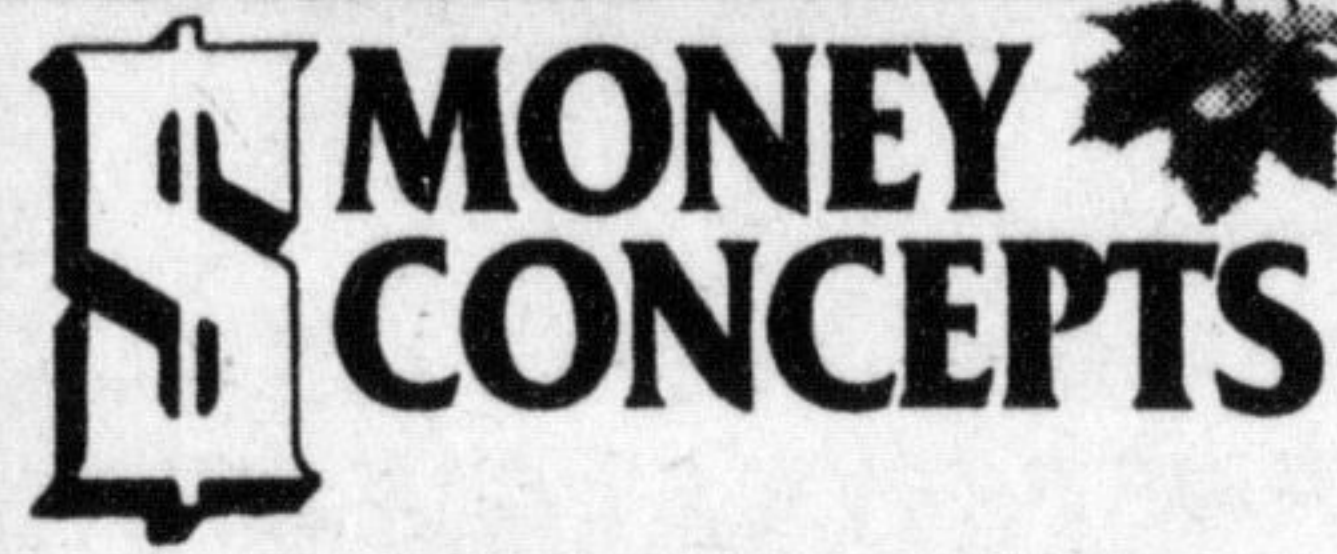


Ask The Professionals

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

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Lou Mulligan, CFP, RHU

Tel: (905) 876-0940
Fax: (905) 876-2934

420 Main Street East, Milton, Ontario L9T 1P9

Q: What is a Financial Plan and why should I have one?

A: Most people spend more time planning their vacation than they spend planning their future. They phone around for road maps, hotel listings, tourist information, etc. or they consult a travel agent for assistance. Others, get a vague idea of where they want to go and just get in the car and go! Sometimes they get to their destinations. Sometimes, they make wrong turns, meet detours, road blocks etc. and waste a lot of vacation time.

Financial planning is not always as exciting as vacation planning, but it is more important. The ups and downs of inflation and interest rates, taxation, stock market volatility and unexpected expenses are the "roadblocks and detours". These make your planning all the more difficult and necessary. Your financial plan becomes your road map to your future.

Your personal financial plan helps you set small amounts of money aside now to protect those near and dear to you, and to cover major future events such as:

- a child's education
- your daughter's wedding
- that special vacation you've dreamed about
- buying a home or cottage
- planning for your comfortable retirement

Your financial plan helps set your goals and priorities, such as how to make your money grow and how to keep your taxes low.

Your personal financial plan helps put what's important to you in proper perspective so that you can live your dreams.

Call Money Concepts, Milton today, 876-0940 for a complementary one-hour consultation to see how financial planning can help you.

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Tel: (905) 873-8400 Fax: (905) 873-7291

Q: My 17 month old son babbles a lot but does not talk as of yet. I take him to a Parent-Child Centre and see other toddlers his age talking, some of them even using two-word sentences. Should we worry?

A: This is a difficult question to answer. In general, as long as you eliminate the serious things that might be wrong — deafness for instance — and as long as there is comprehension and sociability, not talking at 17 months or even 20 months is not as big a deal as parents often fear.

By age two, however, if your child doesn't have a vocabulary of about 50 words and doesn't put them into simple sentences, it's reasonable to begin to ask why.

There are a number of reasons why an otherwise normally developing child might not talk, from extreme shyness to slow physiological development that makes articulation difficult. Ruling out these possibilities requires an evaluation. It is also important to note that of the 10% of young children with language difficulty, for 3% of them there is no obvious reason why.

If you have concerns or would like more information, contact our Centre.



Tina Doney
Connie Francoz
PHYSIOTHERAPISTS



86 Main St., Milton
876-1515

Q: I have rotator cuff tendonitis that developed this summer when pitching. Could you comment about this type of injury?

A: Baseball is a great, popular summer sport. Whether you are a professional or an amateur, throwing as a pitcher or second baseman can sometimes result in shoulder injuries. The high velocity and accuracy that is required to throw, results in a unique and complicated set of movements. Your type of injury, a rotator cuff injury is common. Injury to the shoulder is most often the result of overuse, which causes a repetitive microtrauma to the muscles, ligaments or the shoulder capsule. These soft tissue structures make up the outer "sleeve" of the shoulder which helps to keep the humerus (arm bone) into the shoulder socket. When microtrauma occurs to the soft tissue around the shoulder, tiny fibres break, one at a time to cause mini-bruising at a cellular level. As more and more fibres break away, the tissue enters a state of inflammation where there is pain, swelling, warmth and loss of movement. This repetitive trauma can lead to joint changes, rotator cuff tendonitis or tendon tears, injury to the capsule of the joint and its bony socket.

The phases of throwing include:

- Windup to organize the body to come a stable base
- Cocking, where the throwing hand leaves the glove of the second and is positioned upwards and behind the body.
- Acceleration, the quick action to move the arm and ball forward to get ready to release it.
- Follow through, beginning when the ball is released from the hand and ending when the arm movement is finished

Each phase is essential, to create an accurate and high velocity throw. During each phase, different muscles work or rest and different structures are stretched or tight versus relaxed, leading to different potential injuries to the shoulder. Different studies show that while the pitch of an amateur and professional may look somewhat different, the muscles and capsule are used in very similar ways.

Pitchers may require rehabilitation and sometimes surgery to recover from an injury. Conservative rehabilitation is performed by a physiotherapist who would assess the injury and develop a plan for treatment. You and your physiotherapist may find that you have pain, reduced movement, strength, endurance and stability of the shoulder girdle. Treatment would include modalities to reduce pain and inflammation, manual therapy, stretches and movement exercises to assist healing of the injured tendon and to improve range of motion. You would then progress to strength and stabilization exercises which also includes an essential throwing program to assist gradual return to throwing and sport. Cardiovascular conditioning is also an important part of retraining. To prevent further injury a maintenance program including stretching, strength training, cardiovascular conditioning and a proper warm up and cool down will allow you many years of fun in the sun playing baseball.

Please call Tina or Connie at 876-1515 with any questions or concerns regarding your shoulder injury.



CHRIS NEWELL
Sales Representative

Chris Newell

Sales Representative
ABR, CRES, CEI, REI
Remax Blue Springs
Realty (Halton) Corp.
chris@realestatemilton.com
878-4444

Q: We're thinking of selling our home and we know that there are a few things that need to be done. We're worried that we'll spend money we don't have any chance of recovering when we sell. What should we do?

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Industry insiders have released a FREE report that details 27 Free and Easy fixups that will help you to sell your home for the best price. All you need to invest is some time and some elbow grease!

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

GREG J. LAWRENCE B. Sc., D. Ch.

FOOT SPECIALIST / CHIROPODIST
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Milton, Ontario, L9T 1P6
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1A Princess Anne Dr.,
Georgetown, Ontario L7G 4W4
(905) 702-1611

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

Q: Do you have foot or knee pain? Have you had surgery on your feet or knees? Do you wear a brace on your knee or orthotics in your shoes? Do you have trouble playing sports?

A: We have the right thing for you.

Many people suffer from acute and chronic leg and feet pain. There are many causes for this, with only a few treatments. The majority of musculoskeletal problems can be successfully treated with the use of an arch support (orthotics) or a knee brace. Although anti-inflammatories are necessary in some cases, most problems can be treated conservatively.

There are many individuals who have surgery done on their feet and knees to address the problem at the present time. However, post-surgery, the original cause of the problem should be targeted. Many times I will see individuals who have had foot surgery in the past and the problem (i.e. a bunion) has reoccurred. This is because a pair of orthotics should have been prescribed after the surgery to prevent the bone growth. Likewise, with certain knee surgeries an individual should be wearing a brace during weight-bearing activities. Braces range from a thin sleeve which slides over the knee to a custom-made device which gives the most support.

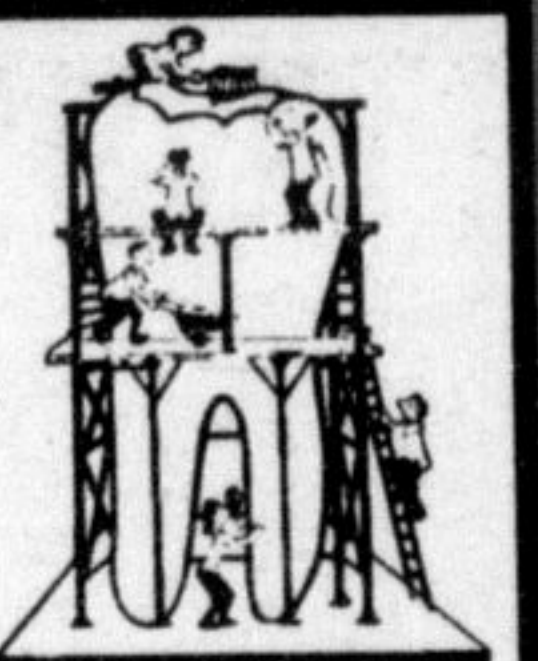
If you fit one of these categories or have questions regarding orthotics or braces, give my office a call at 878-6479. Most orthotics and braces are covered through extended health care insurance.



Tony H. Wan
B.Sc., D.D.S.

Dr. Tony Wan's Tooth Talk

Towne Dental Group
Milton, Mall - 55 Ontario St.
(905) 876-1188



Do you suffer from painful jaws or experience headaches in the morning? Does your spouse complain that you keep him or her up all night? Have your teeth become more sensitive to cold, touch or other stimuli? If so you may be one of the millions of people who unknowingly suffer from bruxism (tooth grinding).

What is Bruxism?

Bruxism, commonly known as tooth grinding, is the clenching together of the bottom and upper jaw accompanied by the grinding of the lower set of teeth with the upper set. Bruxism is a subconscious behavior so many people do not realize they are doing it! Although it can occur during the waking hours, bruxism most frequently occurs while we sleep. During sleep the biting force can be up to six times greater than the pressure during waking hours. Consequently, significant damage is more likely to occur with this nighttime bruxism.

The Results of Bruxism?

Bruxism can lead to pain and cause damage to gums and other oral structures. This included:

Sore Facial Muscles, headaches, and Earaches.

The Muscles used to chew food are the same ones responsible for bruxism. Consequently, these muscles often feel sore or tender in the morning. This may make the jaw feel tight or may cause pain when the sides of the mouth are touched, often this muscle pain is referred meaning that it manifests itself as a headache, earache, or neck pain.

Cosmetic Damage: Bruxism can cause the teeth to be ground down becoming significantly shortened and creating cosmetic damage.

Sensitive teeth: As the enamel of the tooth is worn away by bruxism the underlying dentin layer of the tooth is exposed. This causes the tooth to become sensitive to cold, pressure, and other stimuli.

Fractured Teeth and Fillings: The high pressure created from bruxism can fracture teeth and crack fillings.

Bruxism in Children: Tooth grinding is often seen in children. Children grind their teeth in response to the pain and discomfort of other ailments such as colds, ear infections and environmental allergies. Bruxism in children is usually a passing phenomenon to which they grow out of with no adverse effects to their teeth.

How to Treat Bruxism?

If you suspect that you suffer from bruxism see your dentist. They can tell you if your symptoms are in fact due to bruxism. In most cases, they can create a custom mouth guard for you to wear while you sleep. The mouth guard takes the punishment that your teeth would normally endure during your bruxism. This will minimize the damage associated with bruxism.

It is now well known that stress and anxiety play the major role in causing bruxism. If you suffer from bruxism try to more effectively manage the stress in your life. By carefully monitoring and controlling the stress you can often dramatically reduce bruxism.