



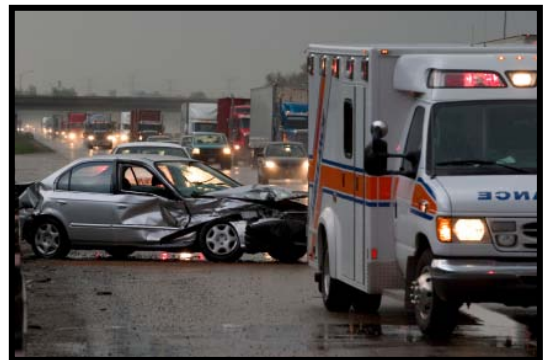
ACCESS | REHAB

www.accessrehab.ca

September 1, 2010

Your Auto Insurance Benefits Have Now Been Reduced

Effective September 1, 2010 your automobile insurance coverage will be reduced. This includes rehabilitation and medical benefits. Prior to September 1, 2010, those injured in a motor vehicle accident could be entitled to \$100 per week for housekeeping and home maintenance benefits for long as two years. This claim is no longer offered under the new legislation. \$250 per week was issued if the insured incurred expenses as a result of being unable to continue as the main caregiver of a child in the household before the collision; these caregiver benefits will be discontinued.



Upon renewal of your insurance plan, it will be up to the consumer to 'upgrade' benefits back to the original amounts. The benefits consist of attendant care, housekeeping, caregiving, income replacement, non-earner and rehabilitation services. Should you choose to opt out of the 'upgraded' package your rehabilitation and medical benefits will be reduced from \$100,000 to \$50,000; attendant care benefits from \$72,000 to \$36,000.

Treatment will also be capped at \$3,500, including chiropractic, massage or physiotherapy if the injuries sustained are 'minor'. The 'minor injury' cap includes a sprain, strain or whiplash-associated disorder. This 'minor injury' cap is further explained in the Minor Injury Guidelines also known as the "MIG." Visit www.fsco.ca for more information.

Should you be involved in Motor Vehicle Accident (MVA) and sustain injuries after September 1, 2010, these changes will affect your recovery process and could leave you seriously injured or permanently impaired. Auto insurance companies in Ontario will provide options to pay extra for higher benefits. If you are a driver and reside in Ontario it is highly recommended that you purchase these benefits.

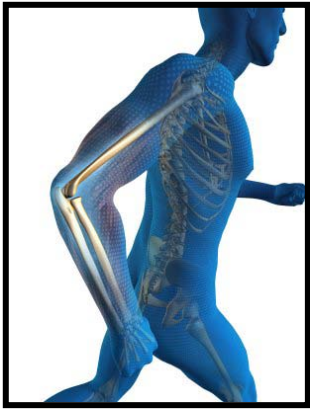
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Physiotherapy and How it can Help you...

ACCESS REHAB provides physiotherapy treatment to patients to treat injuries sustained in a motor vehicle accident and other personal related injuries, including but not limited to; chronic illness, work related injury, sports injury, etc. Physiotherapy focuses on decreasing pain, improving joint mobility, increasing strength and coordination, and improving one's function.



Physiotherapy increases your independence and gives you the freedom to function in your home, workplace and/or engage in your favorite leisure activity. It offers a wide range of specialized services to patients with heart and lung disease, traumatic injuries, workplace injuries, sport injuries, amputations, arthritic joint changes, stroke, brain injury, spinal cord or nerve related injuries, cancer, and pre and post surgical needs.

The first visit with our certified and licensed physiotherapists will consist of a thorough assessment to determine the source of problems, prioritizing the concerns and educating the patient in the steps to be taken to reach treatment goals. With one on one treatment sessions, reaching your goals has never been easier.

ACCESS REHAB can help you:

- ✓ Restore and increase the range of motion in the joints
- ✓ Utilize manual therapy techniques to correct posture, alignment and moving abnormalities
- ✓ Ergonomically correct homes and workplaces to suit the needs of our patients
- ✓ Successfully return to normal life before therapy

ACCESS REHAB can help you...

- ✓ Become stronger and more flexible
- ✓ Increase freedom of movement and mobility
- ✓ Reduce pain
- ✓ Engage in an active lifestyle
- ✓ Prevent injury or re-injury

RELIEVE PAIN SYMPTOMS WITH MASSAGE THERAPY AFTER AN MVA

After being involved in a motor vehicle accident, many individuals are left feeling tension and pain in their muscles. This is caused by toxins that build up in the body after a traumatic event such as a motor vehicle accident. Massage therapy not only relaxes, but it can in fact, clear up the lymphatic system to get rid of the toxins that are stored in the body after a trauma. These stored toxins can decrease the ability to heal and with massage treatments it will help with blood circulation allowing the lymphatic system to release a clear fluid that cleans out the scar tissues of the body.



Massage therapy can also help address many of the strains, sprains, and other injuries common in a MVA. The most common injuries sustained due to a motor vehicle accident are:

- ≈ Whiplash
- ≈ Lumbar sprain/strain
- ≈ Cervical sprain/strain
- ≈ Thoracic sprain/strain
- ≈ Myofascial pain
- ≈ Shoulder sprain/strain
- ≈ Tension-type headaches

Furthermore, the common goals of massage therapy for injury recovery are to:

- ≈ reduce stress
- ≈ improve circulation
- ≈ reduce pain and/or swelling
- ≈ improve range of motion (ROM)



Neuropsychological Assessment: Why and When?

By: Dr. Irina Valentin

Clinical Psychologist/Neuropsychologist

Dr. Irina Valentin is registered with the College of Psychologists of Ontario in the areas of clinical neuropsychology, clinical psychology and school psychology and provides services in these areas to children, adolescents, adults, couples and families. She obtained her Ph.D. in Psychology from York University. She also holds three Master's Degrees: one in Computer Science and one in Psychology from Ukraine, and a Master's degree in Psychology from York University. Dr. Valentin has a diverse practice that includes evaluation and treatment of psychological problems that are work-related and those sustained in motor vehicle accidents. Her practice also includes assessing children and adolescents with learning disabilities and autism. She has years of experiences in treating patients with mood, anxiety, adjustment and somatoform disorders. She is a member of the Canadian Psychological Association, the Canadian Pain Coalition, International Association for the Study of Pain, and the Canadian Academy of Pain Management. She provides assessment of patients with acquired brain injury at Wings Neuron Rehab (www.wingsclinic.com). She is affiliated with the Adler School of Psychology and the School of Psychology at the Fielding Graduate University.

According to the Ontario Psychological Association / FSCO Guidelines for Assessment and Treatment in Auto Insurance Claims (January 11, 2005, OPA Auto Task Force) "Neuropsychological assessments are diagnostic, descriptive, and prescriptive and are not limited in relevance to patients with evidence of structural brain damage, but are necessary to document impairments in patients with possible/probable general clinical psychological disorders, and neuropsychological and neurobehavioral disorders. Neuropsychological assessment provides objective documentation of cognitive complaints and is useful for planning treatment and rehabilitation, educational and vocational integration."

The brain is vulnerable to traumatic damage in several ways. The cerebral cortex can become bruised /contused when the head strikes a hard object (or a hard object strikes the head). However, it is known that brain injury can occur when the head is whiplashed without hitting the hard objects. In these cases the deep white matter can suffer *diffuse axonal injury (DAI)*. In whiplash injuries, the axons can be stretched so much that they are damaged. Cerebral contusions tend to occur at the tips of the frontal and temporal lobes where they bang up against the interior of the skull. Diffuse axonal injury occurs more toward the center of the brain where axons are subjected to maximal stretching. Severe sudden twisting of the brain, as occurs in a sudden acceleration/deceleration - whiplash -- accident, can stretch, twist, and damage delicate axonal fibers. DAI cannot be visualized on CT or MRI scans. Diffusion Tensor Imaging is required to determine Diffuse Axonal Injury, which is not commonly available. However, the extent and the severity of cognitive neurologic dysfunction can be measured with the aid of neuropsychological testing.

The other cluster of symptoms is associated with *seizures*. In contrast to concussion, seizure is linked to electrical and chemical communication between neurons. Nerve cells communicate with one another electrically and chemically. One nerve sends an electrical

discharge along its axon to stimulate another distant nerve. When the electrical discharge reaches the end of the axon, the electricity causes the axonal tip to spit a chemical "neurotransmitter" at receptor sites on the next nerve cell. Uncontrolled discharges in a focal area of the brain may cause the patient to experience or do what function that focal area normally controls. Such "focal" or "partial" seizures may manifest as recurrent bouts of numbness, fear, anxiety, a forced memory, jerking of a limb or face, lip smacking, or sudden staring spells. Only a "grand mal" seizure may result in loss of consciousness, fall down, and convulse. It is known that the incidence of posttraumatic epilepsy (PTE) is increased after traumatic brain injury, and ranges from 1.9% to over 30%. The magnitude of risk having PTE depends on the severity of trauma and the duration of follow-up. Important independent risk factors for PTE include acute intracerebral hematoma (especially subdural hematoma), brain contusion, increased injury severity (as reflected by loss of consciousness or posttraumatic amnesia), occurrence of early seizures, and being older than 65 years at the time of injury (Frey LC. Epidemiology of posttraumatic epilepsy: a critical review. *Epilepsia*. 2003;44).

Postconcussive Syndrome

Although no universally accepted definition of postconcussive syndrome exists, most of the literature defines the syndrome as the development of some of the following 8 symptoms: (1) headache, (2) dizziness, (3) fatigue, (4) irritability, (5) impaired memory and concentration, (6) insomnia, (7) lowered tolerance for noise and light, (8) changes in personality. The syndrome is loosely defined as symptom occurrence and persistence within several weeks after the initial insult. Persistent postconcussive syndrome (PPCS) is generally defined as symptoms lasting more than 6 months, though some authors define it as symptoms lasting more than 3 months.



Mild Cognitive Disorder

Patients with Mild Cognitive Disorder retain important cognitive skills necessary to manage their everyday activities, but have difficulty remembering recent events or recently acquired information. Long-term memories tend to remain intact. In many cases, patients with MCI are quite aware of the short-term memory loss and may benefit from compensatory strategies, such as heavy reliance on notes and calendars.

Dementia due to Head Trauma

The essential feature of Dementia Due to Head Trauma is the presence of a dementia that is judged to be the direct pathophysiological consequence of head trauma. The degree and type of cognitive impairments or behavioral disturbances depend on the location and extent of the brain injury. Posttraumatic amnesia is frequently present, along with persisting memory impairment and executive dysfunction. A variety of other behavioral symptoms may be evident, with or without the presence of motor or sensory deficits. These symptoms include aphasia, attentional problems, irritability, anxiety, depression or affective lability, apathy, increased aggression, or other changes in personality. Dementia Due to Head Trauma is usually nonprogressive.

Catastrophic Impairment Due to Mental or Behavioural Disorder

“*Catastrophic Impairment*” means Class 4 (marked impairment); severe symptoms, e.g., suicidal ideation, any serious impairment in such areas as work or school, family relations, judgment, thinking or mood.) or Class 5 (Extreme Impairment); Inability to function in almost all areas (e.g., stays in bed all day, no job, some danger of hurting self or others (suicidal attempts), not being able to maintain minimal personal care), severe cognitive deficits) due to mental or behavioural disorder.

Area/Aspect of Functioning	Class 1: No Impairment	Class 2: Mild Impairment	Class 3: Moderate Impairment	Class 4: Marked Impairment	Class 5: Extreme Impairment
Activities of daily living	No impairment	Impairment levels are compatible with most useful functioning	Impairment levels are compatible with some, but not all, useful functioning	Impairment levels significantly impede useful functioning	Impairment levels preclude useful functioning
Social Functioning					
Concentration Adaptation		0-14% impairment of the whole person	15-29% impairment of the whole person	30-49% impairment of the whole person	50-70% impairment of the whole person

Rehabilitation

Often a neuropsychological re-assessment is recommended in one or two years after the initial assessment to determine the slope of recovery and to clarify prognosis. While improvement is rather a continuum, neuropsychologists normally distinguish three qualitative stages in this process: Early Phase of Improvement, Middle Phase of Improvement and Late Phase of Improvement. This differentiation allows formulating different goals for rehabilitation. If, for example, during the Early Stage the main goal is to control sensory stimulation in order to improve sensory and motor abilities, at the Middle Phase the focus is on reducing confusion and disorientation through careful environmental structuring, gradually and systematically improving general information processing abilities by the controlled use of activities of daily living and familiar academic and recreational activities, and supportively improving decision-making and problem solving ability. Cognitive rehabilitation during the last phase focuses on increasing independence and adaptability to varied environments, refining skills, and enhancing strategic behaviour.





All About Homeopathic Health

By: Steven J. Rombis, H.D., R.H.N. (B.A., D.H.M.H.S., D.N.N.)

Doctor of Homeopathic Medicine

Nutritionist

Steven J. Rombis holds a degree in Sociology from **York University** and a diploma in Homeopathic Medicine and Health Sciences from the **Ontario College of Homeopathic Medicine**. Steven also received a diploma in Natural Nutrition from the **Canadian School of Natural Nutrition**.

With a special interest in the Mind-Body interactions and the efficacy in psychosomatic medicine, Steven specialized in classical homeopathy. Steven incorporates both homeopathic medicine and clinical nutrition in his eclectic practice, treating various illnesses and disorders such as: anxiety, stress, depression, ADD/ADHD, autism, allergies, asthma, eczema, psoriasis, migraines, premenstrual symptoms, menopausal symptoms, pregnancy-related symptoms; and various disorders such as: learning, eating, gastrointestinal, cardiovascular, endocrine, sexual, etc.

Steven has completed over 4100 hours of training in homeopathic medicine and health sciences, including over 1800 hours of clinical internship in Toronto, Ontario. Areas of training Steven has received in the pre-medical sciences include: anatomy and physiology, biochemistry, pathology and immunology, pharmacology, toxicology, physical examination, differential diagnosis, laboratory analysis, and emergency medicine.

Steven has attended post-graduate seminars with renowned homeopathic doctors such as: Divya Chhabra, Sunil Anand, Rajan Sankaran, Alize Timmerman, and Lou Klein among others. With Steven's passion and dedication not only to classical homeopathy but to his patients overall well-being, Steven decided to travel to Alonnisos, Greece where he furthered his studies and honed his skills in classical homeopathy with renowned Homeopath and Professor George Vithoulkas.

Steven understands that seeking out a reputable and qualified homeopathic doctor can be a difficult process and decision. With the excessive volume of information at our disposal via the internet, it can be quite overwhelming at times. Steven believes that the homeopathic doctor should be certified by an accredited association such as the **Ontario Homeopathic Association**. This ensures that the homeopath has acquired the highest level of educational standards, both in academic training and clinical training.

Steven earned the 'Homeopathic Doctor' (H.D.) designation through the licensing and registration process with the **Ontario Homeopathic Association** and the designation of 'Registered Holistic Nutritionist' (R.H.N.) with the **Canadian School of Natural Nutrition**.

Steven treats patients out of Access Rehab and maintains a private practice in Toronto, successfully integrating homeopathic medicine and clinical nutrition into a complete Mind-Body Medicine approach to total healthcare. In order to ensure comfort and assurance prior to the initial consultation, Steven meets with each patient personally for a free introductory consultation. At this time the procedure of a classical homeopathic consultation is discussed and the expected treatment outcome, as well as any questions and/or concerns the patient may have regarding treatment.

Classical Homeopathy

'Classical' or 'Hahnemannian' homeopathy refers to the true practicing of homeopathic medicine as a medical art and science based on the principles and philosophy set out by the great founder of homeopathy and physician, Samuel Hahnemann.

Homeopathy is a complete, individualized, therapeutic system of medicine that stimulates the human body's natural ability to heal itself. Homeopathic treatment is painless, non-invasive, and cost-effective while providing quick, safe, and effective results.

Homeopathy understands disease as an internal disruption manifesting itself through symptoms. It views disease as an overall 'state' that is to be treated rather than 'diseased parts'. Unlike other medical systems where the medicine targets the disease-causing microbes or simply providing symptomatic relief, homeopathic remedies act as a catalyst upon the immune system and restorative energies of the body to stimulate and strengthen the body's own healing mechanisms.

The action of homeopathic medicine is to strengthen the organism's defense mechanism in order to be able to fight and eradicate the 'disease' or 'imbalance'. Homeopathy holds the 'dynamic' view of disease suggesting that there is a weakness within the organism on an energetic level which is manifested through a unique and particular set of symptoms. Allopathy or conventional medicine holds the belief that disease is 'material' and must therefore fight the presenting symptoms (disease) which is the causative factor for ill health rather than a weakness within the organism.

The overall aim in classical homeopathy is to treat the 'entirety' of the patient in order to evoke a healing response from the body's immune system to heal itself, rather than treating symptomatically and suppressing the manifestations of disease. As opposed to other systems of medicine that suppress symptoms and treat the body in parts, homeopathy recognizes the body as a unified entity of physical as well as psychological (emotional and mental) components that require treatment as a whole.



In light of homeopathic theory, signs and symptoms are not the disease but rather an expression of the organism trying to eradicate disease. For example, when the body produces eruptions on the skin, such as eczema, it is not the eczema that is the disease and requires treatment but rather the eczema is an expression of the body suggesting that it is in a state of 'disease' or 'imbalance' which could be the result of several factors including anxiety, depression, infections (i.e. bacterial, viral, fungal), etc. It is for this reason that ones susceptibility to disease-causing stimuli increases, as disease manifests due to a weakening or 'imbalance' within ones immune system.

The Law of Similars: 'Similia Similibus Curentur'

Homeopathy is a system of medicine that is based on the 'law of similars' and prescribes on the principle of the Latin phrase, 'similia similibus curentur', a principle formulated by Hahnemann which translates to 'let similars be cured with similars' or 'like cures like'.

The term homeopathy is derived from the Greek words, 'homeo' meaning 'similar' and 'pathos' meaning 'disease' or 'suffering'. Therefore in order to restore health in a person who falls ill, a homeopathic remedy is prescribed that possesses similar symptoms of the disease state the patient is suffering from. Conventional medicine or allopathy as it is termed translates to 'different disease/suffering' and prescribes a medicinal substance that exhibits opposite symptoms of the patient's disease state.

A homeopathic remedy that has the ability to produce a particular set of symptoms in a healthy individual can cure those similar symptoms in a sick individual.

For example, the homeopathic remedy Digitalis contains the following symptoms: bradycardia (lowered heart rate); dyspnea (impaired respiration); general exhaustion; and a tendency to faint; etc. In a case of bradycardia, the homeopathic doctor will most likely prescribe Digitalis in a highly diluted potency in order to restore the heart to a healthy 'state' beating at a normal rate per minute. Another example is Allium Cepa, a homeopathic substance that, when given in crude form, produces coryza which is characterized by inflammation of and discharge from the mucous membranes of the upper respiratory tract, sinuses, and eyes. In a case of Coryza, presumably the homeopath would prescribe Allium Cepa in order to remove the inflammation and discharge.

Treatment

Prescriptions are based on the patients "totality of symptoms" and are administered in the minimum potency required in order to stimulate the body's immune system to evoke a healing response.

The overall goal in classical homeopathy is to achieve an optimal level of health so the patient requires less frequent treatment and is able to live free from dependency on any form of treatment and/or medication(s).

Homeopathic medicine is non-habit forming and is appropriate for anyone from pregnant mothers, to children, to the elderly.

For further information please contact Steven Rombis at 905.470.6351 or 416.987.8092.

**HOMEOPATHY...
THE ROYAL FAMILY'S CHOICE OF HEALTHCARE**

Treatment for...

Allergies	Depression
Asthma	Anxiety/Stress
Eczema/Psoriasis	ADD/ADHD
Premenstrual Symptoms	Chronic Fatigue Syndrome
Arthritis	Insomnia
Infertility	Fibromyalgia
Digestive Disorders	Menopausal Symptoms
Vitiligo	Sprains/Strains
Migraines	Joint/Muscle Pain
Pregnancy-Related Problems	Hyper(hypo)thyroidism, Etc.

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"HOMEOPATHIC TREATMENT IS PAINLESS, NON-INVASIVE, AND COST-EFFECTIVE WHILE PROVIDING QUICK, SAFE, AND EFFECTIVE RESULTS."

BODY N RICHED FITNESS COMES TOGETHER WITH ACCESS REHAB

RICHARD GAYLE

CERTIFIED PERSONAL TRAINER



SPRING INTO FITNESS WITH RICHARD GAYLE!

ACCESS REHAB is proud to announce a new service to the clinic, which helps our patients achieve their fitness levels while working one on one with a certified personal trainer; Richard Gayle. With the development of specific exercise and workout programs designed for each patient's needs and fitness goals, patients are able to develop the strength, endurance, motivation and self confidence they had prior to their MVA, slip and fall, work related accident, etc.

Richard Gayle, a certified personal trainer sports specific instructor, and Ontario Canadian Soccer Champion 2010 has quickly become a role model and celebrity in the world of fitness. With numerous editorials, features in fitness magazines and television, Richard has a large following of fitness enthusiasts dedicated to learning how to get fit with him.

Richard is an award winning certified personal trainer and a Nutrition Specialist with over 10 years in the field. He has trained over 1000 athletes in gymnastics, dance, MMA, fitness & bodybuilding. He also trains a large number of celebrities, models, and actors.

Richard is also a Fitness Competitor and athlete trainer. He has established himself as one of the top trainers in Fitness Preparation. In addition to that he is known world-wide for his Dancing signature strut and worked with Artist such as LL Cool Jay and Marky Mark and the funky bunch in Videos.

Progressively shaving seconds off your rest period can help raise your metabolism. Just don't go too low, warns Richard. It is very important you get your fluids (water) in before your workout and after, consume a healthy protein within 35 minutes after your workout.

Richard is quickly becoming his own Fitness Brand in the ever-growing market of Fitness & Health with a list of workout videos and books on the way. Learn more about Richard at

www.bodynriched.blogspot.com or call **ACCESS REHAB** @ 416.987.8092 to book a consultation.