

# FILLING A GAP IN CARE



Matthew Sholdice has had juvenile rheumatoid arthritis (JRA) since he was three. When the 11-year-old visits the Children's Hospital at London Health Sciences Centre to see Dr. Roberta Berard — the only pediatric rheumatologist in southwestern Ontario — he first meets Sue MacQueen.

Sue, a physiotherapist by training, works for The Arthritis Society as one of its advanced clinician practitioners from her home base in Kitchener. Generous donors allow The Society to donate some of Sue's time and expertise to support Dr. Berard's clinic, assessing each young patient and prepping her in advance. This allows Dr. Berard to see twice as many patients in a day — important when seven new patients arrive every week.

"I couldn't serve the population here by myself without Sue," says Dr. Berard. "I wouldn't be able to deliver timely care to what is an immense number of patients."

**MATTHEW**, 11 years old  
Juvenile rheumatoid arthritis (JRA)  
**DR. BERARD AND SUE**

*“We always say we have these angels in our lives. Sue, Dr. Berard and the physiotherapists were there for us when we needed them.”*

*~ Matthew's mother, Janice*

Sue's assessments include education about the disease, medications, overcoming side effects, and helpful exercises and stretches. "She is a tremendous resource for arthritis knowledge and care," says Dr. Berard. "She even teaches our medical residents. I really would be lost without her."

Matthew's mother, Janice, knows that living with arthritis requires a team. "We always say we have these angels in our lives. Sue, Dr. Berard and the physiotherapists were there for us when we needed them."

London's Children's Hospital does not have physiotherapy or occupational therapy services in-house. Fortunately, The Arthritis Society makes those services, along with social workers, available free of charge in Ontario through the Arthritis Rehabilitation and Education Program (AREP). The therapists are all specially trained in assessing and supporting people with arthritis, whose treatment extends beyond pills and injections.

"We are filling a gap in healthcare," Sue says, explaining that physiotherapy can address stiff, weak muscles around an arthritic joint. "For the child to recover, they need exercises both to stretch out that tight joint and to strengthen the affected muscles so they can run, play, or even grasp a pen to write."

The AREP program helps provide timely access to healthcare when appointments to see a rheumatologist could be months away. For Dr. Berard, this means Society therapists can personally relay any emerging health issues, allowing her to remotely keep track of the children under her care.

"It's a tremendous asset," Dr. Berard says. "Without it, my kids may have poorer outcomes. For instance, that range of motion you are missing after an injection or therapy, you regain through physio. And subtle problems that kids with arthritis experience often aren't picked up by therapists untrained in the disease."

Through the support of donors, The Arthritis Society plays a pivotal role in helping Dr. Berard manage a patient population that has grown 300 per cent since 2011. Matthew will be one of well over 1,000 clinic visits this year alone.

"These patients don't come and go," she says. "They are with you."

## ERASE THE PAIN

### Transforming care: 5,000 in Five

The number of Canadians living with arthritis is expected to grow to 7.5 million by 2036. With access to local, qualified arthritis care already an issue for many Canadians, The Society is working to address this escalating need.

As part of our *Erase the Pain* campaign, The Society is partnering with key stakeholders to boost the number of arthritis-trained health professionals on the front lines of care by at least 5,000 over the next five years.

From pharmacists to physical and occupational therapists, our goal is to dramatically increase access to and quality of certified arthritis care for Canadians in all communities. To find out more, visit [thepain.ca](http://thepain.ca).

