



Back To Health

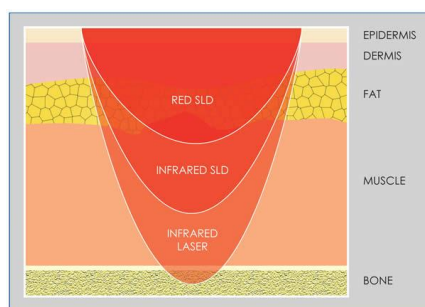
Office Newsletter of

Biamonte Chiropractic Centre

3640 Portage Road, Niagara Falls, ON
(905) 357-1543

Our office is now equipped to offer Cold Laser therapy, using the Bioflex Laser System. Treatments are safe, painless, and have no side effects. Read much more about this type of treatment at www.bioflexlaser.com

WHAT IS LASER THERAPY?



The technology utilizes superluminous and laser diodes to irradiate diseased or traumatized tissue with photons. These particles of energy are selectively absorbed by the cell membrane and intracellular molecules, resulting in the initiation of a cascade of complex physiological reactions, leading to the restoration of normal cell structure and function.

The process is curative and therefore results in the elimination of symptoms including pain. In addition, it enhances the body's immune system response and facilitates natural healing.

The therapy is completely safe and has no adverse side effects.

The technology is highly effective in the treatment of musculoskeletal conditions, arthritis, sports injuries, disc bulges or herniations and a wide range of other conditions.

Some Physiological Effects of Laser Therapy



Increased production and release of -

Endorphins - *natural analgesics (our body's painkillers)*
Cortisol - *precursor of cortisone*
Growth hormone - *instrumental in tissue repair*
ATP - *improves and regulates cellular metabolism*

In addition, there is -

Increased protein synthesis - *collagen, DNA, fibroblasts*
Venous and lymphatic flow facilitated
Increased angiogenesis - *elevation of oxygen saturation*
Enhanced immune response, etc.

These are just some of the many processes that accelerate cellular regeneration (cartilage, epithelium) and restore normal cell morphology and function.

What are the Clinical Benefits of Laser Therapy?

- Highly effective for many disease conditions
- Eliminates pain
- Reduces the need for pharmaceuticals
- Restores normal range of motion and physical function
- Easily applied
- Non-invasive and non-toxic
- No known adverse effects
- No drug interactions
- Often makes surgical interventions unnecessary
- Provides a treatment alternative for patients that have not responded to conventional therapies



As of January 2014, the selection of orthotic footwear available has been vastly expanded. Check it out at www.tog.com and click “Products/Footwear” to browse the hundreds of shoe styles now available with your custom fitted orthotic inserts.



This Winter, our office has seen an unprecedented number of injuries from slips and falls. Frequently, patients have come in and said that they were unsure if they should have used ice or heat after they were injured. Now is a good time to review some basic guidelines for the application of hot and cold on injured areas:

One of the most common questions of my patients regards the application of heat or cold for their injuries. Both can be useful, but depending on the circumstances, improper use can lead to further complications. While every situation is unique, we can make some generalizations about hot and cold therapy.

For acute sprains and strains, ice is the preferred application. You should try to apply the ice as soon as possible after an acute injury. This includes ankle sprains, low back strains, and flare-ups of injuries such as golfer’s elbow or bursitis, for example. I prefer using soft gel packs that can be stored in the freezer for easy access, but a bag of frozen peas can work just as well. The cold should be wrapped in a towel, so it is not in direct contact with the skin, and should be left on for 10-15 minutes. Leave it off for the same amount of time before re-applying.

Heat therapy is misused more often than cold therapy. Heat should be applied to areas of chronic muscle tension or stiffness, but not usually for acute injuries. Remember that when you sprain or strain an area, your body will become swollen and inflamed. In this case, applying heat will lead to even further swelling. The heat may feel good while it’s on, but it may actually make the problem worse in the long run. For chronic stiffness, heat may be applied for up to 20 minutes. In fact, this can be useful as a warm-up before heading out to shovel the driveway. I strongly endorse the use of the microwaveable bean-bag packs or hot water bottles, because an electric heating pad can produce too much heat for too long.

These are just some general guidelines for the use of hot and cold, and every injury requires its own treatment plan. Sometimes a combination of hot and cold can be the best approach, in conjunction with other forms of treatment. Seek professional advice if you are unsure, but hopefully this helps the next time you are deciding between reaching for the ice or a hot pack.



More insurance companies are adding the option of direct billing for Chiropractic care. If you have health care benefits provided by one of the following companies, we can likely direct bill for you. This means little to no out-of-pocket expense to you, and no hassle of filling out forms or waiting for claim submissions.

- *SunLife*
- *Desjardins*
- *Chambers of Commerce*
- *Maximum Benefit/Johnston Group*
- *Great West Life*
- *Johnson Inc.*
- *Green Shield*
- *Standard Life*
- *Industrial Alliance*
- (ManuLife coming soon)



Just a reminder that this Winter won’t last forever!

Ontario MDs collaborating with chiropractors to tackle lower back pain – Jan. 17, 2014 – Reprinted from the Medical Post

TORONTO | When it comes to managing lower back pain (LBP), Dr. Mike Kates says the goal of all health care professionals is to resolve issues with patients and get them comfortable, safe and back to work as soon as possible. “Whether you’re a physician, a chiropractor, a homeopath or a physiotherapist, everyone needs to be on the same page,” said Dr. Kates, a family physician in Mississauga, Ont. and lecturer at the University of Toronto. That’s why he welcomes two new measures under Ontario’s LBP strategy that aim to integrate chiropractors into primary care settings across the province in an effort to cut costs, referrals, and wait times.

One of the measures was announced by Health Minister Deb Matthews via a two minute video presented at the Ontario Chiropractic Association’s (OCA) annual meeting last fall. It is a pilot funding offer to support family health teams, nurse practitioner-led clinics, aboriginal health access centres, and community health centres in designing, planning and implementing new or existing LBP management programs that integrate allied health providers. Primary care groups will also have the flexibility to recruit allied health providers, chiropractors, physiotherapists, occupational therapists, and kinesiologists into collaborating partnerships. According to a ministry backgrounder on the subject, projects are designed to improve patient and provider experience, clinical outcomes, and reductions in the number of referrals for MRIs and other diagnostic imaging, as well as surgeries. According to Matthews, recent collaborative projects like the OCA’s *Consulting Chiropractor Role Demonstration* have delivered “positive results” on all fronts. “You provide great value to patients and you’re an important part of our effort to deliver the right care at the right place at the right time, especially in regards to (LBP),” she said in the video. “Patients are getting better, more appropriate care, and we’re getting better value for our precious health care dollars.”

The minister also announced the addition of chiropractors to the list of professions that are eligible to work in FHT and NP-led clinics in Ontario. “These are important first new steps in exploring the ways that chiropractors can be integrated into interdisciplinary primary health care teams,” added Matthews. For the OCA’s chief executive officer, the new measures are less revolutionary than an acknowledgement of the collaborative clinical efforts that already exist between chiropractors and many health care professionals across Ontario, including physicians and nurse practitioners. “Chiropractors are widely recognized for their great core skills in MSK injuries, and LBP specifically,” said Dr. Robert Haig (D.C., ret’d). Haig pointed to the results of a recent study by McMaster University that found **74 percent of Canadian physicians refer to chiropractors each year**. He also noted that LBP is one of the leading causes of disability worldwide, and that one in five Ontario residents reported having chronic back problems in a 2010 study. “It’s much better to manage LBP at the primary care level rather than escalating it to emergency or second level care level,” he said.

He called the new measures “a tangible opportunity” for FHTs to add the expertise of one of Ontario’s 4,000 chiropractors to their collaborative teams. Dr. Kates agrees. An active member of an FHT with five sites (one of them a U of T affiliated family medicine teaching unit) and the primary care lead for the Local Health Integrated Network (LHIN), which includes some 1,000 physicians in Etobicoke, Mississauga and other cities and towns outside the GTA, he said he enjoys working with chiropractors to manage patient LBP issues. “I like the fact that I can communicate with them in an interactive and collaborative model,” said Dr. Kates. “I get timely notes back about treatment, which is more patient-centred and efficient.” More importantly, he added, is that referrals to specialists take time, and LBP issues can worsen during the wait. Similarly, Dr. Kates said MRIs “can sometimes complicate things unnecessarily” because they can show abnormalities that are really normal and minor degenerative changes. “That causes delays and additional angst for patients,” added Dr. Kates, who was involved last year in an LBP pilot project for collaborative care at Trillium, where he recently completed a five year stint as chief of family medicine. Though the project wasn’t formalized, he said the experience demonstrated the key role chiropractors can play in addressing LBP red flags and minimizing unnecessary diagnostic tests. “Red flags are red flags regardless of what discipline you’re coming from,” said Dr. Kates. “But once you’re past red flags, it’s more a matter of texting or talking or about patients to discuss a treatment plan (so that) we’re all on the same page.”

Office Hours

Our Chiropractic winter office hours are as follows:

Monday and Thursday	8-12, 2-6
Tuesday	12-7
Wednesday	8-2
Friday	9:30-2

Massage Therapy is available Monday – Friday by our two Registered Massage Therapists.

Dr. Jennifer Cox (Naturopathic Doctor) is available Monday – Friday.



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Family Chiropractic Care • Animal Chiropractic • Computerized Custom Orthotics • Active Release Therapy
• Spinal Decompression • Registered Massage Therapy

