

Strengthen your back with these simple exercises

DWIGHT CHAPIN
HEALTH ADVISOR

THE QUESTION

My lower back has been sore most of the summer. I try to stay active, but the pain is now making that difficult. This morning I even needed help getting dressed. What are my treatment options?
— Susan, age 48

THE ANSWER

Back and neck pain affect people of all ages, with studies showing that these are more common between the ages of 30 and 40, and tend to decrease after age 65. In my clinic, Susan described the onset of her back pain as somewhat mysterious. I hear this often. There was no slip, trip or fall, no sprain or strain to explain

her condition. For a couple of years, her back felt tired or stiff at the end of a busy day, but this was different. This time the pain was sharp, deep and coupled with a restricted range of motion. One day her back felt as it usually does, the next she could not bend down to put on her socks.

Back pain that strikes without an obvious, direct cause can be scary. The change in one's physical capabilities can appear to be sudden and dramatic. The pain severe. For otherwise healthy individuals in the prime of their life, it may be the first time their health has been significantly challenged. It raises questions about lifestyle, aging, treatment options and work-life balance.

Susan's family doctor reassured her that her condition was biomechanical and nothing more ominous was at play. She was encouraged to lose some weight, see a chiropractor and begin a

regular exercise program. One day, unable to sit through her son's little league baseball game without pain, she finally went to see a chiropractor.

Clinical guidelines for routine back pain are well established. They recommend conservative management, including the use of non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen, a course of manual therapy including spinal manipulation, acupuncture and regular exercise. Routine back pain usually improves with such conservative treatments within three months.

To keep the spine healthy there are also simple exercises you can do at home. The Canadian Chiropractic Association recently released a free app to bring awareness to the importance of good posture for optimal spinal health. Straighten Up Canada includes 12 exercise videos for

youth and adults that can be practised almost anywhere as a great warm up, cool down, stand-alone routine or ergonomic break. (The app is available at the Apple Store, Google Play and on straightenupcanada.ca.)

Here are two of my favourite exercises featured in the app:
Reach for the Sky focuses on upper back and shoulder posture. Standing with your back against a wall and your arms raised overhead, elbows bent, slowly lower your arms down the wall as you squeeze your shoulder blades together. Repeat three times.

Tightrope Lunge focuses on your hip flexors and lower back. Step forward with your right foot, longer than a normal stride, lowering your body straight down until your left knee almost touches the floor. The right knee should not bend past 90 degrees and should be kept in line with your right ankle. Keep your back

straight throughout the movement. Repeat on the left.

Susan's back problems stem from a sedentary lifestyle and poor core stability. Her treatment program includes a multidisciplinary approach consisting of spinal manipulation and soft-tissue therapy to correct the alignment and biomechanical function of her spine; active rehab to improve her core strength; and a daily postural exercise program at home.

She is expected to have a full recovery.

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Formal training lacking in circumcision

With true complication rates of surgery unknown, Canada's casual instruction approach – despite existing guidelines – is distressing



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The Canadian Paediatric Society didn't elicit huge fanfare when it released its long-awaited update to its position on newborn male circumcision earlier this month.

That's understandable, considering the document doesn't depart in any significant way from the organization's previous guidelines on the topic: that circumcision is not medically necessary for most babies and the procedure should not be routine at birth. For that reason, provinces no longer cover the cost of circumcisions through their health plans. But some parents will still choose to have their sons circumcised, so the CPS set out some best-practice guidelines designed to lower the potential risks.

Those recommendations sound reasonable, including the one that says circumcisions should be performed by a trained practitioner "whose skills are up to date and strictly adhere to hygienic and analgesic best practices."

But on the ground, what happens is often much different from what the guideline recommends – something parents should find alarming.

Male circumcision, or the surgical removal of the foreskin from the penis, has been performed for thousands of years, and became popular in Britain and the United States in the 19th century, according to the Canadian Paediatric Society. Although the procedure has cultural and religious significance in the Jewish and Muslim faiths, many parents had their sons circumcised to improve hygiene and lower the risk of disease.

But in recent years, circumcision rates have been dropping in countries such as Canada, particularly as more evidence shows the potential risks. For instance, studies show that more than 100 boys have to be circumcised to prevent one urinary tract infec-



Though rates have dropped in Canada recently, 30 per cent of newborn males are circumcised here. ODELIA COHEN

tion – a problem that is easily treated with medication.

More recently, studies have suggested circumcision can prevent transmission of HIV. However, the research has primarily been conducted in Africa, and the CPS document notes it's not clear whether those results can be applied to countries such as Canada, where HIV infection rates are lower.

It's difficult to know how many circumcisions are performed in Canada, as most are done in doctor's offices or clinics and data aren't tracked. But the Canadian Institute for Health Information (CIHI) has records of circumcisions performed in hospitals and in day surgery for every province except Quebec. In 2004-05, there were nearly 15,600 circumcisions performed, according to the CIHI data. By 2014-15, that figured

dropped to fewer than 8,500. The CPS estimates that roughly 30 per cent of newborn males are now circumcised.

Few, if any, jurisdictions in Canada require physicians to undergo formal training before performing circumcisions. In many cases, doctors learn the procedure from watching or talking to a colleague, says Dr. Jorge DeMaria, a pediatric urologist and professor in the department of surgery at McMaster University in Hamilton. He has been one of the leading voices calling for standardized training and formal education requirements to improve safety and lower the risks associated with the surgery.

In 2013, Dr. DeMaria and his colleagues published a study that revealed just how great the disconnect is between best practices and reality. They surveyed a

group of 62 physicians and surgeons in southwestern Ontario who perform circumcisions. None of the respondents said he had learned how to perform circumcisions in a structured training course. Nearly half of the non-surgeons said they learned how to do the procedure from a colleague. About one-third said they would perform a circumcision on an infant with a concealed penis – a condition in which the penis is hidden beneath excess skin – despite the fact the surgery is not recommended in those babies.

But according to the Canadian Paediatric Society's own document, the complication rate linked to circumcision is relatively low – a median of 1.5 per cent, according to one study – so the absence of formal training doesn't appear to be taking a major toll, right?

Not necessarily. The true rate of infections, bleeding, skin adhesions and more serious complications may be higher than believed because the few studies that have looked at this area may underestimate the number of adverse events. For instance, some studies may look only for complications a few days post-procedure, while it could take longer for problems to appear. In some cases, parents aren't happy with the cosmetic appearance after the surgery, which likely wouldn't be counted as a complication, but may well be in the eyes of the family.

In 2013, the CBC reported on a Montreal doctor with more than 30 complaints made to the provincial medical regulator relating to botched circumcisions. The doctor in question still advertises his services online, with a website that states he has travelled throughout North America to identify the best way to perform circumcisions.

According to the American Academy of Pediatrics' 2012 guidelines, "the true incidence of complications after newborn circumcision is unknown," adding that "it is imperative that those providing the service have adequate training in the method used and resources for and practice of adequate analgesia and infection control."

No surgery will ever be risk-free, of course. But considering how many circumcisions are still performed, and the fact they make a permanent alteration to a very important body part, it's unacceptable that training remains so unstructured and informal. There could be a relatively easy fix: Regulatory colleges could require doctors to complete a continuing medical education program before performing circumcisions.

So what can parents do? In the absence of training requirements, the best bet may be to become as informed as possible about the risks and benefits and asking your doctor about his or her level of experience, training and complication rate. It may not be a surefire solution, but it may help in the confines of the current system for those considering the procedure for their newborn boy.

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MENTAL HEALTH

Workplace bullying puts victims at higher risk of suicidal thoughts

LISA RAPAPORT

Workers who are victims of bullying on the job may become more likely to contemplate suicide than people who don't experience a hostile office environment, a Norwegian study suggests.

Researchers surveyed a nationally representative sample of roughly 1,850 workers and followed them from 2005 to 2010. While less than 5 per cent of participants reported thoughts of suicide during the study period, they were about twice as likely to do so after being victims of workplace bullying.

"Our study adds to the understanding of how bullying is related to thoughts about suicide by showing that the perception of being bullied at work actually is a precursor of suicidal ideation and not a consequence," said lead study author Morten Birkeland Nielsen of the National Institute

of Occupational Health and the University of Bergen.

At least 800,000 people worldwide take their own lives each year, making suicide a leading cause of death, Nielsen and colleagues write in the American Journal of Public Health. Although psychiatric disorders are involved in the majority of suicide attempts, most people with mental health disorders don't take their own lives, the researchers note.

The relationship between bullying and suicidal thoughts is something of a "chicken and egg" problem, Nielsen said. It's difficult to determine which comes first. In an effort to solve this riddle, Nielsen and colleagues surveyed workers in 2005, 2007 and 2010, asking about their work environment and mental health.

Researchers defined three main characteristics of workplace bullying: an employee must be the target of systematic unwanted

social behaviour; the exposure must occur over a prolonged period of time, often with increasing frequency and intensity; and targets feel they can't escape the situation or stop unwanted treatment.

Over the course of the study, the average proportion of workers reporting bullying ranged from 4.2 per cent to 4.6 per cent, while the prevalence of suicidal thoughts varied from 3.9 per cent to 4.9 per cent. There were no major differences in reports of bullying or suicidal thoughts based on workers' sex or age.

While people who reported bullying early in the study were more likely to later report suicidal thoughts, the reverse didn't prove true. Workers who said they had contemplated suicide at the beginning of the study were no more likely to later report bullying than participants who had never considered killing themselves.

One limitation of the study is its reliance on participants to accurately recall and report any exposure to bullying or thoughts of suicide, the authors acknowledge.

"There are probably some workers who are more likely to consider suicide due to specific predispositions, whereas others are more likely to consider suicide due to their recent exposure to bullying," Nielsen said.

With prolonged exposure to bullying and other forms of distress, changes in the brain can occur, said Gary Namie, director of the Workplace Bullying Institute based in Bellingham, Wash. The brain can become flooded with glucocorticoids, commonly called stress hormones, which reduce the capacity for clear, rational thinking, Namie, who wasn't involved in the study, said by e-mail.

Reuters

TODAY'S SUDOKU SOLUTION

2	6	3	7	8	4	1	9	5
8	1	7	3	9	5	2	4	6
4	5	9	6	2	1	3	8	7
9	2	1	5	6	3	4	7	8
3	7	5	8	4	9	6	2	1
6	4	8	1	7	2	5	3	9
1	9	4	2	5	8	7	6	3
7	3	2	9	1	6	8	5	4
5	8	6	4	3	7	9	1	2

TODAY'S KENKEN SOLUTION

15x	1	3	5	36x	2-	6	4	2
1-	4	5	6	24x	2	3	1	1
3+	2	1	4	1-	5-	6	3	2-
15x	3	6	2	6	3+	4	1	5
2-	5	4	1	12+	2	3	2	6
6	6	2	3	1	5	4	4	4