

# Arthritis Update

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Arthritis Foundation  
Northeastern New York Chapter  
1717 Central Avenue, Suite 105  
Albany NY 12205  
518.456.1203



The Arthritis Walk is the Arthritis Foundation's annual nationwide event that raises awareness and funds to fight arthritis, the nation's most common cause of disability. It is a tremendous opportunity to help improve the lives of the 46 million men, women and children with doctor-diagnosed arthritis. This year, get your company involved or recruit friends and family members to form a team and join *Let's Move Together*, a nationwide movement led by the Arthritis Foundation that encourages people to move to prevent or treat arthritis. By joining the movement you also make the commitment to walk in your local 2009 Arthritis Walk.

**Get involved and start moving today: visit: [www.letsmovetogether.org](http://www.letsmovetogether.org)**

## **Please Join us on**

MAY 9<sup>th</sup>, 2009 at Christian Brothers Academy,  
12 Airline Drive, Colonie

Registration begins @ 8:30; Walk kicks off @ 10:00 am

Call 456-1203 for more information

## **Come join our free local support groups**

### **Sunnyview Rehabilitation Hospital**

1270 Belmont Avenue, Schenectady

Conference Room #3

Meetings will be every 3<sup>rd</sup> Wednesday  
of every month from 6-7 p.m.

### **Saratoga Hospital**

211 Church Street, Saratoga Springs

Conference Room C1

Meetings will be every 2<sup>nd</sup> Thursday  
of every month from 6-7 p.m.

For more information, you can contact Melissa at  
[arthritisgroupny@yahoo.com](mailto:arthritisgroupny@yahoo.com) or contact  
Sonya Andrew at the chapter office at 518-456-1203.



Sign up now for the **10<sup>th</sup> Anniversary** of the  
**Golf "FORE" Arthritis Golf Tournament**  
(formerly the Joints in Motion Golf Tournament),

**Sunday, June 28<sup>th</sup>, 2009**

at the

Fairways of Halfmoon in Mechanicville.

Registration starts at 7 a.m. and tee-off is at 8 a.m.  
Cost is \$400/foursome which includes a round  
of golf with cart, a t-shirt, lunch at the turn and an  
Italian dinner buffet. There are also many great  
door prizes and a 50/50 raffle.

Please call Sonya Andrew  
at 518-456-1203 or email at [sandrew@arthritis.org](mailto:sandrew@arthritis.org)  
for more information or to sign up.

## 10 Ways You Can Protect Your Joints

Osteoarthritis (OA) is the most common form of arthritis, with nearly 27 million Americans living with it today. No longer considered just a consequence of aging, researchers now have several candidates when looking for a cause: musculoskeletal defects, genetic defects, obesity, or injury and overuse. Find more resources for managing OA at the end of this article. While you may not be able to control a genetic trait or knock knees, there are some definite actions you can take to protect your joints and help prevent OA.

1. **Maintain your ideal body weight.** The more you weigh, the more stress you are putting on your joints, especially your hips, knees, back and feet.
2. **Move your body.** Exercise protects joints by strengthening the muscles around them. Strong muscles keep your joints from rubbing against one another, wearing down cartilage. We can help you get started on an exercise program that works for you.
3. **Stand up straight.** Good posture protects the joints in your neck, back, hips and knees.
4. **Use the big joints.** When lifting or carrying, use largest and strongest joints and muscles. This will help you avoid injury and strain on your smaller joints.
5. **Pace yourself.** Alternate periods of heavy activity with periods of rest. Repetitive stress on joints for long periods of time can accelerate the wear and tear that causes OA.
6. **Listen to your body.** If you are in pain, don't ignore it. Pain after activity or exercise can be an indication that you have overstressed your joints.
7. **Don't be static.** Changing positions regularly will decrease the stiffness in your muscles and joints.
8. **Forget the weekend warrior.** Don't engage in activities your body for which your body isn't prepared. Start new activities slowly and safely until you know how your body will react to them. This will reduce the chance of injury.
9. **Wear proper safety equipment.** Don't leave helmets and wrist pads at home. Make sure you get safety gear that is comfortable and fits appropriately.
10. **Ask for help.** Don't try to do a job that is too big for you to handle. Get another pair of hands to help out.

## From the "Planning Corner"

By Kevin C. Harkins, MBA

We often hear the terms "living trust/health proxy" and "living will" used interchangeably, and that can be a costly mistake. People often confuse these two because the names are similar. Yes, both are legal documents, but they do different things. A "living trust/health proxy" allows you to maintain control of your property while you are alive. When you pass, it continues to provide instructions for the distribution of your assets. If there is an accident and you become incapacitated, this document allows for the management of the assets. Another feature this document provides, if set up properly, is that the assets can bypass probate.

A "living will" allows you to keep control of your medical decisions and tells the doctor what kind of life support you would like in the case of a terminal injury or illness. Please understand that this document is very specific and that you should seek legal counsel to protect all of your rights.

Why is all of this important? In today's trying times, it is important to seek out and discuss your wishes, your needs, and your requirements with trained professionals. Whether we are discussing "living trust/health proxy" vs. "living wills", retirement income planning, or planned giving, the advice of a competent professional may go a long way towards protecting not only your assets, but providing you with peace of mind as well. If you are not working with a professional advisor today, call us, we may be able to assist you with the names of professionals that support our foundation with a donation of their time and expertise. While none of us can predict the future, we can all take steps to prepare for tomorrow!



**FUNDRAISING  
HOCKEY GAME**



The Albany River Rats and the Arthritis Foundation, Northeastern New York Chapter have teamed up for a fundraising event. Join us on Saturday, March 28th at the Times Union Center in Albany for the River Rats last home game for the 2008-2009 season against the Springfield Falcons. The Arthritis Foundation is selling tickets cheaper than the box office price with \$4 from each ticket purchased going to the Arthritis Foundation, Northeastern New York Chapter J.A.C.K.S program.

The J.A.C.K.S program is a group that was formed over 5 years ago and it includes over 40 local families that have a child with a form of Juvenile Arthritis. Throughout the year, these families get together and do activities so that the children can be with children going through the same thing they go through and it also gives the parents a chance to share their experiences.

Tickets are \$15/each. Deadline to purchase your ticket is March 24th. You can purchase your tickets for the game by calling the Arthritis Foundation, 518-456-1203.

Hope to see you there!



## Time to Plan for the 2009 JA Conference

The 2009 conference will take place in Houston, Texas. Mark your calendars for July 9-12 and start planning today. The conference offers families living with Juvenile Arthritis an opportunity to hear latest research on Juvenile Arthritis and connect with other families. During the conference workshops are offered on topics ranging from Biologic medications, IEP and 504 plans, occupational/physical therapy/ uveitis, nutrition and so much more. While parents are busy gathering information, kids are grouped by age groups. Each group is led by a Children's Activity Leader. The CALS plan a variety of activities to entertain the children. Activities are also planned with groups from the Houston area. In the past activities have included visits by theater groups, traveling zoos, artists, musicians, miniature golf, and more. Many families attend the conference year after year and make lasting friendships.

### Introduction to Exercise

You may think that exercise and arthritis do not go hand in hand. If so, you would be mistaken. It was thought for many years that if you had arthritis you should not exercise because it would damage your joints. Now, however, research has shown that exercise is an essential tool in managing your arthritis.

Regular, moderate exercise offers a whole host of benefits to people with arthritis. Mainly, exercise reduces joint pain and stiffness, builds strong muscle around the joints, and increases flexibility and endurance. But it also helps promote overall health and fitness by giving you more energy, helping you sleep better, controlling your weight, decreasing depression, and giving you more self-esteem. Furthermore, exercise can help stave off other health problems such as osteoporosis and heart disease.

Starting an exercise program can seem like a daunting proposition. The important thing to remember is to start slow and make it fun. It is always good to start with flexibility exercises, which are basically stretching exercises that will improve your range of motion and help you perform daily activities. Once you feel comfortable you can move on to weight training and endurance exercises such as bicycling. You may be reluctant to exercise because you are in such pain. If this is the case you may want to start with a water exercise program. In the water your body's buoyancy reduces stress on your hips, knees, and spine.

An exercise program can include anything from walking around the block, taking a yoga class, or playing a round of golf. In this section we've attempted to give you all the information you will need on how to start exercising and the proper way to incorporate exercise into the management of your arthritis.

Whatever exercise program you decide on you should always consult with your doctor before starting out. Two other types of health professionals that can help you develop an exercise program that fits your specific needs are a physical or occupational therapist. A physical therapist can show you the proper techniques and precautions when performing certain types of exercise. An occupational therapist can show you how to perform daily activities without putting additional stress on your joints and can provide you with splints or assistive devices that can make working out more comfortable.



**2009 Health/Wealth Day**  
*A Free Event to Benefit Your Health & Your Wealth*

**May 4, 2009**  
9:00 a.m. - 2:30 p.m.  
Century House  
997 New Loudon Rd., Route 9, Latham, NY

**Keynote Speaker: Richard Wilmot, M.D.**  
Rheumatologist – "Fibromyalgia"

The Arthritis Foundation invites you to a day of learning and sharing. Arthritis experts and other medical professionals, financial and estate planning professionals and Arthritis Foundation staff will be on hand to present relevant information and answer your questions during thirty-minute roundtable discussions.

**Free continental breakfast and lunch are part of the program!**

**Lunch Demonstration:**  
John Murphy, P.T. – "Physical Therapy Tips"

**You will have an opportunity to choose five from thirteen topics, including:**

- "Ask the Doctor - Rheumatology"
- "Ask the Doctor - Orthopedics"
- "Medications"
- "Chapter Programs and Services"
- "Occupational Therapy"
- "Physical Therapy"
- "Retirement and Taxes"
- "Powers of Attorney, Healthcare Proxies, Wills and Trusts"
- "Acupuncture for Arthritis"
- "Medicaid & Long-Term Care Planning"
- "Diet and Nutrition"
- "EPIC – NY State's Prescription Plan"
- "Life Income Enhancement"

**Call (518) 456-1203 to register!**  
**Registration is mandatory, as seating is limited.**

**This Program Made Possible by a Generous Grant from New York State**

## Low Back Pain

By Debra Q. Virtanen, MS, PT

Low Back Pain (LBP) is a great drain on our economy. It has a high rate of recurrence and tends to result in multifactorial impairments of psyche, body and function. One of the consequences of LBP especially due to its high rate of recurrence is fear. Since most individuals never have a full understanding of spinal complaints, there is a tendency to fear paralysis and disability. The medical professionals have information gaps when communicating with their patients about LBP. As a physical therapist, I find myself educating my patients about their particular problem and the probable course of recovery. We need a multidisciplinary approach to this educational process. Doctors no longer have the luxury of sitting down with their patients to reassure them that their spinal complaints have a probable course and they will recover most function in all likelihood.

A recent study published in *Spine Journal*, reveals that stabilizing exercises which are specifically designed for the individual had the greatest success in reducing fear as well as recurrence of LBP. These exercises were favored over taking daily walks for nonspecific LBP especially in the working population. Coaching to change abnormal "pain generating posture" and for improved spinal control were elements of the study found to favorably reduce the incidence of disabling LBP.

We have known for many years that the muscular girdle surrounding the spine and pelvis affect motion and stability. Many people wrongly assume their back complaints stem from disc herniation. We need to educate the back pain sufferers about the anatomy and kinesiology of the spine so their particular problem is easier to understand and will be less frightening. This should result in greater compliance with medications and exercise prescriptions while reducing fear regarding a disc rupture or potential for paralysis which is so very rare.

If you are suffering from recurring LBP, you should find information to learn more about the anatomy and function of your spine. The Arthritis Foundation has an excellent resource library for a multitude of topics. Call the American Physical Therapy Association to inquire about pamphlets regarding back motion and therapy. Ask your Rheumatologist, primary doctor and/or Orthopedist for more information. We are all educators after a fashion and more than willing to help guide you to a full understanding of your problem.

**The Arthritis Foundation,  
Northeastern New York Chapter  
Gratefully acknowledges gifts  
from the Estates of:  
Josephine Ottman  
Minnie Scicluna**

## Psoriasis Can Affect More Than Skin

by Donald Wexler, M.D.

Psoriasis is a disease that is characterized by a red, scaly rash that is commonly found in the scalp, elbows and knees. About one percent of the population of North America is affected. Psoriasis often occurs in families, and approximately 40% of patients have a first degree relative with the disease. There are several types of psoriasis, including plaque, guttate, pustular and inverse psoriasis, as well as nail psoriasis.

Up to 30% of patients with psoriasis can have an associated arthritis, called psoriatic arthritis. Most patients get the joint symptom after or coincident with the skin lesions. However, about 15% of patients get the arthritis before the rash occurs. There are several clinical patterns of joint involvement seen. Distal arthritis characterized by swelling and redness of the distal interphalangeal (DIP) joints is often seen. Asymmetric arthritis involving five or less small and large joints in both upper and lower extremities is another pattern often seen. Less common is one asymmetric polyarthritis which appears similar to rheumatoid arthritis. Inflammation of joints of the spine presents with sacroilitis and/ or spondylitis. The rarest form of psoriatic arthritis is called arthritis mutilans and is characterized by a severe, destructive and deforming arthritis.

Patients with certain genetic markers appear to carry a worse prognosis, as do patients with multiple joints involved. In some patients, aggressive treatment of the skin lesions seems to help joints as well. Topical steroid preparations and coal tar are often effective. Vitamin D3 ointment (Dovonex) and Tazarotene are also used frequently. The use of ultraviolet light has been used for years effectively. Many patients' skin (and joints) improve over the summer months (assuming we get some sunlight in the glorious Capital District).

Methotrexate is effective in treating both skin and joints. Nonsteroidal medications, such as Naproxen, Motrin, Voltaren and Celebrex are used to treat the symptoms of joint swelling and stiffness. Low dose Prednisone is often used for relief of joint symptoms. Azulfidine, sulfasalazine has been used for several years to treat psoriatic arthritis. The new biologic agents that affect tumor necrosis factor, have recently shown dramatic relief in psoriatic arthritis, Enbrel (etanercept) has been approved by the FDA for the treatment of psoriatic arthritis and psoriasis. Remicade (infliximab) and Humira (adalimumab) have also gotten FDA approval. These new drugs not only decrease the symptoms of psoriatic arthritis, but also improve function and prevent further x-ray changes. The outlook for patients with psoriatic arthritis, as with rheumatoid disease, is significantly better now than it was 3 – 4 years ago.

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