

# In Good Hands

A Free Monthly Newsletter For The Friends And Patients Of:  
Thomas Gerou, D.C.  
7277 N Lilley Rd  
Canton, MI 48187  
(734) 981-6969

"Discourage litigation. Persuade your neighbors to compromise whenever you can. As a peacemaker, the lawyer has superior opportunity of being a good man. There will still be business enough." ~ *Abraham Lincoln*

## SCROLL DOWN FOR THIS MONTH'S "Health Updates"

- **Health Update #1: Low Back Pain**
- **Health Update #2: Carpal Tunnel**
- **Health Update #3: Fibromyalgia**
- **Health Update #4: Headaches**
- **Health Update #5: Whiplash**

## PLUS...

- Study shows dieters who slept 3 hours more than others lost 55% more body fat! Find out how many hours they slept!
- *Another study shows diet is not enough... diet + exercise drops more weight.*
- Do you eat McDonalds? Photos taken every day for SIX MONTHS show Happy Meals don't decompose! Other photos show 12 year old hamburger still looks the same!
- *Many "All Natural" foods are far from it. Find out what brands don't live up to their claims!*
- And You Don't Want To Miss THIS: Meet the most inspirational fisherman... EVER! If you read nothing else in this newsletter... read this!

## LET'S BEGIN!...

# The Lazy Person's Way To Weight Loss...

## ***Study Says: SLEEP MORE To Drop Pounds!***

Are you lazy? Come on - it's just the two of us. You can admit it and it will be our little secret!

Well, even if you aren't "lazy," I'm sure you look for the quickest and easiest way to get things done.

For example, if you had these two weight loss programs - that work equally as well - which one would you pick...

1. You have to wake up at 5:00 a.m. every day and run 5 miles, then you eat almost nothing for breakfast, then almost nothing for lunch, then you workout like a dog for 2 hours after work, and eat a teeny tiny dinner. Then, you go to bed and do it all over again tomorrow. And you do this every day. Or...
2. You take a pill, sleep late... and wake up skinny.

Obviously, you'd probably choose #2. Any sane person would - as long as the "pill" was safe.

Anyways, you get the point.

Well, there is no "pill" that works like that. But, a study has just been published that claims sleeping is a very important part of weight loss.

In fact, research from the University of Chicago showed dieters who slept for 8.5 hours lost 55 percent more body fat than dieters who slept only 5.5 hours.

The authors of the study stated, *"Lack of sufficient sleep may compromise the efficacy of typical dietary interventions for weight loss and related metabolic risk reduction."*

Researchers think sleep may affect levels of a hormone called ghrelin. Increased levels of this hormone have been shown to increase appetite and increase fat retention. The subjects in this study who slept less claimed to be hungrier than those who slept more. According to the study's authors: *"Together, these results suggest that the loss of sleep at times of limited food intake amplifies the pattern of ghrelin-associated changes in human hunger, glucose, fat utilization, and energy metabolism."* It should be noted the sample size in this study was small and further research on this subject is needed to make definitive conclusions. While we are on the weight loss topic, here's another study you might find interesting...

## **Diet & Exercise?**

USA Today reports two-thirds of people in the United States are overweight. "Overweight" is defined as being 30 or more pounds over a healthy weight. This means 66% of Americans, because of their weight, are at higher risk for Type 2 Diabetes, heart disease and even some types of cancer. That's why it is so important to lose weight if you are overweight. New research published online in the *Journal of the American Medical Association* compared exercise combined with diet versus diet only.

Here's what researchers found... At six months, people in the diet-and-exercise group lost an average of 24 pounds and had better reduction in belly fat and liver fat than those in the delayed-exercise group, who lost an average of 18 pounds. After a year, people in the diet-and-exercise group lost 27 pounds compared to 22 pounds in the delayed-exercise group. *"This shows that a traditional diet-and-exercise program can work for people who are very obese,"* says lead author, Bret Goodpaster, an Associate Professor of Medicine at the University of Pittsburgh. Most participants in the study lost between 30-40 pounds... but a handful lost nearly 100.

Recently, a study published in the September 2008 *Journal of Obesity* raised a few eyebrows. The study contrasted diet versus exercise for weight loss and concluded that, even though exercise may be good for strengthening bones and muscles, improved mental health and mood, lowering blood pressure, improved cholesterol levels and reduced the risk of cardiovascular disease, diabetes, breast cancer and colon cancer... it may not be the best thing for weight loss. According to one of the study's authors: *"We would love to say that physical activity has a positive effect on weight control, but that does not appear to be the case."* This obviously contradicts the previous study mentioned in this newsletter, at least on the surface. This is one of the problems with studies - they are often conflicting, which is why common sense must enter into your decision-making process.

Researchers in the last study mentioned the reason exercise may not have been effective in weight loss is because an increase in exercise may cause people to eat more. This clearly does not mean exercise is not effective - it means people were unable to control what they ate. Just because some people use a little exercise as an excuse to eat whatever they want does not mean exercise is not effective.

**"All Natural" Foods That  
Are Far From All Natural**

We all want to eat as healthy as possible, but with time constraints and money issues, eating right can be very difficult. Now there is one more hurdle you must watch out for...

**And that hurdle is:** Food companies making blatantly false claims about their products. For example, Ben & Jerry's seems to be a great company. They contribute greatly to many causes such as family farmers, climate change, etc. - all great stuff. But, their claim that their ice cream is made from "all natural" ingredients is false.

According to food.change.org; "The Center for Science in the Public Interest (CSPI) recently asked Ben & Jerry's to remove the 'all natural' stamp from its ice cream containers, claiming that ingredients like high fructose corn syrup, alkalized cocoa, and hydrogenated oil are far from natural. These ingredients are, in fact, quite heavily processed." Ben & Jerry's heeded CSPI's demands and agreed to remove the "all natural" label from its ice cream containers.

Ben & Jerry's may be the one taking heat from CSPI, but the ice cream maker is hardly alone in its misuse of the "all natural" label. Other ice-cream makers like Edy's/Dreyer's, Breyer's, Friendly's, Turkey Hill, and more do the same exact thing. This problem is not isolated to just ice cream. The real problem is that while the U.S. Department of Agriculture regulates the "all natural" claim, they have no real definition of what an "all natural" food item is.

Ben & Jerry's voluntarily removed the "all natural" label from its products. Others have not.

## **Do You Or Your Kids Eat McDonalds?**

This is a shock - but not surprising. Manhattan artist, Sally Davies, photographed a McDonald's Happy Meal every day for 6 months. The results? The Happy Meal did not appear to age. There was no mold or evidence of decay. In fact, the pictures at 6 months show it to look as fresh as the day it was bought.

**Here's something even more shocking:** Wellness educator and nutrition consultant, Karen Hanrahan, has kept a McDonald's hamburger since 1996 to illustrate its nonexistent ability to decay. Aside from drying out a bit and having "the oddest smell," it apparently hasn't changed much in the past 12 years.

Something to think about before stopping at the drive-thru...

*And don't forget, if you ever have any questions or concerns about your health talk to us. Contact us with your questions. We're here to help and don't enjoy*

*anything more than participating in your lifelong good health.*

- To Receive The "Weekly Health Update" Every Monday Via Email, Go To [www.WeeklyHealthUpdate.com](http://www.WeeklyHealthUpdate.com) - Code: 48187GEROU
- If A Friend Forwarded This Newsletter To You, Sign Up At: [www.InGoodHandsLetter.Com](http://www.InGoodHandsLetter.Com) - Code: 48187GEROU
- Check Out [My Blog](#) .
- Visit me at [www.Spine-Health.com](http://www.Spine-Health.com) .

## **Inspirational Story Of The Month**

(Names And Details Have Been Changed To Protect Privacy)

# **The Fishing Story That Will Change Your Life**

## ***Finally! A Fishing Story That Is Bigger And Better In Real Life***

Life is tough.

The economy stinks. Real estate is worthless. Jobs are hard to find. Bills are piling up. It's hard just getting out of bed sometimes.

### **S-C-R-A-T-C-H!!!!**

That's the sound of Clay Dyer entering the room and making the record - playing your pity-party song - skip. Not only did he make your pity-party record skip - he made it end... FOREVER.

Here is why...

It was a lazy Saturday morning. Drinking coffee and watching TV was on the menu since there was nothing else to do. Nothing. Next channel. Nothing. Next channel. Then a fishing show stopped me dead in my tracks.

That's right... a fishing show. How could a fishing show stop me dead in my tracks and keep me interested for more than two seconds? Good question. The answer is: Because it was about the most incredible pro fisherman that has ever lived... Clay Dyer.

The story starts out with a boat in Alabama's lake Guntersville. Someone is

casting his bait into the water. The scene changes to a close-up of pro Bass Fisherman, Clay Dyer. He's talking about how everyone thought he was crazy, and how he's living his dream. Clay is 27 years old. He has been on the pro bass fishing circuit for two years and never won an event. He hasn't even made the second day - not even once.

So, what's the big deal about Clay?

The next scene shows Clay "walking" down a dock with his fishing pole. The announcer says, "**So go ahead...take a good long look at him...he's used to it by now.**"

The image of Clay is striking. For reasons doctors still do not understand, Clay was born without legs or a left arm. On the right side he has a small appendage maybe one-third the size of a normal arm. Clay "wiggles" down the dock to do what he loves... fish as a professional.

Next, Clay's parents comment on their son's amazing life. Neither can get out a word without breaking down in tears. Nothing held Clay back as a child. He learned to throw a Frisbee... swing a baseball bat...and played basketball with his brother. His brother said, "Clay didn't need any motivation - he always figured out a way to succeed."

Clay is adamant about not using ANY special equipment. He said he never wanted anyone to treat him special. He never treated himself special. He wanted to do everything in life everyone else does... and do it the way they do it. He wanted to do it with no legs and a small piece of an arm the way they do it with two.

Clay uses the exact same fishing rods and reels as everyone else. In fact, he uses a bait caster - which is the most difficult reel to use. Many weekend anglers don't use one because they can't get the hang of it. Watching Clay fish is one of the most amazing things you will ever see. And seeing his story may be the most important ten minutes of your life. That's why you should go to this link and watch it now. <http://www.youtube.com/watch?v=glrU4JKV1SI>

And, if you are a tough guy and don't want anyone to see you cry - you better watch it alone. :-)

*We love helping our patients and their friends and relatives through their tough times and getting them feeling better! We are here to help you stay feeling better and looking younger! Don't be a stranger. :)*

• To Receive The "Weekly Health Update" Every Monday Via

Email, Go To [www.WeeklyHealthUpdate.com](http://www.WeeklyHealthUpdate.com) - Code: 48187GEROU

- If A Friend Forwarded This Newsletter To You, Sign Up At: [www.InGoodHandsLetter.Com](http://www.InGoodHandsLetter.Com) - Code: 48187GEROU
- Check Out [My Blog](#) .
- Visit me at [www.Spine-Health.com](http://www.Spine-Health.com) .

## **Did You Know?**

Shoppers who do not regularly wash their reusable grocery bags may be placing themselves and their families at heightened risk of food borne illness.

It is estimated there are about 76,000,000 cases of food borne illness in the United States every year. Most of these illnesses originate in the home from improper cooking or handling of foods. Reusable bags, if not properly washed between uses, create the potential for cross-contamination of foods.

Only 3 percent of shoppers wash their reusable grocery bags out regularly. Most shoppers don't use separate bags for meat and produce, and some shoppers even use their bags for toting objects other than food. Contamination potential exists when raw meat products and foods traditionally eaten uncooked (fruits and vegetables) are carried in the same bags, either together or between uses. This risk can be increased by the growth of bacteria in the bags.

Washing the bags by machine or hand reduces bacterial presence to nearly zero.

## **Tip Of The Month**

### **Tips To Make Things Last Longer And Save Your Hard-Earned Money...**

Times are tough. The economy is bad. Use these simple tips to make what you have last longer, save money, and make your life easier and more secure...

Very few people have money to burn these days. Most are just trying to make ends meet. Too many are really struggling to keep their home and feed their

family. What many people don't understand is just how large of an impact a handful of small changes can make. For example, according to [www.simplyinsulate.com](http://www.simplyinsulate.com), "If your home is as little as 5 to 10 years old, you likely have one of the 46 million under-insulated homes in the U.S., according to the Harvard University School of Public Health. Adding more insulation is easy. Plus, insulation is one of the lowest cost options for improving the energy efficiency of your home. It pays off fast and keeps paying off with better comfort and energy savings for as long as you own your home."

### **Free Guide To Save You Money**

If you go to [www.simplyinsulate.com](http://www.simplyinsulate.com), you can download a guide from the American Recovery and Reinvestment Act to help you make your home energy efficient and save money for years and years. The site even has an "energy savings calculator" you can use to find out an estimate of how much you will save by making your home energy efficient. Decreasing both heat and air conditioning bills can really add up.

### **How Your Car Can Save You Money**

Another great way to save money is to keep your car in tip top shape. This will not only seriously decrease your odds of a very expensive breakdown in the middle of nowhere... it will save you money for gas, tires, repair bills and your car will last much longer. Keeping your tires properly inflated is extremely important. Underinflated tires cause you to burn more gas and wear out much faster - not to mention safety issues. Rotating tires every 5,000-8,000 miles can dramatically expand the life of your tires.

### **Tires And Pressure?**

Also, having the right size tires for your car will actually save you money. Smaller tires may be cheaper today, but they will wear much faster and have to be replaced. Keep a tire pressure gauge in your glove compartment and check the pressure at least once a week. Tire pressure gauges are only a few bucks and can be purchased in many stores or gas stations. And make sure you get the oil changed every 3,000 miles and have a mechanic you trust keep you up-to-date on all other scheduled maintenance. Changing the oil routinely is one of the most important things you can do to keep your car running properly for years and years. Keeping up with regular maintenance is always cheaper in the long run than "driving until something breaks." Ironically, the same is true about your body and



health. :-) As a general rule - spend a little to maintain now as opposed to a lot later.

*Remember, we're always here to help your body heal  
and maintain the health you deserve.*

- To Receive The "Weekly Health Update" Every Monday Via Email, Go To [www.WeeklyHealthUpdate.com](http://www.WeeklyHealthUpdate.com) - Code: 48187GEROU
- If A Friend Forwarded This Newsletter To You, Sign Up At: [www.InGoodHandsLetter.Com](http://www.InGoodHandsLetter.Com) - Code: 48187GEROU
- Check Out [My Blog](#) .
- Visit me at [www.Spine-Health.com](http://www.Spine-Health.com) .

### Health Update: Low Back Pain

## Low Back Pain and Bone Density

So, what does bone density have to do with low back pain? The relationship between bone density and back pain is quite intimate. In fact, when the degree of bone density declines to the point of fracture, back pain becomes very real. The classic condition and cause of spinal pain associated with the loss of bone density is compression fracture.

Compression fractures occur when the strength of the bone decreases to a point where minor trauma and sometimes, no trauma whatsoever can result in fracture. Compression fractures affect the vertebral body (front of the spine) most often in the upper lumbar or lower thoracic spine but the pain associated with these types of fractures frequently radiates into the low back and pelvic region. In the elderly osteoporotic spine, these types of fractures usually do not result in spinal cord injury or nerve damage but this is quite the opposite when compression fractures occur in younger, normal bone density individuals. This is because when the bone is dense (or normal), the vertebral body basically explodes or bursts shifting some of the bony fragments back into the spinal canal where the spinal cord is located. When bone density decreases, there is no bursting of fragments - only collapse, resulting in pain but no neurological damage. Besides pain, another problem with compression fractures is that the once upright or vertical spine is now bent and angles forward shifting the patient's weight to the front. This shift places yet more pressure on both the fractured vertebra and the surrounding vertebra which increases the risk of fracture to the surrounding

adjacent vertebra. Therefore, multiple compression fractures are not uncommon when brittle bones occur from osteoporosis.

So who is more at risk for osteoporosis? The usual predictors include age, (older than 65), gender (female), race (Asian or Caucasian), low body weight, and previous fracture. Others include smoking, previous use of corticosteroids, a family history of fracture, excessive alcohol use, and rheumatoid arthritis. Additionally, vitamin D deficiency, thyroid or parathyroid increased function, and celiac disease (gluten intolerance) as well as poor balance (repeated falls), muscle weakness and a DEXA (dual-energy X-ray absorptiometry) T-score of -1.1 to -2.4 (osteopenia) or -2.5 or greater (osteoporosis) are also important predictors of brittle bone disease or osteoporosis. To best determine your risk using these factors, go to FRAX ([www.sheffield.ac.uk/frax](http://www.sheffield.ac.uk/frax)) developed by the World Health Organization (WHO) to determine your 10-year fracture probability (do not just use of the T-score on the DEXA scan).

From a treatment standpoint, it depends on the age of the patient, the degree of osteoporosis, and whether fracture has already occurred. In the younger, osteopenic person (that is, no fractures have occurred yet but bone density is low), non-medication approaches such as weight bearing exercise, no smoking, calcium / vitamin D supplementation, and minimize the other risk factors described above may be the proper choice. For others already with fracture, medication (bisphosphonates such as Actonel, Boniva, & Fosamax) may be appropriate. Further, injecting a cement into the bone (called kyphoplasty) may be appropriate for some.

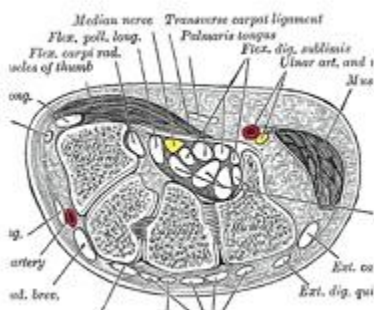
We realize you have a choice in healthcare providers. If you, a friend or a family member requires care for low back pain, we sincerely appreciate the trust and confidence shown by choosing our services and look forward in serving you and your family presently and, in the future.

- To Receive The "Weekly Health Update" Every Monday Via Email, Go To [www.WeeklyHealthUpdate.com](http://www.WeeklyHealthUpdate.com) - Code: 48187GEROU
- If A Friend Forwarded This Newsletter To You, Sign Up At: [www.InGoodHandsLetter.Com](http://www.InGoodHandsLetter.Com) - Code: 48187GEROU
- Check Out [My Blog](#) .
- Visit me at [www.Spine-Health.com](http://www.Spine-Health.com) .

**Health Update: Carpal Tunnel**

# Carpal Tunnel Syndrome: Why Braces?

For those of you who have had Carpal Tunnel Syndrome, you probably know all about braces. These are devices worn on the wrist that stop you from bending the wrist up or down. They may be worn anytime of the day if they don't interfere too much with one's current activity but are especially worn at night. One might think it would be more important to wear these during day when we are active and moving our fingers and hands a lot as we go about our normal work or play activities - not at night when we're basically just laying there doing nothing but sleeping, right? Wrong! It's more important to wear these at night. This is because we cannot control our hand/wrist position at night as we tend to curl up in a ball when we sleep and the wrist gets cocked up or down, often to the end point of the range. So, why is this so bad? To answer that question, let's look at the chart below on the left.



In the chart (above left), you are looking at a cross section of the wrist through the carpal tunnel. This illustrates the many structures that are inside the tunnel making it very compact or tight. Notice the small white circles in the middle of the tunnel. Those are the tendons that pass through the tunnel - there are 9 of those and they attach the muscles in our forearms (on the palm side) to our fingers so we can shake someone's hand or carry a suitcase (grip). Just to the left of center, on top of all the tendons sits the median nerve, which is just below the "roof" of the tunnel (the transverse carpal ligament). Now, normally, the pressure inside the carpal tunnel will approximately double when we bend our wrist, putting more pressure on the nerve and pushing it into the roof (ligament), which creates the numbness and/or weakness in our grip. But in the CTS sufferer, there is already more pressure in the tunnel due to the swollen tendons so when the wrist is flexed or extended, the pressure goes up much more the twice - more like 6 times more pressure - hence, more symptoms. So, if we're sleeping with our wrist bent either way, the pressure pushing the nerve against the roof is a lot more than normal - 6x more! Now, can you see the reason for the "night splint?" It is VERY effective in keeping the wrist straight or "in a neutral position," which is needed to allow the nerve to NOT be pinched so it can heal.

Regarding braces, there are MANY different kinds of braces available and deciding which one to use is no easy task, not to mention the fact that they come in different sizes! When you are treated for CTS at this office, we will fit you with the proper size brace, if it's necessary. We realize you have a choice in health care provision and we sincerely appreciate your trust in choosing our service for those needs. If you, a friend or family member require care for CTS, we would be honored to render our services.

- To Receive The "Weekly Health Update" Every Monday Via Email, Go To [www.WeeklyHealthUpdate.com](http://www.WeeklyHealthUpdate.com) - Code: 48187GEROU
- If A Friend Forwarded This Newsletter To You, Sign Up At: [www.InGoodHandsLetter.Com](http://www.InGoodHandsLetter.Com) - Code: 48187GEROU
- Check Out [My Blog](#) .
- Visit me at [www.Spine-Health.com](http://www.Spine-Health.com) .

### Health Update: Fibromyalgia

## Fibromyalgia: How Do I Know I Have It?

*"I wake up every morning with this stiff, sore lower back pain. When I roll over to get out of bed, I feel like a log and almost have to fall out of bed. When I finally get to my feet, I'm all bent over and can't stand upright for what seems like forever! It takes a couple of hours before it gradually loosens up enough so I don't have to shuffle with each step. I was told by a friend that I might have something called fibromyalgia and should ask my chiropractor. What do you think?"*

To answer this inquiry, let's first define **fibromyalgia** (FM) so that we can compare the two properly. FM is a condition that is diagnosed basically by eliminating all other possible causes, including inflammatory joint conditions, by running various blood tests such as an arthritic profile. This usually includes tests for rheumatoid arthritis, gout, lupus, and infection. A Lyme disease test is often included as that condition can often manifest as a chronic back condition from any cause. There are essentially no blood tests, x-ray or other imaging tests, or neurological tests that can specifically diagnose FM. It is when all these tests come back negative, that the diagnosis of FM is then entertained. The history is probably the most important aspect of the clinical encounter that helps in the diagnosis of FM. Most of these patients will report that the onset is gradual, often present for years. There is usually no specific cause though there are specific

conditions (such as irritable bowel syndrome, trauma, rheumatoid arthritis and others) that can result in "secondary fibromyalgia" where the cause is well known. The big differentiating historical feature is the presence of widespread, whole body pain - NOT just low back pain, as reported in the first paragraph above. In FM, there is often pain in the legs, arms, torso, back, neck and these people basically, "...hurt all over." Typically there is no radiating pain down the leg or arm that follows a specific nerve pathway and no exam findings of neurological deficits. Another unique feature of FM includes sleep dysfunction. In many cases, sleep interruptions occur 2, 3 or more times a night, often with difficulty in returning back to sleep. The quality of pain is often described as numbness, tingling, burning, achy, deep, boring, and most importantly generalized in location (all over the body). The intensity is usually reported as high (>6/10 pain scale scores). The past history usually includes multiple visits to many different types of doctors and many attempts at different medications is common - most of which do not help significantly.

Even with these unique historical features that are consistent with the diagnosis of FM, it is still necessary to "rule out" other conditions by running tests as previously described. This is especially important when FM is secondary to other conditions as FM can get "lost" in the shuffle, overshadowed by the other condition.

Treatment for FM includes many of the same methods for treating other musculoskeletal conditions. Spinal manipulation, soft tissue release techniques (massage therapy, trigger point therapy, myofascial release), and various forms of physical therapy (low level laser therapy - LLLT, ultrasound, interferential electrical current - IFC, and pulsed magnetic therapy can also improve function, reduce pain, and reduce the need for medications. Cognitive therapy, addressing psychosocial issues, can also be very effective. One of the most important treatment approaches is exercise. This has been consistently described as being an important form of care for the FM patient. In addition, dietary management using an anti-inflammatory diet (gluten free diet) and supplementation (a multiple vitamin, calcium/magnesium, omega 3 fatty acids, Vit. D, and CoQ10) can also be very effective.

We recognize the importance of including chiropractic in your treatment and realize you have a choice of providers. If you, a friend or family member requires care for FM, we sincerely appreciate the trust and confidence shown by choosing our services and look forward in serving you and your family presently and, in the future.

- **To Receive The "Weekly Health Update" Every Monday Via Email, Go To [www.WeeklyHealthUpdate.com](http://www.WeeklyHealthUpdate.com) - Code: 48187GEROU**
- **If A Friend Forwarded This Newsletter To You, Sign Up At: [www.InGoodHandsLetter.Com](http://www.InGoodHandsLetter.Com) - Code: 48187GEROU**

- Check Out [My Blog](#) .
- Visit me at [www.Spine-Health.com](http://www.Spine-Health.com) .

**Health Update : Headaches**

## **Headaches - How Does Chiropractic Work?**

Headaches are a common complaint at chiropractic clinics. There are many causes of headaches, some of which are "idiopathic" or, unknown. Some headaches arise from "vascular" (blood vessels) causes such as migraine and cluster headaches. These often include nausea and/or vomiting and can be quite disabling and require rest in a dark, quiet place sometimes for a half or a whole day. Another type of headaches can be categorized as "tension" headaches. These usually result from tightness in the muscles in the neck and upper back caused from stress, work, lack of sleep, sinusitis, trauma such as whiplash, and others.

So "how does chiropractic work?" To answer this, let's first discuss what we do when the headache patient comes in. First, the history is very important! Here, we'll ask "how/when did the headaches start. This may glean the actual cause of headaches such as a car accident or injury of some sort. Next, we'll ask about activities that increase or create the headache, which gives us ideas of how we might help manage the headache patient. For example, when certain activities precipitate the onset of a headache, we will modify the work station and/or give specific exercises on a regular schedule to keep the neck tension under control. When information gathered about what decreases or helps the neck pain and headaches, we will recommend treatments often that can be done at home such as a home traction unit. This would be suggested if we are told that "...pulling on my neck feels great!" The quality of pain (throbbing = vascular, ache and tightness = neck), intensity of pain (0-10 pain scale), and timing (worse in the morning vs. evening) help us track change after treatment is rendered, usually gathered once a month. The examination includes blood pressure which can in itself create headaches when high, looking in the eyes to view the blood vessels in the back of the eye to make sure there is no evidence of increased pressure against the brain, ears - to see if there is an infection or wax blockage. This can help if there is dizziness and/or balance loss. We will sometimes listen to the throat as well as the heart to see if there may be a blockage, a valve problem, or other issues. Neck muscle tightness (spasm) will be evaluated along with the range of motion, paying particular attention to the positions/directions that increases and decreases pain,

especially those that decrease pain. Nerve function by checking reflexes, sensation and muscle strength as well as correlating information like positions that decrease arm or leg pain will be included as any position that reduces pain in the arm or leg must be incorporated into an exercise. X-rays may include bending "stress" views so that ligaments (that hold bones together) can be evaluated for "laxity" (torn and unstable). When this is found, we avoid adjustments to these vertebrae.

As you can see, it is very important to do a thorough evaluation so headache patients can be properly managed. Treatment approaches include: 1. Adjustments; 2. Soft tissue therapy (trigger point stimulation, myofascial release); 3. Posture correction exercises and other exercises; 4. Education about job modifications; 5. Co-management with other health care providers, if medication or injection therapy is needed.

We realize you have a choice in healthcare providers. If you, a friend or family member requires care for headaches, we sincerely appreciate the trust and confidence shown by choosing our services and look forward to serving you and your family presently and, in the future.

- To Receive The "Weekly Health Update" Every Monday Via Email, Go To [www.WeeklyHealthUpdate.com](http://www.WeeklyHealthUpdate.com) - Code: 48187GEROU
- If A Friend Forwarded This Newsletter To You, Sign Up At: [www.InGoodHandsLetter.Com](http://www.InGoodHandsLetter.Com) - Code: 48187GEROU
- Check Out [My Blog](#) .
- Visit me at [www.Spine-Health.com](http://www.Spine-Health.com) .

**Health Update: Whiplash**

## **Whiplash! Do I Need an Attorney?**

When you hear the word, "whiplash," it brings to mind many different thoughts - motor vehicle collision (MVC), neck pain, headaches, concussion, jaw pain, litigation, car damage estimates - possibly a new car, medical costs, doctor's appointments, sleepless nights, and more. Questions typically asked when a MVC occurs include the following:

1. Do I need to get an attorney?

2. What can I expect for recovery time from my neck pain?
3. Why is it taking so long to get my car fixed?
4. Should I talk to the insurance company when they call?
5. I have to give a deposition next week. What is that?
6. My case didn't settle and we're going to court. How do I prepare for that?
7. The insurance company is offering \$XXXX.XX for a settlement. What do you think my problems will be down the road?

Let's take a look at these!

1. Should you obtain the services of an attorney? If you want to significantly reduce your stress when it comes time to negotiating with the insurance company, especially towards the end of the process, then YES! Needless to say, you HAVE TO seek council if you plan to not settle and need to go to court. However, you do not have to get an attorney immediately unless you just don't want to deal with the insurance company at all. Typically, it's worth having an attorney as they are experienced in "...the process."
2. Recovery from neck pain can vary between a simple strain at 2-6 weeks to a herniated disk that may require surgery. We recommend you ask us this question about once a month as it will help you decide about this as well as questions 1 and 7.
3. The insurance company may delay the payment of the car repair costs for a number of reasons. Until the insurance company inspects the car's damages, they will not authorize the repair shop work, which can take weeks!
4. If you have hired an attorney, he/she will communicate for you. If not, it is appropriate for you to communicate with the insurance company. The important thing is to NOT settle the claim until you're sure you can do all of your pre-MVC activities without difficulty or pain, which often can take a full year or more.
5. These are call "discovery depositions" where you will be asked questions about the accident such as, where you hurt, what you can and can't do since the MVC, what tests and treatment you've received and what the results were. Your attorney will tell you the strengths and weaknesses of your case. The deposition "process" is quite easy and there is no reason to feel intimidated. Most attorneys are very courteous and will treat you kindly so don't worry unnecessarily!
6. Preparing for court is similar except you can't ask questions - they ask & you answer! Your attorney will tell you to answer only the question being asked and your attorney will later be able to ask you to clarify what was "left out." Always be kind, courteous, and NEVER let the other attorney get you angry!
7. See #2 above. If you have ongoing radiating pain in your arm (from your neck) or leg (from your low back), the "prognosis" for complete recovery is less favorable. Similarly, if you have ligament damage in your neck, there



will probably be an accelerated pace of arthritis formation that may not bother you much for 5-10 years or longer but may later in life. We, as your expert witness, will describe your "impairment" and bring this to the jury's attention.

We hope this information is appreciated! We realize that you have a choice in where you go for your health care needs. We truly appreciate your consideration in allowing us to help you through this potentially difficult process.

- To Receive The "Weekly Health Update" Every Monday Via Email, Go To [www.WeeklyHealthUpdate.com](http://www.WeeklyHealthUpdate.com) - Code: 48187GEROU
- If A Friend Forwarded This Newsletter To You, Sign Up At: [www.InGoodHandsLetter.Com](http://www.InGoodHandsLetter.Com) - Code: 48187GEROU
- Check Out [My Blog](#) .
- Visit me at [www.Spine-Health.com](http://www.Spine-Health.com) .

## **YOU: The Most Important Principles For Staying Young**

**By, Dr. Michael F. Roizen**

*Co-Author of 4 #1 NY Times Bestsellers including:*

*YOU Staying Young . The Owner's Manual For Extending Your Warranty,  
YOU: BEING Beautiful . The Owner's Manual to Outer and Inner Beauty And  
YOU: Having a Baby : The Owner's Manual to a Happy and Healthy Pregnancy*

Our basic premise is that your body is amazing: You get a do over: it doesn't take that long, and isn't that hard if you know what to do. In these notes we give you a short course in what to do so it becomes easy for you and then to teach others. We want you to know how much control you have over your quality and length of life.

### **The Loneliness Fix**

Confess to Mom that you're feeling like Steve Martin in *The Lonely Guy* and we bet the national debt (of Greece not the US --our debt is too large for anyone to take the other side) you'll hear advice like: *You need to get out more! Join the local spelunking club. Take up swing dancing. Or what about a cupcake course? Hit the singles scene. Polish up your people skills--you know: Look 'em in the eye, remember their names and listen, listen, listen.*

Our two cents? *Fuhgeddaboutit* . True, an active social life helps protect you from high blood pressure, stress, and inflammation. It even raises your odds for surviving breast cancer and waltzing around a heart attack. But, overcoming loneliness and safeguarding your health takes more than having something to do on Saturday night. Like true happiness, it's an inside job. Before you place an online personals ad or reconnect with your high-school crush, ask yourself two questions: Do I deserve friendship? Do I think people want to be friends with me?

If you answered "no" to either or both, focus on bolstering your sense of self before you hop on the social merry-go-round. Fixing off-the-wall beliefs about your self worth does more to overcome loneliness than improving social skills, making connections, or just "getting yourself out there."

Makes sense to us. When you are at ease with YOU and open to others, friendships seem to blossom naturally. And just acknowledging secret self-doubts may develop enough humor and compassion toward yourself to reach out to others--who, underneath, are probably like you: sometimes unsure and shy.

Feel free send questions coming to youdocs@gmail.com. You can follow Dr Roizen on twitter @YoungDrMike.

The YOU docs have two babies (not twins): **YOU Raising Your Child: The Owner's Manual From First Breath to First Grade**, was born October 5th, 2010, and **YOU On A Diet, the Owner's Manual for Waist Management** , updated and revised with 100 more recipes arrived January 4th, 2010. Thanks for reading.

**About the author:** Michael F. Roizen, M.D., is a professor of anesthesiology and internal medicine, and is is chief wellness officer and chair of the Wellness Institute at the Cleveland Clinic. The Wellness institute also features Lifestyle 180 and the integrative medical clinics (with features of medical acupuncture, rekki, obesity management and more) of the Cleveland Clinic, both located at 1950 Richmond Road in Lyndhurst. He is the co-author of 4 #1 NY Times Best Sellers including : YOU Staying Young and YOU: The Owner's Manual. He airs on WKH/1420 in Cleveland and 30 stations nationwide and streams on healthradio.net Saturdays from 5-7 p.m . E-mail him questions at YouDocs@gmail.com He is the co-author of 4 #1 NY Times Best Sellers including : YOU Staying Young and YOU: The Owner's Manual. He is Chief Medical Consultant to the new Dr Oz show-- The Dr. Oz Show" is number two in daytime TV now---see what's so much fun, and what he, the Enforcer is up to. Check your local listings or go to doctoroz.com for time and station ""And for more health info, log onto 360-5.com anytime.

**NOTE : You should NOT take this as medical advice. This article is of the opinion of its author. Before you do anything, please consult with your**

**doctor.**