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by Jennifer (Jay) Sherwood, BScN, MEd.

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The Wait Time Issue in Canadian Health Care Systems

As I sat down to write this month's editorial, the Canadian Medical Association (CMA) is in the news. On August 22, in Charlottetown, this influential group representing approximately 67,000 physicians in Canada elected Dr. Brian Day as its president-elect. Dr. Day's election was preceded by a good deal of controversy because of his views about the role of private medical clinics in Canada's health care systems. As well, delegates at the meeting debated the issues on wait times that included discussing the option of opening the door to private systems parallel to public health care systems. As Dr. Ruth Collins-Nakai told reporters, the goals in the debate were "...not to debate the merits of public versus private health care systems... [but]..to examine how [to] develop new tools to improve Canadians' access to care." (Sullivan, 2006, p.1). Waiting for treatment is recognized as an important issue in any discussion about Canadians' access to health care.

According to the Fraser Institute, an organization that publishes an annual waiting list survey by province, "waiting time" for treatment can be broken down into two main segments: The first is the time between referral to a specialist and the actual time waited for the visit; and, the second is the time waited between the decision that treatment is required and the treatment itself. In its 2005 report, the authors noted that pan Canadian wait times fell slightly in 2005 in both segments. The slight reduction reflected decreases in some provinces while concealing increases in the others. (Esmail and Walker, 2005, p.1). As well, in a 2000 study cited in the report, it was revealed that spending more money on health per person in the provinces had no demonstrable effect on waiting times than in the provinces that spent less. (p.5)

Among the major issues inherent in waiting for treatment is that of economic cost, both to patients and the economy as a whole. The British Columbia Medical Association (BCMA) and the CMA, recognizing that economic studies on wait times that examined the overall cost of

wait lists had limited value, commissioned a study to examine the cost of waiting longer than medically recommended for treatment in four provinces (Alberta, British Columbia, Saskatchewan and Ontario). Four of the five priority areas identified in the 2004 First Ministers Health Accord were selected for analysis. These were: cataract surgery; total joint replacement; coronary artery bypass; and, MRI scans. (The Centre for Spatial Economics. June 2006). The analysis of the findings were limited to the second segment of waiting times, i.e. waiting for treatment decided necessary by a specialist. As well, the researchers did not assess the costs involved in achieving reductions in wait times.

Three types of costs for each province and priority areas were estimated in the study.

- Patient costs measure the impact from reduced economic activity due to waiting for treatment.
- Caregiver costs measure the impact from reduced economic activity due to giving up work to provide care.
- Health system costs include the additional costs to the health care system for additional medical appointments, tests and procedures and medications that would have not been required had the wait not exceeded the maximum recommended.

No one province studied had either the highest or lowest costs in all priority areas so it was concluded that policy solutions to wait time problems would need to reflect provincial variations and priorities. The findings of this study are of use to the provinces studied in performing cost-benefit analyses. In determining the efficiency of a health system from this economic perspective, policy makers need to identify the point at which costs of providing treatment in a recommended timely manner equal the benefits of reducing waiting times. (The Centre for Spatial Economics. June 2006 p.2-3).

Following the 2004 First Ministers meeting \$5.5

billion was allocated in federal funding to the provinces and territories to help to reduce wait times. Later, ten wait time benchmarks were established in the five priority areas. In July 2005 Dr. Brian Postl was invited to assume the role of Federal Advisor on Wait Times. He was asked to inquire into the factors contributing to long wait times and to discuss with provinces, territories and stakeholders efforts that could contribute to more timely access to health care services. In his final report issued in June 2006, he indicated that wait times are a symptom of much wider problems in the systems of health care in this country. Patients need to be placed at the center of the system and while this is not a new idea, the transformation has not occurred. To aid in this effort he identified six key areas that must be addressed immediately and has made recommendations that constitute the first steps in such action. The six key areas addressed in his report are:

- Ongoing research to support benchmarking and operational improvements;
- Adoption of modern management practices and innovations in health systems;
- Accelerated implementation of information technology solutions;
- Cultural change amongst health professions;
- Development of regional surge capacity; and,
- Public education to support system transformation.

It is his view "...that by addressing these key areas patients will be better served, wait times will be reduced and health care systems will become increasingly responsive to the needs of the patient." (Postl, 2006 p.9)

We all know about the five principles outlined in the Canada Health Act, (universality, accessibility, comprehensiveness, portability and public administration). I began this editorial by mentioning at least one option debated by the CMA to address wait times – one of the issues inherent in accessibility. While the

See Editorial page 3

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Watch for stress in children

“September is when millions of bright, shining, happy, laughing faces turn towards school. They belong to mothers!”

Yes, the start of school is a relief for many parents, but it can be a major stress for some children – especially those just starting out. For many children it's an exciting, happy time; for others, it's definitely not.

Some children just don't want to leave home, some worry about which teacher they'll have, or whether friends will be in their class, others fret about tests and marks.

New child-care arrangements may be unpopular – and what child enjoys a school where there's bullying, or cliques that exclude them? For some, starting school just adds another stress to poverty, family conflicts or even abuse and neglect.

Children may not have the same worries as adults, but they can and do experience anxiety and sometimes serious depression.

However, rather than saying “I'm stressed-out!”, they usually react in more subtle ways, with rudeness, disobedience, aggression, or by becoming apprehensive, withdrawn or extra clingy.

Other signs include headaches and stomach pains, recurrence of bedwetting, insomnia, or worsening of eczema and asthma. If your child seems stressed, remember it's not easy for them to say what the problem is. Put yourself in their shoes, and take enough time to listen – because kids often open up at the most unexpected times. Be warm and non-judgmental, reassuring them that their feelings, although unpleasant, are normal and acceptable.

Help children identify their worries and problems – and put them into perspective.

Acknowledge that changes can be scary but that they will soon get used to new things – as they

have before: (“Remember when you first started nursery school?”). To find solutions, encourage creative thinking and persistence.

Teach them to relax – letting go of physical tension with slow breathing, muscle relaxation and soothing mental images such as a beach or garden. Help them use their imagination to visualize positive results. To reduce anxiety from unsolvable problems, suggest mentally putting them in a bag or high in a tree and then shifting their focus onto something positive – just like changing TV channels. Encourage them to vent their anxiety through having fun with outdoor physical play.

Want to make a positive difference in your child's school life? Teach them specific skills for making and keeping new friends, such as sharing a snack or toy, or asking them to play.

To reduce daily tension, teach other skills such as being able to communicate their needs effectively (assertiveness), and being well organized in the morning and for homework. A friendship bracelet, a favourite family photo, or a “thinking of you” note tucked away in a knapsack can be a reassuring link to home for a child who is sad or nervous at school.

But if your child needs extra support, it's vital to work in partnership with your school. Discuss concerns with their teacher or a counselor early in the school year. Kids learn best by example, so try to handle daily household problems calmly, looking for solutions and working together as a family. See the big picture – with time, love, support and simple information, your children will gain a sense of personal control over stress – they'll become more resilient, more powerful in coping with not only the challenges of a new school year, but with all the inevitable future problems of life!

Dr. David Rainham is a Family Physician and author of *Stressed Out! Taking Control of Student Stress*. For more info, visit StressWinner.com

Editorial from page 2

public/private debate could be the subject of another editorial some time in the future, publicly funded private delivery, is one of many controversial issues that need to be openly debated and rationally considered in reforming provincial health care systems. There are innovations in delivery that may not yet have been thoughtfully considered by policy makers. What is known is that the systems currently in place are not working as well as they should so change is imperative if we are to have quality care delivered by our health systems well into the future.

To read the Fraser Institute report, the Postl report and the report on the economic cost of wait times go to www.fraserinstitute.ca, www.hc_sc.ca, and www.cma.ca respectively.

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TCM Approach to Women's Health

by Steven KH Aung, MD, FFAFP

The Traditional Chinese Medicine (TCM) approach to women's health has been summarized in the literature of TCM gynecology, and has a long history. The earliest records of TCM gynecological medical writings have been found on ancient bones and tortoise shells with inscriptions addressing problems dealing with childbirth dating back to the Shang Dynasty (1500-1000 BC).

The textbook of Mountains and Seas written before the Warring States period (476-221 BC) describes medicinal herbs treating infertility. An early TCM classic produced before 400 BC, the Yellow Emperor's Canon of Internal Medicine (Huang Di Neijing), establishes a comprehensive medical sciences system of the anatomy, physiology and pathology of the female body with diagnosis, treatment and prevention of women's health disorders and complaints.

Based on the Yellow Emperor's Canon of Internal Medicine, various TCM gynecological therapies for treating women's diseases have systematically been developed and applied in Asia for more than 5000 years. It is extremely rich in theoretical, methodological and technical contents for medical practices.

The most basic principle of TCM gynecology emphasizes the use of everything in nature to preserve and improve women's health.

All TCM gynecological diagnosis methods and healing therapies are natural. This traditional principle is consistent with the view of "return to nature" advocated in the modern Western world. Thus, TCM gynecology can certainly meet the health care needs of women in the present era.

The Food Therapy

The TCM diet therapy are not a simple combination of food and Chinese herbals, but a special highly finished diet made from Chinese herbals, food and condiments under the guidance of the TCM theory and methodology. It is specially made for each type or syndrome of a disease, based on the differentiation of symptoms and signs of the disease. It has not only the efficiency of medicine but also the delicacy of food. It can be used to prevent and cure diseases, build up one's health and prolongation of one's life.

Agriculture and pharmacology are closely linked throughout Chinese history. In remote antiquity, Chinese ancestors found some foods' healing powers

while seeking for food. This was the beginning of TCM. As the Heavenly Cultivator, Shen Nong (3494 BC) was father of both agriculture and herbal medicine, creator of the first Chinese pharmacopoeia – Shen Nong's Herbal Classic, and mentor of Chinese doctors and folk healers until today. In this book, many sorts of herbs are recorded as both medicines and foods. The idea "both herbal medicines and foods originate from the same source" is rooted in the Chinese mind. Following Shen Nong's insight, combined with his experimental approach, Chinese people have explored the synergy of foods with medicines – the food therapy. The food therapy is practiced on an ordinary daily basis, whereas the herbal therapy is a specific selection according to specific conditions at a specific time with specific herbs.

The food therapy is vitally important for pregnant women and during their post-partum period. The Eight Treasure Soup is an effective herbal / dietetic supplement in this regard. There are also various TCM diets which promote lactation, promote a healthy and successful pregnancy and there are some foods for preventing vomiting and also some such as soya products which are very good for removing Phlegm and cooling the system. Persimmons and yams are very useful for hormonal imbalance.

The Herbal Therapy

The formation and development of TCM medicine prescriptions have undergone a very long historical process from the elementary to the advanced stages, with forms ranging from simple to complex. Ancient Chinese Yin Yang philosophy (binary notation system of the universe) and Five Xing Philosophy (Five-Dimensional Coordinate System) have provided a paradigm for the scientific development of Chinese medicine. Within the framework of this paradigm, the organism is treated as an organic whole. The "organic whole" means entirety and unity, that is the unity of the human body itself and the close and inseparable relationship between it and the environment.

Because of the unlimited openness and wholeness of this holistic paradigm, which dates back to 200 BC, Chinese physicians have been sharing this paradigm as a unitary set of rules or standards to approach the physiology of the human body and the incomparably rich experiences and medical knowledge which has accumulated. All these traditional experiences and knowledge have been integrated within the framework of this holistic paradigm. Therefore, Chinese medicine has kept a highly sophisticated, systematically scientific, literate and professional tradition. The secret of TCM herbology is that the mixtures of 2-10 herbs potentiate the effects of the whole decoction. There are numerous herbal remedies such as Chinese Angelica and Peony Powder which are especially useful for gynecological problems. There are many obstetrical and gynecological prescriptions such as Shou Tai Wan fetus protecting herbs, Tong Jing Wan menstrual

regulating herbs, Ba Zhen Yi Mu Wan Eight Treasure female hormone regulating herbs and Bu Shen Gu Choung Wan kidney Reinforcing and Chong Meridian Consolidating herbs.

The Medical Acupuncture Therapy

Acupuncture is an important component of TCM. It is a collection of medical technologies for the prevention and treatment of diseases by needling. It has good curative effects, a wide range of indications, simple application, low cost, and is relatively safe. Because of its advantages, patients have accepted it for many centuries. Acupuncture therapy is based on one of the more important components of the TCM theoretical system, the theory of meridians and their collaterals. In the practice of acupuncture, the meridian tropism by signs-symptoms differentiation, the corresponding meridian point selecting, reinforcing and reducing, and others are all based on the theory of meridians and collaterals.

Acupuncture is clinically useful in treating various female disorders such as pre-menstrual, menstrual and post-menstrual imbalances. A master point in this regard is SP.6., a point on the Spleen meridian about 3 inches above the inner side of the ankle. Acupuncture is also good for maintaining a healthy pregnancy and a painless childbirth.

There are many acupuncture points which are very useful on obstetrical and gynecological conditions. The meridians which are very useful for these conditions are the Chong, Dai Mai, Spleen and also Kidney, etc. Acupuncture is very useful in conditions where the physical and constitution are strong.

The Moxibustion Therapy

Moxibustion is an external therapy of preventing and treating diseases by igniting moxa to stimulate the acupoints. The materials mainly used is moxa wool, which is made of moxa leaves dried and ground and sieved to remove the stalks and impurities. Moxa leaf smells fragrant and is easy to be ignited. The leaf, which has been used for several thousand years by acupuncturists, has the functions to warm the meridians and expel cold, to induce the smooth flow of Qi and blood, and subdue swelling and disperse accumulation of pathogens. This therapy is very useful during pregnancy and also for post-partum care, especially in cases of loss of Blood and Kidney Yang in order to enhance a quick recovery of Qi and general tonification. Moxibustion to GV.4, CV.6, CV.4, ST.36 and SP.6 will enhance the general conditions, whereas LI.11, GV.14, SP.10 and SP.6 are very good for immunoenhancement. Moxibustion, therefore, is very useful for the Yin stage, Deficiency conditions.

The Cupping Therapy

Cupping is a therapy in which a jar or cup is attached to the skin surface to cause local congestion through the removal of the air in the jar or cup created by introducing heat in the form of an ignited material. In the ancient times, cupping was called the "horn method", also known as "fire cup". The technique

See *Woman's Health* page 6

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Did You Know...?

Information selected and edited
by Jennifer (Jay) Sherwood, BScN, MEd.

Once again I am writing this column to share with you some of the many snippets of information that come our way here at HEALTHbeat. This column highlights a small sample of the information that has arrived during the last month. All of this comes from press releases, lists and other such things that are available. Apart from editing, I am passing it along to you as it comes to me. Be advised, HEALTHbeat does not endorse or otherwise support any of the products, new ideas etc.

Did you know...

WILLIAM OROVAN, MD, UROLOGIST AND MEDICAL DIRECTOR OF DON MILLS SURGICAL UNIT IN TORONTO announced today that they have commenced offering Ablatherm(R) HIFU treatment to prostate cancer patients whose radiation therapy has failed and the cancer has returned. Radiation treatment cannot be repeated if a patient has a recurrence. In the case of these patients, the non-invasive Ablatherm(R) HIFU treatment offers new hope to those men who previously had no curative option. To learn more about the Ablatherm(R) HIFU treatment visit www.hifu.ca.

TORONTO – Having the right information, at the right time, is a critical part of Ontario's goal of attaining the safest, highest quality health system in Canada by 2015. So noted Adelsteinn Brown, Information Management Lead at the Health Results Team, part of Ontario's Ministry of Health. Dr. Brown, who is also an Assistant Deputy Minister with the department, recently released an update on progress being made on information management in Ontario's healthcare system.

WASHINGTON – Medication errors harm 1.5 million people and kill several thousand each year in the United States, costing the nation at least \$3.5 billion annually, the Institute of Medicine concluded in a report released on July 20. According to the report, titled "Preventing Medication Errors", drug errors are so widespread that hospital patients should expect to suffer one every day they remain hospitalized, although error rates vary by hospital and most do not lead to injury, the report concluded.

TORONTO – The Ontario government has approved redevelopment at Mount Sinai

Hospital of obstetrical, neonatal and ambulatory services to provide women and infants with improved access to a full range of services. The Women's and Infants' Health Program project includes a new labour and delivery unit, a new neonatal intensive care unit and level II nurseries, as well as modern antenatal and post-natal units and expanded ambulatory care space.

CRESTON, B.C. – The MacKay Medical Clinic in Creston has become the first medical centre in British Columbia to use clinical management system software from Practice Solutions Software Inc., a Canadian Medical Association (CMA) company designed to help Canadian doctors manage their practices.

VANCOUVER, BC. – The Fraser Institute, employing a methodology similar to that used by the Center for Alternative Medicine Research in a ground breaking study on alternative medicine use in the United States in 1991, conducted a Canadian national survey to determine the prevalence, costs, and patterns of alternative medicine use, such as chiropractic, naturopathic, and herbal therapies. For more information see www.fraserinstitute.ca

CALGARY, AB – Thursday, August 3, 2006 Internationally-educated nurses now have a better chance of gaining employment in the Canadian health care system due to the recently approved Bridge to Canadian Nursing Program at Mount Royal College. This program will help address the nation-wide nursing shortage in Canada. For more information visit www.mtroyal.ca.

CHESHIRE, CT (July 17, 2006) – It may sound shocking, but micro current therapy (MCT) – the use of tiny, undetectable amounts of electrical current to speed the healing of muscle soreness and injuries – is finding its way out of the doctor's office and into homes across Canada. What was once considered "progressive therapy" is now a mainstream remedy due in large part to low cost, at-home applications like the Painmaster MCT patch. Recently licensed by Health Canada as a Class II medical device, the non-invasive, non-drug related therapy is now available for the first time in Canada and can be purchased online. For more information visit www.PainmasterCanada.com.



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Woman's Health from page 4

involves burning, heat or suction to create negative pressure which directly draws the jar or cup onto the skin, causing blood congestion. The technique is often combined with acupuncture and bloodletting therapy. Depending on the different types of cups, operation procedures and the combining therapies, the different kinds of cupping therapies respectively have effects in dispelling evil Wind, Cold and Damp, promoting blood circulation and Qi flow, warming channels and Yang Qi, and clearing Heat, diminishing swellings and pains. Thus, the cupping therapy is effective in substituting for the use of tiger bones in treating rheumatic disorders. It is useful for Wind condition, especially for women having invasion of Liver Yang such as in migraine, hypertension, pelvic congestion and flatulence. Cupping is very useful for Yang Excessive and Yin Deficiency Syndromes.

The Acupressure Therapy

The manipulation of using the finger tips, the back of fist, palm root, palm center and minor thenar eminence to pound and hit the body surface around the selected acupoint is the acupressure therapy. It can be performed in various forms. Since acupress is associated with human touch, it is nice to have good and purified Qi from the therapist. Pressuring SP.6 is beneficial to premenstrual syndrome and menstrual

cramps, and the patient can be taught to apply these acupress techniques for self care and prevention in these and other conditions as necessary and under medical supervision.

The Massage & Manipulation (Am Mor / Tui Na) Therapy

The massage is a TCM therapy with various manipulations applied to certain locations of the human body, including certain passive movements of the limbs, to prevent and treatment diseases. One of its main curative functions is the "quality" of the manipulation and the other function is the exceptional effect of the manipulated locations, meridians, collaterals and acupoints. When the curative effect of massage is working on a specified location of the body through manipulations, the direct effect of its stress can act locally to promote blood circulation and remove blood stasis, restore and treat injured soft tissues, correct deformity and abnormal locations of bones and soft tissues in anatomic site. In the same time, dynamic wave signals of the manipulation can reflexively influence the physiological function and pathological state of the body fluid, Qi and blood, Ying, Wei, cerebrospine, viscera, mind and emotion, etc. Through the conducting channel of acupoint-channels and collaterals-viscera so as to effect a recuperative medical function all over the body. In fact, the manipulation can also serve to balance human vital

energy and hormones, especially using the Spleen and Kidney meridians.

The Gua Sha Therapy

The Gua Sha therapy, including Gua Sha, Pak Sha or Tsine (Nieh or Niu) Sha, can be used in diaphoresis, exorcising pathogenic evils, resuscitation, promoting circulation of Qi and Blood, clearing heat, releasing toxins, stopping pain, and so on. Because of its effectiveness, convenience and low cost, it has been accepted by the general population for thousands of years in China. Given its ability to move stuck Qi and Blood, release the Exterior and indirectly disseminate fluids and create new Blood, Gua Sha becomes a relevant tool of treatment for almost any presenting disorder.

As a component of TCM, the Gua Sha therapy has experienced a long historical development. As early as in the Tang Dynasty, people used Gua method to cure Sha syndrome and recorded the application of Gua Sha therapies. By the Qing Dynasty, the research and application of Gua Sha therapies were further developed. Many medical literatures recorded classifications of Sha syndromes and applications of Gua Sha therapies to various Sha syndromes. Recently, modern researchers verified the effectiveness of Gua Sha therapies and the international spread of promoting these therapies has become widened. In women's health, it is a very useful technique to remove energy blockage in the Spleen and Kidney meridians.

The Qigong Therapy

Qigong is an art and science to cultivate and build up the Qi in the interior of the body in order to become strong, powerful and healthy. It is a medical keep-fit exercise through which the practitioner gets physical, mental and spiritual self-exercise by coordinating his or her mind, postures and breathing to act on the whole body. Through this exercise, the practitioner can purify his or her Qi and direct it to all parts of the body to keep himself or herself in a state of total harmony and wellness. Thus, it has the functions of preventing and curing diseases, protecting and strengthening health and prolonging life.

Qigong has a long history and diverse schools. In each school there are many and more diverse maneuvers of Qigong. All TCM physicians throughout the ages have emphasized the curative effects of Qigong and had great attainments in Qigong. They have widely used Qigong to treat many types of chronic and acute diseases. According to the TCM theory and principles of Qigong, they use certain maneuvers to treat a specific type of disease and to realign the whole being. In fact, Qigong should be compulsory training for Chinese physicians so as to increase the quality of life of the patients.

Regarding women's health, basic medical Qigong breathing exercise number three (inspiration, hold, inspiration again, expiration slowly) is very beneficial for premenstrual syndrome. Yellow color visualization during Qigong breathing/ concentration exercises are excellent for enhancing the quality of women's health. The Figure-of-Eight breathing/concentration technique is an excellent method for strengthening the Lower Jiao and at the same time increase the vital energy to the uterus, ovaries and bladder. Qigong phonation on the sound of Whooo... and the Chakra sounds Vamm... and Lamm... reinforce the quality of life of women with respect to the above exercises.

The Feng Shui Therapy

Feng Shui is the ancient China's art and science for living in balance and harmony with the environment. In fact, it is the environmental medicine of TCM. The Yi Jing contains the basic principles and symbols that govern all Feng Shui practices, irrespective of which school is being followed. As a discipline of the TCM systems, Feng Shui knowledge and technology are integrated within the framework of integrating the Yin Yang within the Five Xing Philosophy. This therapeutic perspective will help women in their adjustment to building a safe and happy home for their family. The kitchen and dining areas are the most important in the functions of the energy of the house, which will serve to keep the family together in a harmonious state. The dining room should be in the center of the house, with the kitchen located in the southwestern sector of the house (where maternal energy accumulates most beneficially for all concerned). Women play a key role in Feng Shui arrangements and placement to keep the family in good spirits and harmonious happiness.

Conclusion

Thus, the TCM system is a holistic enterprise. While the female principle is considered Yin and the male principle Yang, no rigid distinctions are applicable. This is because Yang exists within Yin and Yin within Yang. This is the flexible TCM energetics approach which has always proven worthwhile. In TCM, there are no rigid specialties, but various modalities of concern, such as pediatrics, geriatrics and oncology. It is basically a natural approach that works to integrate women's health concerns within the context of the emerging integrative approach to primary care. Such an approach encompasses competence and compassion as well as treatment and prevention initiatives – always focusing on restoring physical, mental and spiritual harmony and balance in individuals, the family and society.

Women's health is a complex area, involving young, middle-aged, elderly and dying patients, and also special topics such as cosmetics, weight control, pregnancy, and menopause. Modern TCM practitioners seek to work closely with biomedicine to enhance the quality of life of women of all ages and cultures, and it has a lot to offer in terms of natural, non-invasive and cost-effective techniques. Overall, TCM has a great contribution to women's health and well being.

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October Observances

This is the October calendar of annual health observances and recognition dates for healthcare. Health observances are days, weeks, or months devoted to promoting particular health concerns. This information will come in handy for community relations programs as well as employee appreciation events. Health professionals, teachers, hospital staff and community groups can use these special times to sponsor health promotion events, stimulate awareness of health risks or focus on disease prevention.

October Observances 2006

October Observances 2006	Dates
Brain Injury Awareness Month	1-31
Breast Cancer Awareness Month	1-31
Campaign for Healthier Babies Month	1-31
Celiac Awareness Month	1-31
Children's Health Month	1-31
Cold and Flu Campaign	1-31
Dental Hygiene Month	1-31
Depression & Mental Health Month	1-31
Domestic Violence Awareness Month	1-31
Down Syndrome Awareness Month	1-31
Family Health Month	1-31
Family Sexuality Education Month	1-31
Halloween Safety Month	1-31
Lupus Awareness Month	1-31
Medical Librarians Month	1-31
Nurse-Midwifery Week (1st full week)	1-7
Orthodontic Health Month	1-31
Pastoral Care Week (last week)	22-28
Physical Therapy Month	1-31
Respiratory Care Week (last week)	22-28
Spinal Health Month	1-31
Sudden Infant Death Syndrome Awareness Month	1-31
UNICEF Month, National (Trick or Treat for...)	1-31
World Blindness Awareness Month	1-31
World Food Day (16th every yr.)	16
World Mental Health Day (10th every yr.)	10

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Exercise - Yeah I Know It's Great, But How?

by Tyron R. Piteau, B.H.K., R.K., C.H.E.K. Exercise Coach

Everyone is convinced that exercise has many benefits. *HOW* to exercise to reach your health goals is less well understood. It seems as though people randomly pick and choose exercises based on either what is easiest or what they have seen others do. Both of these choices can be dangerous. Choosing randomly can lead to discouragement, failing to reach goals and ultimately giving up.

If this has been the way you choose or have been

choosing to exercise it is time to take another look at your program. What you need is an exercise program specifically designed to take into account your orthopedic history and biomechanics. When this is not done, selecting exercises becomes your best guess. Best guessing can lead to injury and/or can worsen an existing one. We all know of people



The Right Job from front cover

regard as their strengths and weakness.

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- We outline the benefits offered, the duties, skills and personality requirements of the facility and why we believe they meet these requirements. This saves time during the interview and allows them to concentrate on the intangibles and other aspects such as the

geographic location. In this way they can assess not only whether the job is a good match for them, but also see the whole picture.

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The Need For Urgency...

The supply of skilled healthcare professionals is becoming more and more scarce. Worldwide recruitment drives to place healthcare professionals into the USA has created a great deal of competition and even though a candidate's skills are in great demand, there is usually a second or even a third candidate on the short list as a back-up if they procrastinate in the decision making process. It is for this reason that we prompt our professionals to make a quick decision when a position is presented to them as we do not want them to lose out on an excellent opportunity.

This sense of urgency pays dividends when potential employers approach us. Their interest level remains high and speed encourages a positive attitude towards our candidates.

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who've been exercising consistently only to be forced to stop due to an injury. This really shouldn't happen if exercise is done correctly. If you have a program designed specifically for you, you'll be much more encouraged to stick with it and achieve your goals.

You may be thinking, "Well Tyron that sounds great and that's probably why I have never stuck with my exercise routine, but where do I get a plan and help like that?" Any C.H.E.K. Practitioner will be more than qualified to complete a full assessment and design an exercise or rehabilitation program for you. I recommend seeing a C.H.E.K. Practitioner for three to four sessions, in order to be certain that you completely understand how to carry out the exercises. Also, a gym membership is not absolutely necessary, as a number of excellent exercises can be done with bodyweight and a Swiss ball so you can follow your program at home. To find a C.H.E.K. Practitioner in your local area go to www.chekinstitute.com/prac.cfm.

You can stick with it! Exercise can be purposeful and choosing the right way shouldn't be a random guessing game. With the right help, proper planning and a little hard work you CAN attain your goals. Be proactive, find that help, and make your goals reality!

Tyron Piteau is a Kinesiologist, Personal Trainer, Rehabilitation Therapist and Nutritional Consultant. To contact phone (604) 626-2342 or email themarkersbody@gmail.com



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Bigstone Health Commission Employment Opportunity COMMUNITY HEALTH NURSE

The Bigstone Health Commission (BHC) is incorporated as a non-profit corporation. We are working toward assuming the responsibility for the delivery of federally funded health services to all Bigstone Cree Members. Our Vision is to enhance the quality of life for all Bigstone Members and all others living within the Bigstone Traditional Territory. Our goal is to accept the responsibility and authority to manage and control health services within the Bigstone Traditional Territory. Currently, the BHC Head Office is seeking a Community Health Nurse to join our BHC Nursing Team on a full time basis to assist us with achieving our goal.

Qualifications: Possess a B.Sc. Degree in Nursing from a recognized university; Licensed with the College and Association of Registered Nurses of Alberta; Minimum of 1 year experience in Community Health Nursing in a Northern Community; Valid clean driving license; Be medically fit; Ability to understand Cree language will be an asset.

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- Promote wellness through an integrated team approach with various health partners;
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- Make client/family referrals to other agencies and professionals when need is identified;
- Maintain accurate records, documents, and reports;
- Participate in community health planning;
- Possess excellent interpersonal communication skills, as well as organizational skills;
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Dr. Laura Pawlak (Ph.D., M.S.) undertook her graduate studies in biochemistry at the University of Illinois, where she received her masters and doctoral degrees. Author of 22 scientific publications and many academic books, she conducted her postdoctoral research in biochemistry at the University of California San Francisco Medical Center. On such subjects as brain biochemistry, geriatric care, pharmacology, women's health issues, and nutrition, Dr. Pawlak frequently speaks to audiences of health professionals.

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