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Expand

Expand: Knowledge, Compassion and Team Spirit

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A Message from ED

Our social Committee is in planning how we can keep the Christmas spirit up and alive while maintaining social distance. I would like to extend my Christmas Greetings in advance.

I also would like to thank the CVFHT team who participated in the Run for Cure displaying our spirit of giving back to the community.



One Testimony from a Patient

Diabetes Team,

"Thanks very much for the links to the material below that was presented during the session on Tuesday, 6th October. I found the session very helpful and informative" –BS

"You both did a great job. And thank you once again for your patience, efforts and flexibility ... 'several times' adjusting to my busy and ever-changing schedule. I'm glad I finally was able to set time aside and complete the presentation" -SB

A Quote for the Month

"What is to **give light** must endure burning" -- **Viktor Frankl**



Diabetes Awareness Month By Diabetes Team

November was World Diabetes Awareness Month! To celebrate World Diabetes Day on November 14th, the Diabetes Team prepared an informative 20 minutes Q & A video about diabetes. Topics covered commonly asked questions around screening and diagnosis, signs and symptoms and tips around prevention and management through lifestyle. The importance of screening was emphasized as it is estimated that 1 out of 2 people with diabetes in the world are undiagnosed! Remember that there is a Screening Tool called the CANRISK TEST available on the Diabetes Canada Website that can assess your risk and encourages screening for diabetes accordingly. Although we did not have the chance to engage the community in person this year, we were fortunate to be able to communicate virtually.

You can access the video through this link:

https://www.youtube.com/watch?v=q6p1q7Bq0_8&feature=youtu.be

PARTICIPATION



CIBC RUN FOR THE CURE

We participated in the CIBC Run for Cure in the month of October



gOT a minute?...

Common Myths about Chronic Pain

By Marina Rezkalla, Occupational Therapist



The most common reason for referral to Physical and Occupational therapy at CVFHT IPCT team is chronic pain.

Everyone feels pain in their lifetime. This could be because we stepped on lego, or stubbed your toe. We feel a sharp pain in the area that was affected and it goes away after a short period of time. Chronic pain is a bit different. The pain that you feel doesn't go away, and can last for weeks, months, or even years. Doctors often describe chronic pain as being any pain that lasts 3-6 months or more. It is estimated that 1.2 billion people around the world suffer with chronic pain. Chronic pain prevents us from doing our jobs, spending time with our loved ones, and living our life to the fullest. Therefore, I believe it's really important that we understand it and have some ways to best treat it.

So let's get into the 7 most common myths and misconceptions about chronic pain:

Myth 1: All Pain has a cause usually due to serious disease or injury of the spine.

Fact: Pain ≠ Injury and hurt ≠ harm.

Does pain always mean you have been hurt? Is the feeling of pain always proportional to the injury? Consider have you experienced a situation where you had an injury but did not experience pain at the time? The level of pain experienced is often a poor measure of injury or tissue damage. One example is up to 70% of all those who lose a part of their body or have an amputation feel sensations such as burning or severe pain in their no longer existing hand, leg, or breast. This is referred to as phantom limb pain....and the pain is REAL!

Another example is increased nerve hypersensitivity may explain why sometimes pain persists even after tissues have healed. The brain can magnify pain as long as it believes the body is in danger. This nerve hypersensitivity is often made worse by prolonged rest. The great news is it's possible to teach the brain to be less sensitive, as the brain is always changing.

Myth 2: The Pain is only in my head

Fact: All pain is real! Just because it is happening in your brain, does not mean it is all in your head! If you feel it, it is real. Pain is an alarm system that warns your body of actual or perceived danger. Pain is a protective mechanism, output from the brain saying, "If I make it hurt, they will pay attention." Brain decides: to protect vs. not protect

Myth 3: X-Rays, MRIs, and CT scans can always identify the cause of pain.

Fact: Although an x-ray, MRI, or CT scan occasionally can be helpful, the vast majority of disc degenerative changes (arthritis) and disc bulges on x-rays and MRIs are common, normal and not associated with pain. A big part of what physicians do is to find out where the pain is really coming from and help patients make informed decisions about their treatment options.

Myth 4: You should not exercise if you are in chronic pain

Fact: Use it or lose it But Motion is Lotion

For the longest time, patients with back pain were told to lie down to get better. While many patients experienced less pain while lying down, it was not always the case that they got better. The brain literally changes when we stop normal movement of a body part for a long period of time. Attempting regular movements and exercising on a daily basis are essential for managing persistent pain and changing the brain again! This is referred to as neuroplasticity.

Not only are these activities motivating and helps ensure we keep moving, but it also helps release endorphins, our "happy hormones", make us feel happy and are natural painkillers. We play an important and active role in pain management.

Myth 5: Surgery is your best option.

Fact: That would be like saying that everyone with depression needs to do CBT based treatment and that that is their only option. Sure it can help some of us, but it's not going to be necessary or helpful for all of us. According to studies using MRI have shown that disc herniation often shrink on its own over time. Surgery is not the only option in treatment of chronic pain, not by a long shot.

Myth 6: Pain is a psychological problem. People with chronic pain "are just depressed"

Fact: Emotions can Increase Pain

Pain is both a sensory and emotional response and our mind can create pain when there isn't anything physically wrong. Depression, anxiety, stress, anger, perceived injustice, and fears or re-injury can all increase nerve hypersensitivity and contribute to persistent pain. Acknowledge that pain does not always indicate tissue damage or harm to your body, and try to maintain a positive attitude. Hopefulness is a must for recovery, not optional!

Myth 7: You should just push through the pain. No pain, no gain

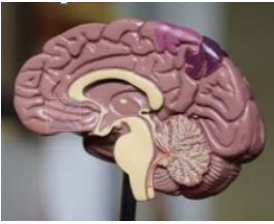
Fact: When you have chronic pain, you have to learn to listen to your body to know how much is enough but not too much. Consider a traffic light, green light is safe pain, pain spikes, but is tolerable during the activity and is no worse after the activity. Yellow light is also safe, pain also spikes but tolerable during the activity, but persists 24-48 hours after activity. Red light is severe pain that increases during activities and should stop.

Pain can really impact our lives and our ability to function. Only you know how you feel. You can work with your OT and PT team to figure out how to adapt activities. There are many tools and strategies to help people with chronic pain live lives with the pain to their fullest.

Sources: Benson, R. T., Tavares, S. P., Robertson, S. C., Sharp, R., & Marshall, R. W. (2010). Conservatively treated massive prolapsed discs: a 7-year follow-up. *The Annals of The Royal College of Surgeons of England*, 92(2), 147-153.

French Connections

Le cerveau et l'isolement social by Francoise Jacob RN



Nous sommes en pleine deuxième vague et les restrictions provinciales sont aussi strictes que lors de la première vague. Nous pouvons sentir l'appréhension des patients et de nos collègues. Cependant, nous sommes tous amenés à limiter nos activités sociales dans le but de réduire la transmission de la covid-19.

Nous savons que les humains sont des êtres sociaux et que les interactions interpersonnelles font partie des fondements de notre civilisation. Par conséquent, la diminution significative des interactions a un impact au niveau du fonctionnement de notre cerveau. Le National Library of Medicine parle d'un lien entre l'isolement sociale et la baisse des fonctions cognitives. Certaines études parlent d'une réduction du volume du cortex préfrontale, de l'amygdale et de l'hippocampe [1]. L'isolement social durant l'enfance semble aussi avoir un effet négatif sur le cerveau à l'âge adulte. [2] Des études effectuées sur des mammifères semblent démontrées qu'il y aurait une molécule qui s'accumulerait dans le cerveau lors de longue période d'isolement. [3] En effet, la neurokinine B (NkB) serait sécrétée en grande quantité lors de période de stress. Ce neuropeptide change le comportement des mammifères en période de stress. Pour l'instant les études ont été effectuées sur des animaux.

Contrairement à l'isolement chez les personnes vulnérables est une priorité et les professionnels de la santé sont souvent appelés à identifier les situations de crise [4]. Selon CAMH [5], il y a plus d'anxiété, de dépression et d'abus de substance durant cette période de pandémie. Ceci est lié au confinement et à l'incertitude. D'où l'importance de rester vigilant et de bien identifier les besoins des patients.

1 <https://www.the-scientist.com/features/how-social-isolation-affects-the-brain-67701#:~:text=%E2%80%9CWe%20are%20seeing%20a%20really,cardiovascular%20problems%2C%20a%20range%20of>

2 <https://www.sciencedaily.com/releases/2020/08/200831112345.htm>

3 <https://www.sciencedaily.com/releases/2018/05/180517113856.htm>

4 <https://www.inspq.qc.ca/sites/default/files/publications/3033-isolement-social-solitude-aines-pandemie-covid19.pdf>

5 <https://www.camh.ca/en/health-info/mental-health-and-covid-19/covid-19-national-survey>

Training & Development



The Holidays , Your Mental Health & COVID 19

<https://www.eventbrite.ca/e/the-holidays-your-mental-health-covid-19-tickets-129888015551>

Competition (Employees Only) of Expand 9

Please answer the following questions to win a \$15 gift card answers are in the previous releases.

Question

Who is the physician who developed the Memory Clinic Model?

Winner of the Competition
Expand 9: Congrats Duska!

