

OUR CHIROPRACTORS

Dr Gareth Calverdash

BSc Hons (Chiro), B.Chiro, ICCSP
Graduated from Murdoch University.
He is the head of the well-being team.

Dr Cameron Rennie

BSc (Chiro), B.Chiro, B.SportSc, ICCSP
Graduated from Murdoch University.
Has an interest in Sports Medicine.

Dr Sasha Aspinall

BSc (Hons), BChiro, PhD
Graduated from Murdoch University
as Dux of her class. Her particular
interest lies in spinal pain.

Dr Tanja Ricciardi

BSc (Neuro), BSc (Chiro), BChiro
Graduated from UWA with
Neuroscience major then went on
to complete a Chiropractic degree
at Murdoch University.

CLINIC STAFF

Carolyn Lockhart

Senior Receptionist

Alexandra Wetton

Receptionist/Marketing

CONSULTATION TIMES

Consultations are by appointment

Monday to Friday

8am - 11am & 2pm - 6pm

Saturday

8am - 12 noon

INSIDE THIS ISSUE

- Editors Note -
Dr Gareth Calverdash
- Osteoporosis
- Moving Medicine
- Autumn Special

Health Adjustment

AUTUMN 2022

Editors Note - Dr Gareth Calverdash 😊

Dear Friends. We hope you are well & safely navigating the interesting world we are living in these days. One of the biggest challenges we face as manual practitioners is to get people feeling confident about how much they can exercise. If you have had bad or chronic pain and are recovering, the short answer is, YOU ARE PROBABLY STRONGER THAN YOU THINK YOU ARE! Check out these great articles/discussions & as always feel free to chat to us in the clinic about them! Regards Dr Gareth.

ALSO, keep an eye out for our Autumn Special 😎

OSTEOPOROSIS - Brittle bones, NOT necessarily painful!!

So many people think that having osteoporosis or weak/brittle bones is the cause of their physical pains. Although knowing if you have weak/brittle bones is important, it is not necessarily the reasons for pain.

The key things to look out for if you're concerned about weak bones is:

- Do you get enough vitamin D &/or sun exposure in your weeks. Enough sun to make your skin feel warm or ideally blush/go pink... the darker your skin the more you need. **(Ref1)**



- Do you do regular (2-3x/week) resistance exercises **(Ref2)** that involve lifting weights through your legs and spine especially.



- If you're over 50 then have you had your bone density checked recently (once a year worth getting a DEXA scan).



- Do you eat enough green leafy vegetables & ideally red meats daily/weekly to keep calcium & other important nutrient levels up in your diet. **(Ref3)**

Reference: 1. SunSmart. How much sun is enough? 2014.

Available from: www.sunsmart.com.au/vitamin-d/how-much-sun-is-enough

2. Todd JA, Robinson RJ Osteoporosis and exercise Postgraduate Medical Journal 2003;79:320-323.

3. Tucker KL. Osteoporosis prevention and nutrition. Current Osteoporosis Reports. 2009 Dec;7(4):111-7.

This Autumn to show our appreciation, we would love to offer our first two readers a complimentary adjustment with Dr Gareth. ☺ Please call 9337 6033 to book your appointment.

IT'S SAFER FOR PEOPLE WITH LONG-TERM CONDITIONS TO BE PHYSICALLY ACTIVE!

1. The benefits outweigh the risks!

Physical activity is safe, even for people living with symptoms from multiple medical conditions.



2. The risk of adverse events is very low but that's not how people feel!

Well informed conversations with healthcare professionals can **reassure people** who are fearful of their condition worsening and further reduce the risk.



3. It's not as easy as just telling someone to move more!

Be aware of the concerns of individuals and their carers to help **build confidence**.



4. Everyone has their own starting point!

Help people identify their own starting point, begin there and build up gradually.



5. Stop and seek medical review if:

You notice a dramatic increase in breathlessness, new or worsening chest pain, a sudden onset of rapid palpitations or irregular heartbeat, dizziness, a reduction in exercise capacity or sudden change in vision.



PHYSICAL ACTIVITY AND SYMPTOMS

Musculoskeletal Pain

- Temporary increase in pain is normal & doesn't represent tissue damage.
- It will stop once the body adapts.



Fatigue

- A temporary increase in fatigue is normal.
- Physical activity is good for fatigue, sleep and wellbeing.



Shortness of breath

- Physical activity will make people feel more breathless - this is ok but discuss with health professionals.
- **build exercise gradually.**



Cardiac chest pain

- Physical activity will make people feel more breathless.
- Breathlessness can be frightening.
- **build exercise gradually.**



Falls & frailty

- Frail, inactive people have much to gain from building strength & balance.
- Even **small improvements reduce the risk of falling** and improve confidence
- Activities should be tailored to the individuals functional and cognitive capacity.



Dysglycemia - changes in glucose levels

- Hypoglycemia is the most common adverse event in diabetics treated with insulin or insulin secretagogues, and can recur if not managed appropriately.
- **The overall risk of severe hypoglycemia is not increased.**
- High intensity physical activity can make blood glucose levels rise so people with diabetes will need strategies to deal with this.



Palpitations

- Increased awareness of your heartbeat during physical activity can be frightening:
- Physical activity is **contraindicated** in people with symptomatic and untreated cardiac tachy or brady arrhythmia and appropriate medical management is needed.
- People with controlled atrial fibrillation **benefit** from regular physical activity.



Reid H, Ridout AJ,
Tomaz SA, et al.

Br J Sports Med Epub ahead
of print: doi:10.1136/
bj sports-2021-104281

AUTUMN SPECIAL



are offering 25% off our fitballs!

Please ask for our fitball exercises to help you keep active this Autumn :)