

FALL UPDATE

BACK TO SCHOOL...STUDENT SYNDROME

5 TIPS ON HOW TO PREVENT NECK AND SHOULDER PAIN

In a study of 500 university students, a high percentage report persistent neck, forearm or wrist pain; most of it is from computer related work, directly affecting **their productivity and quality of life.**

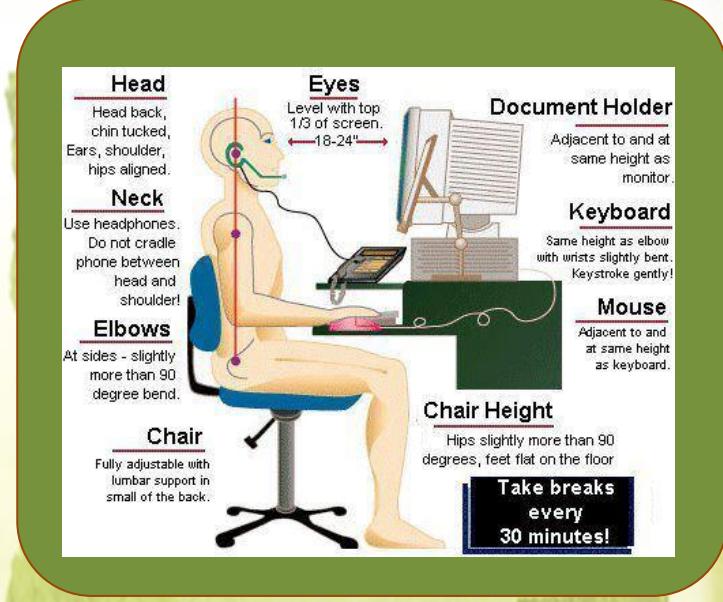
Here are some tips to prevent this from becoming a chronic problem:

1) Take Breaks - Every 15 to 30 minutes, take a 30sec stretch break. It has been shown to be more effective than breaking every hour. Remember "Motion is Lotion" to the joints!

2) Stretch your "Pecs" – Stand up tall, keep your arms in front of you, loosen your shoulders, take a deep breath in and open your arms as if you're about to get a big hug and breath out slowly!

3) Re-invent your work station.

- Get a book stand
- Buy a cheap monitor and connect it to your laptop at home
- Stop reaching for that mouse. Bring it closer to you.
- Make a foot rest from those dusty text books



4) Pack it light, wear it right! - Backpacks should not weight more than **10%** of your body weight. For more information on backpacks, please see my article on backpack safety in my September 2010 newsletter:

<http://reenapathakdc.webs.com/FALL%202010%20HOH.pdf>

5) Listen to your body, Pain is an alarm - Be proactive and know your limitations. Seek help when you need it.

These are simply tips. Everyone reacts differently to the demands put on our bodies. It is always recommended to get a medical opinion so you can be informed and if needed, discover the treatment options available to you.

REFERENCES:

- Chaumont Menéndez, C., Amick Iii, B. C., Joe Chang, C.-H., Dennerlein, J. T., Harrist, R. B., Jenkins, M., et al. (2009). The epidemiology of upper extremity musculoskeletal symptoms on a college campus. *Work (Reading, Mass.)*
1. Schlossberg, E. B., Morrow, S., Llosa, A. E., Mamary, E., Dietrich, P., & Rempel, D. M. (2004). Upper Extremity Pain and Computer Use Among Engineering Graduate Students. *Occupational Medicine*, 303, 297-303
 2. Harutunian, K., Gargallo-Albiol, J., Figueiredo, R., & Gay-Escoda, C. (2011). Ergonomics and musculoskeletal pain among postgraduate students and faculty members of the School of Dentistry of the University of Barcelona (Spain). A cross-sectional study. *Medicina Oral Patología Oral y Cirugía Bucal*, 16(3), e425-e429.



The Graston Technique® Instruments

Will Chiropractic Treatment work for me?

Almost all patients will benefit from some form of conservative post-surgical care. Every patient is unique so it is important to have a proper assessment prior to treatment. There is exciting research in this field and we are passionate and committed to provide the latest and best care for you.

Chiropractic and Graston® can also be utilized for other postsurgical conditions, such as caesarean scar release, which affects the form and function of the abdominal muscles.

For more information about Graston® Technique, please visit <http://www.grastontechnique.com>.

Here is a link to Graston® in the news for treatment of post-mastectomy patients:
<http://abclocal.go.com/kgo/story?section=news%2Fhealth&id=7879903>

OCTOBER

Breast Cancer Awareness Month DO YOU SUFFER FROM POST-MASTECTOMY PAIN SYNDROME?

A 2009 research review of Post Mastectomy Pain Syndrome (PMPS) defines PMPS as a chronic pain in the front of the chest, axilla (arm pit area), and/or upper half of the arm beginning after a mastectomy or quadrantectomy and persisting for more than three months after the surgery. The incidence of post-mastectomy pain syndrome is high, ranging from 20 to 50%.

The pain can vary in intensity and frequency. Patients commonly describe the pain as shock like, burning or tenderness around the surgical area. This pain syndrome can be aggravated by movement of the arm or any type of pressure in the arm, and/or movement of the shoulder girdle. Those movements can trigger pain when performing simple actions, such as dressing oneself, working on a computer, carrying groceries etc.

There can be many causes of post-mastectomy pain syndrome. Some of the most common causes are damaged nerves as a result of the surgery and/or improper healing, and the development of scar tissue around nerves. This scar tissue decreases motion and increases pain, amongst others symptoms that a patient may feel.

Some women present with "broken wing syndrome" in which the side of the body of the mastectomy becomes turned in to protect the injured area. Others may present with headaches which are a result of tightness from muscles that connect from the neck to the shoulder.

Post-mastectomy pain syndrome is more common with patients that have had radiation therapy and breast implants. Implants can also lead to scarring. In addition, mastectomies cause scar tissue to build up and lead to tightness, movement restriction and fear of movement.

How does Chiropractic help?

Specific soft tissue therapy, Chiropractic treatment, and exercise such as stretching the pectoral muscles, can help release some of the tightness in the soft tissue. Graston® Technique can be used to break down the scar tissue, restore range of motion, and stimulate muscles, tendons, ligaments and nerves which have been traumatized.

PAIN IN MY BUTT!

One of the most painful and disabling conditions individuals suffer from is **sciatica**. Sciatica is a pinched nerve in your lower back or buttocks. It often begins with severe buttock pain that eventually travels down your thigh and into your foot; over time, it can cause numbness and tingling, and even weakness in the lower extremity.

Usually the buttock and leg pain will feel worse than the low back pain; however you may feel like your spine is locked and have difficulty performing simple activities like bending, getting out of a chair or even walking.

The cause of the pinched nerve is most often caused by a bulging disc or a narrow spinal canal (spinal stenosis). Sciatica may be the result of tightness in the piriformis muscle (see diagram); the sciatic nerve lies directly underneath this muscle, or in some cases, pierces through the muscle belly. After you have been diagnosed by a medical professional you can try the following:

At Home Treatment Tips

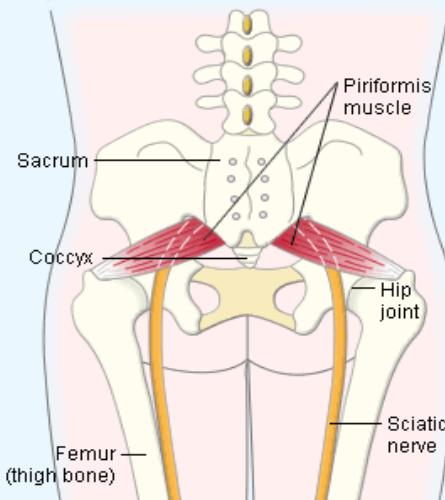
To reduce inflammation: Try icing your back for 20 minute intervals a few times a day. Perform light non-aggravating activities to help speed tissue recovery.

Stretch – Learn proper techniques to stretch the piriformis muscle if this is the cause of your pain. Stretching can lead to muscle relaxation and less aggravation of the sciatic nerve.

Lying on your back with both knees bent, gently place the ankle of the side to be stretched upon your opposite knee (see diagram). Then place the hand of the same side to be stretched on your knee as shown and gently push your knee away from you. Hold the stretch for 20-30 seconds, and repeat 2-3 times. Stretching should be done 2-3 times per day to achieve maximum benefits.

NB: If you find it difficult to even place your ankle upon your opposite knee as shown, this implies your Piriformis muscle is extremely tight, and exemplifies your need to stretch this muscle. However, you need to be careful as over-stretching can easily aggravate your symptoms. The suggestion would be to not bend the knee of your opposite leg quite so much, as this will not place as much of a stretch across the Piriformis muscle.

THE PELVIS - POSTERIOR VIEW
Piriformis muscle



Treatment Tip – Piriformis Stretch

In Office Treatment

There are many treatment options for Sciatica, including:

- Chiropractic Manipulation
- Acupuncture
- Soft Tissue Massage
- Ultrasound
- Electrical Muscle Stimulation

Any combination of these modalities can help improve your symptoms and get you back to your life!

References:

C. Liebenson. McKenzie Self Treatments for Sciatica. *Journal of Bodywork and Movement Therapies*. 2004.



LEAVES LEAVES LEAVES! SAFE RAKING TIPS FOR THE FALL



- **Stretch** for 10-15 minutes during your work. Do knee to chest pulls, trunk rotations, and side bends. Take a short walk to stimulate circulation. When finished, repeat the stretching exercises.
- **Stand as straight** as possible and keep your head up as you rake.
- When it is still warm outside, **avoid the heat**. Do your work before 10am or after 6pm.
- **Use a "scissors stance"** when raking: right foot forward and left foot back; reverse after a few minutes.

- **Bend at the knees**, not the waist when picking up piles of leaves.
- **Drink lots of water**.
- **Wear protective gear** such as a hat, long pants, and gloves.
- Try **ergonomic tools** that are engineered to protect you when used properly.

Use ice to soothe any soreness in the back after working. If there is no improvement in two or three days, see your chiropractor for help!

From ACA's Healthy Living Series: "Get In Shape to Tackle Your Yard", January 2006.



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