assistance with travel expenses. The 2010 pre-course takes place in Quebec City in February prior to the CRA/AHPA annual conference.
- 3) Membership rates to attend the annual CRA/AHPA conference.

- 4) Apply for \$5000 research award
- 5) Share your expertise and learn from expert clinicians and researchers across Canada

I have to acknowledge that I have been a board member of this organization for the past few years, but I think it is a great investment for the money and well worth checking out at: <http://www.ahpa.ca>

Dates Set for Spring ACE Course

The dates for our next **Introduction to the Assessment and Management of Rheumatic Diseases** course are Monday, March 1st to Wednesday, March 3rd for physical therapists, and from Monday, March 1st to Thursday, March 4th for nurses and occupational therapists. For more information on these courses or to get a copy of the registration brochure, please contact Paul.Adam@vch.ca or check out the

'Becoming an ACE Member' section of the Arthritis Resources Guide of BC web site - www.argbc.ca/practitioner/ace-program/membership

Positive Coping with Chronic Health Conditions

The Consortium for Organizational Mental Health-care is a collective of mental health researchers, consultants and practitioners whose goal is create and freely disseminate mental health resource materials. These resources may be of interest to you in two ways, as one set of resources focuses on workplace mental health, and a second set of resources are self-care workbooks that may be use to your clients. Some of the self-care titles that are available include an **Antidepressant Skills Workbook**, an **Antidepressant Skills Workbook for Teens**, and a new workbook called **Positive Coping with Chronic Health Conditions**. Both sets of resources are freely downloadable from their website at <http://www.comh.ca/resources/>

Pearls of Wisdom & Feedback Welcome Infections and TNF biologics use

“We seem to have issues surrounding TNF use and infections. It is a significant risk for our patients on biologics and I’ve had patients reporting that their primary care provider is reluctant to prescribe antibiotics when they have gone to see them with a suspected bacterial infection. We advise patients to halt their biologic, if they suspect infection and seek medical advice. Clearly, the physician needs to determine whether this is bacterial or suspected viral in nature, and have a good understanding of the importance of halting biologic therapy and initiating antibiotics in a timely fashion, if bacterial infection is suspected. One case had a patient with an open draining tooth abscess who was told by her dental surgeon that it would drain naturally and heal, and that there was no need for antibiotics. The patient called into the trials clinic and we advised she see

her regular dentist who promptly prescribed antibiotics and the infection resolved quickly. The importance of halting the biologics and early antibiotic treatment cannot be emphasized enough to the health care worker who identifies a patient on a biologic who has an active infection. We are sending letters to GPs regarding safety issues surrounding biologic therapies their patients are receiving but we are in a research environment. What are folks doing outside the research arena? Finally, there have also been many questions raised about endocarditis prophylaxis for those having dental work. We often recommend it for invasive dental work but there is the question as to whether we should be doing it for dental cleaning. There is a spate of bacteria flushed into the system following a dental cleaning, should we be recommending this as well?” Feedback welcomed.
Nancy Ellis, Senior Clinical Trials Coordinator, Arthritis Research Centre of Canada

Introduction to Pediatric Rheumatology

Technical problems prevented many of you from hearing this first AHPA audio conference talk, but one of our ACE members who stayed on the line took these notes from the last half of the talk:

- Splinting now becoming uncommon, as medications acting faster, but it is still used. May just need one serial casting
- When doing an assessment try to enter the child’s life. Ask about stair climbing, hair care, can they kneel - relate these questions to various points of time in their day. Does the morning stiffness last until they get to school or to recess?
- 35% of children will be hypermobile
- Juvenile Dermatomyositis Childhood Disease Assessment Scale is an excellent tool to use for children with this condition
- Some children may have generalized growth retardation due to malabsorption and disease activity. Watch for epiteal growth on involved joints, which grows faster on the involved side

- When working with adolescents, ask about use of birth control, especially if they are on biologics or methotrexate

Adjustable Car Seats

We had a question from one of our ACE members that our MPAP OT staff could not answer and so I put the question out to the collective wisdom of our membership.

Question: A mom with RA was looking for advice on a child car seat or style that might be easier to buckle / unbuckle for a parent with weak rheumatoid hands. The mom had extremely strong convictions regarding child safety and didn't consider a "t-shield" car seat to be adequate.

Answer: Sylvia Mosterman replied, "Donkey's years ago at TAS (now MPAP), there was a device (for standard seat belts) for sliding onto the belt portion to stabilize it so fastening was easier (i.e., large, stabilized grip), and an attached "knob" for releasing the buckle. Some child seats incorporate the belt stabilizer, some do not. It can be added in a soft material, which should not compromise the integrity of the seat, but I think that all modifications to car seats may invalidate their certification. The mother could also select a seat where the straps are easily adjustable. They should be loosened for placing the child in, buckled, and then tightened. All mothers struggle to buckle tight straps. A loop or extension to the strap would allow easier tightening, without compromising safety. I would suggest contacting the therapists at Sunnyhill Hospital to see if some of their seating ideas could be validly applied to car seats - Thanks for the suggestions, Sylvia

Institute for Safe Medication Practices Canada (ISMP Canada)

This organization is an independent national not-for-profit agency committed to the advancement of medication safety. Their website includes medication safety bulletins and an online tool to anonymously collect information called the Medication Incident and Near Miss Reporting Program.

<http://www.ismp-canada.org>

Update on the Langley Arthritis Centre

The Langley Resource Centre is scheduled to open on Saturday, December 5th at a new location in the Langley Mall. Check the Arthritis Society website at <http://www.arthritis.ca/arthritis%20home/default.asp?s=1&province=bc>

BC TAS Arthritis Answers Newsletter

The Arthritis Society (TAS) has the following events taking place in October:

- Staying Active When You Have Arthritis
- Core Exercise for Arthritis
- Healthy Eating & Weight Management
- Arthritis & Joint Surgery
- Your Hands and Arthritis
- Osteoarthritis - Medication, Supplements and Alternative Therapies
- Osteoarthritis - the Healthy Eating and Weight Connection
- Inflammatory Arthritis & You
- Understanding Arthritis (Cantonese Forum)
- Osteoarthritis - You Can Do Something About It
- Ankylosing Spondylitis Forum
- Travel Tips for Arthritis
- My Feet Are Killing Me
- Arthritis & Stress

For a complete list of workshop locations and dates, please use the link below:

<http://www.arthritis.ca/archives/calendar%20events%20archive/default.asp?s=1>

The Take Charge: Early Intervention for Osteoarthritis, Chronic Pain Management Workshop, and Arthritis Self Management Program are also being offered in many communities throughout BC this winter and spring, please see the following link for **Take Charge**

<http://www.arthritis.ca/local%20programs/bcyukon/programs%20and%20services/OAEarly/default.asp?s=1&province=bc>

Chronic Pain

<http://www.arthritis.ca/local%20programs/bcyukon/p>

<http://www.arthritis.ca/local%20programs/bcyukon/programs%20and%20services/chronicpain/default.asp?s=1&province=bc>

or ASMP

<http://www.arthritis.ca/local%20programs/bcyukon/programs%20and%20services/asmp/default.asp?s=1&province=bc>

The Arthritis Society continues to offer Train the Trainer workshops for allied health professionals working in the field of arthritis care who are interested in becoming educators for the Take Charge program. By attending a Train the Trainer Workshop, you will be provided with the knowledge required to lead patient education sessions specific to your area of expertise. Once you've received this training, you will be paid by The Arthritis Society to provide these community education sessions. Workshops are scheduled for Terrace in late October, and Chilliwack in early November. For more information, contact the appropriate regional coordinator below.

Finally, do you have any particular expertise that you'd like to share with arthritis patients in your community. If so, please contact the TAS regional coordinator in your area:

North/Vancouver Coastal - Joan Vyner -

jvyner@bc.arthritis.ca

Fraser Region - Trish Silvester-Lee -

tsilvester-lee@bc.arthritis.ca

Interior/Okanagan - Trudy Battaglio -

tbattaglio@bc.arthritis.ca

Vancouver Island - June Painter

jpainter@bc.arthritis.ca

The Arthritis Society can assist your efforts in a number of ways including providing presentation materials, making room arrangements, and advertising your speaking engagement.

Hospital for Special Surgery Current Web Offerings

The Hospital for Special Surgery in New York City

is an internationally recognized centre for arthritis and rheumatologic care. Their website has a number of different resources this month including podcasts for patients and professionals. Among the list that can be viewed or downloaded for free are:

- MSK exam videos - Low Back Pain
 - MSK exam videos - Foot & Ankle Exam
 - MSK exam videos - Knee Exam
 - Runners' Health and Marathon Training: How to Design and Follow a Healthy Running Plan
 - Runners' Health and Marathon Training: Hip and Knee in the Running Athlete (and others in their Runners' Health and Marathon Training series)
 - Antiphospholipid Syndrome Education
 - Physical Examination of the Hip
 - Anatomy and Physical Examination of the Hip
 - Imaging of the Hip
 - Rheumatoid Arthritis: Other Inflammatory Arthritis of the Hip and Medical Examination of Hip Arthritis
 - Managing Fatigue in Rheumatoid Arthritis: Strategies and Skill
 - The Role of Infections in Arthritis and Spondyloarthropathies
 - Shoulder Exam
 - An in-depth Conversation Regarding the Wrist
- These and many more can be viewed at:

<http://www.hss.edu/podcasts.asp>

The site also has a large number of videos for patients including such titles as:

- Ankle Arthritis, Fusion, and Ankle Replacement: An Interview with Experts
- Assistive Devices for the Hand: Small Joint Protection
- Common Pulmonary Problems in Rheumatology
- Gout: An Interview with Dr. Paget and Dr. Simkin
- Inflammatory Muscle Disorders: Their Diagnosis and Treatment
- Living with Scoliosis
- Minimally Invasive Surgery
- Modalities of Pain Management
- Pilates Core Fundamentals - separate videos on alignment, breathing, core stabilization, and shoulder girdle alignment
- The Importance of Detecting Inflammatory Arthri-

tis Early

- Update on Lyme Disease
- Update on the Clinical Management of Scleroderma
- Update on Osteoporosis

These and many more videos can be viewed at http://www.hss.edu/condition-list_videos.asp

This website also includes a wide range of articles for both patients and professionals.

Cochrane Library - Free Access to Canadians

As of April 15th of this year, the Canadian Cochrane Network and Centre has offered anyone in Canada with Internet access free viewing of the full content of the Cochrane Library, an online resource that provides evaluations on health treatments. The musculoskeletal section of the website has 219 evidence-based reviews in the following areas:

- Gout(uric acid, hyperuricemia, pseudogout)(2)
- Lupus (3) (e.g., Cyclophosphamide versus methylprednisolone for treating neuropsychiatric involvement in systemic lupus erythematosus)
- Osteoarthritis (64) (e.g., Post-acute physiotherapy for primary total knee arthroplasty; Braces and orthoses for treating osteoarthritis of the knee; Preoperative education for hip or knee replacement, Diacerein for osteoarthritis)
- Osteoporosis (24) (e.g., Exercise for treating osteoporosis in postmenopausal women, Bisphosphonates for steroid induced osteoporosis)
- Pediatric Rheumatology (3) (e.g., Methotrexate for treating juvenile idiopathic arthritis, Inter-articular steroids and splints/rests for children with juvenile idiopathic arthritis and adults with RA, Exercise in juvenile idiopathic arthritis)
- Legg Perthes (1)
- Paget's Disease (1)
- Reactive Arthritis (1)
- Rheumatoid Arthritis (53) (e.g., Hypolipidemic and antihypertensive drugs for prevention of cardiovascular complications in patients with rheumatoid ar-

thritis, Dietary interventions for rheumatoid arthritis, Splints and orthoses for treating rheumatoid arthritis, Exercise therapy for the rheumatoid hand)

- Soft tissue (41) (e.g., Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults, Interventions for shoulder pain, Non-steroidal anti-inflammatory drugs (NSAIDs) for treating lateral elbow pain in adults, Interventions for pes planus)
- Spondyloarthropathies (10) (e.g., TNF-alpha inhibitors for psoriatic arthritis, Physiotherapy interventions for ankylosing spondylitis, Interventions for treating psoriatic arthritis)
- Systemic Sclerosis (5) (e.g., Calcium channel blockers for Raynaud's phenomenon in progressive systemic sclerosis, Iloprost and Cisaprost for Raynaud's Phenomenon in progressive systemic sclerosis)
- Vasculitis (9)

These and more systematic reviews and protocols can be found at www.thecochranelibrary.com

ACE Member Spotlight - A Nursing Innovator

I entered rheumatology in January 2000, purely by chance. A friend who was working in a clinical research unit let me know that a rheumatologist, Dr. Christopher Atkins, was interested in clinical research and asked if I would be interested in working with him. This was a most fortuitous meeting, as it introduced me to the field that I have grown to love over the years.

Not only was Dr. Atkins an excellent teacher and mentor, but he also brought an air of enthusiasm to his specialty that was infectious. As we worked in clinical trials, I learned from him and took advantage of opportunities to be involved with ever more learned colleagues across the country. I found rheumatology an ever-evolving and exciting specialty. Medications moved from investigational to commercial creating a growing need for a plan to help patients gain access to these biologic agents. As patient

care became complex, our practice developed a collaborative approach, with nursing as an integral part. I became the point of contact to evaluate situation and determine needs. These could often be met by a nurse, and included education, counselling, disease assessments, and the like. In 2003, I purchased the research unit and added the health services side to the company, creating a rather unique entity focused on nursing. While the unit is no longer strictly dedicated to rheumatology, it remains my specialty. I see patients as part of my private practice and provide continuity of care through education, counselling, provision of prescribed treatments, and assessment of response to treatments. I also liaise with physicians to ensure their office visits are maximized by providing all pertinent information. Working with rheumatology patients has been a privilege. They cope with pain, disability, social challenges, and a general lack of understanding from the public about their conditions. These individuals face the world with a stoicism that humbles me and fuels my commitment to provide the care that will help improve their quality of life. Biologic medications have proven to be a silver bullet for some and being part of the process that moves patients from disability to ability, from pain to comfort, has been an additional award.

I have been fortunate over the years to be involved in groups focused on defining nursing practice and its role in rheumatology. We have taken education back to our own cities and provinces, and have encouraged the entrance of nurses into our field. My goal is to see people with rheumatic diseases diagnosed and treated in a timely fashion, and to have their care managed by skilled professionals. Ultimately, rheumatology nurses need to be recognized and funded by our governments, as valuable and necessary practitioners in a country where there is an increased need for care, but fewer rheumatologists to provide it.

Leeanna Bulinckx, Nurse, PerCuro Clinical Research, Victoria

Clinical and Experimental Rheumatology Online

This website offers free access to current and archived issues. The current issue is on Mortality in Rheumatic Diseases and just to give a flavour, these include:

- Poor physical fitness and performance as predictors of mortality in normal populations and patients with rheumatic and other diseases
- An update on mortality in systemic lupus erythematosus
- Mortality in osteoarthritis
- Mortality and osteoporotic fractures: is the link causal and is it modifiable?

Other issues are available to anyone who does a free online registration. All supplement journal articles are free for viewing without having to register.

These include the following supplements:

- Quality of care in rheumatology: Opportunities and challenges (2007)
- Remission in rheumatic diseases (2006)
- Quantitative clinical assessment in rheumatic diseases (2005)
- Benefit/risk of new drugs for rheumatoid arthritis (2004)
- Early Arthritis (2003)

Complementary Therapy Use for Osteoarthritis

At this year's MPAP education day in June, Anar Dossa, a pharmacist at Vancouver Hospital, provided a fascinating talk on complementary therapy use in arthritis, with information on what has and has not been found to be helpful in this patient population. She will be repeating this talk in the 2010 AHPA educational audio conference series, but I'd like to share with you some of the complementary therapy references she outlined to us:

- www.naturaldatabase.com (Online resource that is free to individuals with a UBC library card)
- www.quackwatch.com
- www.camline.ca

<http://medlineplus.gov/>
<http://3rdparty.naturalstandards.com/frameset.asp>
(information on drug interactions)

Chandler, F Herbs: Everyday reference for professionals. Ottawa

Nancy Roper from The Arthritis Society has informed me about another online complementary therapies resource. The U.S. National Institutes of Health's National Center for Complementary and Alternative Medicine has an online continuing education series with the following sessions available:

- 1) Overview of CAM
- 2) Herbs and other dietary supplements
- 3) Mind-body medicine
- 4) Acupuncture: An evidence-based assessment
- 5) Manipulative and body-based therapies: Chiropractic and spinal manipulation
- 6) CAM and aging
- 7) Integrative medicine
- 8) Health and spirituality
- 9) Studying the effects of natural products
- 10) Neurobiological correlates of acupuncture

Each lecture includes:

- a video lecture
- a question and answer transcript
- an optional online test
- additional resource links
- a certificate of completion

<http://nccam.nih.gov/training/videolectures/>

And speaking of the MPAP education day, the date for 2010 is likely to be Thursday, June 10th. As with past couple of years, we will again be opening our education day for ACE members to freely attend. An email blast with speakers, topics, and a registration form will be sent to the ACE membership in approximately February or March of next year.

Citations & In The News

Healthcare IT NEWS reported on a consumer study of 8,600 U.S. adults, aged 18 and older, found that

the number of patients using the Internet to research prescription drug information had doubled to 102.3 million, and that the sources from which people are getting information has expanded.

<http://www.healthcareitnews.com/new/million-people-use-internet-research-drugs>

Backhaus M, Ohrndorf S, Kellner H et. al.

Evaluation of a novel 7-joint ultrasound score in daily rheumatologic practice: A pilot project. *Arthritis & Rheumatism (Arthritis Care & Research)* September 2009;61(9):1194-1201.

This paper reports on the effectiveness of ultrasound using a 7-joint (hands and feet) score for assessing changes in synovitis, tenosynovitis and bone erosions in patients with RA and PsA.

Smedslund G, Mowinckel P, Heiberg T, Kvien TK & Hagen KB.

Does weather really matter? A cohort study of influence of weather and solar conditions on daily variations of joint pain in patients with RA. *Arthritis & Rheumatism (Arthritis Care & Research)* September 2009;61(9):1243-1247.

This is an interesting article that attempts to answer that age-old question, does the weather impact joint pain on patients with RA. The answer in this study is that a small group of people (<20%) were weather sensitive, but that different aspects of the weather affected joint pain in this weather-sensitive population.

van der Giesen FJ, van Lankveld WJ, Kremers-Selent, et al.

Effectiveness of two finger splints for swan neck deformity in patients with rheumatoid arthritis: A randomized, crossover trial. *Arthritis & Rheumatism (Arthritis Care & Research)* August 2009;61(8):1025-1031.

Nunez M, Lozano L, Nunez E et al.

Total knee replacement and health-related quality of life: Factors influencing long-term outcomes. *Arthritis & Rheumatism (Arthritis Care & Research)* August 2009;61(8):1062-1069.

This was a prospective study that followed participants for 7 years post TKR joint replacement surgery. One of the results from this study is that the 56% of the participants who were still exercising 7 years later had lower (better) WOMAC scores, in all dimensions other than stiffness, than those who did not. Gender (i.e., women), severe obesity, and complications after surgery negatively influenced health outcomes, as measured by the WOMAC. The authors hypothesize that the worse outcomes for women may be related to the fact that the female participants were on average 5 years older, and women entered surgery with worse WOMAC scores than the men, although neither factor appeared to be significant in the analysis.

Felson DT, Gross KD, Nevitt M et al. The effects of impaired joint position sense on the development and progression of pain and structural damage in knee OA. *Arthritis & Rheumatism (Arthritis Care & Research)* August 2008; 61(8): 1070-1076.

This longitudinal study of people with or at high risk for OA used baseline and 30-month follow-up measures to show that baseline proprioceptive acuity, as assessed by the accuracy of reproduction of the angle of knee flexion, had modest effects on the trajectory of pain and physical functional limitation in knee OA.

Fuller-Thomson E & Shaked Y. Factors associated with depression and suicidal ideation among individuals with arthritis or rheumatism: Findings from a representative community survey. *Arthritis & Rheumatism (Arthritis Care & Research)* July 2009;61(7):944-950.

This study used data from the Canadian Community Health Survey to show that 10% of people with arthritis had clinically relevant levels of major depression. Odds ratios of major depression among those with arthritis were significantly higher for women, the unmarried, younger, and poorer individuals. Also shown to have a higher odds ratio for depression were people in pain, with limitations in ADL or

IADL, and those with greater numbers of chronic health conditions. Less than half of those with a major depression had consulted a mental health professional.

Allaire S & Keysor J. Development of a structured interview tool to help patients identify and solve rheumatic condition-related work barriers. *Arthritis & Rheumatism (Arthritis Care & Research)* July 2009;61(7):988-995.

This paper reports on the development of a comprehensive and efficient assessment tool to be used by physical and occupational therapists to identify rheumatic condition-related work barriers.

Hall A, Maher C, Latimer J & Ferreira M. The effectiveness of Tai Chi for chronic musculoskeletal pain conditions: A systematic review and meta-analysis. *Arthritis & Rheumatism (Arthritis Care & Research)* June 2009;61(6):717-724.

This study reported that available RCTs were few and that methodological quality was generally poor. Based on this data, Tai Chi seemed to have a small positive effect on pain and disability in people with arthritis.

Nannini C, Cantini F, Niccoli L et al. Single-center series and systematic review of randomized control trials of malignancies in patients with rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis receiving anti-tumor necrosis factor alpha therapy: Is there a need for more comprehensive screening procedures. *Arthritis & Rheumatism (Arthritis Care & Research)* June 2009;61(6):801-812.

Thirty-six RCTs with at least a 12-week treatment duration were reviewed and included in the analysis, and it was found that malignancies occurred in 60 (0.75%) of 8,015 participants randomized to the intervention arm, as compared to 21 (0.52%) of participants in the placebo. The authors noted that in looking at participants in both treatment and placebo arms, in all but one instance malignancies occurred in patients with RA. RCTs did not include sufficient

information to know if participant randomization to the treatment and placebo arms took pre-existing risk factors for cancer into consideration. The finding from this review that showed that 26% of malignancies occurred within 12 weeks of beginning, led the authors to conclude that there may need to be a revision of the current cancer screening procedures in both RCTs and clinical practice.

Vinet E, Pineau C, Gordon C, Clark AE & Bernatsky S. Biologic therapy and pregnancy outcomes in women with rheumatic diseases. *Arthritis & Rheumatism (Arthritis Care & Research)* May 2009;60(5):587-592.

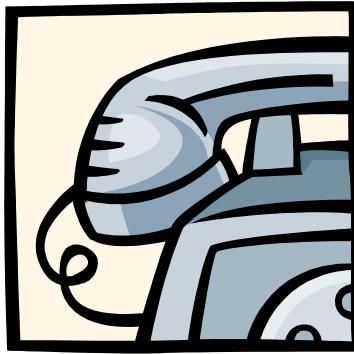
Tanamas S, Hanna F et al. Does knee malalignment increase the risk of development and progression of knee osteoarthritis: A systematic review. *Arthritis & Rheumatism (Arthritis Care & Research)* April 2009;61(4):459-467.

This systematic review of 14 studies, of which 8 were high quality, found that malalignment of the knee was an independent risk factor for the progression of knee OA.

Lubbeke A, Suva D, Perneger T & Hoffmeyer P. Influence of preoperative patient education on the risk of dislocation after primary total hip arthroplasty. *Arthritis & Rheumatism (Arthritis Care & Research)* April 2009;61(4):552-558.

This cohort study found that non preoperative education study participants were 2.8 times more likely to have a dislocation than people who had the education.

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:

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