

Axial Spondyloarthritis — Managing Daily Life and Self-Care with axSpA

Narrator 00:00

Be inspired, supported and empowered. This is the Global Healthy Living Foundation Podcast Network.

Naomi Creek 00:09

Welcome to Patient PrepRheum, a podcast that explores important and often misunderstood aspects of living with autoimmune arthritis and related conditions in Australia. In this new season of Patient PrepRheum, we focus on axial spondyloarthritis (axSpA),

Through conversations with expert rheumatologists, a physiotherapist and axSpA patients, we explore the challenges of diagnosis, the role of inflammation in comorbidities and practical strategies for daily management.

I'm your host, Naomi Creek, National Coordinator at GHLF Australia. And if you've been following our first two episodes this season, you'll recognise our returning guests, patients, Cherie Cleeland and Shayne Van Der Heide, who shared their experiences with axial spondyloarthritis or axSpA.

In this episode, we focus on daily life with axSpA, how to manage symptoms, stay active and take care of your mental health. Also joining us is physiotherapist Janet Milner from Tasmania, who will share expert advice and discuss practical lifestyle changes that can help people with axSpA live well.

Thanks so much for joining us today. Janet, can you tell us a little bit about yourself?

Janet Millner 01:22

Thank you. Naomi. Well, I'm a physiotherapist in Hobart, Tasmania. I've been a physiotherapist for over 40 years, and most of that time, I've worked in rheumatology. And I've had a particular interest in spondyloarthritis and also in helping people who've got persistent pain. So, I've doubled in some research in that area too — in particular, looking at exercise for spondyloarthritis.

Naomi Creek 01:45

Brilliant! Which is one of the reasons we are so grateful to have you on today. So, people living with axSpA have so much to deal with. Pain. Fatigue. Stress. Uncertainty. How important are lifestyle choices, particularly exercise, good nutrition and low stress in helping them manage their condition?

Janet Millner 02:04

Thanks. I'd certainly, probably, begin by acknowledging that the challenges of living with axSpA can be many and varied, I guess. And, especially as it's a form of arthritis that typically can start at a younger age. So, that in itself, I guess, means that the choices people make about their lifestyle become more important, because it's actually going to impact, potentially, the rest of their life.

But the good news, I think, is that lifestyle choices can really make a big difference over time. And so, the lifestyle choices that are known to influence spondyloarthritis include all those ones you mentioned. And probably, not paying any attention to them is one of the reasons why we do struggle with them —

maintaining our health sometimes. So, I think there are others as well, like obviously looking after your sleep and avoiding cigarettes.

With regard to spondyloarthritis, specifically, the research and experience over many decades has shown that it can benefit particularly well from regular exercise. If you happen to be physically active and you enjoy exercise and enjoy sports and outdoor activities and things like that, that's really great news for you if you get diagnosed with this condition, I think.

But it can be challenging if you don't especially like exercise that's not your thing. You prefer to do other things, or you've had previous bad experiences, or you're struggling with symptom management, that can be a real challenge hearing that advice and not working out how you can take advantage of it, I guess.

So, I think the other thing I'd like to mention is that exercise/physical activity/movement usually work best when a person's arthritis is at a low or controlled level. So, some people find they can use exercise to control their symptoms without medication. But for most, it's the combination that works really well together.

So actually, working with your rheumatologist and getting the best combination for you for managing that arthritis at a low or controlled level is often really, really helpful for allowing you to actually become fitter again and get back into your exercise. So, super important that they work together. There's even been a randomised control trial that has demonstrated exactly that. Even if you take a biologic medication and your arthritis is well controlled, then exercise can still have additive benefits on top of that.

Naomi Creek 04:27

Fantastic. And how do you motivate someone, or how do they get motivated to even begin that journey with, you know, integrating that into their life now that they have a chronic disease like axSpA.

Janet Millner 04:39

Look, this is a really important question, isn't it? So you know, these are just suggestions, because with motivation when you've got symptoms, it can be, obviously, it can be really difficult. It can be really concerning, knowing where to start, whether you're going to do any harm, all that sort of thing.

So firstly, I'd suggest gathering some credible information. If you haven't already done that. So that's where organisations like yourselves come in. But also, if you are experiencing pain and inflammation, then seeking help from your rheumatologist and/or your nurse practitioner or your GP as to where to start. Maybe it's time for a medication review if things have not been going so well for you.

I think it's really important that you know that you're safe to exercise — which types of exercise would be best for you. So, that recommendation is particularly important for people who have spinal ankylosis. That's the bony fusion that some people who have got axSpA can have, where some, or some, occasionally all of the bones of the spine can be fused together.

Not everyone, by any means, gets that problem, but if you do have it, you have to be a bit more careful with exercise. So, people in that group should generally avoid contact sports and activities that put excessive force through the spine, such as types of contact football, for instance. Or perhaps, where their balance is kind of very well tested, because they might struggle in that area too, and that people like that are a little bit more vulnerable to injury from those particular activities. That doesn't mean

there aren't many others that are either perfectly fine with it, but knowing that piece of information is important.

Otherwise, generally, where we start or whereas a good place to start is with mobility exercise for this condition, and that's because there can be a lot to gain from that, and it can be pain relieving. Again, it's where a health professional can be helpful in working through that with you.

With regard to cardio and strength exercise, there's no particular right or wrong combination. Really, it's working out what will work for you. It's looking for what's accessible. You know, what you can easily do. Think about what you enjoy and what you could continue long-term. So, we meet lots of people who get super enthusiastic and come up with all these exercise ideas and start doing them, and then it all gets too hard because they're too far away, or it's too difficult, or there's no one to go with or whatever it might be.

There are always, you know, reasons to make things harder, and I think, pick what you realistically can keep going with, because what we're after here is looking at how you can build this idea of using exercise to help you into your lifestyle, so that it's not a chore. I'd given suggestions to somebody that they do — in the old-fashioned days, we probably, you know, suggest we did this exercise program, and it was 50 exercises long, and took this long, and it would have been such a chore. If you can actually step away from that and go, “This is how I can incorporate it into my lifestyle”, then I think it's going to be much more successful for the long term. So, when it comes to motivation, particularly.

We know that exercise dose is important. So, how often we exercise, how much and how intense that exercise is are really big factors. And, if you're experiencing pain, then starting at the right place is so important.

So, in general, we suggest starting low and slow, writing out a plan, perhaps, on the calendar can be really helpful, actually, maybe half what your initial idea is, because people often overshoot what they're able to do. And so, especially if you haven't exercised for a while, be realistic and actually hold back a little bit till you can test out what you're able to do.

Remember that you can take a few weeks for your body to get used to moving a little bit more, but over time, your exercise dosage should be gradually increased, if possible, because that way your body keeps getting the benefits of it. But generally, we recommend small increases of not more than 10 per cent in a week in terms of how much you're doing.

Lastly, if you feel like you've tried everything and not had any success, then perhaps that's the time to get help with managing the pain. So, it might not be your motivation that's the problem. Sometimes our pain system becomes overprotective. And knowing a bit more about that can help with learning the techniques that help that protective pain system to settle down, so a kind of desensitisation, if you like.

So yeah, you know, health professionals may also be able to help with your understanding more about your pain, because it's really tricky when you have an inflammatory condition, knowing what's the condition, what's your pain system just protecting your body a bit too much because the pain's been there a long time. It's something that we'd really recommend help with. And there's some now, some really good online resources as well that are really helpful and informative in where to start with that.

Naomi Creek 09:32

Fantastic. So yes, it's integrating things into your daily lifestyle that, I guess, can be physical movement that you almost trick yourself into that you're not actually doing exercise, but you're doing something that you enjoy, and you're getting the movement at the same time.

Janet Millner 09:46

Do both at the same time, yeah.

Naomi Creek 09:47

That's right. Shayne, you mentioned about bike riding in a previous episode. How does that help you with your condition?

Shayne Van Der Heide 09:54

Yes, bike riding is very good in the fact that it moves the hips up and down, not under running conditions, where it's shock-loaded on a bike. It's just consistent riding, which keeps consistent movement. I also walk when I don't ride, and I spend some mornings in the hydro pool, just doing stretching and walking through the water there as well. But prior to a neck injury five years ago, I used to do a lot of swimming, which also helped with the non-stressed type exercise and movement that was quite good for that.

Naomi Creek 10:25

And do you find that it helps your mood as well?

Shayne Van Der Heide 10:26

I love getting on the bike when I'm off the bike. I had the unfortunate part of fractured my big toe earlier this year, and I was off the bike for seven weeks and I was climbing the walls to get back on it.

Naomi Creek 10:47

I bet.

Shayne Van Der Heide 10:47

But yeah, it's my stress-free zone. It's my "clear the mind" area and just takes me to that place where I'm happy to be exercising and happy to be riding the bike.

Naomi Creek 10:48

Yeah, I bet. And Cherie, how about yourself?

Cherie Cleland 10:50

Yes, I enjoy riding the bike as well, but we live in a rural location, so there are no safe bike lanes. But we're early risers and wear high vis and lights, and sometimes it'll be just starting to get light when we leave. So, we dodge a kangaroo, but at least we're not dodging cars.

So, we did enjoy that, but I had a knee replacement — my second knee replaced — in November 23 and so I did have 12 months of not riding, partly because of the cardiac issues as well. And when I recently started, yeah, it is very helpful.

In the past, I have tried exercise classes locally-run by just the owner of the gym, and I don't know what training she had, but I tend to be a person who tries too hard, and so I ended up injuring myself, and had to stop those even though it was meant for over 50s, so to me, they were too strenuous.

And I have seen physiotherapists, chiropractors and exercise physiologists. So, at the moment, our local gym does have an exercise physiologist who owns it and does classes and one-on-one, so I'm thinking of starting going to see him.

We've always kept active. We're caravanners, and we love walking gorges, whether they be 100 meters down or 100 feet down and up. So, I've kept fit in other ways. Not that I do outright exercises as such, but we'll see if I can get some motivation back again. I just feel as though everything I've tried hasn't really been of much benefit, because I keep getting something else go wrong. But anyway, I should keep trying.

Naomi Creek 12:35

Thank you. Cherie.

Janet, do you think with the movement that we're doing, like Cherie and Shayne are, are we targeting the parts of the body that are affected by axSpA in the right way, or do we need to do more intricate, targeted exercises that are perhaps provided via, say, a physiotherapist or exercise physiologist?

Janet Millner 12:55

Thanks. Yeah, the way I think of it is, it's the combination that can be helpful. And I almost think of it like pieces of a pie. You might have one piece that's cardio-type exercises and activities, another piece that is, sort of, more strength and functional things like balance. Or it could be enjoyable activities, dance-based exercise or something like that.

Another piece of the pie, to me, I think that can be really helpful is targeted exercise. That's where it is if people are able to — and I understand, you know, access can be difficult sometimes — but actually getting some advice as to what might benefit you, I think, can be really helpful.

So, the other things are all exceptionally helpful for our bodies, generally. Our bodies were made to move, and our body systems are really geared to moving, and it's that movement and exercise that's the cue to keep all our systems working, which is why it helps us so much. From everything from mood and brain function down to how our heart and lungs are working to all the way to the tips of our toes, really. Our bodies certainly benefit from exercise and movement as an entirety.

But, specifically for axSpA, then exercises that are specifically designed to address that stiffness of the spine and the hips and the shoulders can be really helpful. In addition to that, or, I would actually think of it as it's actually a good thing to do first, that helps you do the other things. We use a lot of dynamic mobility exercise, which is really good for helping with pain and stiffness. And by increasing range of movement, you can function better and move more easily.

So, as an example, I'd say someone who has tightness at the front of their hips — which is quite a common problem with axSpA — then actually doing some regular stretches, which may only take a minute or two a day. We're not talking about lots and lots. That can allow somebody to stand up straighter, to walk better, and that's, then perhaps find their daily walk more enjoyable. So, that's just a kind of a simple example. But there's really a lot of research to show that mobility and dynamic stretch type exercise is effective specifically for this condition.

Naomi Creek 15:08

Thanks, Janet. That makes a lot of sense, actually. Can you explain how you go about assessing patients in your clinic and working out what the best exercises are for them?

Janet Millner 15:17

Well, I'm really lucky, because I work as part of a team, and that team includes a rheumatologist and a nurse practitioner. We work together with the patients attending the clinic on this. But, with our initial physio assessment, what we're trying to do is gain an understanding of the person's symptoms and how they're impacting on their lives. And really, we want to know all about what's the condition itself? What sort of specific problems is that causing at the moment? How active is the arthritis? How well controlled it is, and what musculoskeletal issues might be impacting on it as well?

And we, actually, then perform a series of measures of a person's spine, shoulder and hip movements. And the idea with those is that we can monitor them over time, so we offer kind of like an annual review where we go over the measurements again.

But the other thing those measurements do is they give feedback to us, and more importantly, the person that we're working with, as to how well their spine is moving. And also, it actually gives us clues as to what would be the best and the most targeted exercises. Because, you know, you could waste a lot of time doing exercises that might be nice to do but don't necessarily make a lot of difference to your particular movement, and I don't think people have got time to do that. So, we try and really target, hone in on those key ones.

So, the important part of all this and where we're heading to is to try and work together to develop that tailored exercise plan. And ultimately, it's always the person's choice as to how much they want to go into that.

Naomi Creek 16:50

Yeah, brilliant. And what about accessing physios in general? And I guess programs like these. Is that easy for people to do and what's the cost of these things?

Janet Millner 17:00

I work in the public sector, so I'm lucky I don't have to think about this too much, but certainly people are entitled to some Medicare visits in Australia for axSpA, and I would certainly look for health professionals that have some knowledge of the condition.

But also, we like to support people learning about how they can look after themselves, because that's something you can keep going forever. People that will help you do that, I think, are important, rather than ... Passive treatments can be really helpful for the short term, but they don't help you much in the long term. Generally, looking for somebody that can really help you, identify what's going to help you as a long-term program, I think, is important.

Naomi Creek 17:40

Yeah, and particularly for people like Cherie, who does live in a more remote area of South Australia, accessing a physiotherapist might not be something she can just jump in a car and go down the road and see one. So, having a plan, you know, an exercise plan, or movement plan for a few months would be a great idea for someone like that.

Janet Millner 18:01

Absolutely, we are not talking about the sort of physio where you go and see the physio two or three times a week, necessarily. That might be helpful if you have an acute injury. But not really for this, we're more looking at — we'll set up this plan, we'll work with the person. We'll set this up and “Go away and

practice it and see how you get on, come back and tell us about it", and then together we can modify it and adapt it. Has it been too much, too little? Has it made a difference? Normally, we just do that every six months to 12 months. It's asking a lot of people, but we think just having that plan can be really quite a big factor.

Naomi Creek 18:34

Shayne and Cherie, what's your experience been with physios?

Shayne Van Der Heide 18:38

I see an osteopath instead of a physio. I've found that the person I see is well in tune with my condition. I've been seeing him for 10 years now, so he's definitely got an idea of when he pushes me too far. And I go for what I call a tune-up or a service every six weeks and discuss my exercise plan that I've developed for the pool with him. To go through to make sure I'm not doing anything wrong there, but doing stuff that's helping me with the stretches I do in the water.

Naomi Creek 19:07

Great.

Cherie Cleland 19:08

And in my case, have certainly seen, originally, chiropractors, but I don't like that anymore. I prefer physio and even the exercise physiology. I see them three or four times. They give me leaflets showing what exercises they teach me at the visit. And then I've got those in writing to take home and continue.

So, I've tended to just see them a few times, perhaps a follow-up after a few months, and then I am happy to be on my own. So, I know that if something does flare, I've got them to bring out and refresh my memory. I don't do them all the time like I should, but they are there if and when I need them. So that is what I've learned to do over the years. Now we do have the gym 13 kilometres away, so it is easier, but at one point we didn't have access to a physio. It was 200 kilometres, or 100 kilometres to a physio through COVID.

Naomi Creek 20:13

And you mentioned flares there. That was something I wanted to touch on next about managing those flares. So, having that exercise sheet or something you can refer to is quite important, because you do forget these things over time, don't you? These specific movements that we need to do? What other ways do you manage your flares, Cherie?

Cherie Cleland 20:30

I suppose after all of these years, it is just a matter of taking a bit more pain relief, if you can get it, and resting more. I tend not to be a typical arthritis patient, that I never have the red, swollen joints. All of my issues tend to be hidden inside ligaments and tendons and spine, and so it is hard to ask for help from the rheumatologist when there are other things to consider. If we change something, will it impact one of the other conditions? And so mostly I just manage. And there's flares. They're certainly not as bad as rheumatoid ones in my experience.

Naomi Creek 21:13

And Shayne, have you got anything to say there?

Shayne Van Der Heide 21:14

I'm not on pain relief all the time, so when I have a flare-up, I take some pain relief. For me, it's just Panadol nowadays. Yeah, probably just take things just a little bit easier when it's a really major flare-up, as opposed to just a minor one, or just push through it a little bit further.

Naomi Creek 21:31

Janet, when patients do have flares, do you think to balance between the rest and the movement and identifying what things should be done? What do you suggest?

Janet Millner 21:40

Absolutely. Yeah, I think you're right. Probably another benefit of having that kind of a regular exercise plan or routine is that it then allows for modification if you need it. So, I think the key is adapting what you would do usually, which might be by reducing the length of time for a particular activity or performing it at a lower intensity for a while.

It's quite important not to stop, unless it's really a new issue or a new problem. Then, adapting or modifying is generally the way to go, so that you're perhaps alternating rest and movement. And continuing even with just a few large range mobility exercises, just to try and prevent that increase in stiffness that can happen if you rest for too long at a time, I think. So, just trying to think of doing something every day or most days, can really stop that happening, because it can be so hard to get back again then, if you get too stiff and sore.

And then, as you improve, just gradually returning to your plan. But you know, of course, that should be done slowly. Some people like to do, you know, the boom and bust. They go, I'm just going to push through it. Some people are really, they know themselves. That's what they do. They're very determined and want to just get back straight away to what they were doing. And no, not, no messing about. But sometimes people can come a bit unstuck with that. So, we kind of recommend that you try and be a bit patient and just persist, and you'll definitely get there.

Naomi Creek 23:04

Yeah, and I guess some of these flares and or exacerbated symptoms can be almost self-inflicted, sometimes, in that we may be doing things in maybe not identifying things in our work life or lifestyle, that are aggravating these symptoms.

So, I wanted to touch on your work life and home life, and has there been any modifications that you've made to make things easier? I can see Shayne is using a sit-stand desk to help him relieve some symptoms. What other things have you guys had a look at with that?

Shayne Van Der Heide 23:36

I've got a chair. The chair that I sit in when I sit down that's specially designed to support my lower back and my hip area, yeah, just having some modifications around the workplace that are ergonomic, probably more to the point than anything else.

I used to have some time that I was able to work from home — that's become a new thing for people to be able to work from home, or work from home, as I have done today, to just relieve the pressure. I can go lay down or sit down in a comfortable chair for a little bit to just take the pressure off me, in that sense, as opposed to at work, or it's just full on. So

Naomi Creek 24:10

Yep, and Cherie?

Cherie Cleland 24:11

Yes. Likewise, I have back cushions that support the lower back. I've got them dotted around the house. I have an electric bed now that I can adjust the angle of. I need to have my upper body slightly elevated for multiple conditions. And I've learned that I can do chores or tasks in blocks. I might do half the vacuuming of the house and then have to sit down. I enjoy my craft and so I do my chore and sit down for half an hour until the pain eases, and then I go back to finishing, if I can. And I know what exacerbates more and try to avoid that. We're in a drought at the moment, and I was trying to save water from our washing machine to keep the garden alive, but I realised that was doing damage, so I've had to pass that role on to my husband.

Naomi Creek 25:08

It's a good idea, yeah. So just, it's just being aware of what we're doing each day and suddenly realising, oh, that's the cause of it. Have to change that habit.

Cherie Cleland 25:17

Yep, that's right.

Shayne Van Der Heide 25:18

And pacing is a fairly good way of getting the job done, where you do part of it and then take a bit of a rest time and then come back and finish the job off. So, don't expect to finish it all in one hit. And you get used to things like that, that things take a little bit longer, unfortunately.

Naomi Creek 25:34

Yes, for sure, and I wanted to — coming, sort of, towards the end of our episode — but we haven't really talked much about mental health, and it's certainly something that gets in the way of our lives, living with chronic conditions.

And how have you guys handled living with any aspect of mental health? You must have had a lot of ups and downs over the last 20 odd years, which you've been living with these conditions for.

Shayne Van Der Heide 25:56

Are you of fairly strong mind, but you do have your ups and downs. You sometimes, you doubt yourself. I saw something I'd never thought I'd say in a sentence, is my name in a psychiatrist visit. Especially during COVID, where I couldn't have the opportunity to do what I wanted to do, exercise-wise. But yeah, just as when you identify you've got a problem, you need some help, it's always good to put your hand up and say ok, time to get that help that you need because, yeah, he's a big demon these days. And even some big, tough people see psychiatrists.

Naomi Creek 26:26

Of course, yeah. And I guess these, being down, feeds into not wanting to do things, and then you move less. And so, it's important to really keep on top of it, if we can.

And how about you? Cherie,

Cherie Cleland 26:38

Yes, it certainly has been a roller coaster. I'm normally a glass-half-full kind of person, but for some reason, my last knee replacement was just the straw that broke the camel's back, and I have severe restless legs, and so my sleep was terribly disrupted.

It turned out the Clexane injections, as blood thinners, aggravated the legs and the pain medication did. So finally, the way around that — because I did get very low — I didn't see psychiatrists, but I went to the GP and also to a respiratory specialist.

I advocated for myself to find a new antidepressant that didn't aggravate the restless legs as well, and changed some medication, and eventually managed to work through once I was able to sleep better again. So that was just a low point that I've now moved. Thankfully.

Naomi Creek 27:37

Good for you, Cherie. I think the roller coaster is such a good analogy, isn't it, for what we have to live with with these conditions. Thanks so much.

Janet, we have a question from rheumatologist, Dr Yoon, who was in our first episode. Dr Yoon, go ahead.

Dr Yoon 27:52

Janet, should I refer an axSpA patient to see a physio as soon as they are diagnosed?

Janet Millner 27:59

I think that's a good idea, because I think that physio can help with education, explaining the role of exercise, specifically that we've talked about, and just working through any questions, any concerns they might have.

People that have been diagnosed recently, in my experience, have often, do what we all do, and turn to Dr Google, and so sometimes that can be quite a fearful time, just for that reason. And so, actually having a talk through that, and talking about why that information isn't relevant anymore, perhaps, and presenting a more realistic picture, given that medication and treatments are so much better than they used to be, and how then exercise can support that.

The reason, probably, for, we touched on occupation before, and just having a chat about occupational choices as well, aiming for that. You know, the ideal is kind of the “just right” zone. You don't, you don't really want an occupation that's too sedentary, but you don't want one that's too extreme with physical activity either. So that concept of just right is important too.

Having said that, once, if younger people are well controlled with their medications, now, it may well require far fewer visits to health professionals than people have in the past, in their future, but I think at the beginning, it can be really important.

Naomi Creek 29:17

Thanks, Janet, it sounds like a good idea for rheumatologists to at least suggest to patients to see a physio to get that initial important education and exercise advice. We actually have one more question for you from Dr Yoon. Go ahead, Dr Yoon.

Dr Yoon 29:30

Janet, what lifestyle changes can I suggest to my patients with axSpA that could complement their treatment?

Janet Millner 29:38

Well, I think, as we've discussed, really it's that combination of all of the lifestyle choices that are recommended for all human beings to try and keep themselves healthy in our modern society. But

exercise is the one we focus on, partly because it's not naturally built into our lifestyles, and we know the human body. Exercise, really, to stay healthy, and we know that exercise has specific extra benefits for this condition.

For a young person, we set the bar quite high. Now we are looking to help them try and maintain normal, or close to normal, axial range of movement. Couldn't have said that 20 or 30 years ago. So that's really great, but that's how important it is.

And so, yeah, trying to work out ways that individual person can make it work for them and fit it into their lifestyle in a way that's hopefully enjoyable. You know, a reason to keep fit and not a chore is really important. So, I guess I'm quite biased for that one, but I also see the benefits that exercise has on all the other things. Like it's better for our mental health and it's better for our stress management and it's better for our sleep and all of those things.

Naomi Creek 30:53

Great. Thanks. Janet, well, that brings us to the end of our episode, but I have one last question for all of you. What is your best advice for someone who is just starting out on their axSpA journey? And I'll start with Shayne.

Shayne Van Der Heide 31:07

Learn of what it's all about and keep moving.

Naomi Creek 31:11

Yep, and Cherie?

Cherie Cleland 31:12

I guess I really feel strongly in this day and age that you have to advocate for yourself with your health and say, find out as much as you can by asking the doctor, but also, as Shayne has done, joining a support group. But, just be aware that you really are responsible for yourself, and you need to put that first, sometimes.

Naomi Creek 31:35

Great advice. And lastly, Janet?

Janet Millner 31:38

I would say, try and be your own coach, but be a supportive coach. Don't beat yourself up, don't compare yourself with everyone else. Actually, just try and be kind to yourself, I guess, and celebrate your achievement. Celebrate when you're 1 per cent better at doing something, or you do 1 per cent exercise more in that week than the previous week. Eventually, all those one per cents will add up and will make a difference.

Naomi Creek 32:01

Fantastic advice. Well, thanks so much, everyone. It's been a lovely episode.

Janet Millner 32:06

Thank you.

Cherie Cleland 32:07

Thank you.

Shayne Van Der Heide 32:08

Thank you.

Naomi Creek 32:09

Well, that wraps up our third season for Patient PrepRheum. Today, we learned about the importance of lifestyle choices, particularly regular exercise and exercise plans for managing axSpA. Janet explained the role physiotherapy plays in providing targeted exercises and support, and Cherie and Shayne shared their experiences with exercise, including bike riding and hydrotherapy. We also heard from our guests of ways to manage flares, mental health and the importance of self-advocacy.

Thank you again to all our wonderful guests for coming on to share such valuable and insightful information for those living with axSpA.

Naomi Creek 32:50

Thanks for listening to this episode of Patient PrepRoom. Click “follow” wherever you listen to podcasts and join the CreakyJoints Australia community to receive additional resources to help you live your best life despite arthritis. Join for free at creakyjoints.org.au.

CreakyJoints Australia recommends that you always consult with your medical provider to ensure you remain at the centre of your healthcare. This podcast was made possible with support from UCB Australia.

If you've liked what you've heard, be sure to rate our podcasts. Write a positive review and spread the word by sharing with your friends and family; it'll help more people like you find us.

Narrator 30:43

Be inspired, supported and empowered. This is the Global Healthy Living Foundation podcast network.