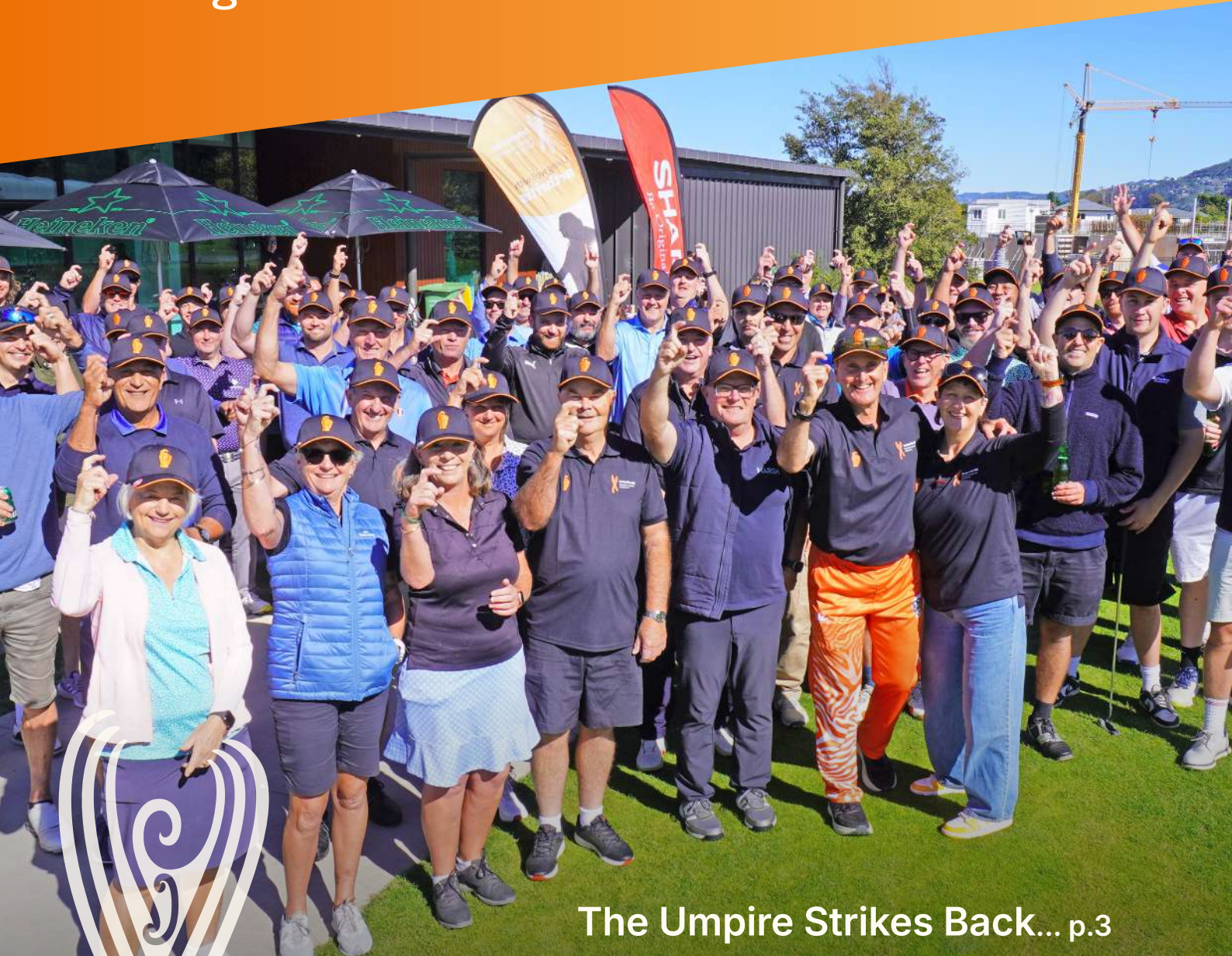


# JOINT SUPPORT

Living well with arthritis



**Arthritis NZ**  
Matepona  
Aotearoa



The Umpire Strikes Back... p.3

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# REBECCA'S Column

Welcome to the Autumn/Winter 2026 issue of Joint Support.



Kia ora koutou

As Arthritis NZ Mateponapona Aotearoa approaches its **60th anniversary**, it is a moment to reflect on how far the organisation has come and the community that has made that journey possible. From its beginnings in 1966, the goal has remained the same: supporting people across the motu who are affected by arthritis in its many forms.

This year also marks the end of our Chief Executive, **Philip Kearney's**, time with Arthritis NZ after nine years of dedicated leadership. Philip has helped guide Arthritis NZ through significant change, strengthening our partnerships across the health sector and reinforcing the power of community engagement. His focus on collaboration and evidence-based work has helped position arthritis more strongly in national health conversations.

Advocacy remains central to that work. With the 2026 general election approaching, we are continuing to ensure the voices of people living with arthritis are heard. By building relationships with MPs and encouraging

supporters to share their experiences with candidates, we aim to keep arthritis issues visible and push for improvements in areas such as early diagnosis and access to care.

Another encouraging development has been the Nesians improving urate-lowering therapy (NIU) research project that we helped fund and which demonstrates our desire to support community-led solutions. Pacific communities helped design culturally relevant gout resources that challenge stigma and improve understanding of treatment.

We are also grateful for the ongoing support of ambassadors like **Billy Bowden**, whose long journey with arthritis and positive outlook raises awareness around lived experience and the work of Arthritis NZ.

As our birthday nears, we are reminded not only of our history, but of the breadth of our reach today, supporting hundreds of people through our services each year and engaging many thousands more through our online channels.

Ngā mihi nui,  
**Rebecca Roberts - Chair, Arthritis NZ**

**OUR TEAM**

**IS HERE**

**FOR YOU**

Talk to our Arthritis Assist team for trusted advice, support, and information about living well with arthritis.

📞 0800 663 463

✉️ [info@arthritis.org.nz](mailto:info@arthritis.org.nz)



# The umpire strikes back

Billy Bowden is well known for the exuberant approach he brings to his role as a leading cricket umpire and he says his 43-year journey with arthritis has contributed to that.

“Living with arthritis can be like walking on broken glass - it is painful but it has brought me fun too,” says Billy, who has been an Arthritis NZ ambassador since 2000.

That includes the world famous ‘crooked finger of doom’ Billy uses to indicate a player’s dismissal – because lifting his hand in the conventional way was too painful.

Billy was a promising teenage cricketer, selected for the Auckland A squad following two seasons playing in the UK, when he was diagnosed with rheumatoid arthritis.

His arthritis mainly affects his wrists, elbows, fingers and feet, so he channelled his passion for cricketing into umpiring instead.

He found ‘creative ways’ to deal with the disease, developing distinctive ways of moving that have become his signature in his umpiring and familiar to players and cricket enthusiasts around the world.

He officiated his first One Day International, between New Zealand and Sri Lanka, in 1995; served on the Elite Panel of ICC Umpires including officiating in four ODI World Cups; stood in two T20 World Cups; and in 2023 became the first New Zealand umpire to officiate in 200 first-class matches.

Billy continues to umpire first-class cricket around New Zealand and umpiring in T10 and T20 tournaments around the world. He has also now launched his ‘Crooked Finger’ branded merchandise, including a range of caps, bucket hats and polo shirts.



“

“I’ve had arthritis since I was 19. I decided then that I wasn’t going to let it beat me, so I’d beat it – and I’m still winning.”

– **Billy Bowden (left)**  
**Arthritis NZ ambassador**

“That idea came about because someone sent me a clip of a sports quiz show in India where the quizmaster held up a crooked finger and the then Indian cricket captain Rohit Sharma was on the panel and immediately responded ‘Billy Bowden’.

“The merchandise is already very popular in India. People there are so passionate about cricket, they get very excited and seem to enjoy my style, and I love seeing people having fun.”

Billy is also passionate about raising awareness and funds for the work of Arthritis NZ.

“It’s always been my charity of choice. Once you have arthritis, you have it for life and you have to have a good mixture of support and advice.

“If I can help raise awareness through Arthritis NZ, I hope that can help people have a positive mindset about managing their condition. You may not be able to do something 100% but if you just try then you have succeeded. I encourage people to keep striving and never give up.

"Everyone knows someone with arthritis, be it gout, rheumatoid or osteo. There are more than 800,000 people in New Zealand with arthritis. If we can increase understanding that it affects people at any age, and about the support available and the importance of funding arthritis research and care, then that's better for our country and for the world."

Fresh from umpiring T10 and T20 games overseas during March, Billy enjoyed playing a key role at the Sharp NZ and Arthritis NZ Golf Day fundraiser in Wellington on 16 April.

"I was talking with Arthritis NZ CEO Philip Kearney and the idea for the golf day came about. There were 18 teams of four and it was a really cool and fun day.

"I played a shot for each team and everyone got one of my Crooked Finger caps. I do play golf. My arthritis limits how far I can hit the ball. But I feel once you have hit a hole in one you have reached your pinnacle in golf and I got one back in high school, 47 years ago, with a seven iron, on a beautiful day," he laughs.

Billy has blood tests every two months to monitor his arthritis and sees his rheumatologist once a year. It's important to have these check-ups and he enjoys the chats he has with them.

"That's been the pattern for me for 43 years. I'm living with arthritis and loving life, enjoying umpiring and watching my two sons play sport.

"My wife Jennifer is a nutritionist and I take a commonsense approach. I try to eat healthily, I don't drink alcohol or smoke and I drink lots of sparkling or still water but sneak in the odd chocolate or ice-cream.

"That all helps, along with a positive attitude. I've had arthritis since I was 19. I decided then that I wasn't going to let it beat me, so I'd beat it – and I'm still winning."

## 2026 general election is coming up

Arthritis NZ is looking at how we can ensure that the concerns of people with arthritis are heard in the lead up to the election on 7 November. We are talking with some other agencies to generate interest in collaborating on the concerns we share and how we can work together to promote some areas we have in common, such as the importance of early diagnosis and treatment and improving access to GPs, especially in rural areas.

The other approach we are working on is to utilise our database of people with arthritis to encourage you to make contact with those seeking election in your electorate. We know from past elections that it helps significantly if we develop a template for letters that enables you to both tell some of your own journey with arthritis and suggest some queries you can ask.

Over the past two years, we have developed working relationships with

most parties in Parliament, and it will really assist us if our supporters can back up the issues and concerns we have been raising - nothing concentrates the mind of candidates for election like questions from interested constituents.

Of course, not all MPs have electorate seats - some are list candidates selected by their parties. The MPs we have worked with include both list and constituency MPs, so we will offer a selection of MPs for you to contact. We are looking closely at some electorates where there are candidates from all sides of the House we have worked with, and we will also be asking people to contact the members of the Health Select Committee we have been working with.

If you are keen to be in touch with MPs to support our work do let us know by sending your name, residential address and type of arthritis to us at [info@arthritis.org.nz](mailto:info@arthritis.org.nz)

# FINDING YOUR VOICE

## when you don't feel heard

Have you ever walked out of an appointment thinking, *"That's not what I meant,"* or *"They didn't really understand how hard this is for me"*? Feeling unheard is a common experience, and we are here to help you find your voice when you don't feel heard in the health system.

You are the expert of your own body and daily life. Health professionals bring clinical knowledge, but you bring lived experience. The best outcomes happen when those two forms of expertise work together.

Self-advocacy isn't about being difficult or demanding. It's about being informed, prepared, and confident enough to participate in decisions that affect your wellbeing.

And your voice doesn't just matter in the clinic, it matters at a systems level too.

Here are some steps to make sure you find your voice and feel heard.

### **Prepare for your appointment**

Before your appointment, take a few minutes to write down:

- your top two or three concerns
- how your symptoms are affecting daily life
- any specific questions you want answered

Try to use real-life examples. Instead of saying, "my arthritis is bad," you might say, "my hand pain means I can't hang washing or vacuum without severe pain later." Clear examples help others understand the impact on your independence and safety.

If appointments feel overwhelming, consider taking a support person. A friend, partner, or whānau member can listen, take notes, and help you feel more confident speaking up.



### **During your appointment**

It's okay to slow things down. You can say:

- "Can you explain that in a different way?"
- "What are my options?"
- "What happens if I don't choose this treatment?"
- "I don't feel my pain is being fully understood."

You have the right to ask questions and to understand your choices. If you disagree or feel uncertain, you can respectfully say so. Shared decision-making works best when it's genuinely shared.

### **If you still feel unheard**

Sometimes, despite your best efforts, you may still feel dismissed. If that happens, you have options.

You can:

- ask for a reassessment or review
- request a second opinion
- ask to see a different clinician
- seek independent advocacy support.

While we don't provide individual advocacy representation, our Arthritis Assist team can help you prepare, understand your options, and — where appropriate — provide letters of support based on your history with us.

We can also amplify your story.

When people feel ready to share their experiences (anonymously if preferred), those stories help us speak with strength and credibility when we meet with Ministers, MPs, and health leaders. They help ensure arthritis remains visible in policy conversations.

# SUPPORT GROUPS TO DIGITAL REACH: 60 years of Arthritis NZ



Francesca Holloway

As Arthritis NZ reaches its 60<sup>th</sup> anniversary in September, it is a very different organisation to the one established in 1966, but the goal has always been and still is to provide support services to help those affected by arthritis.

That was the vision of its founders, National Bank CEO **Sir John Mowbray** and Wellington physician **Dr Tim Williams**, and it still holds strong.

The organisation has seen many changes, evolving to meet the changing needs of both our community and people with arthritis, to become the community-strength-based service delivery programme with strong digital engagement that we have today.

As Arthritis NZ's most long-standing staff member, **Francesca Holloway** has seen many of those changes happen.

"I haven't been here 60 years," laughs Francesca, who is now the organisation's advocacy manager but has led several different roles over her time with Arthritis NZ. "When I started our structure was very different. We had 18 different divisions, and I was managing the Auckland division."

Major milestones before 2001 included the organisation being the subject of the 1978 Telethon appeal, which raised \$3 million as well as raising awareness about arthritis, its impact and how it affects people of any age. That enabled the establishment of the former field officers' service.

The original name, the Arthritis and Rheumatism Foundation, was changed to the Arthritis Foundation of New Zealand in 1985.

Nationwide street collection and awareness campaigns were run during the 1980s, including the 1988 Move It or Lose It campaign. The National Arthritis Research Fund was established in 1991.

Between 2001 and 2002 a process was undertaken to change to a service delivery model – as well as the first report on the economic costs of arthritis to New Zealand and a change of name to Arthritis New Zealand.

That's the point where Francesca picks up the story.

"When I started, the organisation was very focused on face-to-face education, and support groups that met in person were a significant component," she says.

"They were people with arthritis and many had been meeting regularly for a long time. They tended to be older people and meetings were pretty formal.

"Younger people coming in did not necessarily want the same thing. There was disappointment that it was not what they were looking for, and disappointment from existing groups that new people weren't joining.

"So, there was a real point of evolution when we moved from support groups with a very structured system to a more relaxed approach.

"At the same time, we rebranded and the gerbera symbol and orange and purple came in. It was a natural evolution but a lot of change for people and took quite a bit of working through."

In 2010 the organisation changed to a service delivery model and in 2018 transitioned to a charitable trust.

"We gradually developed into the digital world but it was the Covid pandemic that saw that become central to what we do," says Francesca.

"So, that was the impetus to develop a whole digital outreach and move into providing different ways of delivering services."

That included the launch of the Arthritis Assist programme with an 0800 number providing trained health coaches, a registered nutritionist and a pharmacist who provide a support service for anyone living with arthritis as well as those who care for them.

"Arthritis Assist is our flagship service," says Francesca. "Anyone can call and get expert advice about arthritis support and education."

"We also developed our system of webinars and podcasts which are very well-used. Anyone can join in from around the country – we even get people from overseas."

"We introduced private Facebook groups so people with different arthritis diagnoses can link up and support one another."

At the same time, the organisation was continuing to develop its advocacy services and community engagement.

"We have always lobbied but we are now focusing in a more concentrated way on making sure the voices of people with arthritis are heard by decision-makers," says Francesca.

"We build relationships with each political party and are working to ensure arthritis is recognised as a form of disability."

"We have developed our work with young people and how we deliver to different communities. Moving the dial on gout is a big focus - Māori and Pasifika people have a disproportionately high incidence of gout."

In 2025 came a further evolution with the rebrand to Arthritis NZ Matepona Aotearoa, with a new logo that incorporates a tohu which was gifted. We completely redesigned the website, to better reflect the organisation's mission, improve accessibility to information, and support people living with arthritis, their whānau, and health professionals.

"As an organisation we have always spoken up on issues that affect people with arthritis and made sure decision-makers hear that," says Francesca.

"Providing an excellent service for people affected by arthritis is our focus and everybody along this journey, from the staff, to donors and support group members, to people on the Facebook pages today, has shared a passion to provide solutions for people living with arthritis and make a positive difference to their lives."

"That passion is as strong as ever but today, instead of providing an excellent service to a small amount of people, we have widened our scope to provide far greater access to the information many more people need to lead their lives as independently as possible."



Antoinette Hutton, then aged 12, presents the 1978 Telethon cheque to John Mowbray, President of the Arthritis & Rheumatism Foundation of NZ at the hand-over ceremony in Auckland, 15 December 1978

# CAMPS CREATING CONNECTION

## for young people with arthritis

For children and teenagers living with arthritis, meeting others who understand their experiences can make a world of difference. Arthritis NZ camps and day programmes provide safe, welcoming spaces where tamariki, rangatahi and their whānau can connect, build confidence and feel supported.

Living with arthritis at a young age can sometimes feel isolating. Pain, fatigue and regular medical appointments can set young people apart from their peers. Camps help change that. They create opportunities for friendships, shared experiences and the reassurance that others truly understand what life with arthritis is like.

Recent camps in Christchurch and Auckland, along with the ongoing impact of Teens Camp, show just how powerful these experiences can be.

### *Christchurch Day Camp*

#### **Living Springs Adventure Park – 11 October 2025**

Families from across Canterbury gathered at Living Springs Adventure Park the day before World Arthritis Day, for a day focused on connection, fun and confidence-building.

Children living with arthritis and related conditions took part in a range of outdoor activities including climbing the Big Tree, tackling the low ropes course, swimming and riding the monorail. The activities were designed so tamariki could participate at their own pace while trying new challenges in a supportive environment.

For many families, the greatest value of the day was the opportunity to connect with others navigating similar experiences. Parents and caregivers shared stories and advice, while children formed new friendships with peers who understood what it is like to live with arthritis.

Events like this help young people build confidence while strengthening a sense of community among families.



## Auckland Day Camp

### Auckland Zoo – 6 December 2025

Families gathered at Auckland Zoo for Arthritis NZ's Auckland Day Camp for tamariki living with arthritis and other rheumatic conditions.

The day began with icebreaker activities such as name games and Human Bingo, which quickly helped children get to know each other. Families then spent time exploring the zoo, giving children a relaxed and enjoyable environment to connect and have fun together.

Many of the children live with conditions such as juvenile idiopathic arthritis, lupus or juvenile ankylosing spondylitis. For some, it was the first time they had met another child living with a similar condition.

A shared lunch provided an opportunity for families to talk, share experiences and support one another. Parents often say that these connections are just as valuable as the activities themselves.

The Auckland Day Camp was made possible thanks to funding support from the **Potter Masonic Trust** and the **Sutherland Self Help Trust**.



## Teens Camp

### El Rancho – 22-24 January 2026

For older rangatahi living with arthritis, Teens Camp offers a powerful opportunity to connect with others their age who truly understand what they are going through.

Many young people describe the experience as life-changing. Being surrounded by peers who share similar challenges can help teenagers feel understood, less alone and more confident about managing their condition.

One young participant shared that attending Arthritis NZ events helped them realise they were not the only young person living with arthritis. After connecting with others at a day camp, they went on to attend Teens Camp, where they formed strong friendships and gained confidence in themselves and their future.

Experiences like this show how important it is for young people to have spaces where they feel accepted, supported and encouraged.

### *The Difference Your Support Makes*

Arthritis NZ camps are about far more than a day of activities. They create lasting opportunities for young people and families to connect, build resilience and develop supportive networks.

Children gain confidence. Teenagers build independence. Families find reassurance in knowing they are not alone.

These programmes are made possible through the generosity of donors and supporters who believe in the importance of community and connection for young people living with arthritis.

Thanks to this support, Arthritis NZ can continue providing camps that help tamariki and rangatahi build friendships, confidence and hope for the future.

# THE POWER of community

**Philip Kearney** had just embarked on an overseas adventure when the opportunity to take on the role of chief executive of Arthritis NZ drew him home.

"I'd left my role [as Director, Development and Alumni relations] at the University of Otago and we'd gone to England with a plan to work there," says Philip, who will retire as CE this year after nine years.

"Then my wife saw this opportunity and said, 'You should give this a go'.

"I thought it would be exciting to be part of an organisation with very strong roots and values and how I could add my skills and perspectives – and the rest is history."

When Philip joined, the organisation was transitioning to a charitable trust.

"People were very worried we'd lose our community focus and become very corporate," he says.

"But we've kept to that commitment and listened to and worked with the community and built up a very good network with clinicians."

Community engagement has also grown.

"It's taken years to build but now we have the benefits of a community strength-based programme that speaks strongly of the power of community and that's the essence of how we can create sustainable change."

There has also been a significant shift in the way services are delivered.

"Covid was a bit of silver lining for us. It changed the ways in which we engage with people with arthritis. People had to use things like Zoom and more people became willing to get educated around digital.



Alfred Ngaro and Philip Kearney, Arthritis NZ Appeal, 2018

"That meant we could develop things like webinars. We see 900 people registered for those and over 400 online at any one time."

There's also been a shift in how research funding is targeted.

"It's about the development of research as more of a tool we can use. We have used our research funding more strategically to answer the questions we don't know and directed funding to other areas of expertise to do that research. Having the power of evidence for advocacy is a big help."

Philip says the support of the board and passion of the people he works with to deliver on Arthritis NZ's mission statement has been central to achieving change.



The Arthritis NZ team after presenting to the Health Select Committee in 2025

"I've had a very supportive board from the word go. That's key, when you have people who want to make the waka go faster.

"I've really valued the relationships we've created, the interactions with staff and externally, and the 'go do' opportunities the board has provided and the way it has held strong in commitment to equity."

Inevitably, there have been challenges.

"At times, there's been a degree of frustration that things are not going fast enough.

"There are programmes that would make a difference but they are community-based and on the fringes of primary care, so are not supported from a political or health perspective, although the evidence for the benefits is very strong.

"For people where there are no surgical pathways for hip and knee issues, if there was solid support in hospitals and the community, that would have a major impact on livelihoods and health outcomes."

Getting such messages across has required some creative approaches, such as when Arthritis NZ presented to Parliament's Health Select Committee on the need for gout arthritis to become a health priority.

"I took along a bag of chips to the presentation," says Philip. "We needed to change the conversation and illustrate the point that gout medication is as cheap as chips – in fact cheaper. A bag of chips is more expensive than three months medication for gout for one person."

Arthritis NZ's role as a partner in the successful campaign to have the gout medication allopurinol reclassified by Medsafe is something Philip is very proud to see coming to fruition.

Enabling pharmacists to take on gout management programmes - following

"I've really valued the relationships we've created, the interactions with staff and externally, and the 'go do' opportunities the board has provided and the way it has held strong in commitment to equity."

– **Philip Kearney**  
**Arthritis NZ CE**

an initial consultation with and prescription from a GP – is expected to significantly increase ongoing daily use of allopurinol and provide greater opportunities for community education around gout.

Philip is encouraged at how awareness around arthritis has increased.

"I feel there's a lot more discussion and it's more prominent. I think our biggest challenge for the future is to make sure we are relevant to people and reaching out to more people.

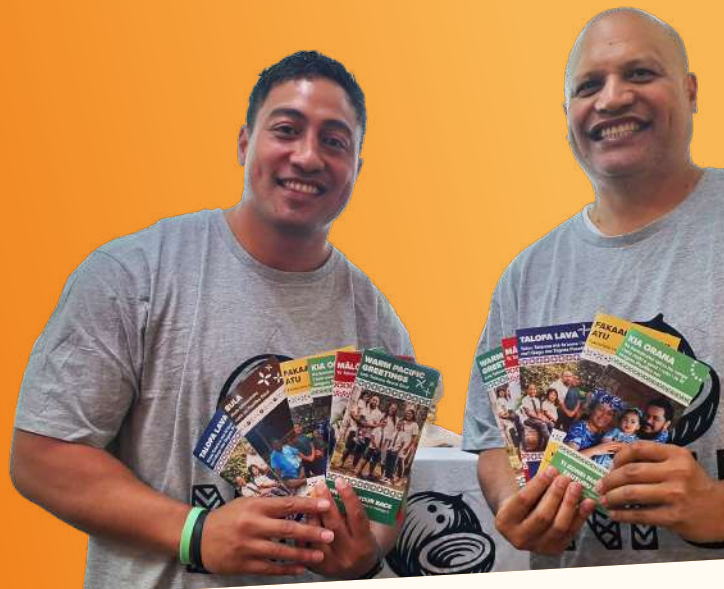
"The frustrating part is getting politicians and health sector leadership to listen and act because we see a need for solutions that are proven, are not expensive and could be readily available."

Philip says the greatest privilege of his role has been the people.

"Working with people that have the passion to make the change. We have such a great bunch of people in this organisation and externally; the staff, the donors, the groups, organisations and the community who we've formed relationships with. That's been a big positive for me.

"And the impact we have created and how we measure that. Have we supported people's lives to make them better for them? That's a question we constantly ask ourselves, because that is our mission."

# CO-DESIGNED BY COMMUNITY, FOR COMMUNITY: creating new Pacific gout resources



Gout is often called one of Aotearoa New Zealand's most misunderstood health conditions. Despite being very straightforward to treat, the impact of this painful inflammatory form of arthritis remains disproportionately heavy for Pacific peoples, who experience some of the highest rates of gout in the world.

In response, Arthritis NZ funded a research team from the University of Auckland's Pacific Health Department to co-design a novel educational resource by Pasifika for Pasifika. The suite of Pacific gout resources that were developed is helping reshape how the condition is understood, talked about, and managed - placing community voices, culture, and lived experience at the centre.

For Pacific communities, gout has long been framed through messages that focus mainly on food choices. While diet can trigger gout flares, this oversimplified narrative ignores the underlying drivers of the condition, which include genetics, kidney function, and changes in body weight over time. It also risks reinforcing stigma or "whakamā", suggesting gout is the result of personal failure rather than a complex, inherited health issue. Community feedback made it clear: existing health messages about gout were not working.

What Pacific communities asked for instead were resources that felt familiar, respectful, and relevant—resources that reflected their languages, humour, and values, and that clearly explained both the causes of gout and the treatments that prevent it. Two priorities consistently emerged: better access to care, and better, more culturally appropriate education.

The education gap was not just about a lack of information, but about how information was delivered. Many existing gout resources did not resonate culturally or linguistically. In response, members of the Pacific People's Health Advisory Group and Pacific Practice-Based Research Network were directly involved in reviewing current materials, critiquing what didn't work, and shaping what could replace them. This co-design approach ensured that the final resources spoke with and for Pacific people, rather than at them.

The result was a set of visually engaging brochures and short videos, designed by Pacific graphic artists and translated into multiple Pacific languages. The materials use simple illustrations, clear explanations, and culturally meaningful metaphors to explain gout, uric acid, and the role of urate-lowering therapy (ULT) such as allopurinol. Each brochure includes a QR code linking directly to a short video, allowing individuals and whānau to move easily between printed and digital formats.

Importantly, these resources reframe gout management. Instead of focusing solely on pain relief during flares, they emphasise long-term prevention through ULT, or medication that reduces uric acid levels and stops gout attacks at their source. This distinction between "band-aid" pain relief and preventive treatment was a key message communities wanted reinforced.

Humour, often described as a "Pacific superpower", was another careful consideration. While humour can make health messages more engaging, community members also reminded designers that gout pain is no joke. The final resources strike a balance: warm, relatable, and approachable, without trivialising the lived reality of gout.

These resources were developed from the NIU (Nesians improving urate-lowering therapy) - improving the uptake of allopurinol through education project led by Associate Professor Malakai 'Ofanoa and Dr Samuela 'Ofanoa from the University of Auckland, The study was funded by Arthritis NZ. Scan the QR code to find out more.



Pictured are (left) Dr Samuela 'Ofanoa from the University of Auckland and Teariki Tuiono, Arthritis NZ  
Photo credit: Ben Falealili

**Do you have a story or a topic you'd like researchers to explore?**

Get in touch – we're listening.

One highly visible outcome of this process is the NIU (Nesians improving urate-lowering therapy, and the Pacific word for coconut is "niu") concept to symbolise a distinctly Pacific model for improving uptake of urate-lowering therapy across Melanesian, Micronesian, and Polynesian communities. From brochures and videos to T-shirts worn proudly in clinics and community spaces, the resources are instantly recognisable and signal ownership: this is Pacific health information, made by Pacific people for Pacific communities.

As these resources roll out through clinics, community organisations, and online

platforms, they seek to do more than just educate. They aim to also build trust, improve understanding, and support Pacific 'aiga (families) to manage gout with confidence. Most importantly, they show what's possible when communities are not just consulted but empowered to lead.

In the fight against gout, Pacific-designed resources are proving that culturally grounded solutions are not an added extra - they are essential.

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**Good health changes everything**

Always read the label. Use only as directed. If symptoms persist see your health professional. Vitamin and minerals are supplementary to and not a replacement for a balanced diet. Blackmores, Auckland.

# WHAT TO WATCH

## Emotional wellbeing for long-term health conditions

### Webinar

Emotional wellbeing for long-term health conditions

GUEST SPEAKER *Tamyra Matthews* Clinical Psychologist



In this engaging and compassionate webinar, **Clinical Psychologist Tamyra Matthews** shines a light on the emotional side of living with long-term health conditions and chronic pain. With warmth and clarity, Tamyra helps make sense of emotional distress, guides you back towards what matters most, and shares practical, everyday strategies to help you regain balance and resilience.



Scan the QR code, hit play – and take the first step back on track.

## Preparing for and recovering from knee replacement surgery: what to expect

### Webinar

Preparing for and recovering from knee replacement surgery: What to expect

GUEST SPEAKER  
*Dr Simon Young* Specialist orthopaedic knee surgeon



In this informative and straight-talking webinar, **Orthopaedic Surgeon Dr Simon Young** breaks down knee replacement surgery – before, during, and after – so you know exactly what to expect. From understanding how a healthy knee works to how arthritis changes the joint, Dr Young unpacks the science in a way that's easy to follow and empowering.



If you're weighing up your options or planning ahead, this webinar gives you the facts, the context, and the confidence to take the next step forward.

## Moving with arthritis: unlocking the power of exercise

### Webinar

Moving with arthritis: Unlocking the power of exercise

GUEST SPEAKER  
*Sasha Douglas* Exercise Physiologist



In this motivating and practical webinar, **Exercise Physiologist Sasha Douglas** explores how the right kind of movement can help you manage arthritis – safely, confidently, and at your own pace. From strength and mobility to balance and aerobic exercise, Sasha breaks down how different types of movement support joint health, reduce pain, and improve everyday function.



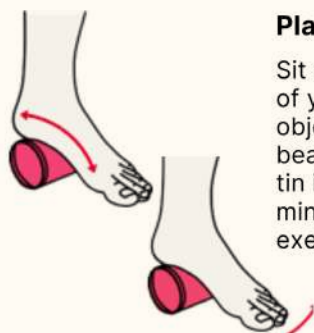
Scan the QR code, press play – and discover how movement can work for you.

# EXERCISES FOR FEET AND ANKLES

## Stretching exercises

### Achilles tendon and plantar fascia stretch

Loop a towel around the ball of your foot and pull your toes towards your body, keeping your knee straight. Hold for 30 seconds. Repeat three times on each foot.



### Plantar fascia stretch

Sit down and rest the arch of your foot on a round object, such as a tin of beans. Roll your foot on the tin in all directions for a few minutes. Repeat this exercise twice a day.

### Sitting plantar fascia stretch

Sit down and cross one foot over your knee. Grab the base of your toes and pull them back towards your body, until you feel a comfortable stretch. Hold for 15 to 20 seconds. Repeat this three times.

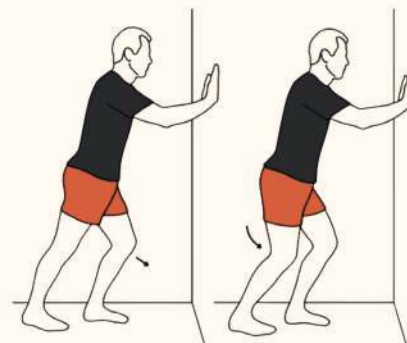


### Wall push (a)

Facing a wall, put both hands on the wall at shoulder height and place one foot in front of the other. The front foot should be around 30cm (12 inches) from the wall. With the front knee bent and the back knee straight, bend the front knee towards the wall, until the calf in your back leg feels tight. Relax and repeat 10 times.

### Wall push (b)

Repeat(a) but bring the back foot forward a little, so that the back knee is slightly bent. Repeat this 10 times.



### Ankle range of motion

Bend your ankle up towards your body as far as possible, then point your toes away from your body. Repeat this 10 times.

### Ankle rotation

Move your ankle around slowly in a circle. Do this 10 times one way, then repeat in the opposite direction.



## Strengthening exercises

### Towel pickup

Sit down with a towel on the floor in front of you. Keeping your heel on the ground, pick up the towel by scrunching it between your toes. Repeat 10 to 20 times. As you improve, add a small weight, such as a tin of beans, to the towel.

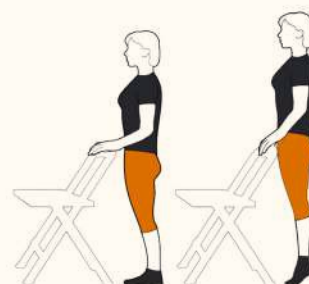


### Toe spread

With your feet resting on the floor, spread your toes apart as far as possible. Hold for five seconds. Repeat this exercise 10 times.

### Standing heel raise

Standing in front of a counter or chair, using it for support, rise up on your tiptoes, with your knees straight. Slowly lower your feet back down. Repeat 10 times.





# Together we can transform lives and ensure all New Zealanders with arthritis can live well.

People we love are suffering from arthritis. Many forms of arthritis can be managed well with the right support, education, and resources.

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