

CHIROACTIVE

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CHIROPRACTOR

Dr Geoff McCann

B. Sc. (Adel) Grad. Dip. Chiro.

Dr McCann is a 1989 graduate of the Sydney College of Chiropractic.

He established the practice in 1994 moving to the current location in 2007.

Since 1990 he has served on the Board of the Chiropractors Association of Australia (CAA) (SA Branch), the Chiropractors and Osteopaths Registration Board of South Australia (COBSA) and has consulted to SGIC regarding the management of Compulsory Third Party Claims.

STAFF MEMBERS

Christine, Tory, Rachel & Sarah.

CONSULTATION TIMES

Consultations are by appointment. We try very hard to adhere to appointments, however, the nature of chiropractic is that emergencies and circumstances sometimes mean we run behind schedule. Please feel free to call and check before your appointment time.

Monday

9am – 12noon 3pm – 6pm

Tuesday

8.30am – 12noon 3pm – 6pm

Wednesday

3pm – 6pm

Thursday

8.30am – 12noon 4pm – 7pm

Friday

9am – 12noon 3pm – 6pm

Saturday

8.30am – 11.30am (Closed long weekends and school holidays).

AFTER HOURS CARE is available on 0438 617632. Call out fees apply.

Ask us about our online booking service which is now available.

Your health is our concern but your responsibility. If you are unable to keep your appointment, please let the clinic know as soon as possible, and be sure to make up your missed appointment. To contact your Chiropractor after-hours, please call the main number where a recorded message will advise after-hours numbers.

YOUR CHIROPRACTOR

FREE!!
TAKE ME HOME



JULY/AUGUST 2018

The headache that's actually a **pain in the neck**

Most people think of a headache and see it as a sore head and nothing more. While it can feel like the pain originates in your head, it might actually stem from somewhere else.

Headache pain is "extremely common" according to the World Health Organisation (WHO). In fact, as many as one in every 20 people are affected on an almost daily basis with repeated head pain. One particular type of headache which can create an astonishing amount of throbbing discomfort is the cervicogenic headache. A cervicogenic headache is a type of secondary headache, which means it is caused by another illness or physical issue. For a cervicogenic headache, the actual cause is a disorder of the cervical spine and its component bone, disc and/or soft tissue elements, put simply, the neck area.

A headache associated with neck pain is not necessarily of the cervicogenic variety. Many headache disorders including migraine and tension-type headaches can have associated neck pain/tension. So if you have a headache, you may not know it's cervicogenic, but there are symptoms that can help identify if there is an underlying cause.

One of the most common symptoms is a reduced range of motion in the neck and the headache seems to worsen with specific neck movements, or when pressure is applied to certain areas on the neck. Often the headache will be on one side only and pain may radiate from the back of the neck/head up to the front of the head or behind the eye. Cervicogenic headaches can also cause migraine-like symptoms including

blurry vision, an upset stomach, as well as noise and light sensitivity.

Different conditions, all which stem from a problem in the neck area, can trigger a cervicogenic headache e.g. a prolapsed disc in the neck, whiplash, or even degenerative conditions such as osteoarthritis. Injury or trauma from playing sport or even from a fall can also trigger these headaches. They can occur due to poor posture with a cervical protraction whilst standing or sitting: pushing your chin forward, which moves your head out in front of your body, as can falling asleep in an awkward position, especially when sitting up in bed or in a chair.

An assessment of evidence for the treatment of cervicogenic headaches, published in well-renowned medical journal, The Lancet Neurology, found that patients who suffered from a cervicogenic headache frequently did not respond to medication, suggesting a drug-free treatment plan can be a more suitable course of action. Treatment, however, for a cervicogenic headache needs to target the source of the pain (in the neck), therefore the best way to do that will vary, depending on the patient and the underlying cause.

Treatment aims to not only relieve your immediate symptoms, but also to reduce the frequency and intensity of the headaches. If you think your headaches may be caused by an associated neck issue, speak with your chiropractor. A diagnosis of cervicogenic headache may lead to being rid of that pain in the neck, for good!

Take me home to complete our **PUZZLE** – check inside!

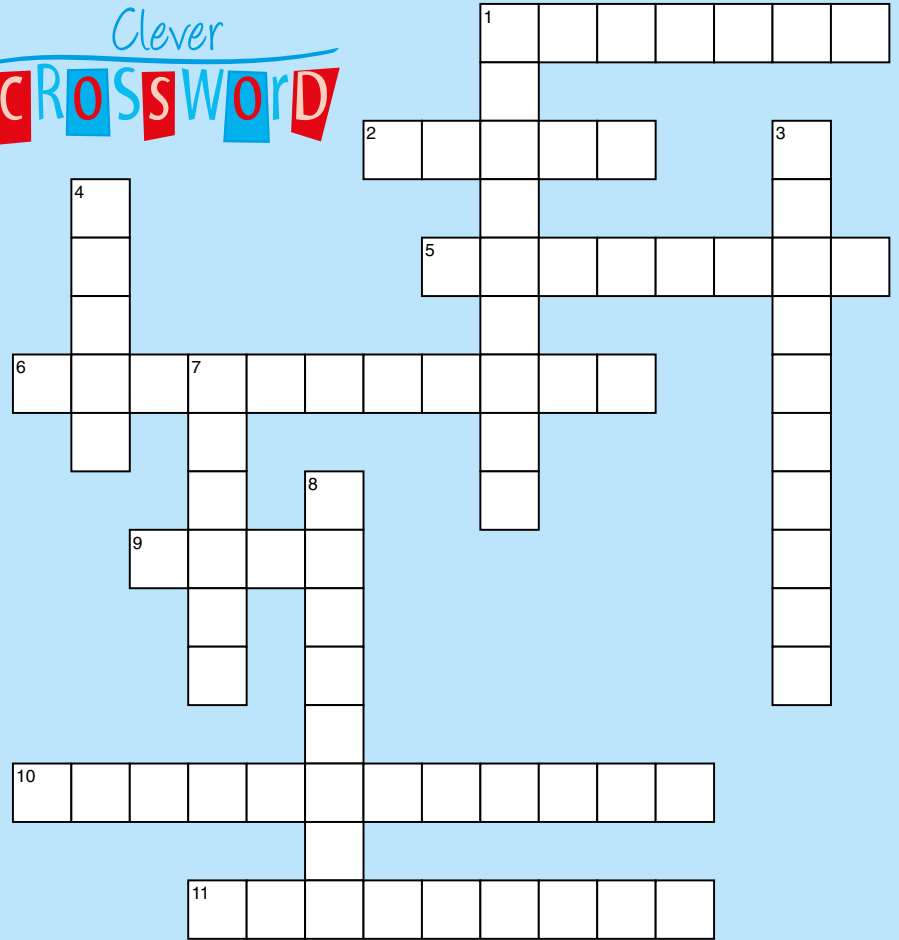
Across

1. The pebble-like bones in the wrist.
2. _____ in ten of us will experience back pain at some point in our lives.
5. Wholegrain foods can reduce the risk of developing type 2 _____.
6. TMS stands for Transcranial Magnetic _____.
9. Eat more of this to reduce the severity of rheumatoid arthritis.
10. A disorder of the cervical spine can cause this type of headache.
11. Type of headache caused by another illness or physical issue.

Down

1. A kind of behavioural therapy that can help with back pain.
3. Type of arthritis where the body's immune system mistakenly attacks the joints.
4. What kind of bread has the least nutritional value?
7. The nerve that travels along the carpal tunnel.
8. Research published this year found that some people with _____ spinal cord injuries have surviving nerve connections.

Clever CROSSWORD



The wrist

The wrist may be a small area of the body, but with such complex movements at this joint, structurally there is quite a lot happening. Did you know for example your wrist and hand together comprise of 27 bones!

Your wrist is made up of eight pebble-like bones called carpals. These articulate with the radius bone, one of the bones of your forearm. On the far end of your wrist, the carpal bones articulate with the five long bones called the metacarpals that make up the palm of your hand. Amongst all these bones, there is a plethora of ligaments that connect the bones in a way which allows intricate movements like adduction, abduction, flexion and extension.

The carpal tunnel is a deep space located in your wrist, bordered by carpal bones and a strong ligament called the transverse carpal ligament on the palm side of your wrist. The median nerve travels through this tunnel along with nine flexor tendons and several blood vessels making it a relatively tight squeeze. Irritation or swelling at the carpal tunnel from repetitive movements or other joint conditions such as arthritis, can cause compression of the

median nerve, which in-turn may lead to symptoms of pain, numbness and tingling of the hand, which we commonly refer to as Carpal Tunnel Syndrome (CTS).

There are also two other nerves that run through the wrist outside the carpal tunnel to the hand. These are the ulnar nerve, which innervates the pinky finger side of the hand and the radial nerve, which innervates the thumb side of the hand. If any of the nerves are malfunctioning, they can cause a number of neuropathies and conditions of the hand. Further injuries of the wrist commonly include tendonitis, osteoarthritis, rheumatoid arthritis, and fractures.

Treatment options depend on the severity of the symptoms and non-surgical treatment is usually recommended if your symptoms are mild to moderate. There are a number of non-surgical treatment options available to CTS sufferers, and while massage, exercise and mobilisation of the wrist joint seem to be useful, further studies are

needed to support that view. Likewise, there are encouraging, but not convincing results of acupuncture benefits.

There are a number of theories on how exercise and mobilisation are effective in reducing the symptoms of Carpal Tunnel Syndrome, but the jury is still out. Presently there just isn't enough research available to provide conclusive findings to support these theories.

As a registered health care professional, providing good patient care is your chiropractor's primary objective. They will advise on treatment options within the scope of chiropractic care and encourage you to seek information on other treatments available before making a final decision.





Delicious Butterbean Dip

Easy, healthy and rather yummy! Don't be surprised if you get asked to make more!

Ingredients

1 can butterbeans

¼ cup olive oil

1 lemon, juice and zest

1 small bunch of fresh herbs, e.g. coriander, basil (or dried if you don't have fresh)

1 clove garlic

Salt and pepper to taste

Optional: add a touch of hot spice

Method

Blend all the ingredients until smooth.

Use more or less oil to achieve desired consistency. Place into a serving bowl.

Top with a sprinkle of paprika, a drizzle of oil and fresh herbs if you want to be fancy.

Put your best bread forward

Bread is a versatile meal option, but not all are equal in nutritional value.

Bread is a staple of most Australians' diets, and scanning the tables at your local café, you will see many people digging into sandwiches, toasties, and all manner of delicious lunch treats. Consumers have a vast range of choices, from traditional white bread and wholegrain to wholemeal and rye, just to name a few. But, how healthy is the bread you're eating? Below we cover three of the most popular bread options available, in a bid to find out which is the healthiest option.

Wholegrain

Wholegrain bread is low in saturated fat, is cholesterol-free, high in soluble and insoluble fibre, and is an excellent source of minerals such as iron, copper, and magnesium.

Evidence suggests that including wholegrains in your diet when you're at risk of diabetes or are diabetic can also be beneficial. Research from the Nurses Health Studies I and II conclude that wholegrain foods can reduce the risk of

developing type 2 diabetes by a whopping 21 percent and that diabetics who eat wholegrain cereals may also benefit from improvements in insulin sensitivity.

Wholemeal

Wholemeal bread features much-needed vitamins such as Vitamin B, folate, and selenium. It's also richer in dietary fibre than white bread, which is beneficial for digestive health.

White

Many people prefer white bread, but it has little nutritional value. As it's refined, much of the fibre and protein is removed, leaving mostly starch and few nutrients. White bread, as a refined carb, can also

contribute to weight gain by releasing surplus sugar into your bloodstream. Unless you exercise to use these sugars, they often get stored as fat.

What's the healthier choice? The clear winner from these three popular bread types is wholegrain. Try substituting your usual white loaf for a more wholesome wholegrain option.



Hope for spinal injury patients

Between 430 and 530 people throughout Australasia are diagnosed with a spinal cord injury every year. But could a recent study provide hope for those with thoracic spinal cord injuries?

A new study indicated that half of those with thoracic spinal cord injuries may still have some connectivity. This is a revolutionary discovery given that it was previously thought a complete spinal cord injury spelt the end of any sensory nerve connections.

The blind study was carried out by Neuroscience Research Australia, HammondCare, and The University of Sydney, with a breakthrough published in January this year. It was found that half of the 23 patients with thoracic spinal cord injuries had surviving sensory nerve connections.

During the study, each of the 23 patients, and 21 subjects with no spinal injuries were placed into a highly advanced MRI machine to register the brain's response. Scientists touched each person's toes then analysed the data received by the MRI machine. The results were astounding, with over half of those with

spinal injuries registering the touch, even if their bodies didn't.

As a result, scientists were able to prove that in some cases, even if a patient has a complete thoracic spine injury, some sensory pathways can be preserved and the message is getting through to the brain loud and clear.

This new research, which is part of a long-standing relationship between researchers, opens up a whole new world of possibilities for those with seemingly permanent disabilities. While it's too early to tell what can happen with science in the future, it does mean that new avenues for research and treatment can be opened. The ultimate goal, of course, is to restore some function, sensation, and movement to those suffering from spinal cord injuries.

One such treatment avenue that scientists may yet delve into after identifying those with sensory nerve connections is transcranial magnetic stimulation (TMS). TMS works by using a changing magnetic field to cause an electric current to flow through the brain. A magnetic field coil is placed near the

head of the patient which connects to a stimulator that delivers the current to the coil.

Typically, this treatment method is used to evaluate damage by measuring connections between the skeletal muscle and the central nervous system for those suffering from conditions such as a stroke, motor neuron disease, movement disorders and multiple sclerosis. It has also been used to treat neuropathic pain.

While it may be beneficial for these conditions, TMS treatment does have adverse side effects, including hearing loss, fainting, seizures and cognitive changes. Further research into TMS and other possible treatment methods is necessary to see if it may benefit those with spinal cord injuries in light of this new, breaking study.

While the study does prove that sensory nerve connections are present in those previously thought to have no sensation at all, there is still a long way to go until anything can be done with this information. Time will only tell what this revolutionary break-through spells for those with spinal cord injuries.

Do you suffer from **rheumatoid arthritis**?

Rheumatoid arthritis is an extremely painful condition where the body's immune system mistakenly attacks the joints.

Over time this can lead to destruction of joint surfaces and cartilage, meaning hands and feet become disfigured, difficult to use and ever more painful. There is no cure, and treatment is focussed around controlling symptoms and trying to prevent 'flare-ups' of the disease. Often this involves the use of strong pain killers and drugs to suppress the immune system; many of which come with a long and difficult-to-manage list of side-effects.

Affecting millions of people and commonly starting at middle age, rheumatoid arthritis is a challenging problem. Researchers are constantly looking for new ways to try and reduce pain or slow down the progression of this distressing disease.

A new report from Harvard Medical School in the US has identified a simple diet change which they found significantly reduced symptoms in over 150 study participants – eating more fish. The study asked people how often they ate fish, and compared this to disease severity using a well-recognised scoring system. They found that the arthritis in people who ate fish at least twice a week

was significantly better controlled than in those who ate fish less than once a month. They also found that in this case more really is better – for each additional portion of fish consumed, the severity of symptoms dropped even further.

Eating fish has a wide range of health benefits – being low in fat and cholesterol, it can help ward off heart disease; with high omega 3 levels it is good for the brain; and it is packed with vitamins such as vitamin D for stronger bones. It seems we can add to this the fact that, for a specific group of patients, eating more fish can help in the control of a particularly painful joint condition, rheumatoid arthritis.



ON ARRIVAL AT CLINIC

Please see the receptionist upon arrival.

This eliminates the possibility of you being overlooked and enables us to have your information ready.

APPOINTMENTS

Your appointment schedule is designed specifically to obtain the best possible results. Please be sure to make up any missed appointments. Should you wish to change an appointment, we would appreciate as much notice as possible so that other patients can be offered your time.

PHONE CALLS

Dr McCann may be contacted during office hours on 8374 4033. If he is unavailable a message will be taken and he will call you back at the earliest convenient time.

If you are seeking emergency after hours care, Dr McCann may be reached on 0438 617 632. An additional fee applies for after hours care. Availability is not guaranteed.

FEEDBACK

We are here to serve you. Please speak to your chiropractor or the staff about any concerns you may have. We see your constructive comments as helping us to help you and others.

WAITING TIMES

Despite our best intentions, we sometimes run late! This is because someone has needed unexpected urgent attention. Be assured that when it comes your turn the chiropractor will not rush to catch up but will give your problem the time it deserves. Thank you for your consideration.

A new approach to **chronic back pain**

The statistics about back pain are truly staggering. Around eight in ten of us will experience back pain at some point in our lives.

It is the leading cause of disability worldwide, and the second most common cause of missed days at work. Around one in six people suffer with back pain at any one time and costs around \$1.2 billion of the total health-care expenditure each year.

Regular exercise, keeping weight under control and thinking about our posture at work are some of the key things we can do to ward off problems. When back pain strikes, physiotherapy and painkillers can often help. However, for some, back pain becomes a chronic problem which can result in changes in activity levels, depression, or even difficulty in holding down a job. Treating chronic back pain can be extremely challenging, with many patients finding that nothing really improves their symptoms. Trying to avoid becoming hooked on regular painkillers often becomes a priority.

Any new approach to this difficult problem should be welcomed. A recent study from King's College in London has taken an innovative direction. They asked a group of patients attending their chronic pain clinic with back pain to undertake a specialised form of cognitive behavioural therapy. This psychological treatment avoids the use of drugs or medicines, instead focusing on how the patient perceives their pain and deals with it on a day-to-day basis. Following treatment, they found that most patients reported less pain, and – crucially – improved function; meaning they were better able to go about their normal lives. Even more impressively, the improvements were still observed nine months after the end of treatment.

Avoiding back pain in the first place is obviously the best possible situation. When it strikes, conventional approaches to pain relief and identifying causes will continue to be the mainstay of treatment. However, for those unfortunate patients for whom chronic back pain becomes a day-to-day reality, perhaps this new approach might offer some relief.

CROSSWORD SOLUTION
Down
1. CARPALS 2. EIGHT 5. DIABETES 6. STIMULATION 9. FISH
10. CERVICOGENIC 11. SECONDARY
1. COGNITIVE 3. RHEUMATOID 4. WHITE 7. MEDIAN
8. THORACIC

Take me home and give our healthy **RECIPE** a try!