



2016 NEWSLETTER SERIES DECEMBER 2016



EDITORIAL

Gloria Gilbert, M.Sc. (PT)
Newsletter Editor

Complementary and alternative medicine therapies are increasingly being used by our patients in pain. Before we dismiss the usefulness and/or effectiveness of these therapies we should become more aware of how they often can be incorporated into the overall management of our patient.

The persons in pain who are managing their symptoms with less medication or by involving themselves in alternative therapies are on their way to self-efficacy. Less traditional therapies may assist them in developing this 'plan'.

Medical traditional (conventional) therapies are those that either have a clinical research base or have been used by medical practitioners for a long time and have been shown to be useful.

According to the Mayo Clinic's on-line document entitled 'Complementary and Alternative Medicine and Your Health', ALTERNATIVE medical practices are those that are not typically used in conventional medicine.

Definitions are changing and when alternative practices are used or integrated with conventional therapies, they are often referred to as COMPLEMENTARY therapies.

An example of a complementary therapy would be the practice of Tai Chi. It has its own research base and this type of exercise program is often recommended in addition to medication and/or other self-management strategies for the management of anxiety, depression, and fibromyalgia.

This edition of the Academy newsletter will NOT be talking about Tai Chi but will provide an overview of several therapies, some complementary/alternative, and some standard/traditional, written by individual practitioners. These articles have not been peer-reviewed and may have a clinical bias. However, your patients may interface with professionals such as these who explain their therapies in their own unique way.

The on-line document published by the Mayo Clinic called 'Complementary and Alternative Medicine and Your Health' is linked to this newsletter (see below). Check out a recent article published in Mayo Clinic Proceedings. Evidence-based Evaluation of Complementary Health Approaches for Pain Management in the United States, Nahin,RL,Boineau,R et al. National Center for Complementary and Integrated Health, NIH, Bethesda,MD. DOI:http://dx.doi.org/1016/mayocp.2016.06.007

Dr John Crawford, DC, FRCSS(c), has also provided the Academy with a detailed overview about current standard treatment of concussions.

Some practitioners of 'alternate therapies' also offer their therapies for improved management of concussion sequelae.

Click here for the article on Complementary & Alternative Medicine and Your Health
[Click here for full document](#)

PRESIDENT, CAPM

This is the season of renewing friendships, recalling fond memories, and looking forward to the future. We at the CAPM thank all of you, our members and supporters, for your loyalty and friendship, we recall how far we have come from our initial 8 members to many loyal supporters and credentialed members now, and we look forward to the future with your help to continue to promote excellence, and multidisciplinary collaboration to improve pain management in Canada.

The executive of the CAPM wish you success in the challenges of your lives and work, and happiness with your loved ones this season, and in 2017.

SPEECH-LANGUAGE THERAPY

In error, the credentials of Lisa Jadd, speech-language pathologist was omitted in the last Newsletter. Lisa received a B.Sc. and Masters of Clinical Sciences from University of Western Ontario (Western University). She has been a SLP for the last 30 years and the owner of Conniver & Communications Services for the past 18 years.



ART THERAPY: An Art Therapist Looks at Pain Management:

The dilemma and challenge of dealing with pain in a therapeutic setting is familiar to most therapists. The methods we employ often depend on the training we received. Pain, whether emotional or physical in origin, can manifest itself in physiological symptoms. Our reactions to pain, either our own or our clients' depend on our

experiences. We also need to be open to incorporate different methods of dealing with pain. My personal experience with pain spans from early childhood to the present. Along the way I gained knowledge in identifying and coping with both physical and emotional pain.

Education and experience help us to recognize the type of action necessary for the different manifestations of pain. When I fall, and break a leg, a wrist or ribs, I know what action is necessary to promote healing and reduce the pain. In these cases, the actions taken are mostly immediate and physical. In cases of prolonged or chronic pain a component of emotional reaction enters the picture.

Trained as an RN and as an Art Therapist I gathered along the way different methods of dealing with chronic pain and emotional pain. I use mindfulness and Self Hypnosis which I learned over 30 years ago from Dr. Becker, combined with elements of art and guided imagery to facilitate flow of endorphins. I also use breathing, water exercises, daily swimming, TENS and yes, some medications combined with a healthy diet and physical therapy exercises to manage chronic pain. Living with pain helps me understand and aid my clients in their own quest for control and management of their conditions. It helps me develop empathy. As my colleague Lyn Kapitan states: "Disease refers to malfunctioning biological or psychological processes, whereas illness is the psycho - social experience of disease and the meaning it holds for the sufferer. To appreciate a person's illness, we must use our human capacity for empathy".

About twenty-five years ago I started a private practice of Art Therapy in London, Ontario . . .

To read the entire article, follow this link:

[Art Therapy Article](#)

CRANIO-SACRAL THERAPY (CST)

From Skeptic to Believer: A Head to Tail Story of Cranio-sacral Therapy

Bill walked into my office and could barely move his head. His neck had often been sore and restricted, but never this bad.

His Mother had recommended he come and see me. "I can't remember what it's called", she'd said, "but it has something to do with the cranium."



"There's nothing wrong with my head, Mom... it's my neck that's killing me; besides, I still have some anti-inflammatories and pain killers at home."

"Nothing wrong with your head?" She exclaimed, raising an eyebrow, "Just book a session, it can't hurt". Bill had come in reluctantly, and would be classified as a skeptic.

Bill laid on his back on my treatment table. My soft touch was not particularly satisfying to Bill. I could practically hear his thoughts, "I've been lying here for 15 minutes, when are you going to start? Are you actually going to DO something, or just sit there changing hand positions on my head, and why are you touching my lower back, it's my neck that hurts."

As the tissues softened, his mental/emotional agitation also subsided, and after 45 minutes of treatment, I asked Bill to sit up.

'Bill, could you please gently turn your head to the right and then left' I requested. He slowly and tentatively began to move his head and then immediately started 'whipping it' from side to side. "GENTLY, GENTLY!" I said.

"No", said Bill, "you don't understand" as he continued to look right, then left, with much more force than I had invited. "I don't have any pain". Knowing that this did not make any logical sense to him, combined with the fact that I hadn't "DONE" anything, he had to give his neck his own thorough assessment.... with force! The look of shock in his eyes confirmed that he was opening to become a believer in Cranio-Sacral Therapy.

To read the entire article, click on the link below:

[Cranio-sacral Therapy Article](#)



REFLEXOLOGY

Reflexology is a revival of an old healing technique, probably derived in Egypt or China. It is also considered a more mainstream therapy. In 1993, reflexology was recognized as a physical therapy by the Chartered Society of Physiotherapists in Britain.

As in a 'gentle' acupuncture session, a reflexologist applies fine thumb pressure to specifically mapped points in the feet, hands or ears.

Some sources suggest that reflexology works on meridian lines of energy that course throughout the body which link all major organs to specific reflex points in the feet, hands or ears.

By gently engaging the parasympathetic nervous system, reflexology can be helpful to induce relaxation and assist with better sleep, pain and anxiety management.

Renee Melvin RRP. has been a reflexologist in London Ontario for 17 years. She works in private practice as well as in long term care facilities and is licensed by the Reflexology Registration of Ontario.

More information on reflexology can be obtained at www.reflexologycanada.org

Comment: Gloria has referred people in pain for reflexology treatment when they are 'too irritable' to tolerate any type of manual pressure (any hands-on treatment including mobilizations). Good clinical effects can be attained integrating reflexology with appropriate pain/symptom management education/ strategies. The person in pain will become more tolerant of exercise and/or manual pressure over time.



THE USE OF ACUPUNCTURE IN CASES OF CHRONIC PAIN

30% of Canadians who said they had used alternative medicine remedies in their lives as of 2016, chose to use acupuncture.

In a study of patients who used family physicians as well as acupuncture, 80% reporting visiting for management of their rheumatologic problems.

These are two quick statistics demonstrating that Canadian patients are choosing acupuncture as a treatment modality and that many who are doing so have chronic pain conditions as well as chronic inflammatory conditions.

The idea of having a "needle" is not always welcomed by patients. Thus, the value of an initial positive experience with acupuncture was a determinant of future positive experiences with this modality. This speaks to the importance of using a painless needling technique applying sterile, solid needles, as well as patient education in regards to the value of including acupuncture into their treatment plan.

One of the confusing factors for patients is that acupuncture, like many other forms of complementary medicine, comes in many shapes and forms. There is Traditional Chinese Medicine incorporating its own diagnostic regimen and charts of insertion points along meridians representing organs and pathways for vital force energy movement. Some practitioners may be exposed to a more medical approach where needles are inserted into the tight muscle in question, with the focus of treatment being symptom based and localized. Contemporary or Neurofunctional Acupuncture incorporates electricity to facilitate neuromodulation and improve function through the insertion of needles to affect centrally, spinally and locally. It is this last approach which I will expand upon.

When it comes to the subject of chronic pain . . .

To read the entire article, click on the link below:

[The Use of Acupuncture in Cases of Chronic Pain](#)

For a Flow Chart Review, click on the link below:

[PubMed Central, Figure 1 - Anesthesiology](#)

CONCUSSION: A COMMON INJURY IN SPORT, INDUSTRIAL AND HOME-BASED PURSUITS

John P. Crawford, BSc (Hons), MSc, PhD (Path), DC, FRCCSS (C)



Simply stated, "concussion" means to be shaken up. Hippocrates referred to the condition as, "commotio cerebri" - "commotion of the brain". He also noted that the condition may result in speech, hearing and sight loss.

Also referred to as mild traumatic brain injury (mTBI), concussion leads to a disturbance in brain function that may occur either subsequent to a direct head blow, or as the result of violent shaking of the head, such as in a whiplash injury.

It must be made clear, however, that all concussions are considered mTBIs - but not all mTBIs are concussions. The word "mild" implies that the brain is devoid of any overt structural damage.

Current research suggests that concussion is a metabolic, rather than a frank anatomic injury. That is, the concussed brain suffers a temporary disruption of energy utilization that does not seem to produce permanent injury in most cases. Research also suggests that repeated injury, especially during the recovery period, may result in more severe and, in rare cases, life-threatening injury.

To read the entire article, please follow the link below:

[Concussion - A Common Injury in Sport, Industrial & Home-Based Pursuits](#)

CASE SERIES FOR ULTRASOUND-GUIDED PLATELET-RICH PLASMA INJECTIONS FOR SI DYSFUNCTION: SUMMARY

Dr. Gordon Ko, MD,CCFP (EM),FCFP,FRCP,CIME,DABPM&R,DAPM

It is estimated that 22% of all low back pain diagnoses are attributed to sacroiliac (SI) dysfunction. In this study, 4 case studies are presented with SI joint instability and chronic low back pain.

We investigated the efficacy of platelet-rich plasma (PRP) injections for reducing SI joint pain, improving quality of life, and maintaining a clinical effect.

Patient follow-up was done at 12-months and 4 years' post injection. All participants were diagnosed with SI joint instability with positive patient history, positive physical exam and by x-rays, CT and MRI.

In our study, all autologous PRP was prepared using the Harvest Technologies Smart PRP 2 Platelet Concentrate System according to manufacturer's instructions. Injection technique used was ultrasound-guidance and using prolotherapy technique at Hackett's Points A, B, and C.

Follow-up data was obtained from patients at 1-year and 4-year's post treatment with the primary efficacy endpoint for PRP therapy in SI joint instability evaluated by changes in low back pain. Patients did not seek any alternative therapy during the follow-up period. The data from all patients demonstrated clinically and statistically significant

reduction in pain at both 1-year and 4-year intervals. Patients achieved an improvement in their quality of life and returned to their pre-injury statuses.

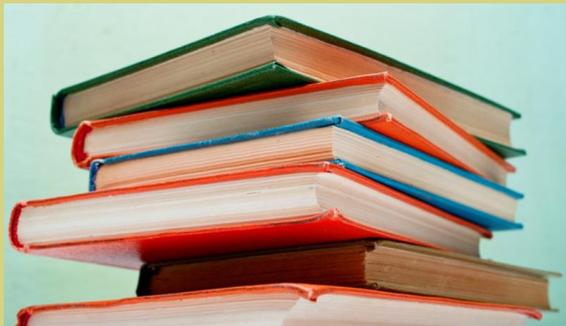
The exact mechanisms by which PRP promotes tissue repair are poorly understood, but are likely to involve platelet degranulation and release of growth factors. To our knowledge this is the first study investigating the use of PRP therapy in SI joint related low back pain. Larger, double-blinded randomized-controlled trials are needed to evaluate overall risks and benefits of PRP therapy in SI joint dysfunction.

Dr. Gordon Ko, MD,CCFP (EM),FCFP,FRCPC,CIME,DABPM&R,DAPM is a physiatrist with a sub-speciality in pain management. He can be contacted at glawson@cmcc.ca

GLORIA GILBERT CHRONIC PAIN AWARD

Physiotherapist Gloria Gilbert has recently established the Gloria Gilbert Chronic Pain Award in the School of Physical and Occupational Therapy at McGill University.

The purpose of the award is to recognize a student who has conducted an outstanding project related to pain and pain management which has been accepted for presentation at the scientific meeting of the Canadian Pain Society (research paper, workshop or podium session).



BOOK REVIEWS

Gloria Gilbert

Mechanisms and Management of Pain for the Physical Therapist, second edition, edited by **Kathleen A. Sluka, PT, PhD, FAPTA**

Published by IASP, this book is an excellent resource for all health

professionals involved with interdisciplinary management of people with chronic pain. Dr. Sluka is a well-known physical therapy researcher (Kate Daum Research Professor at The University of Iowa). Included in this text are Chapters on Basic Concepts and Mechanisms, Physical Therapy Pain Management, Interdisciplinary Pain Management and Pain Syndromes. Chapters include those written by psychologist Dennis C. Turk, and noted physiotherapy researchers Michele Sterling, David Baxter, and D. Lorimer Moseley. This text is written in a clear and succinct manner and includes case studies. It is suggested by your editor that this text will be helpful for ALL health professionals - not only "physios."

The Brain's Way of Healing. Norman Doidge,MD.

(Penguin Books, or www.normadoidge.com)

Following up on his highly successful book, *The Brain that Changes itself*, Dr Doidge is again reminding us of the wonders of the human brain - and its mechanism of healing., As a rehab person, my colleagues and I are used to giving direction to our patients to 'practice, practice, practice'.... but new scientific evidence is reminding us that the brain is much more plastic than we ever thought.

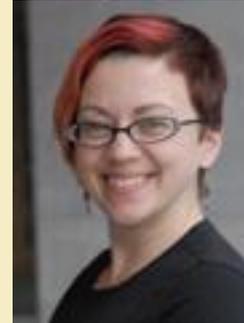
Dr Doidge's information and case studies introduce the reader to 'complementary therapies such as Feldenkrais, updates information on Matrix Repatterning and TBI and

CREDENTIALLED MEMBERS OF CAPM

AMY ALEXANDER MD, MHSc, CCFP CAPM DIPLOMATE

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Amy is a Family Physician with focused practices in Psychotherapy and Pain Management. She treats patients with complex illness and pain with a combination of Western medicine, psychotherapy, medical acupuncture and yoga therapy. She is an Associate Staff member in Psychosocial Oncology at Southlake Regional Cancer Centre in Newmarket.



IGOR STEIMAN, MSc, DC, FCCS(C) CAPM ADVANCED CREDENTIALLED

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Dr. Igor Steiman completed his M.Sc. at University of Toronto before graduating as a chiropractor from the Canadian Memorial Chiropractic College (CMCC) in 1981. He became a Fellow of the College of Chiropractic Sciences (Can.) in 1986. His practice includes medicolegal assessments and consultations. He has served as CMCC faculty since 1981 and as Staff Chiropractor at St. Michael's Hospital, Toronto since 2004. He was credentialed with CAPM in 2015

AUTO INSURERS

Are your traumatically injured patients involved with auto insurers who are 'managing their care?'. This is a big problem in Ontario and most probably throughout the US and Canada as well. We are very lucky in Ontario to have several personal injury law firms who continue to provide information about changes in auto insurance legislation and benefits as well as other helpful information (human resources issues etc.).

By contacting these law firms directly, you can be added to their mailing lists:

1. Oatley Vigmond: www.oatleyvigmond.com or 1-888-662-2481
Publish The Law and You - for health care professionals. The Spring Edition 2016 discussed Concussions and The Minor Injury Guideline.
2. Thomson Rogers: info@thomsonrogers.com or 1-888-223-0448
Publish the Accident Benefits (AB) Reporter. Recent publication on Chronic Pain Cases: Beware of the Civil Jury. A Review of Mandel vs. Fakim
3. DeVry Frank Smith: info@devrylaw.ca or 1-888-474-1700

UPCOMING MEETINGS

Canadian Academy of Pain Management
2017 Credentialing Course
February 18, 27 and March 4, 2017

Hamilton General Hospital
Hamilton, ON
www.canadianapm.com
T: 905-404-9545

Canadian Pain Society
38th Annual Scientific Meeting
May 23-29, 2017
Halifax, NS
www.canadianpainsociety.ca



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