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### ARE YOU HIP ENOUGH?

By Pierre Patenaude RMT

Center for Disease Control statistics show that approximately 140,000 patients in the United States and one tenth this number in Canada are receiving total hip replacements yearly.

The goals of hip replacement surgery consist of reproducing the form and function of the natural joint, relieving pain and restoring function. Several different methods have been attempted throughout the history of hip replacement to achieve these goals.

The earliest attempts at hip replacement relied on surgical resection of the top end of femur and were performed in the early 1800s. The primitive procedure was actually reasonably effective in meeting the above goals however the results were largely unpredictable.

Although many different joints can be replaced, the greatest success has been with hip and knee replacement. Total hip replacement is primarily used for joint failure associated with osteoarthritis which does not respond to conservative measures.

The typical candidate for hip replacement suffers from moderate to severe pain (usually including pain at rest) and disability which does not significantly respond to non-surgical modalities such as treatment with non-steroidal anti-inflammatory drugs (NSAIDs), physiotherapy, massage therapy or a reduction in those activities which typically aggravate the condition. The candidate for THR should also have radiographic evidence of severe destruction of the hip joint.

In the last decade the age distribution for ideal THR candidates has been broadened from 60 to 75 years to include patients less than 55 years of age.

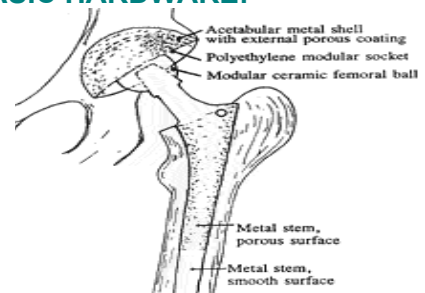
An intense debate rages on in the literature over the use of cemented versus non-cemented applications. Both camps cite long term 10-year survivorship success rates approaching 100%. The advantage of the cemented application is a faster recovery period which essentially allows the patient to be walking within 5 days instead of 1 month.

Massage Therapy in conjunction with an active rehabilitation exercise program can be instrumental in decreasing the post-operative recovery time and is a useful adjunct to physiotherapy in the management of hip replacement patients

Pierre wrote his Thesis on **The Role of Massage Therapy in the Management of Hip Replacement Surgery Patients. Don't hesitate to ask if you have any questions.**

### A GUIDE TO THE BASIC HARDWARE:

The components used include a metal alloy femoral stem and ball prosthesis and a high molecular weight polyethylene acetabular cup. The stem and ball replace the femoral head while the plastic cup replaces the acetabulum.



## OUR SPECIAL CHILDREN (Pt. 1)

by Sarina Kier

I am a health care practitioner and the mother of two children who have special needs. Over the past eight years I have worked extensively with children displaying a variety of special needs. I believe that these children are a gift to each of us. Through them our eyes are opened to the human condition in a very real way. We are also challenged to look at each individual in a completely holistic manner. Observing these children in all their aspects brings me to the conclusion that in order to facilitate well being and balance we must use a natural multi disciplinary approach. This could include the use of auditory processing, mediated learning, behavioral training, homeopathy, nutrition and diet support, and cranial/sacral adjustments to name a few. The beauty is that we have a diverse base with which to make choices.

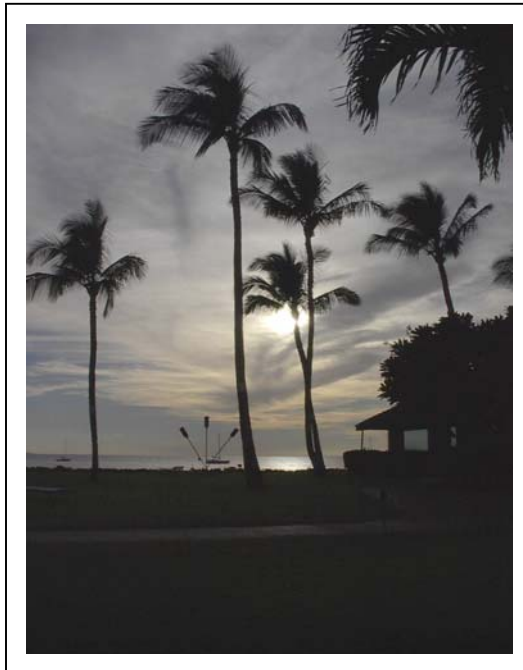
Some parents may choose to use pharmaceutical treatments exclusively because they have not been given the information with which to make educated alternative choices or because they feel that their very survival and that of the rest of their families is at stake. This information is not designed to challenge parent's choices. Rather it is to provide parents with perhaps some keys to unlocking and solving the puzzles of these complex little individuals.

When assessing a child holistically, I have to look back at their complete history.

Here is one edited version of a child I will name "Tali". When Tali's mother got pregnant she had a mouth full of 25 year old amalgam fillings. The probability of mercury being passed on to Tali in utero was high. The delivery was difficult and prolonged and ended with the use of forceps. The mother had an excess of yeast in the birth canal due to higher levels of estrogen at the end of her pregnancy. Tali was then given his routine run of Thimerosal based (mercury based) vaccines.

As you might imagine this child was now potentially vulnerable to a variety of problems including but not limited to toxins, digestive concerns, immunity, allergy, and structure. There are as many different case histories as there are families.

The important thing for parents is to begin to ask the questions. What was the environment like that the child was conceived in? What was the environment like that the fetus grew in? Did the mother have any toxic overloads that could have been passed on to the child? Was there any birth trauma? Anything that can affect the child's digestion, neuro transmitters, endocrine system, immune system must be assessed. After establishing answers to these questions I look at allergies or sensitivities to foods, chemicals, candida, additives, environmentals etc. At first glance it may seem somewhat daunting but there is a rather simple protocol to follow that yields excellent results.



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One you have a holistic evaluation of a whole child you find that labels such as ADHD, PDD, Learning Disabled are no longer meaningful. You now have a blueprint from which to access your multi disciplinary team and begin treatment. Each challenge has its own key. As each child begins to come into balance those around them will need to shift to make room for this "new" emerging being. It takes time, patience, and courage. Along the way every child goes through a healing crisis. It may happen only once or every time a new layer is uncovered. This can be a very trying time for a family since fear of regression may surface. Parents may even begin to doubt their choices. Sometimes it feels like seven days of hell when all kinds of old behaviors may emerge. Then you wake up the next morning and truly a new day has dawned. You cannot believe the change that has just taken place in your child. You thank all that you are and all that you believe in that you hung on and did not stop the process mid way.

We can sit and judge what we do to our air, water, food and thus our children. And yes, there is always room for that. There is also room to sit with our reality and make the changes necessary for our children that are in our power to make. The important thing to remember is that life is a journey. Your growing child's life is their journey. Schools and society would like us all to have the same focus and goals. It makes things easier for them. What they forget is that all our differences are a blessing. A blessing of new perspective, growth, and insight. We want our special children to be proud of who they are and their differences as they seek a greater sense of well being.

In my next articles I will be covering the outcomes of various assessments in an in depth manner.