## ASIT 11)ne Professionals

If you have any questions these professionals can answer, please write to:

"Ask The Professionals" c/o The Canadian Champion

191 Main Street E. Milton, Ontario L9T 4N9

or Fax to: 878-4943



Elayne M. Tanner

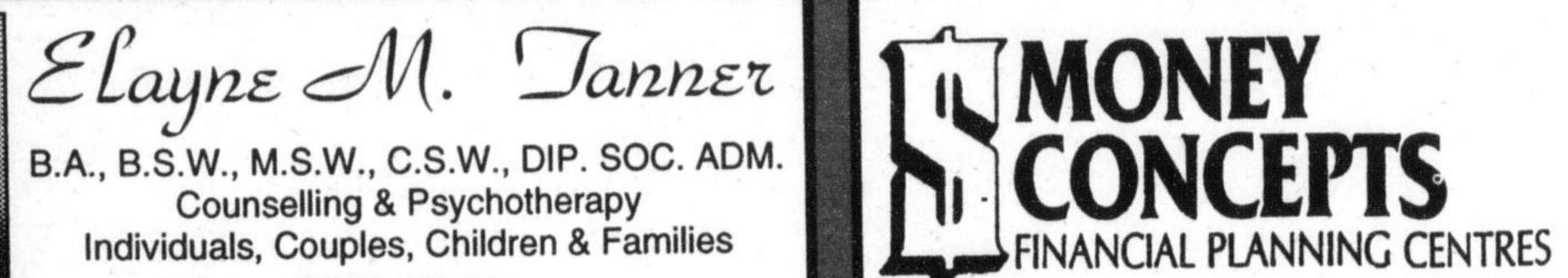
Counselling & Psychotherapy Individuals, Couples, Children & Families

> 11084, 5th Line Milton, Ontario (905) 854-0801

Q: Do I have 'looser' or 'sucker' stamped on my forehead? With every relationship, no matter how good it starts, I get treated like garbage, in the end.

A: This pattern is not usual. Pain experienced in the past, is frequently the roadblock to creating lasting change. It can act like an anchor, tying us to the past and making it impossible to move forward. In order to move forward, therefore, we sometimes must first go backwards. This means that we often have to examine painful past memories and experiences, in order to gain new understandings, and untie ourselves from the past. We developed our beliefs from a child's perspective and a child believes, for example, 'Dad hit me, therefore, I am bad'. It never occurs to them that it might be 'Dad hit me because he is drunk'. If we identify ourselves by our pain, and see ourselves in the victim role, it is unlikely that we will become much more than that. So, for our own sake we must let go of the pain, and find a way to forgive those that hurt us. I do not want you to accept what they did, but to realize that they possibly did it because they didn't know better, didn't think, were ill, or had been so badly hurt by others that their own ability to care was damaged. Whatever their reason, they did not treat you badly because you deserved it but because of their own deficits. In other words, you do not have to be ashamed of your past because you did not cause it. Yet, if we give up our old familiar pain, we have to change our patterns and face the unknown. This is scary as many of us stay anchored to the past. It takes a tremendous amount of energy to hold onto these painful beliefs and when we learn to let go of the past, we free up new energy with which to tackle the future and begin to make real lasting changes. Although simplified here, these steps can rarely be taken alone, but with the guidance of a trusted, qualified psychotherapist, who has this perspective, you will quickly begin to make the desired changes.

Elayne Tanner is a Certified Social Worker in private practice in north Milton. If you have further questions or if you would like to arrange an appointment, please call (905) 854-0801. Confidentiality guaranteed.



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Lou Mulligan, CFP, RHU Life and Disability Insurance
Tax Shelters Fax: (905) 876-2934 Tel: (905) 876-0940 420 Main Street East, Milton, Ontario L9T 1P9

Are there different types of disability insurance?

Disability insurance pays you an income while you are disabled and unable to perform your normal job duties. Policies are either companyprovided group plans or personal policies. Group plans are usually cancellable and restrictive in their benefits. For example, the insurance company can cancel the policy or change the terms and premium rate; and the "total disability" definition changes from "your ability to do your own job" to "your ability to do any job" after two years.

Personal insurance is usually "non-cancellable and guaranteed renewable." With this type of a policy, the insurance company cannot change the terms, conditions or premium rates without your prior agreement. All you have to do to keep the policy in place is pay the monthly premium (as long as you are not disabled) and the premium cannot be increased without your permission. Personal disability insurance may have an "own occupation" definition. This means that should you not be able to perform your own occupation and you are not working at another job, the disability insurance policy will pay you a benefit until age 65!

Personal disability insurance policies are based either on the degree of physical disability (partial or total) or the level of loss of income. They may also include partial and residual benefits to keep the income benefit coming while a disabled policy owner is recovering from their disability.

For further assistance with your disability insurance needs, please call Money Concepts in Milton, 876-0940.

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## HALTON HILLS SPEECH CENTRE

106 Guelph Street, Georgetown, Ontario, L7G 3Z5 Tel: (905) 873-8400 Fax: (905) 873-8158

Q: My wife was recently diagnosed with Parkinson's disease. We were told that speech difficulties may occur. Can you tell us what to look for and what we can do?

A: Changes in a person's speaking ability often occur in people who have Parkinson's disease. Sometimes these changes are the first symptoms of the disease. In other individuals, these changes gradually appear as Parkinson's disease progress. Changes in the ability to communicate are caused mainly by changes in the performance of the muscles which are used to produce speech. Changes may make the muscle movements slower, less accurate, weaker or difficult to coordinate with another movement. The muscles of the lips, tongue, throat, larynx (voice box) and lungs may all be affected.

The primary results of these changes in muscle performance are the following:

low voice volume

imprecise speech sounds

speech rate too fast or too slow

monotone pitch

hoarse voice quality

These changes are called dysarthria and the specific type of dysarthria characteristic of Parkinson's disease is called hypokinetic dysarthria. As stated above, the changes are related to a muscle problem and does not typically reflect decline in intelligence, memory, or personality. Additionally, it should be noted that the muscles involved with speaking are also involved with eating and swallowing. Problems in this area may arise as well and require intervention from a Speech Pathologist.

The medications which are prescribed to treat Parkinson's disease may be of some help in improving communication skills. Usually, however, a supplemental program of specific speech exercise and practicing compensatory techniques are needed. You can help assure a favorable response to speech therapy by seeking the help of a Speech Pathologist as soon as any of the aforementioned changes are noticed, no matter how subtle they may be. Early intervention is key in the treatment of motor speech disorders. Please feel free to contact the Centre for additional information and/or to borrow videotapes on speech difficulties associated with Parkinson's disease.



Dr. Tony Wan's

Towne Dental Group Milton, Mall - 55 Ontario St.

Tony H. Wan (905) 876-1188 B.Sc., D.D.S.

Almost everybody has had to wrestle with pesky bad habits such as fingernail biting and foot tapping. They can be hard to break. When it comes to your teeth, you may have some bad habits you don't even know about. They're just as important to curb if you don't want your teeth to take the consequences.

Here's a list of worst dental habits and why you should try to change them:

Toothpicks - they're great for impaling and removing food stuck in. But we're not all that good at target practice in the mouth and we often end up poking sensitive gum or shoving debris even further out of reach. If you must brandish a toothpick at your defenseless mouth, try using it to scrape the tooth surface, from the gums towards chewing surfaces. For material stuck under your gums, try dental floss instead.

Sucking lemon - an excellent way to top off iced tea or a Gin and Tonic, but lemons are a case of sour grapes as far as your teeth are concerned. The citric acid in the lemon can erode the surface of your teeth. Over time your teeth will soften or develop tiny groves that invite chipping.

Chewing ice cubes - a seemingly harmless habit that can spell disaster for your teeth. The sudden cold makes the metal in the filling expand and contract rapidly so that you end up with a cracked tooth or a broken filling.

Brushing too hard - some of us take brushing a little too far. Soft circular strokes will do wonders for your teeth. But up and down brushing with the force of a sand blaster will actually do a lot more harm than good. Your teeth may get a good scrub but you'll also put yourself at high risk for gum recession. Take it easy, start below the gum line, keep your brush on an angle and brush soft circular strokes.



Greg J. Lawrence B. Sc., D. Ch.

## GREG J. LAWRENCE B. Sc., D. CH. FOOT SPECIALIST / CHIRODOPIST

350 Main St. E., Milton, Ontario, L9T 1P6 1A Princess Anne Dr., Georgetown, Ontario L7G 4W4 702-1611

Member of the Ontario Society of Chiropodists and The Ontario College of Chiropodists

- Q: I have a callous that continuously grows on my feet. Is there anything I can do?
- A: Callous is a thickening of skin that builds up over areas that receive pressure and/or friction. That is why they are found over joints or a bony prominence. Pressure causes an increase of circulation and in turn develops skin more rapidly to the point where we are unable to shed the outer layers. In some cases callous is asymptomatic, however, in most cases it can be very painful.

In today's society many of us live a very hectic lifestyle and overall neglect our health. On a weekly basis I listen to individuals stating, "My feet constantly hurt"., "My activities are dictated by my foot problems", or "If your feet hurt, you hurt all over". The feet are in most cases an ignored part of the body.

Treatment of a callous consists of reduction of the thickened skin and elimination of its cause. This can be very simple. Causes of callous formation include - (1) a pronated foot, where the foot leans inward around the ankle. When this occurs, weight distribution is uneven. (2) Toe deformities such as hammertoes. (3) Poor fitting footwear. (4) Structural deformities in the foot or leg. Treatments vary from individual to individual, so if you are having this type of problem give us a call, and set up an appointment.

The clinic offers extended hours. No referral is necessary. House calls are also available.

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