

Hey Jude!

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"Recovery" - Journey or Experience?

By Angela

This offering represents my 207th editorial submission to Hey Jude and, my last editorial as your Executive Director so, I would like my message to be meaningful.

Many of you have been asking "how are you?", since my return to work at the beginning of May from total hip replacement surgery in December. During this editorial, I will bring you all up to date with my recovery experience, connect that experience to some of today's realities and hopefully provide some final words of encouragement and wisdom.

First, to catch everyone up with my recovery, especially those that I have not had the opportunity to speak with over the past 4 weeks.



My recovery has been successful, at least my orthopedic surgeon believes this to be so and, he also believes that I "recovered" weeks ahead of the usual milestones. That being said, I can tell you, it has been hard work and that hard work continues to this day in order to retain the milestone gains. If I were to ascribe percentages, I would sav the surgeon's contribution was 10% and my own self care was 90%, which included "pre-surgical lots of rehab readiness" before December 9th and tons of actual self directed rehab following my return home. The end point in sight was a full and complete "recovery" free of complications and set backs. To avoid the latter, I had to give myself blood thinning injections in the abdomen for 30 days, be faithful with my exercises three times a day, eat healthy food that would promote healing and get lots of sleep. These were the doctor's instructions. In the early stages, I rested or lay down and actually went into a deep sleep every 2 hours. Three days after coming home from hospital, I was visited by a physiotherapist sent by our local CCAC. On our first visit, the physiotherapist told me he was visiting to inspect my home for safety, ensure I was properly using all my assistive devices and doing all my post operative exercises. I learned on that first visit that home visits for

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hip replacement patients had been reduced from 7 visits over 8 weeks to 2. My second and last visit would be to complete the paperwork for discharge. Μv response, holy cow, you've got to be kidding, with all the money invested into hip and knee replacement as well as fall prevention, this is not logical. What did CCAC do? Use up all their funds in the first 8 months of the vear? How the heck will older folks who are living alone manage? Simple response, individuals will need to take responsibility for their own self care to a greater degree going forward because the system simply does not have the resources to meet all the needs.

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Now, to connect with another <u>"Recovery"</u> has a reality. different meaning to my orthopedic surgeon than it does to me. To my surgeon, it means that he has successfully implanted a one and a half pound piece of titanium into my hip socket where my old bony hip used to be and, that I am walking straight and tall. without a cane, experiencing no pain and have returned to work. For his part, my "recovery journey" has had a beginning and an end. However, from my "recovery experience", coming to terms with living with a chronic illness such as arthritis and spinal stenosis as I have had to do over these past few months means my recovery journey will continue to be ongoing. Living with a chronic condition is something I must accept and adapt to for the rest of my life in order to stay well and mobile. One of the things I do every morning is swim in a warm therapy pool. The goal is to strengthen my core so I remain straight and tall and don't get into the position of listing to one side and eventually wearing down the other hip. There are also medications that I suspect I will be taking for a long time. I don't like that much, nobody does but, I dislike the consequences more.

Now. for *"lessons* some learned." There are many different types of chronic illnesses. Mine is one type. Many of you are living with another type and as the population ages many more will join our ranks. Seems to me that for years when folks would complain to me about how hard it was to be living with schizophrenia, I would remind them that so many good things have come to light in regards to living with schizophrenia and how to do so successfully. This is truly amplified in the magazine "Schizophrenia Digest" by others who tell their success stories. Additionally, when we are young and diagnosed with a chronic illness we have a better capacity make the necessary to adaptations in life to move forward successfully. As individuals age, this capacity can often get lost. We are blessed with an amazing health care system with more knowledge than we could have dreamed about forty years ago. However, that system is struggling to meet all the needs of all the people and the trend is to provide with individuals sufficient information and resources so that they can take responsibility for their own healthcare needs in a proactive way in order to stay healthy. The first step is to listen to and trust the experts, your doctors, specialists and trained healthcare workers. They have the information to point you in the right direction but they cannot take care of your healthcare, only vou can do that.

So, is your "recovery" a journey or an experience? For sure, everyone will have a different story to tell. For this writer, the journey toward striving to achieve good health begins when we are born and ends when take our last breath. we Everything in between is our experience - both good and bad. Mistakes we make and lessons we learn

I came across a posting on Facebook the other day that I quite like and will leave you with. Let's call it food for thought.

"When we are children and go to school we learn lessons, which we are then tested on.

When we become adults living life, we are tested to see if we have learned our lessons".

Blessings and Good Health Always to All. -- **Angela** Gerrard Neighbourhood Cleanup

By Matthew



On Sunday, April 19, five residents and two staff members of the Gerrard building met in the Common Room to enjoy home made muffins, courtesy of David's wife Deborah. They then headed out to take part in a city-wide clean up. We decided to clean up near the ravine behind the No Frills at Coxwell and Gerrard.

This was my third year being involved with the spring cleanup as part of a local neighbourhood initiative. It seems everywhere you look there is garbage. Taking time to pick up trash and recycled items to clean up the city is something we should all strive to do. It feels good when we can do our part to keep the City of Toronto clean. It also shows that we care about our environment.

The Gerrard building is part of the local Beach Hill Neighbourhood Association. Taking part in these types of local initiatives gives our neighbours in the area an opportunity to see us as contributing members of our community, and lets them get to know us better.

Chair Yoga and Meditation Group

By Matthew

Once a week for nine weeks Diana, our Resource Worker at Gerrard, facilitated a group on Chair Yoga and Meditation.



(Chair yoga, for those who aren't familiar with it, is a gentle form of yoga that is mostly done sitting on a chair, or standing while using a chair for support, and focuses mainly on the upper body). I found the group very beneficial. It is easy to get caught up in the hustle and bustle of every day life.

Taking 30 to 45 minutes once a week to stretch and focus can be very calming. I found the guided meditation to be the best part. This included closing your eyes and focusing on deep breathing. Whenever it ended, I did not want to open my eyes because I felt so refreshed and peaceful. I can't wait for the group to be offered again.

Gerrard Residents Groove to Zumba Beats

By Jeffrey

We started a Zumba group at Gerrard in May. Diana explained that Zumba is an exercise routine based on Latin music and dancing. I really enjoyed all the sessions, which ran for 8 weeks. Showing off my skills and learning some new dance steps was a lot of fun! The music was great, and I loved the Latin beats. I got some good exercise and had great laughs with the group members. It was high energy, moving your whole body. I thought Diana did a great job teaching Zumba and making it easy to follow. I'm glad to report that I've got more rhythm in my hips!! We had a blast over the 8 weeks, and I hope to do more Zumba dancing soon.

Healthy Eating for Recovery Group

By Wayne

Over 8 weeks I participated in the Healthy Eating for Recovery Group offered at the Gerrard building. We discussed various topics including portion control, shopping on a budget, reading food labels, and emotional eating. Diana gave us material that we went over together, and we



participated in activities to learn the skills presented. For example, Diana took us shopping at the local No Frills. We were asked to bring \$50 each, and we walked through all of the isles of the store looking at the cost of food, food content, and how to make smart choices. Who knew you could get a week's worth of healthy food for \$50? One of my favorite snacks was a salmon spread that Diana showed us how to make. I have since made it several times when I have friends over.

Emotional eating was a topic I was very interested in. I am now

able to identify triggers that cause me to over eat, so I prepare in advance. Also, I am now able to identify if I am experiencing physical hunger or emotional hunger. All in all, I really liked how the groups were presented; they were interactive and I was able to get a lot of information. I have kept all of the handouts so that I can refer to them later. The ice breakers at the beginning of the groups made me feel comfortable, and allowed me to open up about my own experiences. I would recommend this group to anyone. I now have a few good recipes and a new-found interest in eating healthy for my recovery.

An Introduction to Computer Gaming

By Patrick

Computer gaming is a great way to spend your spare time and can be a truly rewarding experience. From games where you play in a virtual world to battling other players competitively in first person shooting games, there is a type of computer game for just about anyone. So if you have some money to spend and are looking for an engaging way to spend your time, investing in a gaming computer might a great choice for you.

The two types of games that I have the most experience playing are role playing and real time strategy games. In role playing games there is usually a massive virtual world to explore, and you can choose to explore that world alone or as part of a group with other players. You start by creating a character and choosing a class. In most role playing games, each "class" that you can choose from is best suited to a number of specific roles that you can play. Examples of these roles

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"defensive damage are а absorbing tank," a "high damage dealer" (causes a lot of damage) or a "healer" who can replenish the vitality of him or herself or other allies in the virtual world. As your character grows in power, you gain access to new abilities and you may be able to customize your character's attributes. Additionally, your character will often have gear slots to fill for virtual equipment, and this increases character's vour attributes.

The main objectives in role playing games are to "level up" your character to the maximum level, and then equip your character with the most powerful gear you can find. Improving your character's gear is mostly achieved by looting the bodies of defeated enemies, buying gear with virtual coin from vendors that exist in the virtual world. crafting the item yourself, or by selecting a reward upon the completion of a quest. Levelling and gearing up your character can be accomplished alone. sometimes with the aid of nonplayer companions, or as part of a group with other players online. In some role playing games each player plays a certain role such as tanking (intentionally keeping the attacking enemv you and absorbing damage), damage dealing, and healing.

In real time strategy games-the 2nd major type of game I've played--you control units to build an army or armada and defeat your enemies. You start with a few units and sometimes buildings, gather resources from across the game map and build up your base and army, all the while attacking your enemy and defending yourself in order to defeat them. Real time strategy games can be played solo or online in teams against computercontrolled opponents, or online as part of a team against other human players and computer controlled opponents in real time. Each map limits the size of the teams that can engage in combat on it, and the difficulty level of computer controlled allies or opponents can be adjusted.

One thing that I enjoy most in role playing games is playing as part



of a group, sometimes in groups as large as 40 human-controlled characters, in order to defeat high level non-player units in dungeons. In particular, I enjoy playing certain roles in these often epic encounters. I also enjoy playing team games in player vs player maps where teams can sometimes be as large as over 100 human-controlled players. What I enjoy most about strategy games is my ability to build armies faster than most of my opponents, and my ability to defend my base.

Computer games are usually bought as a CD or a set of CDs. The game is installed with the CD(s) into memory and sometimes a number of updates are downloaded from the internet before the game can be played. Some games can be downloaded over the internet without the use of a CD. Many games are updated via expansion packs, which are separate CDs that must then be installed into the computer memory. So to play the latest version of a game, one must first purchase up to half a dozen expansion CDs. Computer games and expansions usually range in cost from \$10 to \$80 each. Some games also require a monthly payment to play, on average \$15 or less.

A good gaming computer should have a good processing speed (one article suggests over 2.0 GHz), a mother board and tower that can hold up to two graphic card slots, and enough memory to be able to install the number of games that you want to play. Higher end graphic cards enable the use of higher levels of video graphics. The difference in the level of detail available between lower and higher end graphics cards is quite stunning, and I recommend investing in a high level graphics card.

One drawback that I have experienced as a computer gamer is a borderline addiction to gaming. In particular, I was staying up late at night and also neglecting other areas of my life in order to play. For me, this problem was compounded by the sheer number of computer games that I played regularly and the amount of time spent satisfying my craving for each individual game. The only way I was able to overcome these problems was to gaming entirely. give up recommend self care and being aware of your own habits for anyone who wants to become an avid computer gamer. In addition, I would suggest limiting the amount of time you spend on gaming each day or each week, and ensuring you are able to balance this with other areas of your life that need attention.

A Mother's Day Limerick

By Aldene



Happy Mother's Day to you mum, The special way you'd always hum.

We would scrape our knees, Or be stung by bees. To us you'd often always come.

Father's Day Limericks

By Aldene



He scolded us when we were bad.

A hairy conniption he'd had. He was a miser, Which made him wiser;

Even so he was a good dad.

Sometimes we would disagree. Sometimes he'd make us angry. It leaves us wishing We would go fishing. He's hard for us to bury.

As You Are

A song by John R.

Stay awake, don't close your eyes You've always wanted to run and hide Don't act uncertain When you know That you know Just let it show And you will know it, You are strong And a believer, In who you are And deep within you, You will know That you can make it As you are.

Wellness Group: Common Moles

By Aldene

Debbie facilitated a Wellness Group in April on the topic of skin and moles, and 9 people attended.

The following information came from The National Cancer Institute, at www.cancer.gov. A common mole, also known as a



nevus, is a small smooth, round, or oval growth on the skin that is usually pink, tan or brown and has a distinct edge. People who have more than 50 common moles have a greater chance than others of developing a dangerous type of skin cancer known as melanoma. Most common moles do not turn into melanoma, the group was told.

A dysplastic nevus is an unusual nevus (mole) that is often large and flat and does not have a symmetric round or oval shape. The edge is often indistinct. It may have a mixture of pink, tan or brown shades. A common mole is usually smaller than about 5 millimeters wide or about ¼ inch, the width of a pencil eraser, said the cancer institute web site.

If the color, size, shape or height of a mole changes, or if it starts to itch, bleed or ooze, people should tell their doctor. People should also tell their doctor if they see a new mole that doesn't look like the other ones. The only way to diagnose melanoma is to remove tissue and check it for cancer cells, the group was told.

We learned about the features of melanoma, which are early described by the "ABCDE rule." According to the web site, these are asymmetry (the two halves have a different shape);a border that is irregular; a color that is diameter-the uneven: mole changes in size, usually by increasing; and evolving-the mole changes over a few weeks or months.

What factors increase the chance of melanoma? Having a dysplastic nevus, having more than 50 common moles, sunlight, severe blistering sunburns, lifetime sun exposure and/or tanning. sunlamps, a personal or family history of melanoma, skin that burns easilv. or/and certain medical conditions. The best way to prevent melanoma is to limit exposure to sunlight, the group was told.

One person in the group said she had a cancerous mole that was

frozen locally and removed by a dermatologist. Another person said she wears long sleeves in the summer months. It was also suggested that residents wear sunglasses, a hat, and use sunscreen/sun block.

Aging Group - Housing For Seniors

By Neil

We recently had an interesting Aging Group on housing for seniors. The source of the information was the Ontario Association of Non-Profit Homes and Services for Seniors, at https://www.oanhss.org.

A good place to start when looking for seniors' services is to visit your physician. He or she can determine if there is a particular health problem. or whether additional support would be advisable. If you need information about community services and long term care homes and community services, the best place to begin is with your local Community Care Access Centre (CCAC). These are not service providers, but rather one-stop shopping centres to help you connect with the services you need.

CCACs arrange for health and personal support services that are provided in people's homes, and they arrange admissions to longterm care homes. They also provide Information and services on other community services.

What options do CCAC staff suggest for seniors in need? These include the following: going to an adult day centre several days a week; a short stay (respite care) in a long term-care home; various homecare services, and permanent admission to a long term-care home. Following this we talked about Housing Connections, which is a of Toronto Community part Housing. This agency provides one-stop housing solutions for people on a fixed income, seniors looking for includina affordable housing in Toronto. It is not a landlord, but rather it provides access to the central waiting list for about 70,000. rental units in Toronto. This includes rent-geared-to-income units as well as rent supplements and housing allowance units in



co-operatives, private non-profits, supportive housing, Toronto Community Housing buildings and private market buildings. The average wait for seniors is 5.9 years, the group was told. People applying for seniors' subsidized housing must be 59 years of age or older, according to the Housing Connections web site.

We then talked about supportive housing. Its purpose is to assist seniors who want live to independently but also need some extra help. Residents receive assistance with activities of daily living, for example, regular visits phone calls, 24-hour or emergency response, and other things such as shopping, food preparation, and transportation. The services provided are not as extensive as the medical care and nursing care services offered in

long-term care homes, according to the www.oanhss.org web site.

Following this, we talked more about long term care (LTC) homes. This refers to homes once known as homes for the aged and nursing homes. This type of care takes over when there is no longer sufficient support for a person at their home, or they are waiting to be discharged from a hospital. Most of the LTC residents need a lot of physical care, or have dementia and require continual care.

Long term care homes are staffed with health care aides (HCAs) and personal support workers (PSWs) to assist residents with daily care. This may mean help with eating meals, assistance with bathing and with toileting and general grooming.

We then discussed applying for admission to a long-term care home. The oanhss.org web site suggests visiting several long term care homes and asking questions when selecting a home. You can also visit their web sites, and read government inspection reports online. Some of the beds at LTC homes are subsidized, and some of the rooms have two or more people.



A group of residents (10 in total) met recently at Milan with Councillor and Deputy Mayor Pam McConnell (2nd from left) to give her ideas for the City of Toronto's poverty reduction strategy.



Phillip C. (left) and Emilio were among participants at the annual Pool Tournament at Dundas, attended by 19 residents.



"Mothers and Their Young," by Deirdre



Painting by Deirdre

Cherry Blossoms at High Park!!

Photos by Rocan









Artwork By Residents



Blossoming Cosmos, by Fred

Forget me nots Aldene 2015



Drawings by Aldene