



# The Bone and Joint Decade **NEWS**

Promoting musculoskeletal health

*Keeping people moving*

[www.boneandjointdecade.org](http://www.boneandjointdecade.org)

Issue 2. 2012

## The Global Alliance for Musculoskeletal Health

### Letter from the Chair

The key task of the International Coordinating Council (ICC) is to raise the profile of the Bone and Joint Decade (BJD) and musculoskeletal conditions at the global level. In particular the ICC has been focused on raising the profile of the BJD at the highest levels of the World Health Organisation (WHO).

For 2012 these efforts are continuing and the ICC is working closely with the WHO to achieve the ambition of formal recognition of the BJD as an official WHO Non-Governmental Organisation (NGO).

I am sure that through your own efforts to raise awareness for musculoskeletal conditions at the regional level and within your own countries that you recognise the influence that the WHO holds over local health policy.

It seems clear that musculoskeletal conditions are much more likely to be endorsed as a major public health issue at the national level if it is already recognised as such by the WHO at the global level. This is why it is so important that the ICC pursues its efforts to raise the awareness of musculoskeletal conditions within the WHO. Conditions which most affect the quality of life and are the biggest causes of disability, such as musculoskeletal conditions, deserve the highest level of priority from the WHO. We need to shift the paradigm from just about quantity of life to quantity of quality life.

The objective of the WHO in working with NGO's is to promote the policies, strategies and activities of the WHO and to collaborate with NGO's in jointly agreed activities to implement them.

The BJD, with its global network that includes **all stakeholders across the globe, considering all musculoskeletal conditions** is uniquely positioned to deliver this partnership with the WHO while simultaneously working to position musculoskeletal conditions more prominently within WHO priorities.

I will keep you informed of our progress to achieve official NGO status.

Elsewhere in this issue you can read about the sustained efforts of the National Action Networks whose initiatives and events continue to support the cause of musculoskeletal conditions at the regional and national level.

Finally, on behalf of the ICC, I would like to thank the BJD National Action Network in Viet Nam and accept their kind invitation to host the 2012 World Network Conference in Ho Chi Minh City. The conference is scheduled from 30<sup>th</sup> November to 2<sup>nd</sup> December 2012 and I look forward to seeing as many of you there as possible. We need to learn from you all about how we can work better together to achieve goals of more effective prevention and treatment of musculoskeletal conditions. Read more about the preparations for the World Network Conference and how to register inside this Newsletter.

Regards

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# World Network Conference 2012

in partnership with SRS Lectures Course-SSHV 18 and  
Operative Spine Course



Ho Chi Minh City, Viet Nam

Majestic Hotel

Friday 30<sup>th</sup> November to Sunday 2<sup>nd</sup> December

Working Better Together

This meeting aims to bring together key opinion leaders from orthopaedics, rheumatology, rehabilitation, public health, patient organisations, journal editors and other relevant backgrounds to consider and make recommendations of how to improve the provision and outcomes of care for musculoskeletal conditions by Working Better Together. The potential contribution of different health professionals and patient organisations will be highlighted and there will be the opportunity for presentations from NANs and organisations about working better together.

A Patient Advocacy Meeting will also be held on Sunday morning, led by Amye Leong. This will provide an opportunity for local people to explore the challenges they face in their country and to learn more about how they might become empowered through advocacy.

Part of the programme will be dedicated to an Educational Symposium to review the team management of musculoskeletal conditions by experts from multiprofessional disciplines.

A Summit Meeting will be held for key opinion leaders from South East Asia to consider and agree how to work together nationally and regionally to advance the priority for musculoskeletal health and science in the region with the potential to form a BJD Regional Forum.

A National Action Network Meeting will be held on Sunday morning, led by Deborah Kopansky-Giles. This will be a dedicated 3 hour session for all delegates from the networks to meet followed by a NAN working lunch. There may be a specific theme or topic and further news will follow.

The **DRAFT PROGRAMME** and **REGISTRATION FORM** can be found on the BJD website [www.boneandjointdecade.org](http://www.boneandjointdecade.org). Please take a look and you will see that this will be a marvellous opportunity to be part of a very stimulating meeting where you can take an active part in forming new networks and developing better ways of Working Together. We need you there to drive forward the aims and objectives of the BJD towards our vision of a society where prevention, treatment and care of people with musculoskeletal disorders is of a high standard and consistently accessible. The facilities at the Majestic Hotel are superb and we are promised a fascinating insight into the culture and customs of this beautiful country.

**WE HOPE TO SEE YOU THERE!**



## From the Office in Truro

### Our National Action Networks

The strength of the BJD is the National Action Networks which bring together all the stakeholders at a national level. We recognise the need to support them and share learning from them. The NAN policy has been updated to improve the interaction between the NAN's and the ICC.

We have conducted a survey with the NANs to see how we can all best work together. 15 **NAN Needs Assessments** were returned; requests included circulation of a quarterly newsletter and a regularly updated website.

Preferences are:

- ◆ communication by email;
- ◆ circulation of an Annual report.

There was support for the idea of a **mentorship programme** and some offered themselves as mentors; a three-way membership model was suggested comprising ICC Member or Ambassador / Mentor / Mentee.

Most were interested in communication through social media like **Facebook** and through website forums. There was also support for **webinars** as a means of communication. A **webinar** was recently held between the Chair, Tony Woolf and the Norwegian NAN and was an effective way of sharing goals and discussing activities to achieve them.

The **World Network Conference** was considered to be **great value**, preference was for combined meetings and should include a 3-hour NAN session. There were suggestions for NANs to present their successes limited to 4 NANs each time. Need to consider funding a NAN bursary programme to help attendance. Updating each other on activities is important and it was highlighted that NAN posters present logistical issues; it was suggested they are reduced to A4 size and included in the delegate pack. There should be a nominal prize for a poster.

The ICC believes firmly in the relationship between BJD central and the NANs as a two way process, with value demonstrable on both sides.

It is felt by the ICC that there is a real need to **reactivate and refresh** these relationships on a continuous basis.

### The new BJD Website

**A new website is currently under development and we hope to launch it by the end of June. The website will be populated with information to support our work in gaining priority for musculoskeletal health and to support the activities of the BJD.**

### Bone & Joint Awareness Week

The Bone and Joint Awareness Week encompasses different days dedicated to different aspects of musculoskeletal health which are promoted by separate organisations.

We are keen to use this opportunity for the BJD to promote bone and joint health and hope that you will help colleagues in supporting their specific days.

In the past many NANs have run their own events and we are greatly appreciative of their efforts. Please keep us informed of your plans.

We see our role in this week as one that will promote rather than endorse and we are happy to encourage all activities that lead to the promotion of musculoskeletal health.

We will be distributing a general message for the week via email and website.

- ◆ **October 12 - World Arthritis Day**
- ◆ **October 16 - World Spine Day**
- ◆ **October 17 - World Trauma Day**
- ◆ **October 19 - World Pediatric Bone & Joint Day**
- ◆ **October 20 - World Osteoporosis Day**

**A BJD Reception** was held on 9th February in San Francisco at the time of the AAOS Meeting. This informal briefing session followed the same format as that held during the very successful ACR Meeting in Chicago last November. It is a practical way to gather together those interested in gaining priority for musculoskeletal health to discuss common objectives. It also provides an opportunity to learn of the aims of the Decade and of the activities being undertaken and planned to overcome the barriers to gaining this priority at the policy and political level and to see how we can all work together at all levels on these common objectives. We intend to hold similar events at major meetings during the year and will keep you informed.



## News from the Networks

While the ICC has been focussed on developing high level relations at the WHO, the essential work of the BJD at a national level has continued through the NAN's. There have been many initiatives.

### From the BJD in Croatia

Jadranka Morović-Vergles, BJD NAN Coordinator, sent news about an event organised by their Network called "The Day of Early Recognition of Arthritis". In Croatia there is an insufficient number of rheumatologists (only 30% of the needed number) so that patients have to wait longer for examinations. On 21st April 2012 Croatian rheumatologists volunteered to give 500 examinations for free. Rheumatologists included in this event were from hospitals in Zagreb: Dubrava University Hospital, University Hospital Zagreb, University Hospital "Sestre milosrdnice" i "Dr Drago Čop"; from Osijek: University Hospital Osijek; from Rijeka: University Hospital Rijeka and Opatija:Thalassotherapy.



### From the BJD in Pakistan

News from Mrs. Ghazala Hameed, BJD NAN Coordinator, with a report from the Pakistan Society for the Rehabilitation of the Disabled

#### Activities

- ◆ Pakistan Day was celebrated in the High School with a colourful program in which school children participated with great enthusiasm.
- ◆ Old Students Association of PSRD celebrated its 17<sup>th</sup> anniversary. Students with disabilities who had passed out of PSRD school, many of whom are in well placed jobs participated whole heartedly.
- ◆ PSRD participated in a Seminar on disability organized by SKW Life for Limb Loss.

#### Advocacy

Briefing on person with disabilities and their problems was given to students from FC College, Social Welfare Department of Punjab University, Allama Iqbal Medical College, Department of Special Education, Civil Services Academy and other prestigious institutions.

Briefing was also given to members of the media.

#### New Developments

College of Rehabilitation Sciences has been set up at PSRD in collaboration with RIPHAH Islamic University, Islamabad. It will prepare students for a degree in Physiotherapy and subsequently Post Professional Doctor of Physiotherapy.

#### Future Activities

Synergies in Education Seminar is being held on 16<sup>th</sup> & 17<sup>th</sup> April in collaboration with Government of Punjab, DFID and the British Council. It aims to bring together conventional and unconventional stakeholders to discuss the possibility of coordinated action by Civil Society, Government, the Private Sector and the Media to tackle Pakistan's Education Emergency.

One session will be devoted to Inclusive Education with the aim of increasing enrolment of children with disabilities into main stream.

## News from the Networks

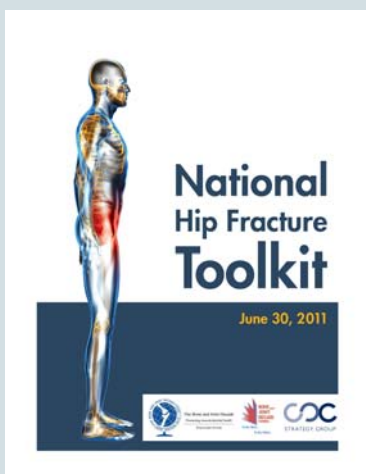
From Bone & Joint Canada (BJC) <http://www.boneandjointcanada.com/>

### BJC: Development and Implementation of the National Hip Fracture Toolkit

Canada is a vast country which is divided into 10 provinces and 3 territories. Each province manages its healthcare system independently with some funding but little oversight from Health Canada, the Federal Government health care agency. National strategies to improve care at the bedside are therefore complex and often unsuccessful. In 2006 Bone and Joint Canada (BJC), through Health Canada funding, built a virtual community of health care workers, researchers and policy makers across large geographically separate regions to improve care for hip and knee replacement patients. Best practices were identified and were shared through a comprehensive knowledge translation/knowledge spread initiative. This program led to reduced wait times for patients as well as measured improvements to clinical process such as reduced length of stay.

With the success of the hip and knee replacement project, following its completion, the health care leaders across the country came again together with plans to improve care for hip fracture patients.

#### *Hip Fracture Toolkit*



In July 2011, BJC developed a National Hip Fracture Toolkit that provides information on best practice care for patients through pre operative, surgical intervention and postoperative care including facilitating functional recovery through rehabilitation. The Toolkit was developed using evidence where literature was available and consensus where evidence was limited, with input from content experts and involvement from all provinces. As patients often require transfer between medical specialists and between organizations for care, the management of hip fracture patients requires both a system and a clinical framework to effectively manage their care needs. The Toolkit therefore addresses many systems issues as well as taking a holistic approach to clinical care including the management and prevention of medical complications for this frail group, as well as the prevention of future fractures. The focus of the Toolkit is to optimize patient's functional recovery so that more patients are able to return home rather than wait in our hospital system for placement into Long Term Care. This toolkit was made available on the web site [www.BoneandJointCanada.com](http://www.BoneandJointCanada.com)

In January 2012 BJC received funding from Health Canada to implement the National Hip Fracture Toolkit by support of multiple initiatives at the local level. These initiatives include the dissemination of the Toolkit to health care professionals across Canada, knowledge translation on best practices and implementation activities to improve patient care in each province. Over the next year projects are being implemented across the country including the development and implementation of clinical pathways, expansion of local pathways to a provincial level, and improved access to osteoporosis care.

BJC is again using a knowledge translation/knowledge spread framework thereby leveraging the clinical best practices across the country. Additional national initiatives that have been identified are the development of patient educational materials and the collation and reporting of data. Although these mandates fall within the purview of the local regions and provincial governments there is the opportunity to reduce duplication by creating tools that can be available nationally and adapted for local region need.

In a country as diverse and geographically separate as Canada, BJC has been successful in working with the different needs of the provinces by leveraging the umbrella of the international Bone and Joint Decade community. Through relationship building, BJC is improving the management of the hip fracture patient by bringing together committed leadership including clinical, administrative and government leaders. The ultimate goal is to improve clinical care and health service utilization, which should allow more patients to return home after their hip fracture. BJC looks forward to working with other countries and welcomes advice on improving care for this vulnerable patient population.

## News from the Networks

### From the Bone & Joint Initiative USA <http://www.usbjid.org/>

#### USBJI Honors Dr. Stephen Katz

The USBJI honored Dr. Stephen Katz, Director, National Institute of Arthritis and Musculoskeletal and Skin Diseases, during dinner on October 12 at the time of the Musculoskeletal Summit. USBJI President Dr. Templeton presented him with a plaque in appreciation for his support and leadership over the past ten years in advancing the mission of the Bone and Joint Decade.



*Dr. Kimberly Templeton, Dr. Edward Puzas, Dr. Stephen Katz, Toby King*

#### Plans and changes in 2012

During 2011 our name was successfully changed from the United States Bone and Joint Decade (USBJD) to the United States Bone and Joint Initiative (USBJI), which is designed to reflect the ongoing and vibrant organization we have become. As of January 1, 2012, most stationary and materials have been changed to the new name. In some instances the old name is still in use, but we aim to operate entirely under the new name as quickly as possible. Our 501(c)(3) status remains the same, as does our EIN number.

The USBJI is the U.S. National Action Network of the worldwide Bone and Joint Decade, which is comprised of similar networks in more than 60 countries.

Their web site address has been changed to [www.usbji.org](http://www.usbji.org).

Their email addresses and office phone numbers have changed as well, and are as follows:

Linda Cook, Administrative Coordinator 847-430-5052, [lindacook@usbji.org](mailto:lindacook@usbji.org)

Toby King, Executive Director 847-430-5053, [tobyking@usbji.org](mailto:tobyking@usbji.org)

Shari Maier, Public Education Programs 847-430-5054, [smaier@usbji.org](mailto:smaier@usbji.org)

Mary Baburich, Young Investigators Initiative 847-430-5055, [marybaburich@usbji.org](mailto:marybaburich@usbji.org)

Priorities during the coming year include: expansion of The Burden of Musculoskeletal Diseases in the United States – Prevalence, Societal and Economic Cost; Project 100 (undergraduate musculoskeletal education); the Young Investigator Initiative designed to increase the pipeline of musculoskeletal researchers and funding of musculoskeletal research; our public education programs including Experts in Arthritis and Fit to a T; inter-disciplinary forums, including follow-up to the summit on The Value in Musculoskeletal Care, a workshop on Chronic Osteoarthritis Management; the Pediatric Specialties Group will continue to focus on the effects of obesity on musculoskeletal health; Bone and Joint Health National Awareness Week (Oct. 12-20).

### From the BJD in Japan



A free quarterly magazine on musculoskeletal health aimed at promoting the importance of musculoskeletal health throughout the country has recently been launched by the BJD in Japan. They have already published 3 issues and are gaining a good response. The magazine has been distributed to all 73 participating groups of BJD Japan as well as to people joining the public lectures on musculoskeletal health. One hundred thousand copies have already been distributed throughout the country.

Each issue includes interviews with famous actors, singers and also the Olympic and Paralympic athletes, who explain how they manage their musculoskeletal health. There is also a Q&A section on musculoskeletal systems as well as articles that introduce the academic groups that form BJD Japan.



## News from the Networks

### From the BJD in AUSTRALIA Report from NAN Coordinator Ruth Lilian

The last few months have seen a hive of activity with our main efforts, by a number of dedicated people, focused on **Injury Prevention** and specifically **Knee Injury Prevention**. A submission to the Australian Government, via the Ministry of Sport on "Sports Joint Injury is Preventable", has been completed.

**BJD Ambassador David Hunter**, together with a number of researchers, sports authorities and government agencies, have designed some simple and workable programs that typically consist of a warm-up, balance, stretching, strengthening, plyometrics, and sport specific agility training. These programs have generated widespread support from eminent international organizations including the IOC (International Olympic Committee) and FIFA (International Federation of Association Football). Despite the demonstrable public health impact of joint injury and the known efficacy of these prevention trials, program dissemination and implementation has been limited in Australia.

To make sport safe for all participants, an effective population-level response to sports injury is now needed. This BJD Sports Injury Prevention Proposal will inform ongoing developments and directions for national/state approaches to sports safety policy and practice. This will necessarily involve national and local sporting organisations, government bodies and both health promotion and sports medicine agencies.

In the time that the submission was finalised, the Australian Government had a change in Ministers and I am pleased to report that whilst Professor Hunter had the opportunity to meet with the previous minister, the minister now in place has called for a briefing.

This is indeed encouraging. I hope to update you for the next newsletter.

Australia has recently updated its **website** and is now linked to all musculoskeletal affiliated organisations. The site is also linked to the international website. Address details are unchanged - [www.bjd.org.au](http://www.bjd.org.au)

**Arthritis Australia** has just celebrated the 2012 Arthritis Week and, as a result of this, some excellent media relating to osteoarthritis in the daily press, television and radio interviews were achieved. Ambassador David Hunter has been busy lecturing on behalf of Arthritis Australia and the press received during the Week was very well received.

..A popular television current affairs program, that screens on a Sunday evening, has dedicated a segment of its program to Osteoarthritis and the program is planned for early April. Links to the program will be on the BJD website.

..Tony Woolf will be visiting Australia in May and BJD representatives look forward to meeting with him and discussing what is happening internationally and future direction.

..We hope to run public forums in October to coincide with World Arthritis Day and the BJD is to be represented at a number of conferences during 2012, including the largest General Practitioner Conference held in Sydney; the National Conference of Sports Medicine Australia and the Australian Rheumatology Association Conference, which incidentally Professor Tony Woolf will be presenting at.

..Whilst activity continues for the BJD, we are also connected to the **International Decade of Action for Road Safety**. We have a collaboration in Australia known as **33900** - [www.33900.org.au](http://www.33900.org.au) 33,900 people were killed or seriously injured in road crashes in Australia in 2010. That is an average of four people killed and 90 people seriously injured every day. Worldwide 3,500 people are killed and 100,000 seriously injured every day on our roads. Road crashes are the biggest killer of 10-24 year olds.

..I have taken on the convenorship of the medical arm for this Decade and we have put together a Post Crash Response Pillar incorporating many of our BJD supporting organisations and specialty areas, as part of the 33900 Collaboration.

I wish you all well in your endeavours and look forward to seeing you all in November in Ho Chi Minh City.

Ruth Lilian, OAM  
Convenor



## Other News

### Breaking news from the Australian Rheumatology Conference

Preliminary results from the Global Burden of Disease project were presented by Prof Lyn March. This highlighted the enormous burden of musculoskeletal conditions and gained media coverage.

#### Concern as half hitting pain barrier

Canberra Times - [www.canberratimes.com.au](http://www.canberratimes.com.au)

Half of Australians suffer musculoskeletal problems, such as arthritis and backache, a new international survey has shown, prompting calls for greater effort to counter the disease. The figures are a "staggering" indication of the prevalence of such conditions, ranging from minor aches and pains to severe life-threatening types of arthritis .....

To read more view the web page: [click here](#)

#### Back pain and arthritis on the increase

Melbourne Age - [www.theage.com.au](http://www.theage.com.au)

Age, 15/05/12, General News, Page 4

By: Mark Metherell

The full article is posted here:

"ONE in two Australians have musculoskeletal problems such as arthritis and backache, an international survey has shown, prompting calls for greater effort to counter the disease.

The figures are a "staggering" indication of the prevalence of conditions ranging from aches and pains to life-threatening types of arthritis, says rheumatologist Lyn March.

Professor March says the survey shows back pain to be the "standout condition" and Australia's leading cause of disability triggering the greatest physical and psychological impact of all health conditions.

Osteoarthritis, low back and neck pain are other common conditions, affecting more than five million Australians. Knee osteoarthritis has been increasing at the greatest rate over the past decade, reflecting the increase in overweight and obese people and the incidence of sport injuries." MARK METHERELL

#### Aches and pains taking greater toll as the population ages, says study

Sydney Morning Herald, 15/05/12, General News, Page 4

By: Mark Metherell

Key facts from this article include:

- One in two Australians suffer msk problems
- Figures are a "staggering indication of the prevalence of msk conditions
- Back pain is shown to be the "standout condition", Australia's leading cause of disability
- Osteoarthritis, low back and neck pain affect more than 5 million Australians
- Knee osteoarthritis has risen at the greatest rate over the past decade, particularly in men
- Impact is growing as population ages
- Lack of research and medical attention is given to the rising demand for people to work on into older age
- Acceptance of these conditions is partly because the statistics are focused on morbidity rather than mortality - they rarely kill you
- Full results will urge sufferers of back pain & arthritis to take the right action early
- The disabling impact of such conditions could be significantly reduced by the right diet and exercise
- People need to be encouraged to be as physically active as possible
- Advice should be sought if pain is suffered while performing normal daily activities
- Not taking the drugs advised could increase the disability

Full results from this international study will be published at a later date at which point we will send out information to all our NANs, publish information on the website and write a more complete summary in a special edition of this Newsletter.







## Other News

### More news from Australia .....

#### **Australian Musculoskeletal Education Collaboration (AMSEC): Linking Healthcare to Education**

Assoc Professor Mellick Chehade Orthopaedic and Trauma Surgeon from the Royal Adelaide Hospital, Adelaide is at the helm of this project which will improve the health of the nation through better medical education delivery, supported by funding from the Australian Government.

The AMSEC Framework provides a detailed outline of the basic science knowledge required by graduating medical students and interns for effective MSK practice, and details specific competencies in key skill areas. The AMSEC competencies are broadly based on the BJD Global core recommendations for a musculoskeletal undergraduate curriculum and articulate with the Australian Medical Council (AMC) standards and procedures for medical school accreditation. The BJD competencies were originally designed to allow local adaptation. Accordingly, the AMSEC competencies incorporate all of the BJD competencies and have been expanded in detail to facilitate those additional competencies which best suit the requirements of our local curricula. The Framework has been designed to define the standard of MSK education appropriate for Australian universities and to provide suitable learning outcomes. The standards are defined in terms of competencies, with the supporting core knowledge, skills and attitudes defined and detailed to be consistent with the required competency level. It is envisaged that these competencies can be mapped into existing curricula enabling the identification of important gaps that need to be addressed, thus ensuring that an appropriate minimum national standard is achieved.

In addition, a series of linked on-line educational resources are under development through the collaboration to support the implementation of these standards. These will be freely available under a creative commons licence. It is hoped that this Australian initiative will expand into an international collaboration and be able to support more global improvements in MSK education with the support of the BJD”

#### **Sad News from Australia**

The Australian Bone and Joint Decade Community is saddened at the untimely passing of Professor Philip Sambrook OAM who died on 31 March at the age of 59, following a four year battle with cancer.

Phil was the Florance & Cope Professor of Rheumatology at University of Sydney's Royal North Shore Hospital Sydney and as the inaugural Medical Director of Osteoporosis Australia he made a significant contribution to the research and public awareness of bone health and osteoporosis in Australia.

As Past President of the Australian and New Zealand Bone and Mineral Society he was instrumental in the establishment of the Osteoporosis Australia/ANZBMS Research Foundation. He was also a member of the Asia Pacific Osteoporosis Foundation, the International Osteoporosis Foundation, and the American Society for Bone and Mineral Research.

Phil published widely, including articles in the New England Journal of Medicine and Nature. In 2008 he was awarded the Medal of the Order of Australia for his services to Osteoporosis Australia and osteoporosis research. At his funeral in Sydney on 11 April, it was announced that the Professor Philip Sambrook Memorial Award, honouring Phil's passion for bone research, has been set up and will be part of the Osteoporosis Australia / Australia and New Zealand Bone and Mineral Society Research Fund to be awarded annually to an outstanding young researcher to enable them to present their research at a prestigious overseas conference and as part of the Annual ANZBMS Scientific Meeting.

Phil will be sorely missed.



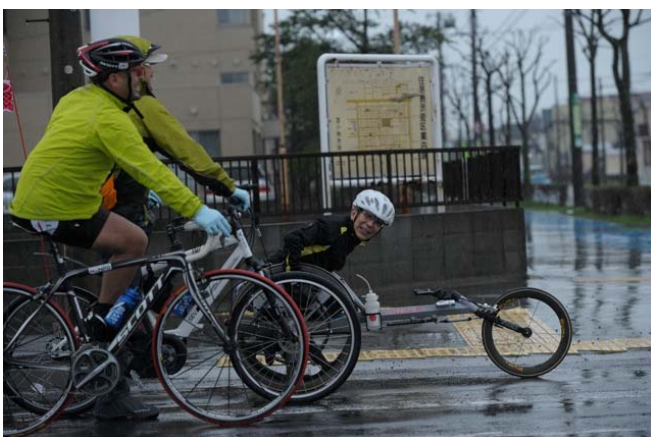
## Other News

**Shinji Kazama, BJD International Ambassador, has sent us these reports about their amazing initiative "The BJD across Japan with disabled people by bicycle".**



An appeal was sent out widely in Japan about the importance of "Bone and Joint Decade" and currently there are 120 handicapped people participating from over 20 prefectures with over 50 orthopedists also taking part. Promoting the Bone & Joint Decade as they go, they are hoping to draw attention to the "Importance of life" and "Importance of health" especially in the region of Sendai which suffered a lot of damage in the earthquake and tsunami of March 2011.

The relay started on 28<sup>th</sup> April with riders travelling in relay on bicycles, wheelchairs, or handcycles, from Sendai to Okinawa. Handing over the sash showing the BJD logo, they will be travelling in total an incredible 3000km over the course of 35 days.



The first day of the journey saw them cycling from Sendai-shi prefectural office, Miyagi prefecture, to a small village (a fishing port) Kotaki in Ishinomaki-shi (90km) through an area that suffered huge damage from Earthquake and Tsunami in March 2011. On this day in 2012 the countryside looked very beautiful and full of cherry blossom; from there they travelled northwards to Iwate Prefecture and Aomori Prefecture (440km).

In Sapporo on 5<sup>th</sup> May the weather was getting warmer and after an opening ceremony at volunteer centre, Ryouichi Nakai aged 36 with an artificial left leg, started as the first runner of seven, completing 100km by the end of that day.

**We are proud of their achievements and salute their courage as they ride toward the finish line in Okinawa on 4<sup>th</sup> June!**



## Other News ...

### **An exciting new collaborative project between Kenya, UK and Sweden ... The UWEZO Musculoskeletal Health Training Initiative**

Most people at some time in their lives will suffer a musculoskeletal problem or injury. These problems impact on all aspects of life and are a major cause of pain and disability. Musculoskeletal conditions (MSC) in Kenya, as in the UK, are common; the big difference is in how conditions are diagnosed and treated. In the UK access to early diagnosis, effective treatments and rehabilitation means that many people with musculoskeletal problems maintain their mobility and have a good quality of life. In Kenya the situation is very different - musculoskeletal conditions have a major impact on people's health, their quality of life and their ability to work and be financially secure.



Despite musculoskeletal conditions being so common Kenya has very few doctors that are trained in their diagnosis, treatment and prevention. Kenya has only 2 full time rheumatologists to serve a population of 41 million and the training of primary care physicians in musculoskeletal conditions is minimal. As a result there is a huge amount of suffering and disability that could be averted.

Where there is a lack of medical personnel, one approach which has proved effective is to train mid-level providers in the detection, diagnosis and management of disease. Another approach is to develop and utilise the skills and experience of patients. In order to meet the needs of people with musculoskeletal conditions in Kenya an innovative project has been developed which combines these two approaches. This project, the Uwezo Rheumatology Project, is a collaborative initiative developed by a team of clinicians, patients and researchers from the Royal Cornwall Hospitals Trust, the Swedish Rheumatology Association, the Association for Arthritis & Rheumatic Diseases of Kenya and Nairobi University.

**To date 19 musculoskeletal health trainers have received certification. These trainers have gone on to successfully train over 100 community health providers in the regions of Nairobi, Garrisa and Kericho.**

The Uwezo Project has trained physicians and patients from various regions across Kenya to become "musculoskeletal health trainers". Once certified, patients and physician teams work together in their region to train groups of health providers the basic skills needed for the prevention, diagnosis, treatment and management of musculoskeletal conditions.

These health providers work at a community level and are the first point of contact for anyone seeking medical care.

When caught early and properly managed, the severe and debilitating impact of musculoskeletal conditions on the individual and society can be significantly reduced. The patient/physician partner model has been successfully piloted in Europe but this is the first time a training course in sub Saharan Africa has utilized the skills and knowledge of both patients and physicians in this way.

The project received start-up funding from the International League of Rheumatology and so far musculoskeletal health trainers from 4 different regions have gone on to train over 150 community health providers. The success of this project to date has greatly exceeded our expectations, however there is much more to be done: The intermediate goals of the project include providing health providers from all regions of Kenya with basic training in the diagnosis and care of MSC, to improve access to timely and appropriate musculoskeletal care across Kenya and develop a website to support the project.

Our longer term goals include developing a programme of patient-led self management programmes across Kenya to help those affected by MSC to manage their own condition more effectively. We would also like to develop rehabilitation services and to increase the availability of appropriate, low cost equipment to help people affected by MSC live better quality lives.



## Other GLOBAL INITIATIVES we are proud to support ....

**We are proud pleased to announce the first congress of the Fragility Fracture Network, an initiative that originated within the portals of the BJD and which has now grown into the influential and successful network it is today.**

### 1<sup>st</sup> FFN Congress, 6-8 September 2012, Berlin

This outstanding global congress will be addressing the full pathway of care for fragility fracture patients, such as

Perioperative care	Surgical treatment	Rehabilitation
Secondary prevention	Research	Policy change

It will offer a unique platform for interdisciplinary knowledge transfer and interaction with leading experts from all over the world :

- ◆ Orthopaedic Surgeons
- ◆ Radiologists
- ◆ Osteoporosis Experts
- ◆ Rheumatologists
- ◆ Geriatricians
- ◆ Primary Care Doctors
- ◆ Anaesthesiologists
- ◆ Rehabilitation Experts
- ◆ Nurses and Allied Health Professionals

For further information please see the Congress website:

<http://congress.cpb.de/index.php?id=684>



### A Nation in Motion: Campaign Website is Live!

The American Academy of Orthopaedic Surgeons' national campaign, **A Nation in Motion: One Patient at a Time**, shares the stories of 450+ patients whose lives have been saved or restored through access to high-quality orthopaedic care. These inspiring stories illustrate the conditions, injuries and traumas that millions of patients have braved head on – and the excellent care that got them back to work and to their active, full lives. The patients featured on the website have shared their stories in one simple phrase, "Because of my orthopaedic care, I can ...." It isn't too late to submit your patients' stories on the site.

Visit [www.anationinmotion.org](http://www.anationinmotion.org) to submit, read the stories, and to play *A Nation in Motion the Game* online, and navigate the path of orthopaedic scenarios throughout life before you can successfully reach the "I Can! Club." The "I Can! Club" represents a full, enjoyable and mobile life.

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**On behalf of the International Coordinating Council the BJD Office in Truro wish you all the best for the next few months and will be back later in the year with another Newsletter. Please keep sending in your news about BJD activities, national news of interest to musculoskeletal health and policy matters that impact on the musculoskeletal health of your countries.**

**Our network is central to our work. Without you there would be no BJD!**

