

January 2007

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A publication of:

**The Mary Pack Arthritis Program (MPAP)**

**&**

**Arthritis Continuing Education (ACE) Group**

**Arthritis**  
**Continuing**  
**Education**

**Vancouver Coastal Health**  
*Promoting wellness. Ensuring care.*

# Clinical Link

...a newsletter for health professionals  
working with people with arthritis...



## *Editor's Message*

As I prepared for this current issue of the Clinical Link what seemed obvious to me is the increasing proliferation of both professional and patient information for people with arthritis, as well as some of the varied sites in which this information is available. I will attempt to shine a light on some of these sources of which I am aware during this issue and ask that you let me know if there are any good sources that I have missed. I always appreciate your input and feedback. In that vein, this issue features a special tribute by one of our ACE members, Anne Schreck to Dr. Howard Stein, a wonderful humanitarian and rheumatologist who passed away in September of this year. I would also like to hear if you have questions for our therapy staff that I will include in a future Q & A column. Finally, in order to keep our ACE Directory up-to-date it is useful to know if any of your contact information has changed. As always, I can be reached by e-mail at: [paul.adam@vch.ca](mailto:paul.adam@vch.ca) I hope that you enjoy this issue of the Clinical Link and may you all have a healthy and fulfilling New Year.

Paul Adam, MSW  
Rheumatology Liaison &  
Outreach Services Coordinator

## ***The Age of the Podcast has arrived!!***

If you're a bit of technological Luddite like me, you've only recently become aware of the existence of podcasting. A **podcast** is a multimedia file distributed over the Internet for playback on mobile devices (MP3 players) and personal computers. Two organizations that I know who offer podcasts that you may find of interest are Arthritis Consumer Experts (ACE) and the Physiotherapy Association of BC.

ACE is an organization run by arthritis consumers for arthritis consumers and as well much of their information can be useful to arthritis health professionals. ACE currently has 4 podcasts on their website at <http://www.arthritisconsumerexperts.org/podcasts.cfm>

These include:

- ❑ Advancements in Arthritis Research – Dr. John Esdaile
- ❑ Treatment Advancements for Inflammatory Arthritis – Dr. Kamron Shojania
- ❑ Exercise and Arthritis – Dr. Linda Li
- ❑ Arthritis & Work – Dr. Diane Lacaille

ACE also puts out a monthly newsletter called Joint Health Monthly that is available both online and as a hard copy. This can be accessed at <http://www.arthritisconsumerexperts.org/> Their most recent newsletter has an article entitled, "RA & the Aboriginal Population: What the research says.

The Physiotherapy Association of BC in conjunction with the UBC School of Rehabilitation Sciences has made available 8 podcasts of the Masters of PT students' systematic reviews. Of particular interest might be the podcast on Yoga and Arthritis. These can be accessed at <http://tinyurl.com/pzdqg>

*Once you've decided which presentation you want to hear – click first on the PDF to bring up the PowerPoint Presentation (PPT), click minimize, then click on the Audio icon to bring up the podcast, and finally maximize the PPT to follow along with the audio.*

## ***What's new at the Arthritis Society?***

The Arthritis Society has a number of community educational events planned for the first part of 2007 in various parts of the province. These events are open to people with arthritis, their family and friends, and health professionals. These include:

The Arthritis Society also continues to run a wide variety of community groups throughout BC. These groups are for patients with arthritis and offer a mix of social support and education. Groups currently exist in: Campbell River, Chase, Coquitlam, Cowichan Valley, Cranbrook, Creston, Enderby, Grand Forks, Kamloops, Kelowna, Langley, Mission, Nanaimo, the Lower Mainland's North Shore, Osoyoos, Powell River, Prince George, Quesnel, Richmond, South Delta, Surrey, Vancouver, Vernon, Victoria, and White Rock/South Surrey. To provide patients with the group coordinator's names and contact numbers, click on the icon below.

<http://bcarthritis.com/TAS06/educationHealth/supportCommunity.html>

## *What we know about Patient Behaviour Change: Part I*

Many of our health care interventions attempt to change the behaviours of our patients or clients in order to better help them manage their chronic illness. As physiotherapists you are hoping that your patients will continue their programs of home stretching and strengthening exercises, or that they increase their level of walking or swimming in order to reach a healthy weight. As occupational therapists the hope is that your patients with arthritis will learn how to pace and prioritize their activities and use the principles of joint protection that you have taught. You also hope that they use the working or resting splints that you have made for them. Unfortunately, patients who finish treatment with the best of intentions often fall short on continuing to maintain all the good things that you have taught – that's human nature and speaks to how difficult it is to change behaviour.

I have been interested in this topic for several years now and have carried out some research on the perceived benefits and barriers to engaging in arthritis self-management behaviours, as well as conducting a comprehensive review of the literature. This will be the first of a series of articles on the behaviour change process.

The literature is filled with a wide variety of models attempting to explain how change takes place, as well as individual variables that have been determined to impact the behaviour change process. In my review I counted at least 20 different theoretical frameworks, as well as over 60 different factors that have been identified as mediating or moderating patient behaviour change or adherence to treatment. Unfortunately, there is no single model that best explains why behaviour change is so difficult across a wide range of people. However, there is a lot of good information in the literature that can be of use to us as we work with our patients.

We do know that it is important to narrowly define behaviour when talking to patients; otherwise it can be confusing for them to know what to do. I remember the patient who laughed when she told me that her doctor had told her to exercise - probably not a very helpful suggestion given the wide range of exercises that are available. When setting goals with patients, it is useful to work together to define the 'what' (e.g., walking 3 – 4 blocks on level ground), the 'when' (e.g. each evening after work), and the 'how often' (e.g., 3 – 4 times/week). There is some controversy over whether people go through stages of behaviour change. I personally like stages, as I find that there are some variables impacting behaviour change that are more relevant at one stage over another. The stages I like are Pre-contemplation, Admission of Problem, Intent to Participate and Initial Attempt to Change. There are also a variety of interventions to facilitate behaviour change, the effectiveness of which can also be stage-dependent. Finally, I also believe that people weigh the pros and cons, or the benefits and barriers of most behaviour. Prior to engaging in a particular behaviour a person will base their pros and cons on what they think or have heard about that behaviour. Once they've actually tried it their perceived benefits and barriers are more likely to be based on their experiences. The ratio of pros to cons is thought to vary across stages, such that cons outweigh pros in Pre-contemplation and Admission of Problem, whereas pros tend to outweigh cons in the Intent to Participate and Initial Attempts to Change stages. One way of quickly getting a rough sense of the stage your patient is at with respect to any particular behaviour, is to ask him or her identify for you what they see as the benefits and barriers to participating in that behaviour.

In future articles I will discuss each of these stages in turn and note the most common barriers or consequences at each stage, as well as the variety of strategies that can be useful to help move your patient closer to changing their behaviour.

## *Mary Pack Arthritis Program Journal Club - Oct 12, 2006*

### **Article Reviewed:**

The Effect of Three Alternative Keyboards on Forearm Pronation, Wrist Extension and Ulnar Deviation: a Meta- Analysis

Baker, N.A., Cidboy, E.L., *The American Journal of Occupational Therapy*

Jan / Feb 2006, Volume 60, Number 1

### ***Abstract:***

The growth of computer keyboard use in the workplace is believed to be one important determinant of the increased prevalence of work related musculoskeletal disorders of the upper extremity (MSD-UE). One possible contributing factor to the development of MSD-UE is the flat standard keyboard, which places the forearm and wrist in biomechanically awkward postures. This meta- analysis examines the efficacy of three alternative keyboard designs, adjustable slope (AS), split fixed angle (FA) and adjustable open-tented (AT), in reducing forearm pronation, wrist extension and ulnar deviation. Analyses of pooled effect size from six studies indicated that the AT had a large effect on pronation ( $r = 0.85$ ), and ulnar deviation whereas the FA had a large effect only on ulnar deviation ( $r = 0.79$ ). The AS was found to have a large effect ( $r = 0.66$ ) on wrist extension. The FA had a moderate effect on pronation ( $r = 0.33$ ) and wrist extension ( $r = 0.30$ ). None of these keyboards were found to have a significant effect on all three postures. This meta-analysis has implications for clinicians by providing objective information that may assist with the selection of an alternative keyboard that best reduces an identified problematic posture.

We reviewed this meta-analysis using a Systematic Review Checklist prepared by Marie Westby (MPAP Physiotherapist and Doctoral candidate). It is based on her review of available appraisal methods. We discussed the review and noted some weakness in the search methods, in the inclusion and exclusion criteria, and in the method used to evaluate and decide upon the studies to be included in the review. Overall we graded the 'quality' of the article to be approximately 6 or 7 out of a possible score of 10.

This systematic review summarizes the results of 6 separate studies, published from 1995 to 2001 that look at wrist position during keyboard use. They all had similar populations, interventions and outcome measures. In the meta- analysis, quantitative data from all the studies were converted to a common scale and combined for statistical analysis, so that the overall effect of the interventions could be evaluated.

The results of the analysis suggested that the outcome measures were consistent from study to study and that the alternative keyboards designs had a 'moderate' to 'large' effect on wrist positions. All three keyboards had a statistically significant effect on wrist positions, with the more notable being the large effect of an "open-tented" keyboard on pronation and ulnar deviation, and the large effect of a "split fixed angle" keyboard on ulnar deviation. It was also noted that an adjustable slope keyboard had a large effect on wrist extension but when set at a negative angle it increased ulnar deviation compared to a standard keyboard. No one keyboard had an effect on all three positions.

The subjects in the studies were asymptomatic, young (mean age= 27years), mostly female (93%), experienced typists. Although they are not typical of our patient population, the clinicians present felt that the results were useful to us. The results of this review would assist therapists in the recommendation of a suitable keyboard, once a physical assessment of upper extremity joint range, an ergonomic assessment of the work environment and the personal keyboarding style of the client were taken into account.

If you would like to read the full text of this is article we can send a PDF file to you by email.

Other useful articles / sites for information about keyboards:

Ergonomics of Alternative Keyboards (National Inst. Of Occupational Safety & Health), [www.office-ergo.com](http://www.office-ergo.com)

Office Ergonomics (Univ. of North Carolina, Environment, Health & Safety), [www.ehs.unc.edu/workplace](http://www.ehs.unc.edu/workplace)  
[www.ergo.human.cornell.edu](http://www.ergo.human.cornell.edu) [www.healthcomputing.com](http://www.healthcomputing.com)

Alternative keyboard designs:

Adjustable open tented



Split Fixed angle



Prepared by Cathy Busby  
Email: [cathy.busby@vch.ca](mailto:cathy.busby@vch.ca)

The noon hour Journal Club is held three times a year. There is no cost to ACE members for participating in the Journal Club or in calling in on the VCH Teleconference line. Advance notice of dates and topics are typically sent out 3 – 4 weeks prior to each event.

## *Win a Copy of the new Clinical Care in the Rheumatic Diseases, 3<sup>rd</sup> Edition*

Published in November of 2006, this 326 page clinical primer provides an extensive overview of common rheumatic diseases, clinical assessment and interventions, problem-based management, and resources.

We would like to encourage your participation in the Clinical Link newsletter. For each:

- ❑ Clinical tip, or
- ❑ Case scenario (a brief presentation of an anonymous patient, including the situation, your intervention, the outcome, and any questions you were left with), or
- ❑ Clinical question

you provide us, you will receive 1 chance to win. Submit as many items as you'd like to [paul.adam@vch.ca](mailto:paul.adam@vch.ca) between now and February 28<sup>th</sup>, 2007. The winner will be randomly drawn on March 1<sup>st</sup> from all entries received to that point in time. The winner will be announced in the next issue of the Clinical Link, as will all of your submissions. Good luck!!

## ***What's Happening at the Arthritis Research Centre of Canada?***

The Arthritis Research Centre of Canada (ARC) is a Vancouver-based organization whose mandate is to conduct practical research into the prevention, treatment and self-management of arthritis for Canadians. ARC has updated its website to include a lot of really good information for health professionals. This information is currently grouped into 3 areas: Slide presentations under the heading of the 2006 Rheum Update, Articles, and Research Reports. Examples of what's available is as follows:

- Rheum Update:
  - Update on the management of osteoporosis
  - Osteoarthritis: Not just wear and tear
  - Alternative therapies in the treatment of OA
  - Approach to back pain: Red flags
  - 3-minute back exam
- Articles:
  - Knee pain shows arthritis even if x-rays don't
- Research Updates:
  - Parenting and Arthritis
  - Arthritis & Employment: Making it work

The ARC website can be accessed at [www.arthritisresearch.ca](http://www.arthritisresearch.ca)

## ***Arthritis Health Professions Association (AHPA)***

AHPA is a Canadian organization that seeks to promote education and support research of allied health professionals working in the field of arthritis care. Their member's website is quite useful, as it offers the following:

- Discussion Board
- Annual Conference
- Presentations Folder – for example:
  - OA update
  - New review of risks from NSAID's
  - Tips for the busy clinician – education tips from Kate Lorig
- Arthritis Updates Folder – for example:
  - Exercise and total ankle replacement
  - Impact of injury on cartilage
  - Exercise journal

Membership runs from January to December at a cost of only \$60/year.

<http://www.arthritis.ca/ahpa/sign%20up/default.asp?s=1>



A DIVISION OF THE AMERICAN COLLEGE OF RHEUMATOLOGY  
1800 Century Place, Suite 250 • Atlanta, Georgia 30345-4300  
Phone: (404) 633-3777 • Fax: (404) 633-1870 • www.rheumatology.org

## *2007 Rheumatology Audioconference Series*

The Rheumatology Audioconference Series is designed to meet the educational needs of health professionals involved in the management of patients with arthritis and other rheumatic diseases. The series is a convenient, cost-effective way to experience leading content from experts in the field.

- |             |  |
|-------------|--|
| January 17  | <a href="#"><u>Minimally Invasive and Percutaneous Total Hip Arthroplasties</u></a><br>Alberto Bolanos, MD           |
| February 12 | <a href="#"><u>Handling Emergencies/Exacerbations in Rheumatic Disease</u></a><br>Gail McIlvain-Simpson, MSN, RN, CS |
| March 14    | <a href="#"><u>Current Management of Fibromyalgia</u></a><br>Daniel Clauw, MD  |
| April 17    | <a href="#"><u>Physical Intimacy, Sex and Rheumatic Disease</u></a><br>Amye Leong, MBA                               |
| May 17      | <a href="#"><u>Evidence-Based Care for Children and Adolescents with Low Back Pain</u></a><br>Julie Fritz, PhD, PT   |
| June 14     | <a href="#"><u>Fatigue Management in Rheumatic Disease: A Team Approach</u></a><br>Geri Neuberger, RN, EdD           |

Each live, interactive 60-minute session will explore an aspect of the most current information available about arthritis care.

Sessions are always scheduled from noon - 1:00 PM Eastern Time, and registered participants will receive the speaker's handout materials prior to the call, along with a toll-free phone number and instructions on how to join the call and how to ask questions during the Question/Answer period.

The Audioconference Series is an excellent in-service education tool. You and your colleagues can participate from the comfort of your office or conference room - all for a single registration fee (and it's a toll-free call)!

### **Contact Hours—CMEs Offered**

The American College of Rheumatology is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The American College of Rheumatology designates this educational activity for a maximum of 1 AMA PRA Category 1™ credit (per audioconference). Physicians should only claim credit commensurate with the extent of their participation in the activity.

As a division of the American College of Rheumatology, the Association of Rheumatology Health Professionals (ARHP) is offering a certificate for 1 contact hour for each call in the series.

Certificates will be provided only to paid participants. Participants must complete an evaluation form and return it to the ARHP to receive a certificate of participation or CME certificate.

## Registration

	Member	Non-member
Audioconference fee:	\$35 each	\$50 each
Save! Any 3:	\$90	\$135
Save more! All 6:	\$168	\$258

Online registration, and a fax-back registration form, will be available soon at:  
[www.rheumatology.org/arhp/education/audioconf.asp](http://www.rheumatology.org/arhp/education/audioconf.asp)

Refund requests must be made in writing 48 hours prior to your registered call. Requests received after that time will not be honored. Refunds are subject to a \$12 processing fee.

Contact Ramona Hilliard at (404) 633-3777, ext. 808 in the ARHP office with questions.

## *A Tribute to and Wisdom from Dr. Howard Stein*

Dr. Stein was a noted Rheumatologist who practiced for many years at St. Paul's Hospital and who had a specialty in connective tissue disease and lupus care. He was also a noted humanitarian who spent a great number of his last years working towards Israeli-Arab peace. Shortly after his death, Anne Schreck shared with me a letter that Dr. Stein had sent to her in January of 2000 at the time of his retirement due to medical reasons. This is what he had to say.

*Dear Anne,*

*Thank you so much for your recent letter. I guess that some of the things I did over the years made practice easier & more pleasant. It was easier to be compassionate so patients would trust me making it easier to decide upon a plan of action with the patient. It was easier to be thorough so that when a calamity occurred you were easily on top of the situation. It was easier to know the patients as persons so you knew what stresses & pleasures they had, and could bring out their good side with humour, so that all visits were fun rather than drudgery. I always felt it important to do something for the patient, whether it be an examination, test, x-ray, another opinion, therapy, another treatment, even if alternate but safe, so that they would always have hope rather than a dead end. It was easier for me to have hopeful, positive patients. It was easier for me to work with many colleagues including physicians, surgeons, physiotherapists, nurses, occupational therapists, social workers, etc., so that I wouldn't have to shoulder all of the responsibility for the patient, plus I would also learn a lot from each of them, plus the patients' benefited from them and knew that we cared about them, working as a team. Anyway, there is much more that can be said...no matter what happens to the medical system, the relationships between the patients and healthcare workers is the one worthwhile thing, no matter what*

*Shalom, Howard*

Dr. Howard Stein passed away on September 21, 2006.



## *And the 2006 ARHP Clinical Masters Award goes to ... our very own, GAY KUCHTA*

A VCH occupational therapist has recently been singled out for her outstanding clinical expertise in rheumatic diseases like arthritis and fibromyalgia. Gay Kuchta, who works out of the Mary Pack Arthritis Program, received the Clinical Masters Award from the Association of Rheumatology Health Professionals in November in Washington, DC.

Gay has been working in the field of rheumatology since 1968. Approximately 20 years ago she moved from working with adults to children, and now – quite remarkably – she’s one of the only full-time OT’s for pediatric rheumatology in Canada.

In addition to clinical expertise, this prestigious award recognizes someone who is committed to the field of rheumatology, contributes towards the advancement of the field, shares clinical knowledge, and has excellent humanistic and technical skills.

Gay certainly meets these criteria and more. Among her noteworthy achievements, she has:

- ❖ Developed a week-long course to train graduate OT’s on managing arthritis
- ❖ Set up an eight-week outpatient adult fibromyalgia program
- ❖ Co-founded the Disabled Independent Gardening Association (DIGA)
- ❖ Developed computer games to educate children about disease management and coping skills
- ❖ Contributed to three textbooks on occupational therapy in the management of arthritis
- ❖ Helped run the Arthritis Society’s Annual Children’s Retreat (which is now in its 25<sup>th</sup> year)

Clearly, the transfer of knowledge is very important to Gay. She is currently collaborating with one of her colleagues to write a clinical handbook about occupational and physical therapy for children with rheumatic diseases.

While overwhelmed by the award, Gay is appreciative more than anything. “I love my work and feel extremely grateful that I’ve had the opportunity to do all these things”, says Gay. “I’ve had so much support from my colleagues over the years, working to help our clients be the best they can and live their lives the way they want to.”

Adapted from the VCH Current Newsletter





Note: Although these presentations are taking place in Vancouver, they will be available as Internet podcasts within a few weeks of each presentation.

The BC Rehabilitation Sciences Research Network (BC RSRnet) presents...

A series of 6 workshops on...

### How to Make the Most of your Therapy: Putting Research into Practice!

The BC Rehabilitation Sciences Research Network (BC RSRnet) is a volunteer organization of occupational and physical therapists in British Columbia with a mission to generate new knowledge through rehabilitation science research that enables people with varying abilities to participate fully in life. Our focus for 2006/7 is knowledge translation: facilitating OT's and PT's to put research into practice.

The results of our recent survey of OT's and PT's in BC indicated that clinicians would value a series of workshops on how to access (Step 1), appraise (Step 2), and apply (Step 3) research evidence in clinical settings.

In order to address these needs the following sessions are being offered:

1. **Nov 9, 2006** - Introduction to BC RSRnet and Evidence- Based Practice. How do I get the best information quickly? **Step 1: How to ask the question and quickly access the most relevant literature**  
Presenters: Alison Hoens (Clinical Assistant Prof, UBC; Clinical Coordinator, PHC Physiotherapy) and Charlotte Beck (UBC Librarian)

2. **Dec 14, 2006** - How do I know the article is any good? **Step 2: How to appraise the literature (Quantitative articles – theory session).**  
Presenters: Alison Hoens (Clinical Assistant Prof, UBC; Clinical Coordinator, PHC Physiotherapy)  
Additional presenter - TBA

3. **Jan 11, 2007** - How do I know the article is any good? Step 2: How to appraise the literature (Quantitative articles – practical session).  
Presenters: Alison Hoens (Clinical Assistant Prof, UBC; Clinical Coordinator, PHC Physiotherapy) and **Sandy Leznoff (Clinical Instructor, UBC, Clinical Coordinator, PHC Occupational Therapy)**

4. **Feb 8, 2007** - How do I know the research is any good? Step 2: **How to appraise the literature (Qualitative articles – theory session).**  
Presenters: Wendy Hall (Associate Professor, Nursing, UBC)

5. **Mar 8, 2007**- How do I know the article is any good? Step 2: How to appraise the literature (Qualitative articles – practical session).  
Presenters: TBA

6. **Apr 12, 2007** - How do I apply research evidence in my clinical setting? **Step 3: How to best integrate research evidence into practice.**  
Presenters: Lori Roxborough (Associate Director, Therapy Department, Sunny Hill Health Centre for Children & Clinical Associate Professor UBC SRS) and Linda Li (Assistant Professor, UBC SRS, Division of Physical Therapy)

### SPACE IS LIMITED

There will be a maximum registration of 50 participants per session.

## DATE/TIME

The sessions are on the second Thursday of each month (November 2006 through April 2007) from 1:30 – 4:30.

## LOCATION

All sessions will be held in the **Hurlburt Auditorium at St. Paul's Hospital**. Maps re parking and auditorium locations will be forwarded upon registration.

## COST

If you work for one of the funding members of the BC RSRnet (Vancouver Coastal Health, Providence Health Care, UBC or the Provincial Health Services Authority) the cost is \$10 per session or \$45 for all six sessions. The cost for all others is \$25 per session or \$100 for all six sessions.

Cheques are payable to the UBC School of Rehabilitation Sciences with a reference note that it is for the BC RSRnet Workshops. (No post-dated cheques please).

Confirmation of registration and participation will be sent by email. Receipts will be available at the sessions.

## REGISTRATION

For registration, please complete the registration form and email or fax immediately, forward an additional copy with payment to Shella Virina, by **November 6th** (see address on registration form)

Tel: (604) 875-5097 (VA)

Fax: (604) 875-5518 (VA)

[Shella.Virina@vch.ca](mailto:Shella.Virina@vch.ca)

Substitutions are allowed at any time and Cancellations will be accepted up to 72 hours before the session.

## SPECIAL NOTE OF APPRECIATION

We are pleased to announce that the Irving K. Barber Learning Centre at UBC has agreed to host the audio files and presentations of these workshops on their servers to provide for the content of the workshops to be openly accessible and available to everyone who has an internet connection in the province and beyond. Access to the sessions will be available when the audio files have been edited a few weeks after each workshop. They should be available at the Learning centre web cast archives at:

<http://www.ikebarberlearningcentre.ubc.ca/ikblc-webcast.html>

## *Resources of Interest*

Osteoarthritis & You newsletter is available at:

[http://net.arthritisresearch.ca/oapublic/newsletter\\_current.htm](http://net.arthritisresearch.ca/oapublic/newsletter_current.htm)

The web sites for scleroderma are:

[www.scleroderma.org](http://www.scleroderma.org) - brochures for patients

[www.nlm.nih.gov/medlineplus/scleroderma.html](http://www.nlm.nih.gov/medlineplus/scleroderma.html) - booklet for patients

The Mary Pack Arthritis Program's New Web Page

[www.vch.ca/arthritis/mpap.htm](http://www.vch.ca/arthritis/mpap.htm)

## *Citations of Interest*

**Engagement and satisfaction with an Internet-based physical activity intervention in patients with rheumatoid arthritis.**

Rheumatology (Oxford). 2006 Oct 13.

**Role and modalities of information and education in the management of patients with rheumatoid arthritis: development of recommendations for clinical practice based on published evidence and expert opinion.**

Joint Bone Spine. 2005 Mar;72(2):163-70. Review

**A clinical trial of specialist footwear for patients with rheumatoid arthritis.**

Rheumatology (Oxford). 2006 Jul 28.

**Eular evidence based recommendations for the management of hand osteoarthritis - report of a task force of the Eular Standing Committee for International Clinical Studies Including Therapeutics(ESCISIT).**

Ann Rheum Dis. 2006 Oct 17.

**Hip and knee joint rotations differ between patients with medial and lateral knee osteoarthritis: gait analysis of 30 patients and 15 controls.**

J Orthop Res. 2006 Sep;24(9):1890-9.

**Multidisciplinary patient education for total joint replacement surgery patients.**

Orthop Nurs. 2006 Jul-Aug;25(4):257-61; quiz 262-3.

**How to guide patients for online information: focus on chronic disease.** J S C Med Assoc. 2005 Dec;101(11):378-80.

**Occupational therapy during the first 10 years of rheumatoid arthritis.**

Scand J Occup Ther. 2005;12(3):128-35.

**Problems and needs for improving primary care of osteoarthritis patients: the views of patients, general practitioners and practice nurses**

BMC Musculoskelet Disord. 2006; 7: 48.

**Depression, attribution style and self-esteem in chronic fatigue syndrome and fibromyalgia patients: is there a link?**

Clin Rheumatol. 2006 Mar;25(2):183-8.

**Calcium and vitamin D in the prevention and treatment of osteoporosis - a clinical update.**

J Intern Med. 2006 Jun;259(6):539-52. Review

**The effect of foot orthoses in rheumatoid arthritis.**

Rheumatology (Oxford). 2006 Apr;45(4):449-53.

**Conservative hand therapy treatments in rheumatoid arthritis--a randomized controlled trial.**

Rheumatology (Oxford). 2006 May;45(5):577-83.

**Do exercise and self-management interventions benefit patients with osteoarthritis of the knee? A metaanalytic review.**

J Rheumatol. 2006 Apr;33(4):744-56. Review

**The role of mechanical loading in the onset and progression of osteoarthritis.**

Exerc Sport Sci Rev. 2005 Oct;33(4):195-200. Review.

**Factors that influence exercise among adults with arthritis in three activity levels.**

Prev Chronic Dis. 2006 Jul;3(3):A81. Epub 2006 Jun 15.

**Extent of occupational hand use among persons with rheumatoid arthritis.**

Arthritis Rheum. 2006 Apr 15;55(2):294-9.

**Systematic review of therapies for osteoarthritis of the hand.**

Osteoarthritis Cartilage. 2005 Jun;13(6):455-62. Review.

**Effects of kinesthesia and balance exercises in knee osteoarthritis.**

J Clin Rheumatol. 2005 Dec;11(6):303-10.

**The rheumatoid wrist.**

J Am Acad Orthop Surg. 2006 Feb;14(2):65-77. Review.

**Bone biology and the clinical implications for osteoporosis.**

Phys Ther. 2006 Jan;86(1):77-91. Review.

**Physiotherapy exercise programmes: are instructional exercise sheets effective?**

Physiother Theory Pract. 2005 Apr-Jun;21(2):93-102

Don't forget, Pat Boileau, librarian at the GF Strong Rehabilitation Centre, prepares abstracts for these and other articles of interest monthly. Access is available through:

[http://www.vch.ca/gfstrong/gf\\_ebulletin/](http://www.vch.ca/gfstrong/gf_ebulletin/)

### ***Journal Club***

The dates for the 2007 Journal Club teleconference calls are:

Thursday March 15<sup>th</sup> - hosted by MPAP - Victoria

Wednesday May 30<sup>th</sup> - hosted by MPAP - Penticton

Thursday October 18<sup>th</sup> - hosted by MPAP - Vancouver

Keep your eyes open for further e mail reminders and information!!