



# Information for your friends, family and employers

Ankylosing spondylitis is pronounced an-ki-low-sing spon-de-lie-tis and is called AS for short.

AS is a painful, progressive form of inflammatory arthritis. It mainly affects the spine but can also affect other joints, tendons and ligaments.

Ankylosing means fusing together. Spondylitis means inflammation of the vertebrae. Both words come from the Greek language. Ankylosing spondylitis describes the condition where some or all of the joints and bones of the spine fuse together.

Other areas such as the eyes, bowel, lungs and heart can also sometimes be involved with AS.

AS affects an estimated 200,000 in the UK. Research is still ongoing into the genetics of AS but researchers believe that up to 20 different genes must be involved.

Symptoms usually begin in early adult life, with the average age of diagnosis being 24.

AS is a very variable condition. Some people with AS have virtually no symptoms whereas others suffer much more severely. Generally people find that their symptoms come and go over many years.

There is currently no cure for AS. It is managed by a combination of pain relief and stretching exercises.

AS, especially in its early stages, can be an invisible condition. People with AS are often battling on a daily basis against pain, stiffness and fatigue. This can lead to feelings of isolation, particularly just after diagnosis.

As well as the inevitable pain of the disease, AS often generates feelings of frustration and fear. To help them adjust to their diagnosis it is important that they have the support and encouragement of family, friends and work colleagues.

NATIONAL ANKYLOSING SPONDYLITIS SOCIETY  
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# Ankylosing Spondylitis

## (Axial Spondyloarthritis)

### (AS)

Guidebook  
answers and practical advice



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# What is AS?

## **AS is an inflammatory arthritis where the main symptom is back pain**

It comes under the umbrella term of axial spondyloarthritis which includes:

### **Ankylosing Spondylitis (AS)**

Where changes to the sacroiliac joints and/or the spine can be seen on x-ray.

### **Non-radiographic axial spondyloarthritis**

Where x-ray changes are not present but you have symptoms. Up to 70% of people with non-radiographic axial spondyloarthritis have visible inflammation in the sacroiliac joints and/or the spine when an MRI of the back is done.

This guide is for anyone with AS or non-radiographic axial spondyloarthritis. To keep things simple we have only referred to AS throughout.

## **What happens?**

1. Inflammation occurs at the site where ligaments or tendons attach to the bone. This is known as enthesitis.
2. The inflammation is followed by some wearing away of the bone at the site of the attachment. This is known as enthesopathy.
3. As the inflammation reduces, healing takes place and new bone develops. Movement becomes restricted when bone replaces the elastic tissue of ligaments or tendons.
4. Repetition of this inflammatory process leads to further bone formation and the individual bones which make up your backbone (vertebrae) can fuse together.

## **How will it affect me?**

The effects are different for everyone. Some people with AS have virtually no symptoms whereas others suffer more severely.

## Typical symptoms of AS include:

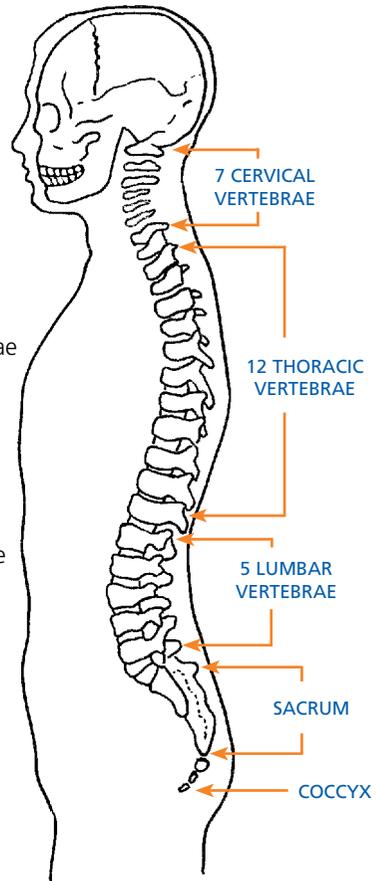
- Slow or gradual onset of back pain and stiffness over weeks or months, rather than hours or days
- Early-morning stiffness and pain, wearing off or reducing during the day with movement
- Persistence for more than three months (as opposed to coming on in short attacks)
- Feeling better after exercise and feeling worse after rest
- Weight loss, especially in the early stages
- Fatigue
- Feeling feverish and experiencing night sweats (especially in the early stages)

## The spine

The spine is made up of 24 vertebrae and 110 joints.

There are 3 sections: cervical, thoracic and lumbar.

- The cervical, or neck section, is the most mobile
- In the thoracic section each vertebrae has a rib attached to it on each side
- Below the lumbar section is the diamond-shaped sacrum which locks like a keystone into the pelvis
- The joints between the sides of the sacrum and the rest of the pelvis are called the sacroiliac joints
- This is usually the starting-point of the condition where the low back pain and AS begin



## What causes AS?

It is highly likely that AS results from some sort of environmental factor triggering the disease in genetically predisposed individuals. As yet we don't know much about the possible trigger(s) for the disease although infections are suspected. In contrast, over the last few years we have learnt a lot about the genetic factors involved.

The risk of AS is considerably increased if an individual carries a particular gene called HLA B27. About 8% of healthy white Europeans carry this gene but up to 85% of people with AS have it. However, only about 1 in 20 of the general population who are HLA-B27 positive actually go on to develop AS.

This figure probably doubles if the person has a first-degree relative with AS. From this we can deduce that while HLA-B27 is the main gene involved it is certainly not the only gene responsible. Indeed current research (partly sponsored by NASS) reveals there are at least 60 genes involved in this process in some way or another.

One of these genes, called ERAP1, works together with HLA-B27 to increase the risk of AS but some variants of this gene actually protect against AS. Another gene (IL23R) affects the function of certain immune cells in the body to increase the risk of inflammation. By blocking these effects with drugs it may be possible to treat AS in the future and there are currently very promising clinical trials of these agents in AS.

## What is the risk of passing it on to my children?

If you have AS and you do carry the HLA-B27 gene there is a 50% chance that your child will inherit the gene. But this does not mean that they will necessarily develop AS.

On average the child of someone with AS has only a 7% chance of developing the condition. If the child has inherited the HLA-B27 gene this risk doubles to about 13%. The risk is much lower (probably less than 1 in 15) if it was a grandparent or uncle who was affected by AS.

Overall therefore, there is a much greater chance (almost 10 to 1) that the child of someone with AS will not develop the condition than that they will develop it. This risk is increased if the child has inherited the HLA-B27 gene from their affected parent but not to the extent that routine genetic screening would be recommended unless the offspring developed symptoms suggestive of AS.

## Is AS common?

AS affects approximately 2-5 adults per 1,000 in the UK. This means an estimated 200,000 in the UK have AS.

It usually begins in early adult life with the average age of diagnosis being 24.

## How can I be sure I have AS?

If you suspect you have AS your first step is to go to your GP.

If your GP suspects AS you should be referred to a rheumatologist at a hospital.

A rheumatologist is a doctor specialising in conditions such as AS. They will confirm if your condition is AS, decide the initial treatment and oversee the long term management of your condition.

Tests which might be used to help diagnosis your AS might include:

- Physical examination to assess your flexibility and areas of tenderness
- Blood tests
- X-rays and / or MRI which will show whether or not there is any inflammation or damage to your spine

## Does AS affect other joints?

Yes. AS sometimes causes aching, pain and swelling in the hips, knees and ankles. Any joint can be affected. In most cases the pain and swelling will settle down after treatment.

It's important to stretch the hip joint to prevent stiffening in a bent position making you lean forward.

The heel bone can be troublesome, causing pain in two areas. Most common is the under-surface, about 3cm from the back of the foot. This is called plantar fasciitis.

It may help if a podiatrist gives you an insole for the shoe which is designed to take weight off that part of the heel.

You can also get pain at the back of the heel where the Achilles tendon is attached to the heel bone. Pressure from shoes may aggravate the pain.

## AS and the eyes

AS can cause inflammation in the front part of the eye between the cornea (the clear window at the front of the eye) and the lens.

About 30-40% of people with AS will develop uveitis (iritis). The main symptoms are pain in the eye and sensitivity to light. The eye feels better with dark glasses. The eye is usually red and sore.

If you think you have uveitis you should see an eye doctor (ophthalmologist) as soon as possible, ideally within 24 hours to confirm this and start you on treatment. Early treatment (usually with steroid eye drops) reduces the risk of long term damage to the eye.

NASS has a more detailed factsheet on uveitis and details on how to access urgent treatment on the website or you can call the Helpline.

## AS and the bowel

Around 1 in 12 people with AS also have inflammatory bowel disease (IBD). There are two types of IBD: Crohn's disease and ulcerative colitis.

- Crohn's disease can affect any part of the gut
- Ulcerative colitis just affects the large bowel

Do remember IBD can start before or after your AS symptoms.

## AS and the heart

Researchers believe that people with AS do have a slightly raised risk of cardiovascular events. To lower your risk:

- Your AS should be well controlled
- Your GP should evaluate your cardiovascular risk
- If necessary, medications including cholesterol lowering drugs and blood pressure lowering drugs should be used
- People with AS should not smoke

## AS and the lungs

Sometimes the rib joints at the back, where they attach to the spine, can become inflamed. This can lead to stiffening and even fusion.

In normal breathing the ribs move up and down with each breath. If the ribs become stiff at these joints the ribs rise and fall less well, or even stop moving altogether. This means that breathing takes place

using only the flat muscle below the lungs separating the lungs from the belly (diaphragm).

You don't stop being able to breathe if the ribs fuse but tight clothing around the belly will be more uncomfortable as it will make it more difficult for you to breathe.

Breathing exercises encourage you to maintain your rib movements so you don't have to rely on your diaphragm muscle.

The inflammation of the rib joints or muscles attached to the ribs may cause pains that can be confused with the pain of cardiac angina or pleurisy (the pain with deep breathing that occurs when the outer lining of the lung is inflamed). Anyone experiencing symptoms of chest pain should seek medical attention to rule out a more serious condition.

Poor chest wall movement may result in reduced lung capacity and a few people develop scarring or fibrosis at the top of the lungs which is usually detected only by a routine chest x-ray. Sometimes people have functional lung impairment which means that it can take longer for colds and other upper respiratory infections to heal.

It's very important that you don't smoke if you have AS.

## **AS and the skin**

A skin condition called psoriasis is associated with AS. Psoriasis causes scaly patches on the skin and scalp.

## **AS and the bones**

Low bone density (osteoporosis) can also be associated with AS.

## **What can happen over time**

AS affects everyone differently but generally people find that their symptoms come and go over many years. There is currently no cure for AS.

Over time the lumbar spine can become stiff due to extra bone growth. The upper spine and neck can also stiffen up.

Keeping a good posture and making sure you exercise daily can really help with your long term outcome.



# Managing your AS

AS is managed by a combination of medication, to reduce the pain and inflammation, and exercise

## Medication

Depending on the severity of your AS symptoms your doctor may need to give you a combination of medications to help you with the pain, stiffness and inflammation. If you are having a flare up of your AS you may want to talk to your GP or rheumatologist about altering your medication.

*The groups of medicines used to treat the symptoms of AS include:*

**Analgesics** (painkillers) such as paracetamol. These reduce pain and are often used together with other medications for AS.

**Non-steroidal anti-inflammatory drugs (NSAIDs)** such as ibuprofen or naproxen. These reduce inflammation as well as pain and are used in most people with AS. A stomach protector called a proton pump inhibitor (PPI) can be prescribed alongside NSAIDs if needed.

**Corticosteroids.** These drugs are very effective in controlling inflammation but in tablet form can have a lot of side effects, especially if they are used in the long term. They can be used in the form of local injections into joints or in tablet form.

**Disease modifying anti-rheumatic drugs (DMARDs)** such as sulfasalazine. This group of drugs is used less commonly in AS but can reduce pain, stiffness and swelling in people who have symptoms in areas such as the hips, knees, ankles or wrists (peripheral disease). They do not help the back pain and stiffness.

**Nerve pain medications** such as amitriptylline, gabapentin and pregabalin. These medications specifically help people who have chronic (long term) nerve pain. This type of pain is caused by damage to or pressure on nerves. Nerve pain is often described by people as being like 'shooting pains', 'electric shocks', 'tingling' or 'the sensation of crawling under the skin'.

**Anti TNF therapy** can only be prescribed by rheumatologists to people with severe AS. Currently adalimumab (Humira), certolizumab pegol (Cimzia) etanercept (Enbrel) and golimumab (Simponi) are forms of anti TNF available to people with AS.

## Physiotherapy and exercise

*This can have a big effect on the outcome of your AS.*

A physiotherapist can teach you an exercise and stretching routine for daily use and will remind you to be aware of your posture. You should learn how to increase the range of movement of your joints, particularly your spine and hips.

It's important to keep your muscles strong as lack of movement can weaken them and it may take a long time to build them up again. You also need to learn how to stretch muscles that become shortened.

Cardiovascular exercise can help improve chest expansion, decrease fatigue and improve sleep. Swimming is a great choice – you can wear a snorkel if it helps. Vary your swimming strokes as much as possible but we would recommend avoiding breast stroke which puts excessive strain on the neck and lower back. Also, the leg kick can inflame the hips and pelvis. It's best to avoid contact sports and be careful with high impact sports like running as it may worsen your symptoms.

You are more likely to keep up with a physical activity if you choose something you enjoy. Whatever the activity, wearing trainers with an impact absorbing insole will help lessen the jarring on your joints.

*We have included some exercises later on in the guidebook.*

*NASS can also help with your exercise needs with:*

### **Back to Action guide**

Back to Action is an exercise programme specifically designed for people with AS who want to exercise safely in the gym. It's aimed at people who have been diagnosed relatively recently. You can download the 85 page colour guide free from the NASS website or you can order a full colour spiral bound copy from the NASS Shop for £14.99 (inc. P&P).

### **Back to Action App**

The Back to Action guide has been developed into a free and simple to use App. It's available from Google Play and iTunes.

### **Fight Back DVD**

This exercise DVD is aimed at people with more advanced AS who want to exercise at home. It includes 6 exercise programmes and 35 individual exercises and contains hip safe exercises for those who have had a hip replacement. It is available from the NASS Shop at £5 (inc. P&P).

### **NASS Branches**

NASS offers regular physiotherapy and hydrotherapy sessions under the guidance of experienced physiotherapists through our network of branches across the UK. To find out if there is a NASS branch near you please visit the “NASS near you” section of the website.

### **Posture**

It's important to keep a good posture. Think tall all day. Stand sideways in front of a full-length mirror. Imagine dropping a weighted string from the top of your head to your feet. Stand so it passes straight down—through your earlobe, shoulder, center of your hip, behind your kneecap, and in front of your anklebone.

### **Alternative therapies**

Do whatever you find helps, provided it is not likely to damage your spine. Forceful manipulative treatments should be avoided due to the extra bone formation and possible osteoporosis, which may increase your risk of sustaining a fracture.

If you do want to try alternative remedies, please make sure that your practitioner fully understands the nature of AS and is a member of their relevant professional body.

### **Surgery**

Surgery plays only a small part in the management of AS. About 6% of people with AS need to have a hip replaced. This can successfully restore mobility and eliminate pain of the damaged joint. In rare cases surgery is used to restore a straighter posture of the spine and neck.



# Living well with your AS

## Get other people involved

People with AS can feel isolated, particularly just after diagnosis. To help you adjust to your diagnosis it is important that you enlist the support and encouragement of your family and friends. Involve other people by helping them to understand about AS and how it affects you. They may even like to improve their own fitness and join you in your exercise and sports activities.

Do think about joining your local NASS branch where you'll meet other people with similar issues to you and will understand.

We also have a forum for NASS members where you can chat over the internet to other people who will relate to what you are going through.

## AS and work

Many people with AS continue to have normal working lives.

It's important to get the right advice and support at an early stage rather than battling on so start talking about it sooner rather than later.

Make sure you keep channels of communication open with your employer. It's hard for people to understand your problems if you don't discuss them.

Some common problems for people with AS in the workplace include:

- Pain and stiffness in the mornings means it is hard to get going first thing and get to work on time
- Sitting in one place or position can lead to pain and stiffness
- Problems with carrying out heavy manual work
- Not having the energy or stamina to work like you used to and getting fatigued easily

Think about asking your employer for a workplace assessment with an occupational therapist or an Access to Work Advisor. They may be able to make some simple suggestions that make a lot of difference to your work.

- Discuss swapping certain tasks with colleagues
- Take regular short breaks from work to stretch out

If you are a member of a union at work do approach your union representative to discuss your problems. They should be able to find out your rights for you.

Bear in mind that the Equality Act requires employers to make reasonable changes to working practices or premises to overcome disadvantage caused by disability.

NASS have a guide to Managing your AS at Work and you can also call the NASS Helpline.

### AS and driving

You may have increased pain and stiffness during long drives so do stop to stretch.

Use a small cushion behind your back to help keep a good position. Make sure your vehicle is fitted with correctly adjusted head-restraints as even a relatively small impact can be serious for people with neck problems.

The law requires you to tell the Driver and Vehicle Licensing Agency (DVLA) about any condition that may affect your ability to drive safely.

*The advice given by the DVLA about AS is that:*

- If your AS **does not** affect your safe driving you do not need to tell the DVLA about your AS
- If your AS **affects** your safe driving you will need to tell the DVLA
- If you are **unsure** whether your AS affects your safe driving you will need to check with your GP or rheumatologist who will be able to advise you

The DVLA might consider that AS was affecting your safe driving if you need adaptations to your car to be able to drive safely such as extra mirrors, or if you felt you could only safely drive a car with

automatic transmission. This does not mean that you would lose your license. Often the DVLA will simply note that you are using adaptations or they may send you to the Forum of Mobility Centres for advice and assessment.

The Forum of Mobility Centres website has some useful recommendations for extra mirrors for those with stiff or rigid necks.

NASS have a fact sheet on Driving and AS.

## **AS and accidents**

If you have fusion your spine is more vulnerable to injury. So if you have an accident or fall it's important to take any new symptoms seriously.

Go to A&E if you have an accident and have:

- New neck pain, or neck pain which is different to usual
- New back pain, or back pain which is different to usual
- Shoulder pain or injury
- Tingling, pain or "pins and needles" in your limbs
- Weakness in your limbs

Do highlight that you have fusion in your back due to your AS and ensure staff fully investigate.

## **AS and your love life**

AS should not normally interfere with lovemaking. If, however, you are having problems with your hips, your AS is in a flaring stage or you have lost a considerable amount of spinal movement, you may need to use your ingenuity to find comfortable and satisfying positions. It is important to discuss these issues with your partner to make sure they understand your feelings. Good communication and a sense of humour will help you maintain a fulfilling sex life.

## **AS and pregnancy**

If you are planning a family do discuss it with your rheumatology team in advance. Don't stop taking your AS medication without talking to a member of your rheumatology team.

Women with AS generally have healthy babies and they carry them to full term.

Having AS does not have a harmful effect on the course of pregnancy or on the well-being of your unborn child. The rate of miscarriage, stillbirth, and small for gestational age infants among women with AS is similar to that of other healthy women. Women with AS are not more likely than other healthy women to get pre eclampsia or to go into premature labour.

During pregnancy the growing baby can pull your spine forward and increase pain when standing up. Use of a maternity support can help spread the weight of the pregnancy.

Do try to increase your exercise/stretching programme. After the first three months, and provided your pregnancy is normal and you are supervised by your physiotherapist, hydrotherapy in a warm pool can help.

Sacroiliac joint or hip problems, even including a total hip replacement, should not necessarily stop you from giving birth naturally, although we do know that caesareans are carried out more frequently among women with AS. There are different positions that you can use which would make you more comfortable.

Do make an appointment to talk to your anaesthetist in advance about pain relief during your labour. Lots of women opt for an epidural during labour but sometimes it's not possible for someone with AS to have an epidural, especially if you've had a lot of changes to your spine from new bone formation. Your anaesthetist will be able to tell you about other options.



# Practical advice

## Get a suitable chair

The ideal chair has a firm seat and a high, upright, firm back. A chair with arms will help relieve weight from the spine. The seat shouldn't be too long, as you may have difficulty in placing your lower spine into the back of the chair. It should be a height that allows you to keep a right angle with the knee and hip joints.

Office chairs should be adjustable.

Do avoid low, soft chairs and sofas as they will encourage bad posture and increase pain.

## Watch how you sit

Try to move your spine regularly, straighten it out and stretch it by sitting tall and pulling your shoulders back. Try not to sit for too long. Stand up, walk about and stretch.

## Sleeping/Choosing a bed

Take care with your bed, mattress and pillow. The ideal mattress should be firm and not saggy, but not too hard. Remember there's no single right bed to help your pain and everyone is different. Take time to choose what you personally find supportive and comfortable.

Try to use as few pillows as possible. Choose a pillow that can be moulded to suit any position and still give your neck good support.

## Try heat or cold

Many people find a hot bath or shower first thing in the morning or before bed reduces pain and stiffness, especially if you do some stretching exercises at the same time. Hot water bottles, cherry stone bags, wheat bags or electric blankets can be useful in bed.

If you have an inflamed area, an ice-pack may help. But do take care as ice can burn: do not leave an ice pack in place for more than 10 minutes.

### **Eat well**

It is important to make sure you maintain a healthy weight as being overweight increases the burden on weight-bearing joints and can increase pain. Try to eat at least 4 portions of vegetables (including at least 1 leafy green vegetable) every day, along with 2 portions of fruit.

Add in protein in the form of fish, beans, pulses, nuts, eggs and meat (not too much). Calcium is important for bone health and you need around 700mg a day - equivalent to 200ml semi-skimmed milk, a 150g pot of low-fat yogurt and a small matchbox sized piece of cheese.

According to research some AS patients may benefit from a low starch diet.

### **Alcohol**

Alcohol in moderation is not bad for AS. However, anti-inflammatory medication and alcohol can both affect the stomach lining and should not be taken together.

### **Don't smoke**

AS can reduce the capacity of the lungs. Smoking can make this even worse, making you more prone to lung infections and shortness of breath.

Research shows that smoking is associated with earlier onset of inflammatory back pain, higher disease activity, increased inflammation on MRI, increased structural damage on MRI and x-ray, poorer function and worse quality of life.

If you smoke, the best thing you can do for your health is to stop.



# Useful exercises

Regular exercise will help you manage your AS better.

You should have an assessment from a physiotherapist who will then teach you some stretching exercises specific to your needs. These are a few examples of exercises that can help people with AS.

We have tried to show exercises for most people. If you have any doubts about your ability to carry out any of the exercises do check with your doctor or physiotherapist first. NASS cannot take any responsibility for any problems arising from the exercises shown.

## Warming up

Always warm up before exercising. A warm up increases the blood flow to your muscles – warming you up! This prepares your body to exercise and makes it less likely that you will injure yourself.

A warm up could be marching on the spot or using a bottom stair for step ups.

## Posture stretch

Stand with your back to the wall, with your shoulders, buttocks and heels as close to the wall as you can manage. Tuck your chin in and push the back of your head towards the wall. Keep your shoulders down.



Stretch as tall as possible without lifting your heels.



Slowly raise both arms sideways, keeping the backs of your hands against the wall.

Try to keep your bottom in contact with the wall.

Slowly lower and repeat 5 times

## Trunk side stretch



Keeping your bottom and shoulders against the wall, slowly stretch your right arm down the outside of your leg as far as you can. You should feel a comfortable stretch. Repeat on the left.

Repeat 3 times



## Pelvic tilting



Lie down with your knees bent and with your head supported if required. Tighten your stomach muscles, pushing your back down into the floor. Hold for a count of 5 and repeat 5 times.

Remember, this is a very small movement.



## Back and hip rotation

Lie on your back with your knees bent and your arms out to the side.

Keeping your knees together, slowly lower your knees to the right, back to the centre and then down to the left.

Try to keep your knees together and both shoulders on the floor.

Repeat 5 times.



## Neck rotation

Sit upright in good posture and with both feet flat on the floor.

Hold the sides of your chair seat.

Turn your head to the right as far as possible without letting your shoulders turn. Repeat to the left.

Repeat 3 times. This is an exercise we'd recommend you try and do everyday, especially if you sit at a desk.



## Cat stretch

Kneel on all fours. Keep your hands shoulder width apart and directly under your shoulders. Keep your knees hip width apart and directly under your hips.

Keeping your elbows straight throughout, tuck your head down between your arms and slowly arch your back as high as possible.

Now lengthen your neck keeping your nose parallel to the floor and hollow your back as much as possible.

Repeat 5 times



## Superman stretch

Go back to your starting position for the cat stretch.

Keeping your head in the same position, raise your right arm and your left leg. You are aiming to make a straight line with your body from your right hand to your left foot. Hold for 5 seconds.

Return, with control, to the starting position and change to raising your left leg and right arm.

Repeat 3 times



## Trunk rotation

Sit sideways on an armless chair in good posture.

Keeping your feet firmly planted on the floor, twist your upper body towards the back of the chair and place both hands on the chair back.



Use your hands to help you rotate a little further around, keeping your good posture throughout.

Repeat on the opposite side.

## Hamstring stretch

Move forwards so that you are sitting towards the front of your chair but still feel safe.

Straighten out your left leg with the heel resting on the floor.

Keeping your back straight, slide your hands gently down the front of your thigh. You should feel a good stretch in the back of your thigh. Try to hold the position for 10 seconds.

Repeat on the right leg.

Our top tip for this exercise is to make sure you are keeping your back straight and not rounding down over the leg.



## Hip flexor stretch

Stand up facing the side of an armless chair and hold the chair back with your right hand.

Bend your right knee and place your right shin on the seat.



Move your left foot as far forwards as possible.



Bend your left knee as much as possible, keeping a good posture and straight back. You should feel a good stretch at the front of your right hip.

Hold it for a count of 10. Relax and then repeat twice, trying to stretch a little further each time.

Turn around to face the other side of the chair and repeat with the opposite leg.



# NASS

NASS is a charity which provides support, advice and information for people with AS and their families.

Membership of NASS can go a long way towards improving your health and your life.

You'll benefit from up-to-date information on treatment, as well as support with information on benefits and work. You'll also connect with others in a similar situation.

Not only will you feel less alone, you'll be able to share solutions.

Here are some reasons why you should become a NASS member today!

- Access to our 90 regional branches offering regular physiotherapy and hydrotherapy sessions
- Use our Exclusive NASS members' forum
- Twice-yearly magazine, AS News
- Free entry to our annual Members' Day

*Get involved and support research into AS*

- Support other people affected by AS
- Support our five year plan to focus on early diagnosis, patient empowerment and self management, access to physiotherapy and exercise and awareness.

## To join NASS

If you'd like to join online please go to our website at [www.nass.co.uk](http://www.nass.co.uk) and choose your membership in the NASS Shop

If you'd like to pay by credit card and over the telephone please call **020 8741 1515**

The NASS HELPLINE is open  
09:00 to 12:00 Monday to Friday



call: 020 8741 1515  
email: [asknass@nass.co.uk](mailto:asknass@nass.co.uk)  
web: [www.nass.co.uk](http://www.nass.co.uk)

# NASS resources

## **GUIDE TO MANAGING YOUR AS AT WORK**

Includes how AS can affect your work, communicating about your condition, staying well at work and your rights.

## **GUIDE TO ANTI TNF THERAPY**

Everything you need to know about anti TNF therapy for AS.

## **GUIDE TO MANAGING YOUR AS FLARES**

Practical information to help you manage your AS flares.

## **LEAFLETS**

### **Axial spondyloarthritis**

An understanding of axial spondyloarthritis and how it fits with ankylosing spondylitis.

### **Driving and AS**

Safe driving, the DVLA, Forum of Mobility Centres, the Motability scheme and the Blue Badge scheme.

### **Fatigue and AS**

What causes fatigue in AS and how it can be managed.

### **Uveitis and AS**

Symptoms of uveitis and treatments.

Many people with AS continue to have normal working lives. However, some common problems for people with AS in the workplace include:

- Pain and stiffness in the mornings means it is hard to get going first thing and get to work on time
- Sitting in one place or position can lead to pain and stiffness
- Problems with carrying out heavy manual work
- Not having the same amount energy or stamina and getting fatigued easily

**We advise employers to:**

- Arrange a workplace assessment with an occupational therapist or an Access to Work Advisor. They may well be able to make some simple suggestions that make a lot of difference
- Allow your employee to take regular short breaks from work to stretch out

*Contact NASS if you would like more copies of this guidebook for friends, family or your employer.*

