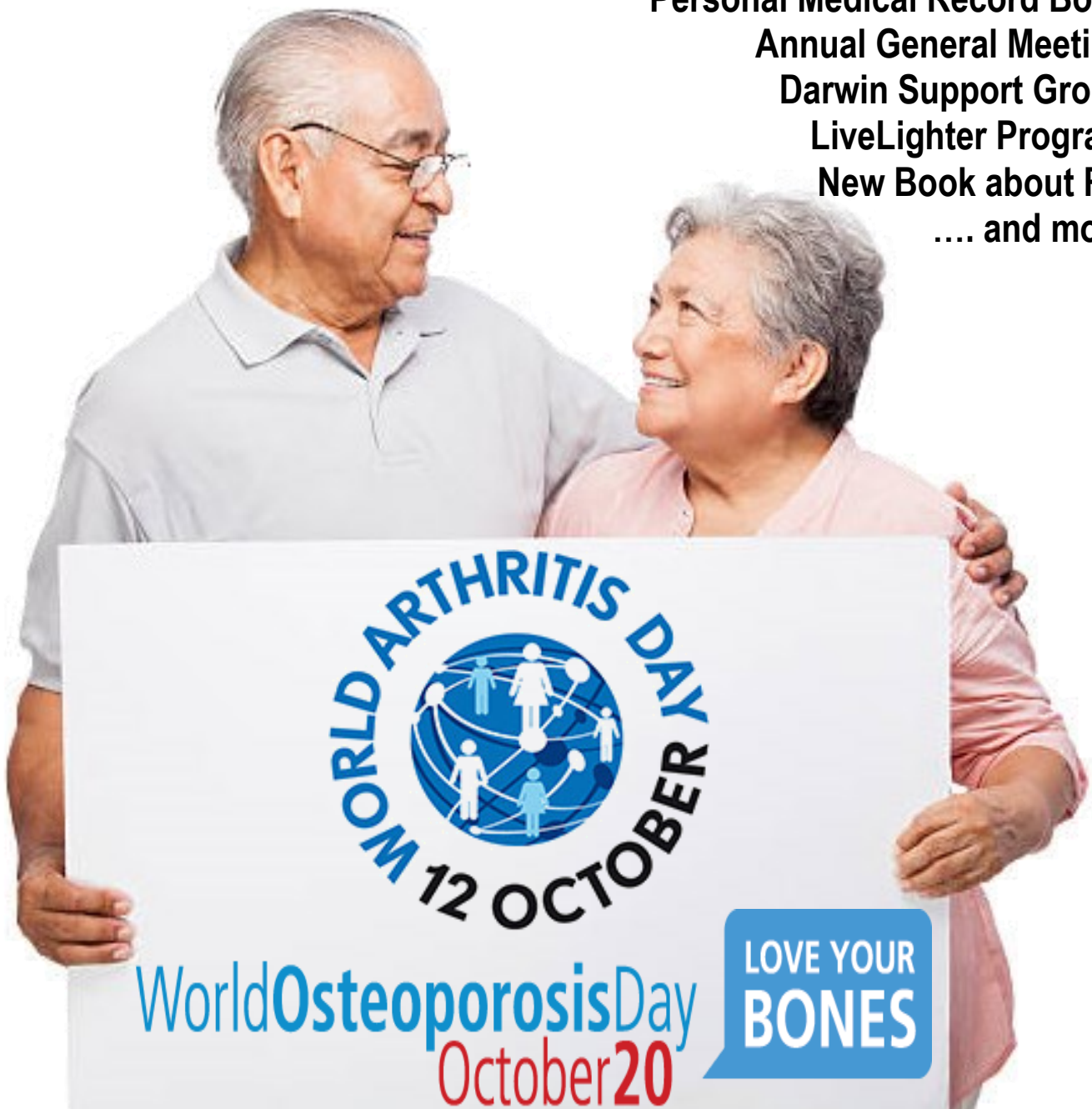


the **jointNTed** **September 2017**

Arthritis & Osteoporosis NT newsletter

INSIDE

Should You Push Through the Pain?
Allied Health Professionals & Alternative Medicine Practitioners Explained
ARA's Stand on Medicinal Cannabis
Personal Medical Record Book
Annual General Meeting
Darwin Support Group
LiveLighter Program
New Book about RA
.... and more





When I had to go to hospital for an operation recently, I found that I had to fill in a detailed questionnaire about my past medical history – but I couldn't remember a lot of it!

After scratching my head for a while I managed to fill the questionnaire in, but I thought to myself that if I had a record of these things it would have been much easier.

So I thought I would see if I could find a booklet in which I could fill in my details, at least from now on. After looking at several different productions I decided that we could produce a booklet here at AONT for our members' (and others) use. I put together all the things that I and others I talked to could think of that would be useful and important for people to record and this is what we came up with.

The contents include: Medicare number and other numbers you need to remember; medications; contact details of health practitioners; emergency numbers; visits to the doctor, dentist and optometrist; illnesses; examinations of various types; immunisations; hospital visits; operations and visits to other health professionals.

We are offering this Personal Medical Record book to members free of charge. Please ring the office on 89485232 and speak to Deirdre to order your copy and arrange pickup / delivery – good luck with filling it in!

Non members may purchase a copy for \$5, plus \$2 postage.

Hilary Fowler

There's always a lot to be thankful for if you take time to look for it.

For example I am sitting here thinking how nice it is that wrinkles don't hurt.

Darwin Support Group

Invitation to members to the Inaugural Meeting Friday October 6th

(and the *first Friday* of the months following)

11am till 12.30 pm

**At the AONT office
Shop 18 Rapid Creek
Business Village**



First meeting to share ideas of what you, our members, would like to get from this new support.

Maybe guest speakers, activities/games ideas, information sessions.

Morning tea provided

Call the office on 8948 5232

**Monday to Thursday
between 9.30 am & 2pm
to express your interest.**

Should you 'push through pain' when you exercise?

Exercise is very important but when physical activity also comes with its fair share of aches and pains, how do you know when to push through the 'good pain' and when to stop?

Discomfort versus pain

Carly Ryan, Exercise Physiologist at Exercise and Sports Science Australia, says it is important to differentiate between 'pain' and 'discomfort' when exercising.

"Effort and discomfort go together and that's what most people would call good pain - you generally expect to feel some level of discomfort," Ms Ryan explains.

Dr Nathan Johnson, Associate Professor of Exercise and Sports Science at the University of Sydney, says while discomfort from feeling fatigue during exercise is normal, acute pain associated with injury or illness is not.

"If you are feeling joint or musculoskeletal pain, or anything associated with chest pain, then that is an indication to stop exercising immediately," Dr Johnson says.

Knowing the difference

The easiest way to tell if you are feeling pain or discomfort is to stop the exercise.

"A little bit of burn that goes away when your muscles stop working is often just a result of the exercise so it's fine to continue," Ms Ryan says.

"But if it continues and you're getting, say, a sharp pain in your knees or you feel a painful twinge in your hamstrings that affects your ability to keep moving, then it is most likely pain because you've overdone it, so you need to stop."

What is 'good pain'?

Good pain (or discomfort) according to Sport and Exercise Physician Dr Andrew Jowett, reflects positive change in the body, and is part of the body's adaptation to activity or physical load.

"That injury stimulates muscle healing and hopefully replication of muscle fibres that ultimately leads to strengthening."

"So, that's the good sort of pain we're after out of any workout - to prevent injuries or to improve our performance."



Lactic Acid

One of the most common forms of pain and discomfort we feel during strenuous exercise is a burning sensation in our lungs or muscles that goes away shortly after we cease the activity. This is caused by a build-up of lactic acid.

Lactic acid is a by-product of the process your body goes through when it needs to create energy more quickly than it normally does, such as when you exercise.

The harder you work, the bigger the build-up of lactic acid. However, the fitter you are the better your body will be at clearing the lactic acid.

Preventing pain

Getting the level of exercise just right to prevent excessive discomfort might take a bit of trial and error. Therefore, it is fine to modify moves or do less than what you have been instructed to do, if you are in a class. You will still get great benefits without doing the whole range of movements.

Reference: Willis, O., 2017. Should you 'push through pain' when you exercise?. [online] ABC News. Available at: <http://www.abc.net.au/news/health/2017-02-23/exercise-how-far-should-you-push-through-pain-barrier/8296156?utm_

TWO DIFFERENT DOCTORS' OFFICES

Boy, if this doesn't hit the nail on the head, I don't know what does!

Two patients limp into two different medical clinics with the same complaint. Both have trouble walking and appear to require a hip replacement.

The FIRST patient is examined within the hour, is x-rayed the same day and has a time booked for surgery the following week.

The SECOND sees his family doctor after waiting 3 days for an appointment, then waits 8 weeks to see a specialist, then gets an x-ray, which isn't reviewed for another week and finally has his surgery scheduled for a month later.

Why the different treatment for the two patients?

The FIRST is a Golden Retriever the SECOND is a Senior Citizen.

Next time take me to a vet!

**The Arthritis
Foundation of the
Northern Territory Inc.
Arthritis &
Osteoporosis NT
ABN 67 099 326 608**

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Administrator of the NT

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Mitzi Ferguson
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Newsletter Editor
Peg Gellert

Members are invited to contribute articles, news, views, photos and items of interest for inclusion in future editions. Normal editorial prerogatives apply.

The opinions expressed in *joinT* are those of the authors and advertisers respectively and do not necessarily reflect the view of AONT.

From the Board

The current Board is nearing the end of its year of office with the Annual General Meeting occurring before the next newsletter is produced. The outgoing board would like to thank all those who have contributed to the organisation during this time.

When you note the A G M notice on Page 6, perhaps you may consider becoming a part of the AONT Board. We are currently a small team who would benefit from the addition of new people with fresh ideas. Whether you are a member, an allied health professional or simply a community-minded individual, your input to our organisation would be valued and appreciated. Those of us who have served on the board have found it to be an interesting, rewarding and often challenging experience.

The Audited Financial Statement for the year ending 30 June is available at the office for inspection. This will be formally presented at the AGM on Saturday 4th November.

Our recently formed planning sub-committee has been meeting regularly and coming up with some fresh ideas to help us be more effective in reaching out to the community with our message, our resources and our purpose. Updating our volunteer jobs list, creating a comprehensive contacts database and investigating sponsorship leads are a few of the items that are already under way.

In order to remain a viable organisation and reach more people in the community, AONT needs to obtain more funds. Small grant programs can be very helpful in running one-off projects which we could not otherwise provide. But, because every dollar of a small grant has to be accounted for and spent specifically on the special project, these opportunities can not be viewed as a way of increasing general income. The planning sub-committee is working towards developing more income opportunities through further sponsorship and donation avenues. In this exercise we are assisted by our

interstate affiliates' experiences and expertise. We would be very appreciative of hearing ideas from you, our members.

The establishment of a Darwin based support group is one exciting outcome of the planning meetings, with the first meeting to be held on Friday 6th October at our office in Rapid Creek. See Page 2 for more information.

Another initiative is the production of AONT's very own Personal Medical Record Book. Read all about that, also on Page 2.

The Take Charge of Pain course was held in June and was once again well received. Another one is being held soon — see P.7 for full information.

President Peg and Treasurer Ruth were invited to reception at Government house in August. His Honour had invited representatives of all the organisations of which he is patron. There are so many varied associations that he patronises and we feel we are honoured to be one of them. He too is nearing the end of his tenure as Administrator of the NT and we hope the next Administrator will be as supportive of us.

Membership renewals

It's that time of the year again. Thank you to all those who have renewed in recent months. Personalised notices have been sent to relevant members—we look forward to hearing from you as membership income is gold!

Late news

Arthritis Footwear Survey
Survey of seasonal variations of footwear choices for people with inflammatory arthritis. Paper and on-line options available.
See inserted flyer



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Proudly sponsored by
**Northern Territory
Government**

Ever wondered what some of those many and varied medical practitioners, allied health professionals and alternative medicine practitioners actually do? and what the difference is between some of them? Here are some definitions that may be of assistance.

ACUPUNCTURE

Acupuncture is an ancient system of healing that was developed as part of the traditional medicine of China, Japan and other Eastern countries. The theory behind acupuncture is that stimulation of specific areas on the skin affects the functioning of certain organs of the body. The current practices have evolved into a system of medicine that aims to restore and maintain health by the insertion of fine needles into points (called acupuncture points or acupoints) just below the surface of the skin. These points are in very specific locations and lie on special channels of energy that are called meridians.



AROMATHERAPY

Aromatherapy is a form of alternative medicine that uses volatile liquid plant materials, known as essential oils, and other aromatic compounds from plants for the purpose of affecting a person's mood or health. Essential oils differ in chemical composition from other herbal products.

CHIROPRACTIC

A health care profession that focuses on diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system. Chiropractic treatment emphasizes manual therapy including spinal manipulation and other joint and soft tissue manipulation, and includes exercises and health and lifestyle counselling.

FELDENKRAIS

The Feldenkrais Method is an educational system centred on movement, aiming to expand and refine the use of the self through awareness. It is intended for those who wish to improve their movement repertoire (dancers, musicians, artists), as well as those wishing to reduce pain or limitations in movement, and many who want to improve their general well-being and personal development. Because it uses movement as the primary vehicle for gaining awareness, it is directly applicable to disorders that arise from restricted or habitually poor movement.

HERBAL MEDICINE

Herbal medicine is also known as botanical medicine, phytotherapy or phytomedicine. By 'herb', herbalists mean a part of a plant that may be used for healing purposes. The herbal part of a remedy may have come from the leaf, flower, stem, seed, root, fruit or bark of the plant and may be used to treat wounds, abrasions, cuts and a number of conditions.

HYDROTHERAPY

Hydrotherapy, formerly called hydropathy, involves the use of water for soothing pains and treating diseases. Hydrotherapy is used to treat musculoskeletal disorders such as arthritis, ankylosing spondylitis, or spinal cord injuries and in patients suffering burns, spasticity, stroke or paralysis. Water is now used mostly in physical therapy

, as a cleansing agent, and a medium for delivery of heat and cold to the body. The means by which heat and cold are brought to bear are: (a) packings, hot and cold, general and local, sweating and cooling; (b) hot air and steam baths; (c) general baths, of hot water and cold; (d) sitz, spinal, head and foot baths; (e) bandages (or compresses), wet and dry; also (f) fomentations and poultices, hot and cold, rubbings and water potations, hot and cold.

HOMEOPATHY

The basic principal of Homeopathic treatment: that the symptoms that a person experiences can be cured by a substance that would cause the same symptoms if given to a healthy person.

IRIDOLOGY

Iridology (also known as iridodiagnosis) is a technique whose proponents believe that patterns, colours, and other characteristics of the iris can be examined to determine information about a patient's systemic health. Practitioners match their observations to *iris charts* to distinguish between healthy systems and organs in the body and those which are overactive, inflamed, or distressed.

MASSAGE

The treatment and practice of soft tissue manipulation with physical, functional and, in some cases, psychological purposes and goals. Target tissues may include muscles, tendons, ligaments, skin, joints, or other

tissues, vessels of the



connective as well as lymphatic and/or organs

gastrointestinal system.

NATUROPATHY

Naturopathy uses a range of natural approaches, including diet and herbs, and encourages exposure to the sun and fresh air to maximise the body's natural responses.

OCCUPATIONAL THERAPY

OT is the use of productive or creative activity in the treatment or rehabilitation of physically, cognitively or emotionally disabled people.

From P5

OSTEOPATHY

The prime focus of Osteopathy is the restoration of function. Osteopaths strive to improve an individual's quality of life by physical means—a combination of manual and gentle manipulative therapy, movement training and exercises.

PHYSIOTHERAPY

Physiotherapy is concerned with the assessment, maintenance and restoration of the physical function and performance of the body. It is used in the diagnosis and management of a wide range of injuries, disease processes and other conditions or injuries.

PODIATRY

Podiatry or podiatric medicine is a field of healthcare devoted to the study and treatment of disorders of the foot, ankle, and the "anatomical leg" (i.e. below, and not including, the knee). It is practiced by podiatrists, chiropodists and podiatric surgeons.



PHYSIOLOGY

Physiologist's work is usually focused on cells at a microscopic level, examining the processes required for normal human functioning. Exercise physiologists are concerned with the physiological reactions that the human body utilises and undergoes while performing physical activity. Professionals working in this field analyse the different medical problems of clients and recommend specialised exercise programs which form part of their treatment.

REFLEXOLOGY

Reflexology, or zone therapy, is the practice of massaging, squeezing or pushing on parts of the feet, or sometimes the hands or ears, with the goal of encouraging beneficial effects on other parts of the body, or to improve general health.

REHABILITATION

Rehabilitation is a program that helps a person who is recovering from illness or injury to regain as much function as possible. The aim is for clients to become as independent as possible despite his/her disabilities. Rehabilitation also aims to teach strategies for ongoing disabilities. The rehab team may include Health Professionals such as Physiotherapists, Occupational Therapists, Podiatrists, Speech Pathologists, Dietitians, Social Workers, and more.

REIKI

Reiki is a natural form of healing therapy. It is applied through non-invasive gentle touch. This form of therapy aims to increase energy levels and promote relaxation and wellbeing. A Reiki treatment aims to help the body release its own energy.

Notice of Annual General Meeting

**2 pm Saturday
4th November**

**To be held at our office,
Shop 18 Rapid Creek
Business Village**

Ph 8948 5232

Email info@aont.org.au

Mon—Thurs 9.30 am—2 pm.

**Nominations are sought for all
Board positions and forms are
available from the office.**

**If you have any agenda items for
the AGM, please submit them
by 2 pm Monday October 30**



Draft Agenda

- 1. Welcome - apologies**
- 2. Confirmation of minutes of A G M held on 29 October 2016**
- 3. Consideration of accounts and reports of the Board**
- 4. Declaration of Board vacancies and Election of new Board**
 - 4.1 President**
 - 4.2 Vice President**
 - 4.3 Secretary**
 - 4.4 Treasurer**
 - 4.5 Ordinary Members (no less than 3 and no more than 10)**
- 5. Any other business requiring consideration of the Association**
- 6. Date for next board meeting**
- 7. Close meeting, afternoon tea**

LiveLighter

www.livelighter.com.au

The Australian Bureau of Statistics estimates that roughly one in four Australian adults are obese bringing heart disease, type 2 diabetes and cancer closer - along with a range of other health problems.

LiveLighter is a program developed in Western Australia which aims to encourage Australian adults to lead healthier lifestyles - to make changes to what they eat and drink, and to be more active.

The aim is to help people understand why they need to take action and what simple changes they can make in order to 'LiveLighter'.

In the Territory the program is now sponsored by the Northern Territory Government as well as the Heart foundation.

The website has recipes, meal plans, information about fats and sugar, lifestyle tips, a newsletter to subscribe to, and much more.

Here is one of their recipes:

Zucchini Slice

Serves 6

- 5 eggs
- black pepper
- 1 large zucchini, grated
- 400 g carrot, sweet potato or pumpkin, peeled and grated
- 1½ cups canned corn kernels or frozen peas, drained
- 1 medium brown onion, peeled and diced
- 2 tsp dried mixed herbs
- ¾ cup wholemeal self-raising flour
- 1 cup reduced-fat cheddar cheese, grated
- olive or canola oil spray
- 3 large tomatoes, sliced, optional
- green side salad to serve



1. Preheat oven to 200°C (180°C fan forced).
2. Whisk eggs in a medium jug, season with black pepper and set aside.
3. In a large bowl combine remaining ingredients except tomato. Add eggs and stir mixture until well combined.
4. Spray a large baking dish with oil. Pour in zucchini mix and flatten with a spoon. Cover with tomato slices arranged in a single layer.
5. Bake for 40-45 minutes or until firm and golden brown.
6. Rest in the pan for 10 minutes before dividing into 6 pieces and cutting into slices. Serve with a green side salad.

Variation: Substitute other vegetables including baby spinach, cherry tomatoes, broccoli florets, chopped asparagus or mushrooms, grated parsnip or potato and add fresh parsley, basil or dill

Serving Suggestion: Serve hot or cold, as a healthy favourite for toddlers, children and adults alike. Great to take on a picnic, served as a finger food cut into

Take Charge of Pain

Our next Course

Tuesdays

24 and 31 October

10.30 am - 1 pm

Sanderson Electorate Office

Community meeting room

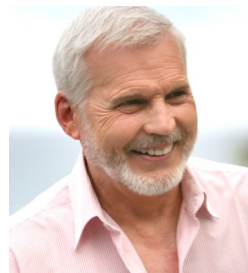
Northlakes Shopping Centre

Cost: \$20 for AONT members

\$40 for non-members

BOOKINGS ESSENTIAL

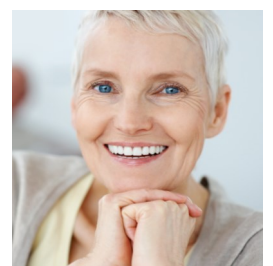
Call 8948 5232



Take Charge of Pain
is a short program
delivered in 2 x 2.5
hour sessions,
a week apart.

- * The Pain Cycle
- * Benefits of physical activity
- * Relaxation
- * How to get the best care and support from your health specialist
- * Tips on Pacing, Flare-ups, Sleep, Diet and Stress
- * and much more

**“Empowering you
with the skills to
manage your pain
and improve your
health and well-
being”**



Rheumatoid Arthritis



This newly available book has been published by Arthritis WA. It is a uniquely Australian book written by Perth medical experts and health professionals for Australians living with rheumatoid arthritis. One of the contributors is Professor H Nossent who was resident rheumatologist at RDH a few years ago. The book provides practical and up-to-date information, including:

- Coping with fatigue and flares
- Latest treatments available (surgical and medical)
- Medications
- Self-management techniques
- Complementary therapies
- RA in specific part of the body

Copies of “A Practical Guide to Living with Rheumatoid Arthritis” can be purchased from Arthritis & Osteoporosis WA by calling (08) 9388 2199 or online www.arthritiswa.org.au/shop. The book retails at \$30.

AONT have a copy in our library if a member would like to borrow the book and check it out before purchase.

Australian Rheumatologists Association Position Statement on the use of medicinal cannabis for musculoskeletal pain



- ◆ In 2016 The Australian Government passed legislation allowing prescription of suitable medical Cannabis products for painful and chronic conditions.
 - ◆ It only refers to processed non-smokable medicinal grade products (produced under standardised conditions, low in THC and free of adulterants), registered with the TGA. Currently there are none and such registration will require evidence of efficacy and safety.
 - ◆ Although there will be state variation in legislation, national regulatory guidelines for prescribing medicinal cannabis products are currently being developed to provide a cohesive, national, framework. In New South Wales and Victoria only, the prescription of unregistered products containing cannabinoids (natural and synthetic THC manufactured overseas, with similar pharmacological effects, including: dronabinol, nabilone and nabiximols) has been approved. This is under a special access scheme for certain patients and by doctors with a schedule 8 permit. It remains illegal in other states at present. Special permission must be obtained from the TGA and the state body.
 - ◆ While there is evidence that recreational use of cannabis preparations is prevalent in the Australian community and that a proportion of individuals with chronic pain (including musculoskeletal pain) use uncontrolled cannabis preparations ostensibly for the self-management of their symptoms, the ARA believes that all pharmacological interventions for musculoskeletal conditions should be informed by high quality evidence.
 - ◆ The evidence base for use of medical cannabis/ cannabinoids in chronic pain and musculoskeletal conditions is limited.
 - ◆ There may be some benefit for spasticity in MS, although this needs confirmation.
 - ◆ Several systematic reviews of use of cannabinoids in chronic non-cancer pain (including fibromyalgia, rheumatoid arthritis and neuropathic pain) indicate at best modest efficacy with significant adverse effects including alteration of perception, motor and cognitive function which may outweigh any benefits.
 - ◆ Well conducted, long term trials of medical cannabis in musculoskeletal pain need to be conducted to establish whether it has a place in the management of chronic musculoskeletal pain.
 - ◆ The complex phenotype of the patient with chronic musculoskeletal pain (neuropathic or otherwise) and the preferred biopsychosocial model for chronic pain management needs to be acknowledged in this discussion.
 - ◆ The ARA considers that there should be evidence of efficacy and safety from high-quality randomised controlled trials (RCTs) before any potential intervention for chronic musculoskeletal pain (or other musculoskeletal diseases or symptoms) is adopted into clinical practice. Furthermore, the role of any intervention should weigh RCT evidence for efficacy against potential harms detected in RCTs and longer-term observational data. There is currently not enough supportive evidence to recommend medical cannabis as a clinical intervention for chronic musculoskeletal pain outside of a clinical trial setting.
- We also refer interested readers to the Statement on Medical Cannabis, written by the Faculty of Pain Medicine, Australia and New Zealand College of Anaesthetists in 2015 [<http://fpm.anzca.edu.au/documents/pm10-april-2015.pdf>].