

From our Executive Director



Ms. Angelique Berg

June is Seniors Month, a time for Canadians to honour our seniors and their influence on our country, communities, and lives around them. A senior special to me is my grandfather, now in his

nineties, who lives vibrantly and independently in his Edmonton home. He was an RCAF pilot in WWII and after the war returned to commercial construction, erecting many buildings around Alberta. Grandpère raised his children and influenced his grandchildren to be thinkers, kind and conscious citizens, and above all, to have a sense of humour. For that and much more, I love him dearly.

Now, while my grandfather gladly accepts love, he is not especially fond of fussing. For our Foundation, June prompts us to fuss just a little over our seniors. From our area of expertise we aim to help keep our seniors vibrant – by helping them to maintain bone and joint health and overall mobility.

This issue focuses on a major concern for many seniors – preventable injuries – but we should all take note. Call to mind a recent accidental injury and it is likely that we can also call to mind a way to have prevented it. Preventing falls is important to our lifelong bone and joint health at any age, especially so in senior years as our bones become more brittle and surgery may be required to fix fractures when they occur.

In honour of our seniors, try out some prevention ideas yourself, or put them in place for the special seniors in your life – with minimal fuss and maximum care.

From stumbles to strength

Think of any story you've heard about someone taking a fall, and somewhere the person says, "I tripped over..." or "I didn't see ..." or "I was hurrying to ...". Things in our path, rushing about, and other preventable factors can see anyone going for a tumble.

Thankfully, most falls result in little more than bruised pride, but about one fifth of falls are associated with injury. Among the most serious are hip fractures: in Canada there are over 20,000 hip fractures annually among seniors and over one-third of Canadians aged 65 and more fall annually. How can we prevent falls for ourselves and others?

The most important thing is to acknowledge that falls are preventable. The next thing is to practice daily fall prevention strategies. Make it a summer project!

Fall prevention

- ✓ Build muscle strength
- ✓ Improve balance
- ✓ Book an eye exam –
My next exam is: _____
- ✓ Check blood pressure and heart rate –
My next check is: _____
- ✓ Be sure medication is working well
- ✓ Eat and eat well
- ✓ Fall proof your home [see related article]



Muscle strength and balance training can be done at home, and in just a few minutes a day, a few times a day. Everyone is different, so talk to your physician or a physiotherapist about specific strength and balance exercises that are right for you.

If you wear glasses, have your eyes checked regularly and keep eye wear at the proper prescription for your corrective needs. If your glasses are for reading, remove them when moving about – especially important for judging depth around stairs.

Blood pressure and heart rate changes can cause dizziness, so have them checked regularly. Some pharmacies do checks on-site, but have yours checked at least once every two years by a healthcare professional.

Recognize signs that medication may not be working well with another, or may be causing side effects that make you sleepy or dizzy. Write the signs down and tell your doctor about them. Check with your physician or pharmacist before taking any self-selected remedies. Know, too, what foods or drinks, especially alcohol, should be avoided with your medications.

Eating well is important to avoid dizziness and fatigue, and to keep energy high. As we age our appetite decreases and it's a challenge to eat enough food to get the nutrients we need. Try smaller, more frequent meals, and talk to your doctor about liquid supplements if you find you just can't do it – supplements today are far more palatable than earlier versions!

Your summer project will include two or three medical appointments and some daily exercises. Made into a year-round habit, your project helps you to stay strong on your feet!

A Joint Effort for Newfoundland Couple

Max and Ollie Have Knee Replacements on Same Day



Many couples have his and hers towels, watches or wedding bands. Max and Ollie Marsh, who live in Little Heart's Ease, Newfoundland, have taken togetherness to a whole new level. The couple, married 54 years, had knee replacement surgeries on the same day, May 11, 2007.

"The hospital couldn't get over it – they said it was a first," says Ollie, 73.

Both Ollie and Max, 77, had dealt with arthritis in both knees for years. Going up and down stairs, and getting in and out of bed or a car proved particularly tricky. Eventually, they traded their sedan for a mini-van, because it was easier on their knees.

For Ollie, the pain was worse. For the last three years, she could only drag her right leg when walking. Without the knee replacement surgery, she figures she was close to being in a wheelchair.

Editor's Note: Max and Ollie had their second knee replacement surgery in March 2008. Dr. Guy Hogan performed their first surgery, while Dr. Andrew Furey was the surgeon most recently. Our thanks to Keith Jones, orthopaedic technician at St. Claire's Mercy Hospital and a Hip Hip Hooray! volunteer for the past 17 years, for keeping us informed.

Max says they wanted to get the surgery done at the same time to get it over with at once. They recuperated in separate rooms on the 6th floor of St. Clare's Mercy Hospital in St. John's, and for four days could only talk on the phone. Then Ollie was able to get up and about, and she started to fix herself up for a walk down the hall.

"The nurse was curious," says Ollie. "She wanted to know where I was going. I said, 'I don't want to look sick, I want to look good – I'm going to see my man!'"

They spent a week in hospital, then took physiotherapy together for another six weeks. Ollie says the difference in her mobility and outlook is like night and day. "I can get up in the morning and go anywhere I want," she says.

If they're able, the couple plans to walk in the May 2008 *Hip Hip Hooray!* fundraiser in St. John's, in support of the Canadian Orthopaedic Foundation. "We want to do what we can to help," says Ollie.

That includes offering this advice to others who are contemplating a knee or hip replacement.

"Don't put it off – you'll never regret it, and you won't know pain any more," Ollie says. "Get it done when you're young enough to have the strength and life to get up and go."

Now that they've had one knee replacement, right for Max and left for Ollie, they hope to have their second knee replacement surgeries in 2008 – on the same day, of course.

A human statue as muscle turns to bone

Remember playing statue as a kid, where you had to stop and hold the position you were in until someone said go again? For 600 people worldwide, it's not a game.

They have a rare genetic condition, fibrodysplasia ossificans progressiva (FOP), in which bone forms in muscles, tendons, ligaments, and other connective tissues. Bridges of extra bone form across the joints in characteristic patterns, progressively restricting movement.

There is no known cure for FOP, but there is help available. If FOP has touched you or your family you may wish to be part of the Canadian FOP Families & Friends Network and partner with the International Fibrodysplasia Ossificans Progressiva Association, www.ifopa.org. The network along with IFOPA, will promote awareness and informed patient care in Canada. To learn more about the network, send an e-mail to CanadianFOPnetwork@live.com or visit www.canorth.org and scroll down to the news section on the home page.



Catch the Volunteer Spirit

Denise Coulombe of Fredericton, the official languages coordinator at River Valley Health, is in the middle of her busiest season. She's working hard to prepare for a major event in May, one that takes many hours of planning. But this event has nothing to do with her job – Coulombe is the Fredericton committee volunteer chair of *Hip Hip Hooray!*, the Canadian Orthopaedic Foundation's flagship fundraising campaign.

Coulombe is a member of what might be Canada's most potent "work force", the 6.5 million Canadians who volunteer through a charitable or non-profit organization each year. Canadians volunteer over 1 billion hours a year, equivalent to roughly 550,000 full-time jobs.



Why are volunteers so giving of their time? For Coulombe, it comes down to wanting to improve the well-being of the community. She has a personal motivation for volunteering for the Canadian Orthopaedic Foundation, as she herself has undergone two knee replacements and shoulder surgery.

"There's just a lot of satisfaction and fulfillment to know you're doing something to help other patients," says Coulombe.

Consider sharing your skills in the pursuit of excellence in bone and joint health, and mobility for all Canadians by volunteering for the Canadian Orthopaedic Foundation. Call 1-800-461-3639, or send an e-mail to volunteers@canorth.org.

Donor dollars support research

What do metal ion levels in the blood have to do with the long term independence of orthopaedic patients? Dr. John Antoniou, Director of Orthopaedic Research at McGill University in Montreal, is helping to answer that question with funding support from the Canadian Orthopaedic Foundation.

Traditionally hip replacement surgery, using a metal-on-polyethylene implant, is effective, but has a downside – it tends to only last 10-15 years. Researchers are looking at ways to change that. The bearing surface is the weak link. By improving the interface between the femur and hip, you improve the longevity of the implant. A metal-on-metal interface is a potential improvement, but introduces some new challenges. Debris from the product, metal ions, is released into the bloodstream over time, and the implications are unknown.

Dr. Antoniou has used the Foundation's research award to study metal ion levels and their biological impact. To date, he has found no detrimental effects. He says the results should support further use of longer lasting metal-on-metal implants. That's encouraging, especially for younger patients who may no longer face the prospects of additional surgeries down the road.

Are you newly referred for bone or joint surgery?

Ortho Connect is a free, telephone-based peer support program through which newly referred patients are matched with volunteers who have already undergone similar surgical treatment.

Patients connect with trained volunteers to learn a real-world patient view of what to expect from their treatment and encouragement along the way. Ortho Connect helps patients to feel confident and informed through greater understanding of the orthopaedic treatment they will receive and how it will affect their everyday lives.

Call 1-800-461-3639, send an email to mailbox@canorth.org, or visit our website at www.canorth.org, click on Patient Resources then Ortho Connect.



Looking for patient information?

Visit the Foundation's website www.canorth.org and click on Patient Education or Patient Resources to find essential information about the most commonly performed surgeries, complemented with articles featuring actual patients. We're continually adding information to help patients and their families to understand what to expect so that they feel more at ease with the treatment they will receive.



About the Foundation

The Canadian Orthopaedic Foundation is Canada's only health charity dedicated solely to helping people maintain and restore their bone and joint, or orthopaedic, health. We work closely with orthopaedic surgeons, residents, researchers, nurses and other health care professionals to keep Canadians moving. We believe by advancing research, supporting education and promoting excellence of care we can make a healthy difference for the benefit of patients.

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For information on our programs, press 1 to leave a message in our general mailbox. Messages are checked and returned several times daily. For receipts or to make a donation - press 4

About OrthoLink

OrthoLink is published four times a year to share practical tips and information about the Canadian Orthopaedic Foundation's programs with people interested in building and keeping their bone and joint health. Copies are distributed to donors, volunteers and individuals who have requested information about bone and joint health or the Foundation.

If you have any comments, article ideas, or would like to receive a copy of this publication, contact the Foundation.



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Fall Proof Your Home



Falls are a leading cause of serious injuries, and are arguably the most preventable especially in our own homes. Here are some tips to help you make your home fall proof!



All About the House

- Ensure your home is well lit
- Install nightlights in halls, near stairs, and in bathrooms used at night
- Avoid the use of scatter rugs
- Ensure all carpeting is firmly tacked down
- Keep floor surfaces free of clutter and spills
- Arrange furniture to avoid catching clothing on corners

Bathroom

- Floor surfaces are clutter-free and dry
- Shower curtains or doors can be fully closed to keep water in
- A non-skid mat placed outside the shower or tub absorbs water and provides a place to plant your feet as you step out
- A rubber bath-mat inside the shower provides traction for standing
- Especially for seniors, consider:
 - Handles for tubs, showers and toilets
 - Bath seat for the tub or shower
 - Raised toilet seat

Kitchen

- Floor surfaces are clutter-free and dry, and only non-slip floor wax is used
- Appliance and cupboard doors are kept closed
- Often-used kitchen supplies are stored in easy-to-reach locations
- Heavier items are stored in lower cupboards
- A step stool with non-skid feet and a safety rail is available to reach items in high places

Stairways

- There is handrail and it is in good repair
- Stairs are free of toys and other clutter, and are in good repair
- Any carpeting on the stairs is firmly tacked down
- Bare stairs have a non-skid surface
- The pathways at the top and bottom of the stairs are free of plants or other items

Outside

- All entrances are well-lit
- Stairs and decks have handrails and are in good repair
- Bare stairs have a non-skid surface
- Stairs and walkways are free of snow, ice, leaves or other clutter
- Gardening and other tools are put away when not in use

Challenge a Child!



Ask your kids or grandkids, or visiting children to be your Safety Agent. Give them this check list and ask them to perform a safety inspection. Not only are they helping you, but you're helping them recognize common household hazards and teaching them how to avoid them.

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For more information on
bone and joint health:
www.canorth.org
416.410.2341 or 1.800.461.3639

Reducing the risk of blood clots

Many people facing orthopaedic surgery worry about blood clots. What causes clots, what can be done to ward them off, and should patients be concerned?

Blood clots can be common post-surgery. In some studies, the incidence of clots in the legs after hip or knee replacements is as high as 30%, reports Dr. Stewart Wright of the Division of Orthopaedic Surgery at Toronto's Sunnybrook Health Sciences Centre. The good news? The prevalence of *serious* clots is very low.

A deep vein thrombosis (DVT) or blood clot occurs in the vessels that return blood to the heart. Cells can "stick" to the wall of the vessel, and eventually prevent the flow of blood to the heart. Blood then attempts to flow through accessory vessels. Clots happen because the blood isn't circulating normally, says Dr. Wright: "We see it in patients who are stuck in bed, who've had a joint replacement or fracture."

Clots below the knee are often just monitored. The potential danger comes from clots forming above the knee, which could break off and flow into the lungs towards the heart. This is called a pulmonary embolism, and can be life threatening.

Although the vast majority of blood clots are "benign", surgeons take several steps to reduce the risk, says Dr. Erin Boynton, a Toronto orthopaedic surgeon and member of the board of the Canadian Orthopaedic Foundation.

Strategies include anti-clotting medications, using tourniquets and compression stockings, and encouraging early motion after a procedure.

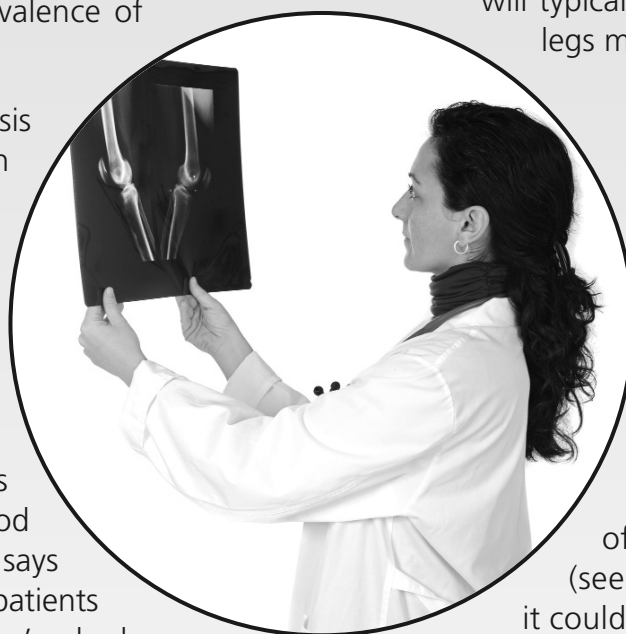
"Immediately following surgery, patients should wiggle their feet and toes so the muscles of the lower extremity can help 'pump' the blood back to the heart," says Dr. Boynton.

Dr. Wright adds that physiotherapists and nurses will typically do "calf pumping" to get the legs moving right away.

Typically, clots develop 7-10 days post-surgery. What should people watch out for when they get home?

- Calf pain or swelling in the foot or ankle (call your doctor, even though it could simply be post-operative swelling).
- An elevated temperature.
- Chest discomfort, shortness of breath, or coughing up blood (seek immediate medical attention; it could be a sign that a clot has moved to the chest).

The surgical community is acutely aware of the issues surrounding the development of clots, says Dr. Boynton. She says patients should feel reassured that their doctor is drawing on extensive research into the best methods of monitoring and preventing potential clots.



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