

# 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



**GREG J. LAWRENCE B. Sc., D. Ch.**  
FOOT SPECIALIST / CHIROPODIST

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

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

**Q: What causes an ingrown toenail, and how can it be treated?**

A: Ingrown toenails are caused by impingement of the skin along the margins of the nail by the nail plate. Some ingrown toenails are chronic, with repeated episodes of pain and infection. Pain can be present without infection, and occasionally infection is present without pain. The usual signs of infection include: redness (erythema), swelling (edema), increased warmth (calor) and pain (dolor).

**Causes:**

- Improper trimming of toenails.
- Tight fitting shoes which compress the toes together.
- Abnormally shaped nail plate.
- Other toenail deformities (e.g. excessively thick nail plate)
- Trauma to the nail plate or toe.

**What the Chiropractor May Do:**

Ingrown toenail treatment may need to be done on a routine basis. Your chiropractor may perform any one or combination of the following procedures:

- Elevate the end of the nail plate to prevent impingement on the soft tissues.
- Prescribe antibiotics or special foot soaks.
- Surgically correct a chronic ingrown toenail.

**What You Can Do:**

- Cut the toenail straight across, and leave slightly longer than the end of the toe.
- Avoid tight fitting footwear.
- If discomfort develops, try soaking the foot in a basin of warm water 2-3 times a day.
- If you are diabetic or have poor circulation, the water should never be more than 95 degrees Fahrenheit.
- An infected ingrown nail requires prompt professional attention. Contact your chiropractor of physician immediately.

Elayne Tanner & Associates



**Elayne M. Tanner**

B.A., B.S.W., M.S.W., R.S.W., DIP. SOC. ADM.  
Counselling & Psychotherapy

Milton (905) 854-0801

www.etasolutions.com

Elayne M. Tanner

**Q: My relationship seems stuck. We repeat the same fights over and over but don't want separate lives. Last month you mentioned a marriage enrichment program for couples. Can you give me details?**

A: This program is based on a five-part video series, and hinged on the idea that relationships are works in progress. You will watch couples on the videos work through their issues and we will discuss them in practical terms. Each segment explores a different phase or element of the relationship process and shows how recognizing the phases can encourage personal growth and increase intimacy at any point in the cycle. To honor the differences between men and women, we will have male and female co-leaders. You will gain improved communication, understanding and ultimately achieve greater intimacy. We will look at issues such as: trust, anger, jealousy and commitment. Couples will discover tools for increasing intimacy, dealing with power struggles, and working with differences. Together, we will travel from the beginning stages of romance, through the power struggles that develop, learn to express anger in healthy ways, and increase intimacy by expressing wants, needs, and dreams that we each bring to our partnership, as well as our bottom-line expectations. From there we will learn how to deepen intimacy and enrich the relationship. In a good relationship, you should grow into a full expression of who you are. This is a very positive program where everyone will feel safe, welcome and accepted. You will choose how much information you share with the group.

**WHEN: 5 Consecutive Thursday's beginning Thursday November 18, 2004**

**TIME: 8-10 p.m.**

**WHERE: At Elayne Tanner & Associates Counselling & Conference Centre on 60 acres of spectacular escarpment, 10 minutes from town. (Directions upon registering)**

**COST: \$320.00 + gst = \$342.40 per couple.**

There has been a great deal of interest in this course so please register early. For further information and to reserve places for you and your partner, call (905) 854 0801. Cheques are made payable to Elayne Tanner & Associates Inc. and mailed to Elayne Tanner, R.R.#2 Rockwood Ont, N0B 2K0. **NOTE: The Women's Support group is starting its second 6 months. All women welcome. Please call.**

**MONEY CONCEPTS**

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**Q: I am 69 this year and I have to do something with my RRSPs. What are my choices?**

A: This is important. If you, a friend, or parent are turning 69 this year, by the end of the year you turn 69, all RRSPs and locked-in RRSPs mature. There are three options available to you.

**Option 1.** Do nothing and therefore collapse your RRSP. You will pay tax on all the value in it. **For most people, this is the least desirable choice and should be avoided.** There are other choices that will allow you to delay and reduce the amount of tax to be paid.

These other options are as follows:

**Option 2.** Transfer your RRSP assets to an Annuity that starts to pay out now. While better than Option 1, annuity rates are very low and this is a very 'final decision'. In the annuity, you lose your flexibility in exchange for a rate guarantee. You should delay doing this until interest rates are to your advantage.

**Option 3.** Convert your RRSP into a RRIF (Registered Retirement Income Fund) This offers the most potential flexibility and is the best choice for most people right now. The RRIF choice allows you to keep most of your assets tax sheltered. RRIFs also have more flexibility. This is to your benefit. You can switch your RRIF to an annuity later when interest rates are more advantageous.

Confused? For solutions that are easy to understand, please contact Money Concepts at 905-876-0940.

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DAWN ROSS

**Question: How do I know if my Dad has Alzheimer's Disease?**

Alzheimer disease is a progressive, degenerative disease of the brain that destroys vital brain cells. It most often occurs in people over 65, but can occur earlier. One in 13 Canadians over 65 years of age has Alzheimer's or a related dementia.

The following are warning signs of Alzheimer's

- 1. Memory loss that affects day-to-day function.** Forgetfulness that is out of the ordinary.
- 2. Difficulty performing familiar tasks.** They may have trouble with tasks that have been familiar to them all their lives, such as preparing a meal.
- 3. Problems with language.** Having difficulty finding words, finishing sentences or remembering people's names.
- 4. Disorientation of time and place.** They may become lost on their own street and not know how to get home.
- 5. Poor or decreased judgement.** They may not recognize a medical problem that needs attention or wear heavy clothing on a hot day.
- 6. Problems with abstract thinking.** They may have trouble balancing a cheque book, and not recognize what the numbers mean.
- 7. Misplacing things.** They may put things in inappropriate place such as an iron in the freezer or a wrist band in the sugar bowl.
- 8. Changes in mood and behavior.** Someone with Alzheimer's can exhibit varied mood swings - from calm to tears to anger - for no apparent reason.
- 9. Changes in personality.** They may become confused, suspicious, withdrawn or fearful.
- 10. Loss of initiative.** They may become more passive, and require cues and prompting to become involved.

If five or more of these statements apply, you probably should be consulting a doctor.

For more information you can visit the Alzheimer's Society website at [www.alzheimer.ca](http://www.alzheimer.ca) or visit your Health Watch Pharmacist.

**Milton Therapeutic Massage Clinic**



Jillian Guard  
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Milton Medical Buildings  
905-878-0800

Cathleen McTavish  
RMT

Sean Burnham  
RMT



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**Registered Massage Therapy**

**Q: What is pseudo-sciatica?**

A: **Pseudo-Sciatica** or **Piriformis Syndrome** is a compression syndrome of the sciatic nerve, producing symptoms commonly referred to as sciatica. The sciatic nerve is the largest nerve in the body and is the main branch of the sciatic plexus. It descends from the lumbar spine anterior to the pelvis and exits, passing between the piriformis muscle and the lower pelvis. The nerve then travels to the posterior surface of the thigh and down the leg. In some people, the sciatic nerve actually penetrates and passes through the piriformis muscle belly. This is an unusual variant typically requiring corrective surgery.

If tight, the piriformis can squeeze the sciatic nerve against the pelvis causing parathesia and pain in the buttocks and radiating pain down the leg into the thigh and calf. The pain is usually intermittent with varying intensities. Presentation is usually in one leg only and neurological deficits are uncommon. Only if the syndrome is of long duration will the sciatic nerve irritation develop into the true inflammation of sciatica. Common causes of piriformis syndrome are occupational and postural factors (prolonged sitting) which can shorten and increase tone in the muscle. Injuries to the sacroiliac joint, gluteals, or lateral rotator muscles with subsequent inflammation, haematoma, and scarring can irritate the muscle.

Treatment of piriformis syndrome involves deep tissue work to the lateral rotators of the hip, trigger point therapy, and passive stretching. Education with respect to postural corrections and a reduction in causative factors will follow.

**Clinic Hours: Mon.-Fri. 8-8 • Sat. 10-2 • Sunday Hours Available**

**Halton Hills Speech Centre**

Division of M. Karen MacKenzie Stepler Speech Language Pathology Professional Corporation

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Northview Centre, 211 Guelph St., Suite 5, Georgetown  
(905) 873-8400 • [www.haltonspeech.com](http://www.haltonspeech.com)

**Q: My toddler is very hard to understand. When should we expect him to speak clearly?**

A: Talking doesn't just happen. Children have to learn speech gradually; and learning all the speech sounds takes time. Children master speech sounds in a specific sequence, according to maturation of their oral structures and visibility of the sounds. Some sounds like p, b, m, t, d, and n are usually mastered by age three while others like r, th and s may not be correct until the early school-age years.

While learning to speak, all children make mistakes and pronounce some sounds incorrectly. You may hear your child substitute one sound for another (ex., "wabbit" for "rabbit"), omit a sound (e.g. "han" for "hand") or distort a sound (e.g. "shlip" for "ship").

Although these are common errors and will probably disappear as a child gets older, they might also be signs of articulation disorders. Simply stated, an articulation disorder exists when a child consistently makes speech sound errors that are not usually made by children of the same age.

Distinguishing between simple mispronunciation and articulation disorders can be difficult. If you feel that your child might have an articulation problem, you should make an appointment for an evaluation by a Speech-Language Pathologist. For further information, or to inquire about our programs, please call our Centre.