

# Arthritis Clinical Link Newsletter



Created and Distributed by the Mary Pack Arthritis Program

A Newsletter for health professionals working with people with arthritis

February 2009

## Editor's Message

The theme of this issue of the Arthritis Clinical Link Newsletter is **'We Are Listening'**. Forty-two of you completed a survey last year that told us how aware you were of our ACE services and resources, how helpful you found these services and resources to be, and provided us suggestions and ideas on how we might make improvements. In this issue, I'd like to share what we heard from you and our plan for addressing your suggestions. Thanks again to those of you who took part in this survey and above all, thank you for being committed to the treatment of people with arthritis in BC. Finally, readers will notice that the **Citations** section of the newsletter has been renamed **Citations & In The News**. This section has been improved so that in some instances it includes a short summary of key findings, and also points readers to arthritis-related articles that have been published in various web resources.

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

## 2009 ACE Course Includes Nursing

The dates for our next **Introduction to the Assessment and Management of Rheumatic Diseases** course are Monday, April 27th to Wednesday, April 29th for nurses and physical therapists, and from Monday, April 27th to Thursday, April 30th for occupational therapists. We are very excited to be offering for the first time in many years a course specifically for nurses. Registration deadline is March 4th. For more information on these courses or to get a copy of the registration brochure, please contact [Paul.Adam@vch.ca](mailto: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](http://www.argbc.ca/practitioner/ace-program/membership)

## TOTS 50th Anniversary & Spring Clinics

The Mary Pack Arthritis Program's Travelling Occu-

pational Therapy Service (TOTS) celebrated it's 50 Year Anniversary in 2008 - I know I am a year late, but I just found out. This spring we will be holding clinics in the following 12 communities

### The North

Terrace - April 27

Hazelton - April 28

Smithers - April 29 & 30

### Mid-coast BC

Bella Coola - May 3rd and 4th

Bella Bella - May 5th and 7th

Klemtu - May 6th

### Upper Cariboo Country

Prince George - May 5

Quesnel - May 6

Williams Lake - May 7 & 8

## Lower Cariboo Country

100 Mile House - May 11 & 12

Lillooet - May 13 & 14

Merritt - May 15

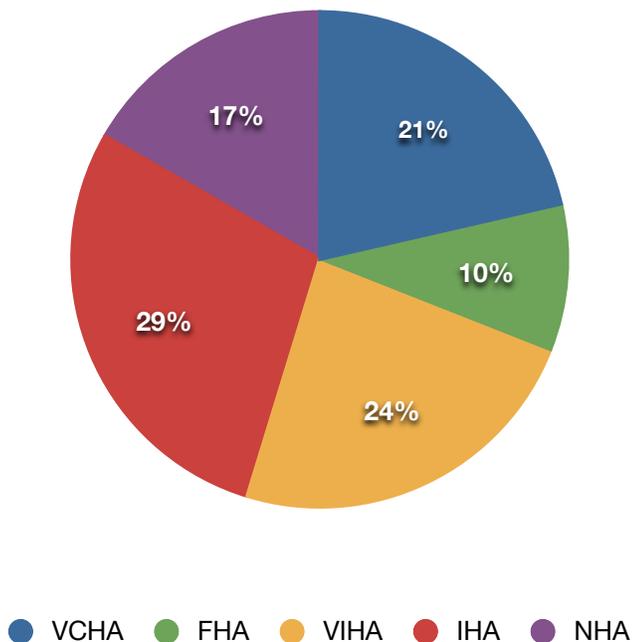
If you have a patient needing to be seen by an occupational therapist on one of these clinics, please have the patient's family physician fax a referral to (604) 875-4022 ATTN: Paul Adam.

## ACE Member Survey Results - What We Heard and What We Are Planning To Do

We like to think of our ACE Program as a living and evolving service, and your feedback is helping us improve. The following information outlines what you told us and our plans for change.

We had survey responses PT's, OT's and nurses from all 5 regions of the province, with the highest participation from ACE members working in the Interior Region of BC.

**Chart 1 - Geographical Location Of Survey Participants**



## Use of ACE Services

The most commonly used services were the ARGBC web site and the ACE Clinical Link Newsletter, while the ACE Clinical Exchange and the ACE Directory were least used. What surprised me the most was the fact that up to 25% of participants were unaware of the 5 services that we offer. However, it was encouraging that many of you commented that you would make an effort to check them out.

**Frequency of Using ACE Services**

	Never	< 1x/yr	1x/yr	> 1x/yr	Unaware
Clinical Exchange	22	6	2	2	8
Clinical Link	5	3	6	17	9
ARGBC Web Site	7	1	6	20	8
Clinical Consultation	13	6	2	9	9
ACE Directory	17	3	3	7	11

## Helpfulness of ACE Services & Resources

You indicated that our ACE course, the ARGBC web site, the ACE Clinical Link Newsletter, and clinical consultation were the most helpful services that we provide. Again, I was struck by the large number of respondents who had never used any of our ACE services.

**Level of Helpfulness**

	Not	Slightly	Fairly	Very	Not Used
ACE Course	0	0	5	20	16
Clinical Exchange	0	1	6	1	31
Clinical Link	0	4	12	7	16
ARGBC Web Site	0	2	6	14	19
Clinical Consultation	0	0	4	9	26
ACE Directory	0	0	5	6	29

## What We Heard and What We Plan To Do:

- (1) Offer an advanced course suitable for therapists with several years of clinical experience - We are considering several ideas for an advanced practice course including assessing and managing the inflammatory hand, assessing and managing OA back, or a course for PT's and OT's on pediatric rheumatology.

- (1) Do more to advertise the ACE resources - Better advertising of the ACE program is a great idea. We will be mailing you a laminated bookmark soon that will concisely outline our services and how to access them. Also, each newsletter will include a Clinical Consultation information so that you know who to call at Mary Pack if you have any clinical questions.
- (3) Email nursing stations with information about the ACE programs - We have emailed information about our new Introduction to the Assessment and Management of Rheumatic Diseases course for nurses, to nursing stations and other health clinics serving BC's First Nations communities. If you are not sure if you are on our ACE Directory mailing list, and want to be kept informed of what is happening for arthritis in BC, please email [Paul.Adam@vch.ca](mailto:Paul.Adam@vch.ca)
- (4) Lower the cost of the ACE course, try a different time of year, or offer it in a location outside of Vancouver - Your suggestions about making our Introduction to the Assessment and Management of Rheumatic Diseases course more accessible were helpful. To deal with the cost issue, we have obtained a travel bursary from The Arthritis Society to help defray travel expenses for course attendees from outside the Lower Mainland. With respect to time of the year, early spring is actually the one conflict-free time when our staff or physician guest speakers are not engaged in travelling clinics or other responsibilities. We have attempted on different occasions to bring our training out to you. Last autumn a free 1-day course on arthritis was held in Terrace for northern GP's and allied health professionals, and our Victoria and Penticton Regional Sites have held day-long workshops for allied health professionals in their areas. We will keep you up-to-date with these workshops in this newsletter.
- (5) Update the web site with materials used by Mary Pack Arthritis Program therapists and provide resources for leading groups - We recognize that

the professional resource materials on the ARGBC web site are not as current or comprehensive as we would like them to be. Our big is that it is difficult to get permission to use artwork (e.g., exercise pictures) that we do not own. We are tackling this problem, but progress is slow. If there are specific resource materials that you require, please contact:

- PT - Marie Westby [marie.westby@vch.ca](mailto:marie.westby@vch.ca)
- Nursing - Jane Prince [jane.prince@vch.ca](mailto:jane.prince@vch.ca)
- OT - Cathy Busby [cathy.busby@vch.ca](mailto:cathy.busby@vch.ca) or Barbara Porter [barbara.porter@vch.ca](mailto:barbara.porter@vch.ca)

- (6) Identify ACE members with long history of arthritis experience - Later in this issue, for the first time, I'll be highlighting one of our long-standing and highly experienced ACE members. For future issues, I will be contacting some of you to write up a short bio outlining your areas of interest and expertise in arthritis care, as well as the types of classes or programs that your site offers to people with arthritis. As this suggestion points out, not all of the expertise in arthritis care resides at Mary Pack!
- (7) Provide more notice of the invitation to the Mary Pack Arthritis Program staff education day - As you have recommended, we will provide more ample notice about registering for our annual staff education day on June 5th, 2009. An invitation and agenda should be emailed to all of you in approximately two months, at which time we will accept registrations on a first-come, first-served basis for the free spots that are available.

Thank you again one and all for your feedback and your great ideas. Please email me if you have any other ideas on how we can improve our ACE services - [Paul.Adam@vch.ca](mailto:Paul.Adam@vch.ca)

**Arthritis Health Professions Association  
(AHPA) Educational Teleconference Series**

AHPA is a Canadian organization of health profes-

sionals who work in the field of rheumatology. The mission of AHPA is as follows:

- Stimulate interest in rheumatology among health professionals
- Promote research and education in the field of rheumatology
- Encourage interdisciplinary communication
- Act as a resource body for those with an interest in rheumatology
- Promote public awareness of the needs of people with arthritis

In order to showcase the expertise of the members of AHPA and the Canadian rheumatology community, and to highlight the resources that the organization offers, AHPA is providing **free access** to the following educational teleconference series:

**Thursday, March 26th** *Introduction to pediatric rheumatology* - Iris Davidson, PT & Gay Kuchta, OT

**Thursday, April 30th** *TNF, T Cells and B Cells, What are the differences in the biologics?* - Shahin Jamal MD

**Thursday, May 28th** *Attitudes toward medication use: Interview accounts of newly diagnosed patients with RA* - Anne Townsend PhD, Medical Sociologist & Paul Adam, Social Worker

**Thursday, June 18th** *How important is quality of life and the RA patient?* - George Wells MSc PhD, epidemiology

**Thursday, September 24th** *Best practice recommendations for THR & TKR rehabilitation* - Marie Westby PhD (candidate) PT

**Thursday, October 29th** *Health literacy in RA* - Andy Thompson MD

All sessions will run from 9:00 a.m. to 10:00 a.m. PST (Pacific Standard Time), but you do need to pre-register by email to [paul.adam@vch.ca](mailto:paul.adam@vch.ca) in order to participate. Approximately 1 week before each session registrants will receive an email with the toll-free number and a copy of the presentation handouts.

Wearing my hat as Chair of the AHPA Conference and Education Committee, I'd like to say that AHPA is a really great organization and is very inexpensive

to join - \$60/year. Please check out what they have to offer at [www.ahpa.ca](http://www.ahpa.ca) and consider becoming a member.

## Recognizing a Great Person in the Field of Arthritis Care - Dr. Ross Petty

Dr. Ross Petty, a longtime BC pediatric rheumatologist, was awarded the Order of Canada recently for his contributions to the field of pediatric rheumatology, notably for having established the first formal academic program in Canada, as well as having improved the lives of children affected with rheumatic diseases. He was one of 60 new appointments to the Order of Canada that was announced by Michelle Jean, Governor General of Canada, on December 30th, 2008. Congratulations Dr. Petty.

## BC TAS Events Calendar

The Arthritis Society (TAS) has a busy winter and spring ahead with a wide range of community education events including the following:

- Preventing Falls Workshop
- Arthritis 101
- Understanding Rheumatoid Arthritis
- Fibromyalgia Public Forum
- Fibromyalgia Management Program
- Gardening with Arthritis Workshops
- Exercise and Movement
- Golfing with Arthritis Workshops
- Core Stability Workshop
- Protecting your Joints Workshop
- Tennis and Arthritis
- The Different Faces of Arthritis
- Osteoarthritis and Exercise
- Arthritis and Osteoporosis Workshop
- Managing Pain Workshop

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 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>  
or ASMP

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

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.

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](mailto:jvyner@bc.arthritis.ca)

Fraser Region - Trish Silvester-Lee - [tsilvester-lee@bc.arthritis.ca](mailto:tsilvester-lee@bc.arthritis.ca)

Interior/Okanagan - Trudy Battaglio - [tbattaglio@bc.arthritis.ca](mailto:tbattaglio@bc.arthritis.ca)

Vancouver Island - June Painter [jpainter@bc.arthritis.ca](mailto: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.

### **Clinical Tips**

Shona Newton, OT at our Penticton Arthritis Service, came up with this interesting web site. She indicates that it is a Canadian company that was devel-

oped by a gentleman who is a quadriplegic. The company sells outdoor wear that is easy to don and doff. Another feature of this clothing is the ability to zip up around a wheelchair headrest or to cover respiratory equipment, etc. She states that the company also sells attractive dinner scoop-plates and napkins. The website can be found at [www.epiphanydesign.ca](http://www.epiphanydesign.ca)

### **Information on PT and OT Courses**

Barbara Porter has provided a web address for an organization that regularly runs both face-to-face and online courses for physical therapists and occupational therapists throughout North America who are interested in learning more about upper extremity conditions and hand therapy. The next course taking place in Vancouver is called Doctors Demystify Upper Extremity Nerves for OTs and PTs and is scheduled for April 4, 2009. For more information, please visit their web site [www.doctorsdemystify.com](http://www.doctorsdemystify.com)

### **Ankylosing Spondylitis Assessment Tool**

Catherine McAuley, VCHA Physical Therapy Practice Coordinator, provided me with a web link to an excellent article that will help physiotherapists differentiate between ankylosing spondylitis and other causes of chronic low back pain. It is brief and includes a questionnaire you can use clinically. If the long link below doesn't take you to directly to the article, you should be able to find it by scrolling down the web page at [www.mednet.ca](http://www.mednet.ca)

[http://www.mednet.ca/index.php?page=article&id\\_article=2622&id\\_rubrique=&id\\_mot=&lang=en](http://www.mednet.ca/index.php?page=article&id_article=2622&id_rubrique=&id_mot=&lang=en)

### **Spotlight on a Seasoned ACE Veteran**

When Paul asked me to write this short bio, my first thought was "Darn, now no one will believe me when I say I'm 39!!!!!!!"

I was very fortunate as a student back in Manitoba, in the dark ages, to work with a physical therapist named Pat Quinn, who was very enthusiastic about treating arthritis. Her enthusiasm rubbed off on me and when I graduated my first job was working with her on an in-patient arthritis ward at the Manitoba Rehab Hospital. After 3 years, my next job was working for The Arthritis Society in Winnipeg doing home visiting and out-patient treatment from small country hospitals. This was a very fun time, although driving on Manitoba roads in the winter sometimes was a challenge. I did this for 3 years and then BC called. After moving to BC, I eventually found my way to the Arthritis Program at GF Strong. During my 5 years at GFS, I worked on all the programs but most of my time was spent doing my first love, which has always been arthritis. When my daughter was born, I had a little hiatus doing other bits of Physio. When we moved back to Vancouver, I was fortunate to land the job doing relief on the Arthritis Program at Lions Gate Hospital. 24 years later I am still on the Arthritis Program and have to say I enjoy treating my patients as much now as I did when I started. I have been very fortunate in being able to attend several of the ACR/ARHP Annual Scientific meetings over the years. This is an opportunity to catch up on the newest trends and come back to work revitalized and raring to go! I have also been very fortunate to have the people at MPAC to consult with over the years, as when you work on an isolated program knowing where there are people with interests similar to yours is vital.

Paul asked me what I like about treating Arthritis patients:

In general, rheumatology patients are a very appreciative group of people to treat. They don't complain and most welcome suggestions on how to do things differently and ways to make their life easier. In most cases our patients are not "sick". They have disabilities and problems that need solving. The RA patients have an incredibly high pain tolerance. When one looks at the number of people we see and their degree of disability, they generally are not

"whiners". Our patients are very an interesting lot. Because they are out-patients, they have active lives and because we see them over an extended period of time, we get to know them quite well. If there is one thing I have learned over the years, it is to look at the WHOLE patient. You may start out treating one joint but most are much more involved, both physically and socially.

At Lions Gate Hospital, unfortunately we don't have a lot of time to do research. We have the equivalent of one FTE for PT and a .7 OT. It takes us all our time to try to keep up with the waiting list. Although we don't have an official Dietitian or Pharmacist on our program we do have access to them as well as to a Social Worker, if a situation arises where we are unable to send the patient to MPAC. We put on an Education Program three times per year for our patients. This is a 6 hour program over 3 weeks, involving a Rheumatologist, PT, OT, Pharmacist and Dietitian. We, at LGH, have been involved in setting up Community Arthritis programs back in the mid-80's before there were the great Joint Works and Water Works programs of today. Some of these programs have been going for 20+ years are still going strong. We have been involved in putting on Community Forums such as an Arthritis forum with attendance of 300+ people and later an Osteoporosis Forum, also with a huge attendance. We have been involved with the "Take Charge" and "Golf & Arthritis" programs through the Arthritis Society.

**Wendy Turner, Physiotherapist, Lions Gate Hospital**

### **Did you Know?**

The 22 physical therapists in the 5 sites of the Mary Pack Arthritis Program have more than 325 combined years of rheumatology experience?

## **Osteoarthritis Guidelines and Evidence-based Recommendations on the Management of OA**

The Ministry of Health's Guidelines & Protocols Advisory Committee recently published a new guideline entitled, *Osteoarthritis in Peripheral Joints - Diagnosis and Treatment*. This guideline has been developed for BC physicians and it highlights the important role for therapeutic exercise, supportive footwear and orthotics, and assistive devices in the management of OA patients. This guideline is comprehensive and thorough and includes the following sections that can be printed from the web site <http://www.bcguidelines.ca/gpac/>

- Full Guideline
- Osteoarthritis Medications Table
- Appendices including history, physical examination, alternate diagnoses & overall assessment, investigations, and follow-up patient assessment form
- Patient guidelines for living with OA including a guides for people with hip OA, knee OA, hand OA, and a guide for choosing complementary therapies.

Also on the topic of OA management, you may want to check out the Osteoarthritis Research Society International (OARSI) web site for the latest evidence-based recommendations on the management of OA, including pharmacological, non-pharmacological, and surgical management [http://www.oarsi.org/pdfs/oarsi\\_recommendations\\_for\\_hip\\_and\\_knee\\_oa.pdf](http://www.oarsi.org/pdfs/oarsi_recommendations_for_hip_and_knee_oa.pdf)

## **The British Columbia Alliance on Telehealth Policy and Research (BCSTRP)**

This group is a multi-disciplinary health services research team that is a joint partnership between academic institutions and provincial health authorities. Despite the unwieldy name, the goal of this group is simple, to build the evidence and build capacity for integrating telehealth care into routine health care practices within British Columbia. The alliance seeks to meet this goal by targeting three groups: patients (focus is self-managed care, technology uptake

and behavior change), providers (the focus is on the integration of telehealth into clinical care) and policy makers (the focus is on understanding the impact of health policy on telehealth services and vice-versa, the impact of these services on policy and human resources). Although the initial focus of this group was cardiovascular care, there are plans to expand the range of projects to include BC First Nations, and other chronic disease populations.

## **Citations & In The News**

**Davis CR, Karl J, Granell R, Kirwan JR, Fasham J, Johansen J, Garner P & Sharif M.** Can biochemical markers serve as surrogates for imaging in knee osteoarthritis. *Arthritis & Rheumatism* December 2007;56(12):4038-4047.

**Englund M, Niu J, Guermzai A, Roemer FW, Hunter DJ, et al.** Effect of meniscal damage on the development of frequent knee pain, aching or stiffness. *Arthritis & Rheumatism* December 2007;56(12):4048-4054.

**Avina-Zubieta JA, Choi HK, Sadatsafavi M, Etmann M, Esdaile JM & Lacaille D.** Risk of cardiovascular mortality in patients with rheumatoid arthritis: A meta-analysis of observational studies. *Arthritis & Rheumatism (Arthritis Care & Research)* December 2008;59(12):1690-1697.

This paper shows that RA increases the risk of cardiovascular death by 50% and that patients with RA had a 59% greater "mortality risk associated with ischemic heart disease"

**Furst DE, Khanna D, Ranganath V & Paulus HE.** We want remission, but what is it? *Future Rheumatology* December 8, 2008.

In this paper, that is also available through Medscape Today, the authors discuss how the definition of 'remission' has evolved over the years and cites recent research that showed that radiographic progression may continue despite achieving 'remission'.

**Veehof MM, Taal E, Heijnsdijk-Rouwenhorst LM, van de Laar MAFJ.** Efficacy of wrist working splints in patients with rheumatoid arthritis: A randomized controlled study. *Arthritis & Rheumatism (Arthritis Care & Research)* December 2008; 59(12): 1698-1704.

This randomized, controlled trial showed that after 4 weeks, there was a 32% decline in visual analogue pain scores for the treatment group and a 17% increase in pain in the control group. Note that this study was based on a sample of 33 patients.

**Botha-Scheepers S, Watts I, Rosendaal FR, Breedveld FC, Hellio le Graverand M & Kloppenburg M.** Changes in outcome measures for impairment, activity limitation, and participation restriction over two years in osteoarthritis of the lower extremities. *Arthritis & Rheumatism (Arthritis Care & Research)* December 2008;59(12):1750-1755.

**Gignac MAM, Xingshan C, Lacaille D, Anis AH & Badley EM.** Arthritis-related work transitions: A prospective analysis of reported productivity losses, work changes and leaving the labor force. *Arthritis & Rheumatism (Arthritis Care & Research)* December 2008;59(12):1805-1813.

**Modern Healthcare** reported that the US Department of Health and Human Services and the Surgeon General's Office has released an updated and improved version of a web-based tool designed for patients to create their own health histories. This tool can be seen at:

<https://familyhistory.hhs.gov/fhh-web/home.action>

**Bauernfeind B, Aringer M, Prodinge B, Kirchner I, Machold K, Smolen J & Stamm T.** Identification of relevant concepts of functioning in daily life in people with systemic lupus erythematosus: A patient Delphi exercise. *Arthritis & Rheumatism (Arthritis Care & Research)* January 2009;61(1):21-28.

**Scal P, Horvath K & Garwick A.** Preparing for adulthood: Health care transition counselling for youth with arthritis. *Arthritis & Rheumatism (Arthri-*

*tis Care & Research)* January 2009;61(1):52-57.

**Amin S, Baker K, Niu J, Clancy M, Goggins J, Guermazi A, Grigoryan M, Hunter DJ & Felson DT.** Quadriceps strength and the risk of cartilage loss and symptom progression in knee osteoarthritis. *Arthritis & Rheumatism* January 2009;60(1):189-198.

The findings from this study were that the investigators "found no association between quadriceps strength and cartilage loss at the tibiofemoral joint - neither in the lateral or medial compartment". But, "greater strength was protective against cartilage loss at the lateral compartment of the patellofemoral joint".

**Russell IJ, Perkins AT, Michalek JE & Oxybate SXB-26 Fibromyalgia Syndrome Study Group.** Sodium oxybate relieves pain and improves function in fibromyalgia syndrome: A randomized, double-blind, placebo-controlled, multicenter clinical trial. *Arthritis & Rheumatism* January 2009;60(1):299-309.

An article in **Medpage Today** reports on a study in *Health Affairs* that showed that adoption of the "chronic care model" can increase patient knowledge, improve patient adherence to medication, decrease hospital ER visits, improve patient self-management and decrease the onset of co-morbid conditions. The 6 components of the chronic care model include fostering patient self-management, providing decision support for clinicians, implementing patient registries, and effectively using community resources. For more on this article check the free link at:

<http://www.medpagetoday.com/PublicHealthPolicy/HealthPolicy/12335>

## **Nurse Practitioner and Physician Assistant Postgraduate Rheumatology Training Program**

The Association of Rheumatology Health Profes-

sionals (ARHP) has recently launched an online training program that although developed for NP's and PA's is open to any allied health professional. The program has three modules that is each comprised of several components:

#### **Core Modules**

- Musculoskeletal structure and function, inflammation and immunity
- Rheumatic disease classification and clinical decision-making
- Laboratory evaluation
- Musculoskeletal imaging studies
- And others

#### **Adult Modules**

- Osteoarthritis
- Rheumatoid arthritis
- Lupus
- Scleroderma, myositis and Sjogren's syndrome
- Pain syndromes
- And others

There are also Pediatric Modules. Once registered, the participant is given a pre-test or pre-assessment of their knowledge about a specific topic. Case studies allow for the person to enter in their own response and then learn how experts in the field would respond. There are also lecture presentations that include audio-annotated Powerpoint slides. Each module also includes a set of clinical tips or pearls that can be printed out for use in a clinical setting. At the end of each module there is a post-test that allows the individual to test their knowledge of what they've learned. More information on this online training course is available at <http://www.rheumatology.org/arhp/arhp-nppa-flyer.asp>

### **ACE Arthritis Clinical Exchange Sessions for 2009**

The ACE Arthritis Clinical Exchange is a thrice yearly teleconference discussion on a variety of

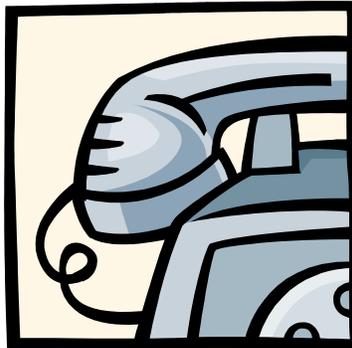
clinically-focused topics. A journal article highlighting a clinical issue or evidence-based practice forms the foundation for the discussion, but participants are encouraged to share their experiences on the topic. There is no cost for joining these noon hour discussions, as all ACE members are provided the toll free call-in number. Dates, times and topics for 2009 sessions are as follows:

**Wednesday, March 4th** - 12:05 to 12:55 p.m. How do we Best Provide Chronic Care to Patients with Arthritis? Paul Adam will be facilitating this session.

**Wednesday, May 13th** - 12:05 to 12:55 p.m. Topic TBA. Victoria team members will be facilitating this session.

**Thursday, November 5th** - 12:05 - 12:55 p.m. Topic TBA. Vancouver Occupational Therapy staff will be facilitating this session.

## Clinical Consultation available through your ACE membership



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

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

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

### Contacts:

#### Physiotherapy

Marie Westby  
PT Teaching Supervisor  
604-875-4111 Ext. 68834 (Mon-Th)  
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#### Regional Centres

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