

# wellnews



Volume 14 Number 3

The newsletter of  
Wellness on Wellington

Spring 2012

We did a recent headcount of how many practitioners work at Wellness on Wellington, and even we were stunned to realise that there are now over 50 clinicians in more than 25 health disciplines practicing from our centre. Whilst we are overjoyed that our vision of a comprehensive health precinct is coming to fruition, we have plans to expand even further the range of medical, nursing and allied health services which we are able to offer.

This edition of *wellnews* includes an article on the vexed question of waiting times, an introduction to the role of the diabetes educator, information on the common problem of scoliosis and on the role of massage in treating headache. Finally our gossip page introduces several of the new practitioners who will be working in our centre. We welcome them all warmly, and hope you enjoy this edition.

## The wait is over

We are very proud of the service we provide at Wellness on Wellington. One of the compliments we frequently receive is that we really listen to our patients and take the time to both understand and to explain.

The flip side of spending time with the patient we are consulting is that it sometimes results in longer waits for the patients in the waiting room.

There is a constant tension for GPs between, on the one hand, giving patients the time they need and, on the other hand, trying to finish consultations expeditiously so that we can see the next patient on time.

We know that waiting times are the number one source of frustration (and sometimes anger) for patients, and we certainly believe your time is as valuable as ours.

For that reason, we are looking for patients interested in attending a focus group to discuss what the causes and possible solutions to long waiting times might be. We've talked about it a lot within our practice, but now we are

hoping to hear your experiences, frustrations, thoughts and suggestions.

If you would like to be invited to join this focus group, please leave your details with reception. Depending on the response, we'd like to sit with about ten patients and discuss these issues.

In the meantime, we'd like to explain what we think are the chief reasons that we run late. The four main ones are:

### 1. Emergencies

Whilst we don't often see major trauma in the surgery, we have a steady stream of patients presenting with chest pain, serious asthma, painful foreign bodies in the

eye, acutely unwell infants, possible broken bones or cuts needing stitches. Fortunately our practice is well equipped to deal with most urgent cases. We would love to always see patients only by appointment, but health care doesn't work that way and sometimes very unwell patients need to be fitted in

despite the appointment book being full. And sometimes those patients even need to be seen sooner than patients who've booked an appointment and arrived on time. We hope you appreciate that if it is you or your family that is seriously unwell that we will do our best to attend to you as soon as possible.

### 2. Patients running late

Unlike lawyers and accountants who spend most of their day doing paperwork, our day is mostly spent with patients. Other professionals can usually afford to

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be a bit flexible with their time because if a client runs late, they have other things to do till the appointment starts.

But GPs spend most of their time in consultation and we book appointments back-to-back. So if one patient runs ten minutes late, there is a knock-on effect for the rest of the day.

It may seem a bit unreasonable for doctors who run late to complain about patients doing the same. But we ask you to consider that there are consequences for everyone behind you "in the queue" if you run late.

### 3. The over-full appointment

Sometimes patients present with a long list of problems but have only booked a standard single appointment. Sometimes

*(continued on page 2)*

**Wellness on Wellington  
1101 Wellington Rd, Rowville  
9780 8900 - all hours, every day.  
www.wellonwell.com**

**We are open every day of the year:**

Monday - Friday	8.00 am - 9.00 pm
Saturday - Sunday	9.00 am - 5.00 pm
Public Holidays	9.00 am - 1.00 pm
(Christmas & New Year Day 10.00 am -12.00 noon)	

**For patients of this practice with urgent problems after hours, a doctor from the clinic can be contacted by calling the surgery and following the instructions on the answering machine.**

**Save a life—  
your own or your family's!**  
Update your home phone, work phone,  
mobile phone and address at reception!

## Diabetes is growing—and so is the management team

Diabetes has been labelled as “one of the main threats to human health in the twenty-first century” and is increasing world-wide with the number of people with diabetes estimated to double by the year 2030. It has consequences for people’s physical, psychological and social well-being, and can vastly affect their daily quality of life. Yet 50% of people with diabetes do not know they have it, as it can be asymptomatic in its early stages.

Diabetes results in too much glucose or sugar in the blood.

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***Fifty percent of people with diabetes do not know they have it, as it can be asymptomatic in its early stages.***

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The higher levels of glucose in the blood contribute to the risk and development of complications including problems involving

the heart, brain, nerves, feet, kidneys, eyes and the immune system.

In managing the condition, our primary aim is to maintain blood glucose levels as close to normal as possible, as this significantly reduces the risk of diabetes complications and benefits general well-being and quality of life.

There are two main forms of diabetes. Type 1 typically starts in children and is due to the pancreas gland failing to make insulin. Patients with Type 1 diabetes require insulin to manage blood glucose levels. To ensure the dose of insulin is neither too high nor too low, regular blood glucose monitoring is necessary to see if the treatment being followed is adequately controlling the blood glucose levels.

The other major type of diabetes, called Type 2, typically results from the body becoming resistant to the insulin which the pancreas is producing. It can sometimes be managed with lifestyle modification including a healthy diet, weight and exercise. These factors all help reduce the need for insulin,

and improve the body’s sensitivity so that the insulin which the pancreas is producing has better effects. However, often in Type 2 diabetes, we need to add tablets and/or insulin to control blood glucose levels.

Effective management of diabetes requires the support and expertise of an entire health care team. This comprises your GP, a Diabetes Educator, Dietitian, Podiatrist, Exercise Physiologist and Optometrist. It may also require a physiotherapist, psychologist and dentist. Every patient is different and the health care team recommendations are individualised to each person.

We are delighted that Wellness on Wellington can now offer a diabetes educator in-house. Andrea McDougall recently joined our practice and has extensive experience in helping people manage their diabetes better.

Her role includes educating patients at risk of developing diabetes about how to delay or prevent the condition, teaching newly diagnosed patients the fundamentals of the disease and then assisting them in adapting their lifestyle.

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She will teach patients how to monitor their glucose levels, how to prevent, recognise and manage acute and chronic di-

abetes complications and generally develop strategies to minimize the impact of the condition on patient’s lives.

In summary, diabetes management requires individualised planning and approaches involving an entire team of professionals in which your GP and Diabetes Educator play a central role.

To make an appointment with Andrea, please talk to your doctor or the reception team.

## The wait is over

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they ask us to see extra members of the family, even though only one appointment has been booked. Or they may say “I know this appointment is for my son, but can you just write me a script and can you check this mole”.

We’re loath to say no to such requests, but we are penalising other patients by saying yes. It also adds considerable stress when we need to rush through a list or extra patients, and we worry we are not doing justice to those health needs.

We’d urge you to make a separate appointment for each member of the family who needs to be seen, and to book a double (or longer) appointment if you have a list of matters that need attention. Even then, we may not be able to properly address each one—depending on the complexity, we may ask you to return for separate appointments to thoroughly assess each issue.

### 4. The complex consultation

Patients aren’t doctors and it isn’t reasonable to expect them to know how long an appointment will take. Some problems are always complicated and need an extensive history to assess



properly. Examples include headache, tiredness, unexpected weight loss, counselling for depression or stress, assistance in giving up smoking or alcohol, vague but worrying pains etc

A classic example is chest pain. Sometimes we can quickly identify that this is a minor problem caused by a sore back and not related to anything potentially sinister or serious. At other times, we need to do a thorough history, a comprehensive examination, an ECG and then carefully weigh up whether the patient needs to go to hospital. If so, we need to make phone calls to the hospital and ambulance and write a letter. We can easily spend 30 or 40 minutes with this patient, who wasn’t to know that the mild ache they thought was heartburn was going to need such extensive, immediate treatment.

Whilst there is no blame attached to this patient making a simple appointment, everyone who follows will be kept waiting.

These are the chief reasons we run late, though there are other interruptions such as phone queries from pharmacists, specialists and hospitals seeking information, urgent calls from patients or the need for doctors within the practice to ask each other for a second opinion.

We certainly respect your desire for appointments to run on time—and we hope you respect that if we don’t it is for good reason.

## From the medical press

Each issue we bring you a few interesting developments in the world of medicine with references so you can read more.

Cranberries prevent urine infections by nearly 40% - particularly in women with recurrent infections. Taking juice (rather than capsules) at least three times a day seems to work best.

Up to 50% of women will experience at least one urinary tract infection (UTI) during their lifetimes. About a quarter of women who have had an infection will experience a recurrence. But a large scale review of multiple studies concluded there was "some evidence" that cranberry juice prevented UTIs, particularly in women with recurrent infections. However cranberries were far inferior to antibiotics for preventing UTIs. [archinte.jamanetwork.com/article.aspx?articleid=1213845](http://archinte.jamanetwork.com/article.aspx?articleid=1213845)

### Scoliosis

Scoliosis is a progressive, lateral curvature of the spine. When viewed from the side, the spine *should* have curves. But when viewed from the front, the spine should be straight. The most commonly found type of scoliosis is called "adolescent idiopathic scoliosis". Idiopathic means "of unknown origin". But recent research into the cause of scoliosis seems to suggest that there is often a genetic factor which affects the control of the growth of the spine.

Scoliosis can affect both children and adults. In children it can be a more serious condition because it can rapidly progress as the child grows.

Scoliosis is usually first seen in children between the ages of 11 and 15. However, it can occur in younger children aged 3 to 10 years (juvenile scoliosis) or in babies (infantile scoliosis). Progression usually coincides with the increased growth following puberty and therefore commonly affects girls at an earlier age than boys. It is also ten times more common in girls than boys. Scoliosis can also occur in adults with no previous history, due to spinal degeneration and age.

The effects of scoliosis include: poor posture, shoulder humping, muscle weakness, and pain. In rare cases scoliosis can lead to heart and lung problems.

If scoliosis is detected and treated early, patients can avoid these symptoms in many cases. If left untreated, scoliosis can sometimes require surgery. In surgical cases, the bones of the spine are sometimes fused together and metal rods are inserted to try to straighten the spine.

If the correct approach is used early enough, bracing is an effective treatment for halting the progression of scoliosis curves and reducing the need for surgery.

While very small curves are common and of no significance, about 2% of girls have a curve which warrants observation during the growth period. Three girls per 1,000 will require treatment during the growth phase. If treatment is required, the earlier it is undertaken, the better the long-term result.

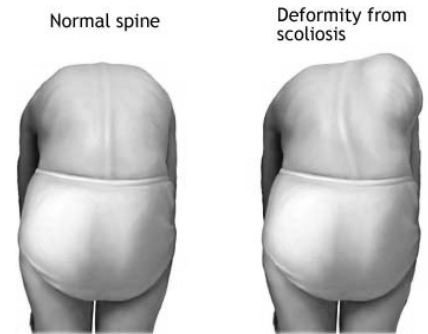
The only way to detect scoliosis is to look for it since in the early stages scoliosis produces no symptoms.

Physical signs which may suggest scoliosis include:

- Unequal gaps between the arms and the trunk
- Head not centred over the body
- One shoulder higher than the other
- One shoulder blade higher or more obvious than the other
- One hip more prominent than the other
- Obvious sideways curvature of the spine

The reliable Forward Bend Test is used in the diagnosis of scoliosis. This simple visual examination requires the teenager to stand with the feet together and parallel and bending forward as far as she can go with the hands, palms facing each other, pointed between the two big toes. In scoliosis, one side of the upper chest (thoracic) region or the lower back (lumbar) region will be more than 1cm higher than the other.

If you have any concerns re your child's posture Wellington Family Chiropractic can help in conducting a thorough assessment and arranging X rays if warranted.



### Massage Therapy for Headaches and Migraines

Have you considered remedial massage therapy for your headaches or migraines? Focusing on the upper shoulder and neck areas, remedial massage therapy can help relieve muscle tension and tightness, which can be a common cause of headaches. Trigger points in the neck and shoulder regions can refer pain into the head, which are consistent with some headache pain patterns. Locating and treating these trigger points can have a significant effect on the frequency and severity of headaches by getting to the source of the muscular pain.

Trigger points result from overuse of a muscle and treatment focuses on the point along the muscle where the fibres have become hypertonic and may present as a lump or "knot" along the muscle tissue. This point, once direct pressure is applied, exhibits pain consistent with the patient's symptoms. In the case of a headache sufferer, pressure on such a point in the neck or shoulder region may replicate pain consistent with their headache symptoms. The skilled massage therapist can treat trigger points with the minimum amount of discomfort to the patient.

Using remedial massage in conjunction with other treatments can enhance results and regular massage therapy can be used to manage headache and migraine occurrences. Please see reception to arrange an appointment with our massage therapists Jacqui Iscaro or Wayne Trevena.

# Wellness Whispers

## NEW STAFF

We have so many new staff, it's hard to know where to begin! First, **Dr Rob Schoenmakers** is leaving us to continue his training in other practices. Our new registrar is **Dr Sue-Lyn Chan**. Sue-Lyn tells us "I was born in Perth, but moved to Malaysia when my parents reverse-migrated. I spent my childhood in warm, sunny, and smoggy Kuala Lumpur, and migrated back to Melbourne where I graduated with a medical degree from the University of Melbourne in 2007. In the course of my studies, I had the opportunity to spend a year abroad living in Dundee, Scotland, where I divided my time between developing an interest in single-malt whiskies, and nurturing cells in a laboratory to acquire a research degree. I found that I much preferred the company of people over cells, and hence have enjoyed clinical work in hospitals in both the Eastern and Southern Health networks, as well as in regional centers like Bairnsdale and Traralgon. In the hospital system, I mainly worked in emergency departments, but I have also rotated in intensive care, breast surgery, obstetrics and gynaecology, and the Paediatric Emergency Department at Monash Medical Centre. I enjoy all areas of general practice. In my spare time I enjoy reading, playing the guitar, and traveling as much as I can."

We are also being joined by **Dr Jason Kiang**, who is approaching the end of his GP training. Jason tells us "I was born and bred in Sydney and graduated with a medical degree from the University of New South Wales in 2008. During my residency, I gained valuable experience in General Surgery, Cardiology, Burns and Plastic Surgery, Paediatrics, Geriatrics/Gerontology and Urology. After visiting Melbourne many times, I became drawn to the culture of the city and moved here in 2011. I enjoy all areas of general practice and have a special interest in dermatology, aged care and occupational health. When not seeing patients, I enjoy good food, good wine and barracking for the mighty Sydney Swans. I look forward to my time at Wellness on Wellington."

As mentioned elsewhere in the newsletter, we have been joined by **Andrea McDougall** who is a Credentialed Diabetes Nurse Educator and a member of the Australian Diabetes Educator Association. For the past five years she has worked across a variety of diabetes education areas including acute inpatient diabetes management as well as outpatient community diabetes education and management in Melbourne's East.

Prior to becoming a diabetes educator, Andrea had 17 years experience in cardiac nursing including a postgraduate diploma in critical care nursing and six years in cardiac rehabilitation.

Andrea has a special interest in motivational interviewing and together with her clients developing individualised strategies and goal setting for optimal diabetes management and enhancing quality of life.

Outside of diabetes education, Andrea is busy with her two very sporty sons, taxiing to and from training, games and events.

We have also been joined by two new allied health practitioners. **Tracey Eppel** has ceased practicing and we have been joined by **Stephen Ratcliffe**. Stephen is a highly experienced dietitian who specializes in weight reduction, diabetes and cholesterol management, high blood pressure, digestive and bowel disorders, childhood obesity and aged care amongst other conditions. Stephen focuses on proper food and nutrition in order to promote good health for the entire family. He addresses medical issues involving dietary intake through dietary modification. This can include individual meal plans. He also provides group talks for Diabetics and supermarket tours to help with reading and understanding food labels.

Our longstanding podiatrist **Joseph Frenkel** has also left us as he is now pursuing a specialisation in wound care. However we have been fortunate to attract **Michelle Davies** as our new podiatrist. For the past 14 years she has worked in hospitals, nursing homes and most recently in community health. These experiences have allowed her to gain knowledge in all aspects of podiatry. She has a particular passion for Diabetes foot assessment and education. Michelle enjoys teaching people how to care for their feet when they have a chronic disease such as diabetes. Another area of keen interest is paediatrics, especially since having kids of her own, and she has recently become a member of the Paediatric Podiatry Group.

Finally, we've been joined by **Di Murphy**, who is an accredited sleep technician and will be running a sleep apnoea assessment service in consultation with a respiratory/sleep physician. Di has been working in the field of sleep apnoea for 3 years and is a sufferer of this condition herself. This is a new service for our clinic, and we'll publish an article in the next newsletter about the dangers and management of sleep apnoea.

Di is an avid sports watcher and wherever possible gets to as many Socceroo games as possible whether at home or overseas.

## WORDS OF WARNING

We don't normally put medical news on this gossip page, but we also know it's the most read page in the newsletter. So when we really want to bring something to your attention, this is where it needs to go.

On a single day in April we had three children under the age of two attend the surgery. All had burns to their hands—two from touching a Coonara heater and the other from touching a hot stovetop.

We implore all parents of toddlers to take particular care during winter. Keep your heater well fenced off so that kids can't get to it. Remember how devilishly clever they are at getting through small gaps and remember that heaters (and ovens and stoves) stay hot long after they've been turned off.

## CONGRATULATIONS....

to our neuropsychologist **Bridget Regan** on the birth of her third daughter - Phoebe Christine—on the 9th of May.

**The information in this newsletter is general in nature and cannot be relied upon in any particular case. Serious conditions may appear minor and vice-versa. We therefore advise that if you have any concern about your health, you should consult your doctor at the earliest opportunity.**