

NOV-2021 Final Spring Edition Vol-12

MARQUEE HEALTH

M&G&ZINE

EVER EVOLVING

37.6

Marquee Health November Magazine

Edited By Iffat Ara Editor, Administration Marquee Health Clinic

Marquee Health Spring Magazine

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About Us

MARQUEE HEALTH: IN THE INTERESTS OF BETTER HEALTH, CARE AND PREVENTION

At the Marquee Health Clinic, we strive to provide a positive direction for your health with a clear understanding through clinical diagnosis and a working treatment hypothesis to empower and place you in the best possible position regarding the self- management of your health.



Meet the Team

Ramon Tupac Perez holds a

Diploma of Remedial Massage Therapy. His expertise also includes Reiki healing.

He looks forward to applying his diverse skills in the multi-disciplinary environment at Marquee Health. He will be managing the soft tissue arm of the clinic in close association with Marquee Osteopath Dr James Phillips. This will include continued professional development

Olivier Lejus is a Nationally

registered Acupuncturist and Chinese Medicine Herbal practitioner, and an accredited practitioner with the Toyohari Japanese Medical Association.

Olivier Lejus specializes in a Japanese style of acupuncture called Toyohari.



Sherry Gupta is skilled

in all areas of beauty treatments and in helping clients improve their personal appearance. Sherry has completed her Diploma in Beauty Therapy in 2008 and qualified in Crystal Clear and Gatineau facials. Sherry has proven her ability by running a beauty clinic for 2 years by providing need-based beauty solutions.





Meet Our Founder & Director of Marquee Health Clinic

Dr. James C. Phillips – Osteopath

Osteopathy is a highly regarded, hands-on approach to holistic healthcare. It is the safest, fastest growing profession of allied health. Through the completion of a minimum of five years of university study in anatomy, physiology, pathology, general biophysical diagnosis and osteopathic practices and techniques, Dr James C. Phillips possesses the qualifications necessary to perform clinical examinations of the vascular. musculoskeletal. respiratory, and nervous systems and visceral symptoms. As a form of manual therapy, osteopathy may involve soft-tissue massage, mobilisation. and manipulation.

Treatment is effective yet gentle and should not cause unnecessary pain or discomfort. If you are experiencing symptoms of a painful nature, all due care will be taken to treat you in a way where you may remain as comfortable as possible.

James maintains his professional qualifications and practice through ongoing training and development to achieve optimal results for his patients. With extensive experience in conditions stemming from the imbalance/inflammation of the pelvis, the mobility of the spine and the functional capacity of the peripheral structures and tissues, James takes a holistic, broad investigative approach to gearing the body towards a more positive and functional state. Utilizing both direct and indirect manipulative techniques within a specialised soft tissue foundation, James works towards eliminating the body of negative influences and advises his patients of appropriate follow-up exercises and behaviours to support and maintain their progress.



MARQUEE HEALTH WELCOMES LATE SPRING EDITION

Welcome all as we wind down spring and begin the summer months. Traditionally this seasonal change can bring a turbulent temperate shift with signals and signs of what the hotter months may deliver.

The tail end of spring concludes many festivities and rituals orchestrating the rite of passage to the new season in demonstrating the preparation and the community awareness to embrace the change.

With any change should come reflective perspective meditating the cause and creation and the assimilating effect. The improvisation and adaptive mechanisms that require integrative move symbolise the ever-evolving facets in and how existential life develops.

The marquee team with you are acknowledging the health afflictions globally with our awareness. We are celebrating the spring festivities from around the world. We continue to bring elementary subjects on anatomy and physiology to assist in the ability to self-manage. The animal kingdom maintains a role with distinction, while melding with Equus has a special role in the osteopathic progression.

We are looking out for your skin with the best Ayurveda has to offer with herbs and acupuncture a prominent part in making sense of the constitution, metabolic and reproductive cycles.

With the constant challenges and hurdles most of us must get through, around and over on daily basis, here at Marquee Health we are working with great fervour in resolving and limiting problems as we build fresh insight into your ability to analyse and learn in cooperation for better management, progression, and skill development.

We hope you enjoy the read again beautifully edited, arranged, and coordinate by Ms Iffat Ara our front office manager.

We are always here to assist, listen and learn and answer to questions when needed.

With Respect

Dr James C Phillips

"When life changes to be harder, Change yourself to be stronger, What hurts you today, Makes you stronger tomorrow" Edwin Mamerto







For Those That Served DVA CARD HOLDERS



Marquee Health Offers Allied Ancillary Health Services

THE ODE

They shall grow not old, as we that are left grow old; Age shall not weary them, nor the years condemn. At the going down of the sun and in the morning,

We will remember them.

Lest We Forget.





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November World Health Awareness Month 2021



November is Lung Cancer Awareness Month. This is an important time of the year, that brings the community together to help provide awareness, and to inform and educate people on the signs and symptoms of the disease. It is the fifth most common cancer in Australia, with around 12,000 systralians diagnosed each year.

In 2015, 11,788 new cases of lung cancer were diagnosed in Australia, this equates to nearly 9% of all cancers that were diagnosed that year. In 2016, 8410 deaths were caused by lung cancer in Australia.



The chance of surviving lung cancer is best when the cancer is found early.

Knowing the symptoms and changes to look out for is key to finding lung cancers before they grow or spread.

Symptoms and early detection during COVIDto19

Lung cancer can be difficult to diagnose because the symptoms can be non-specific and masked by other diseases. Lung cancer also shares a hallmark symptom to COVID-to19, specifically, a persistent cough.

If you have one or more of the following symptoms, please see your doctor as soon as possible - because cancer doesn't wait for COVID-to19:

- persistent cough (lasting longer than three weeks)
- change in cough
- coughing up blood.

If people close to you have any of these symptoms, please also urge them to act.

It's important to remember lung cancer does not only occur in people recognised as high risk, including whether you are a smoker or not.

In Australia one in three women and one in ten men diagnosed with lung cancer have no history of smoking1.

Everybody needs to look for the symptoms.















Tips to look after your lungs

Every part of your body needs oxygen from the air you breathe to survive. The delicate structure of the lungs is beautifully adapted to carry out the complex business of breathing and transferring oxygen to the rest of the body. At the same time, the lungs help protect the body from outside attack.

Most of the time we are not even aware that our lungs are working, but they can be damaged in many ways and become less efficient at taking oxygen from the air and getting rid of waste carbon dioxide.





Smoking

Make your life a smoke-free zone by quitting smoking and/or reducing your exposure to second-hand smoke.



Workplace exposure

If you are exposed to dust, fumes, gases, and other hazardous agents in your work environment, make sure your workplace implements the Hierarchy of Controls to minimise your risk.



Vaccination

Protect yourself from influenza and pneumonia by having the vaccinations.



Exercise regularly and have a healthy diet.

5

Reduce the risk

Practice good hand hygiene to minimise the spread of germs.









Perinatal Anxiety and Depression Awareness Week is an opportunity to raise awareness about perinatal mental health issues within the community. Up to one in five expecting or new mothers and one in ten expecting or new fathers will experience perinatal anxiety or depression.

Many expecting and new parents are blindsided by realities of becoming parents and looking back, wish they had known more or been better able to prepare for some of the challenges they might have and been better able to cope.

Perinatal anxiety and depression are a common mental illness but may go unnoticed with symptoms often dismissed as "normal parts of pregnancy or early parenthood". In addition, feelings of shame and fear of stigma can lead to sufferers adopting a "mask of coping"

Many people don't seek help as quickly as they should and suffer for longer than necessary because they don't know what's happening to hern and don't know where to go to seek help.

https://www.instagram.com/marqueehealthclinic/ https://www.facebook.com/Marqueehealthclinic/ https://marqueehealth.com.au/

perinatal Depression and anxiety awareness week



Perinatal depression means depression happening before the baby is born, rather than after. For around 10 percent of women depression occurs during their pregnancy. Although emotional ups and downs are normal during pregnancy, true depression is another matter entirely. And it's important that it's taken seriously.

Causes of perinatal depression

Pregnancy hormones contribute. It's normal to feel emotionally fragile during pregnancy and some days can be worse than others. In fact, mood changes can also happen at different times of the day. One hour you may be feeling fine and the next you're in floods of tears.

Generally, the second trimester is considered the best period during pregnancy. This is when nausea and tiredness tend to settle down and early pregnancy symptoms resolve. It's also the window of time before the baby has grown so big that discomfort is a permanent state.

I'm OK, but my partner isn't

It's not just women who can develop perinatal depression - men can too, just as they can develop postnatal depression. In fact, men can be at a particular type of risk when it comes to peri and postnatal depression. They're less likely than women to seek help and talk about their feelings. They can also feel a heightened sense of responsibility to care for the family and put their own needs on hold.

Speak Openly with your partner about how they're feeling. Encourage them to seek medical help and support.





Risk factors for perinatal Depression

The reasons for depression can be complex. But most often they can be divided into three groups genetic, psychological, or social. A combination of all three is also common. These reasons include:

Previous mental health issues such as depression, bipolar, personality disorders and/or schizophrenia.

- Family history of mental health issues.
- Relationship stress.
- Difficult childhood.
- Domestic violence.
- Drug and/or alcohol abuse.
- Poor relationship with own mother.
- Financial pressure, loss of income.
- Changes in work stability or career status.
- Pregnancy complications.
- Unplanned or unwanted pregnancy.
- Unresolved (previous) postnatal depression.



Symptoms of perinatal depression

- Difficulty sleeping lying awake for hours on end thinking and worrying.
- Changes in appetite and weight. This may be towards extreme.
- Foggy thinking unable to make decisions.
- Forgetfulness, disorganisation and feeling chaotic.
- Inability to cope with everyday life.
- Lack of enjoyment in life.
- Extreme irritability and moodiness.
- Crying frequently and easily.
- Feelings of overwhelming sadness.
- Feelings of guilt and failure.
- Feeling emotionally numb or empty.
- Feelings of being in a "black hole" with no end in sight.
- Lack of interest in sex.
- Extreme anxiety about the pregnancy, birth, or the baby.
- Ruminating thoughts about the baby having a deformity or dying.
- Overwhelming fatigue, no energy and feeling worn out all the time.
- Thinking about death and/or suicide.



Treatment for perinatal depression

Like any other health issue, acknowledging there is a problem is the first step to getting better.

For women with perinatal depression, it takes courage and honesty to admit their pregnancy is not the pinnacle of joy it's 'meant' to be. There is also the fear that asking for help makes the situation more real and even worse. But the reverse is true.

Treatment options tend to vary depending on the extent of the depression and the stage of pregnancy. Counselling, therapy, and medication tend to be the most prescribed treatments. Often, a combination of all three is recommended.

INFO: <u>https://www.kidspot.com.au/pregnancy/all-about-</u> perinatal-depression/news-

story/2aaaf82f5401b482ffc5ea98fa4a1525?utm_source=SEM&u tm_medium=PPC_SEM&utm_campaign={campaign}&gclid=EAlal QobChMI24Kmn8nS8wIVkp1LBR1ZsQgQEAMYASAAEgKJQfD_Bw

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World Pneumonia Day

Pneumonia is the single biggest infectious killer of adults and children – claiming the lives of 2.5 million, including 672,000 children, in 2019.

This year World Pneumonia Day will be held during a global pandemic that is dramatically increasing pneumonia deaths from COVID-19 and other causes. COVID-19 could add 1.9 million to the death toll this year. This could increase 'all-cause' pneumonia deaths by more than 75%. No other infection causes this burden of death.

Disruptions to healthcare services are estimated to cause up to an additional 2.3 million child deaths – 35% from pneumonia and newborn sepsis.

WORLD PNEUMONIA DAY

Many countries across Africa, Asia, and Latin America, struggling with heavy burdens of COVID-19 and child pneumonia deaths, will need effective strategies to fight both. Investments in infection prevention (masks, social distancing, hand washing improved etc), and diagnosis and treatment (with pulse oximetry and oxygen) can save lives during the pandemic and beyond.

This World Pneumonia Day, we are calling on governments and other stakeholders to ensure that the massive effort to control the pandemic contributes to reducing 'all-cause' respiratory infections and deaths among both children and adults for the long term.





Is pneumonia contagious?

The germs that cause pneumonia are contagious. This means they can spread from person to person.

Both viral and bacterial pneumonia can spread to others through inhalation of airborne droplets from a sneeze or cough. You can also get these types of pneumonia by meeting surfaces or objects that are contaminated with pneumonia-causing bacteria or viruses.

You can contract fungal pneumonia from the environment. However, it doesn't spread from person to person.



Symptoms of pneumonia

Pneumonia symptoms can be mild to life-threatening. They can include:

- Coughing that may produce phlegm (mucus)
- fever
- sweating or chills
- shortness of breath that happens while doing normal activities or even while resting
- chest pain that's worse when you breathe or cough
- feelings of tiredness or fatigue
- loss of appetite
- nausea or vomiting
- headaches

Causes of pneumonia

There are several types of infectious agents that can cause pneumonia.

Bacterial pneumonia

The most common cause of bacterial pneumonia is Streptococcus pneumoniae. Other causes include:

- Mycoplasma pneumoniae
- Haemophilus influenzae
- Legionella pheumophila
- Viral pneumonia

Respiratory viruses are often the cause of pneumonia. Some examples include

- 1. Influenza (flu)
- syncytial 2. respiratory virus (RSV)
- 3. rhinoviruses (common cold)
- 4. Viral pneumonia is usually milder and can improve in one to three weeks without treatment.





Fungal pneumonia

Fungi from soil or bird droppings can cause pneumonia. They most often cause pneumonia in people with weakened immune systems. Examples of fungi that can cause pneumonia include:

- Pneumocystis jirovecii
- Cryptococcus species
- Histoplasmosis species



Types of pneumonia

Pneumonia can also be classified according to where or how it was acquired.

Hospital-acquired pneumonia (HAP)

This type of bacterial pneumonia is acquired during a hospital stay. It can be more serious than other types, as the bacteria involved may be more resistant to antibiotics.

Community-acquired pneumonia (CAP)

Community-acquired pneumonia (CAP) refers to pneumonia that's acquired outside of a medical or institutional setting.

Ventilator-associated pneumonia (VAP)

When people who are using a ventilator get pneumonia, it's called VAP.

Aspiration pneumonia

Aspiration pneumonia happens when you inhale bacteria into your lungs from food, drink, or saliva. This type is more likely to occur if you have a swallowing problem or if you're too sedate from the use of medications, alcohol, or other drugs.

More info:<u>https://www.healthline.com/health/pneumonia#types</u>



Pneumonia risk factors

Anyone can get pneumonia, but certain groups do have a higher risk. These groups include:

- infants from birth to 2 years old
- people ages 65 years and older
- people with weakened immune systems because of disease or use of medications, such as steroids or certain cancer drugs
- people with certain chronic medical conditions, such as asthma, cystic fibrosis, diabetes, or heart failure
- people who've recently had a respiratory infection, such as a cold or the flu

- people who've been recently or are currently hospitalized,
 - particularly if they were or are on a ventilator
 - people who've had a stroke, have problems swallowing, or have a condition that causes immobility
- people who smoke, use certain types of drugs, or drink excessive amounts of alcohol
- people who've been exposed to lung irritants, such as pollution, fumes, and certain chemicals

Pneumonia prevention

In many cases, pneumonia can be prevented.

World Diabetes Day

World Diabetes Day is Sunday 14 November 2021. The theme for this year is access to diabetes care.

World Jiabetes

The campaign aims to raise awareness around the importance of improving access to diabetes care and highlighting the need for more action to prevent diabetes and its complications.

People with diabetes require ongoing care and support to live well with diabetes and avoid complications. Fundamental components of diabetes care include access to education and psychological support. People living with diabetes need ongoing education to manage their condition.





Diabetes is a serious complex condition which can affect the entire body. Diabetes requires daily self-care and if complications develop, diabetes can have a significant impact on quality of life and can reduce life expectancy. While there is currently no cure for diabetes, you can live an enjoyable life by learning about the condition and effectively managing it.

There are different types of diabetes; all types are complex and serious. The three main types of diabetes are type 1, type 2 and gestational diabetes.



How does diabetes affect the body?

When someone has diabetes, their body can't maintain healthy levels of glucose in the blood. Glucose is a form of sugar which is the main source of energy for our bodies. Unhealthy levels of glucose in the blood can lead to long term and short-term health complications.

For our bodies to work properly we need to convert glucose (sugar) from food into energy. A hormone called insulin is essential for the conversion of glucose into energy. In people with diabetes, insulin is no longer produced or produced in sufficient not amounts by the body. When people with diabetes eat glucose, which is in foods such as breads, cereals. fruit and starchy vegetables, legumes, milk, yoghurt, and sweets, it can't be converted into energy.

Instead of being turned into energy the glucose stays in the blood resulting in high blood glucose levels. After eating, the glucose is carried around your body in your blood. Your blood glucose level is called glycaemia. Blood glucose levels can be monitored and managed through self-care and treatment.

Three things you need to know about diabetes:

It is not one condition- there are three main types of diabetes: type 1, type 2 and gestational diabetes

All types of diabetes are complex and require daily care and management

Diabetes does not discriminate, anyone can develop diabetes

Diabetes is serious

Diabetes can be managed well but the potential complications are the same for type 1 and type 2 diabetes including heart attack, stroke, kidney disease, limb amputation, depression, anxiety, and blindness.

We know diabetes:

- Is the leading cause of blindness in working age adults
- Is a leading cause of kidney failure and dialysis
- Increases the risk of heart attacks and stroke by up to four times
- Is a major cause of limb amputations
- Affects mental health as well as physical health. Depression, anxiety, and distress occur in more than 30% of all people with diabetes
- Early diagnosis, optimal treatment and effective ongoing support and management reduce the risk of diabetes-related complications.

Why is diabetes increasing?

All types of diabetes are increasing in prevalence:

Type 1 diabetes accounts for 10% of all diabetes and is increasing

Type 2 diabetes accounts for 85% of all diabetes and is increasing

Gestational diabetes in pregnancy is increasing

Type 2 diabetes is increasing at the fastest rate. There are large numbers of people with silent, undiagnosed type 2 diabetes which may be damaging their bodies. An estimated 2 million Australians are at high risk of developing type 2 diabetes and are already showing early signs of the condition.

Type 2 diabetes is one of the major consequences of the obesity epidemic. The combination of massive changes to diet and the food supply, combined with massive changes to physical activity with more sedentary work and less activity, means most populations are seeing more type 2 diabetes.

Genes also play a part with higher risk of type 2 diabetes in Chinese, South Asian, Indian, Pacific Islander and Aboriginal and Torres Strait Islander populations.



Symptoms

In type 1 diabetes, symptoms are often sudden and can be life-threatening; therefore, it is usually diagnosed quite quickly. In type 2 diabetes, many people have no symptoms at all, while other signs can go unnoticed being seen as part of 'getting older'.

Therefore, by the time symptoms are noticed, complications of diabetes may already be present.

- Common symptoms include:
- Being more thirsty than usual
- Passing more urine
- Feeling tired and lethargic
- Always feeling hungry
- Having cuts that heal slowly
- Itching, skin infections
- Blurred vision
- Unexplained weight loss (type 1)
- Gradually putting on weight (type 2)
- Mood swings
- Headaches
- Feeling dizzy
- Leg cramps





In

Cultural Recognisation



All Saints' Day, also known as All Hallows' Day, Hallowmas, the Feast of All Saints, or Solemnity of All Saints, is a Christian solemnity celebrated in honour of all the saints of the church, whether they are known or unknown.

From the 4th century, feasts commemorating all Christian martyrs were held in various places on various dates near Easter and Pentecost. In the 9th century, some churches in the British Isles began holding the commemoration of all saints on 1 November, and in the 9th century this was extended to the whole Catholic church by Pope Gregory IV.



In Western Christianity, it is still celebrated on 1 November by the Roman Catholic Church as well as many Protestant churches. The Eastern Orthodox Church and associated Eastern Catholic and Byzantine Lutheran churches celebrate it on the first Sunday after Pentecost. The Church of the East and associated Eastern Catholic churches celebrate All Saints' Day on the first Friday after Easter.



04 Nov 2021

Deepavali (also known as Diwali) – Festival of Lights

Australians of Hindu, Sikh, and Jain faiths celebrate Deepavali (Diwali), or the Festival of Lights, which celebrates the victory of good over evil, light over darkness and knowledge over ignorance.





Diwali (English: /dɪ'wa:li:/; Deepavali (IAST: dīpāvali) or Divali; related to Jain Diwali, Bandi Chhor Divas, Tihar, Swanti, Sohrai and Bandna) is a festival of lights and one of the major festivals celebrated by Hindus, Jains, Sikhs, and some Buddhists, notably Newar Buddhists. The festival usually lasts five days and is celebrated during the Hindu lunisolar month Kartika (between mid-October and mid-November). One of the most popular festivals of Hinduism, Diwali symbolizes the spiritual "victory of light over darkness, good over evil, and knowledge over ignorance". The festival is widely associated with Lakshmi, goddess of prosperity, with many other regional traditions connecting the holiday to Sita and Rama, Vishnu, Krishna, Yama, Yami, Durga, Kali, Hanuman, Ganesha, Kubera, Dhanvantari, or Vishvakarman. Furthermore, it is, in some regions, a celebration of the day Lord Rama returned to his kingdom Ayodhya with his wife Sita and his brother Lakshmana after defeating Ravana in Lanka and serving 14 years of





the lead-up to Diwali. celebrants will prepare by cleaning, renovating, and decorating their homes and workplaces with divas (oil lamps) and rangolis (colorful art circle patterns).During Diwali, people wear their finest clothes, illuminate the interior and exterior of their homes with diyas and rangoli, perform worship ceremonies of Lakshmi, the goddess of prosperity and wealth, light fireworks, and partake in family feasts, where mithai (sweets) and gifts are shared. Diwali is also a major cultural event for the Hindu, Sikh, and Jain diaspora.

The five-day long festival originated in the Indian subcontinent and is mentioned in early Sanskrit texts. Diwali is usually celebrated twenty days after the Vijayadashami (Dussehra, Dasara, Dasain) festival, with Dhanteras, or the regional equivalent, marking the first day of the festival when celebrants prepare by cleaning their homes and making decorations on the floor, such as rangolis. The second day is Naraka Chaturdashi. The third day is the day of Lakshmi Puja and the darkest night of the traditional month. In some parts of India, the day after Lakshmi Puja is marked with the Govardhan Puja and Balipratipada (Padwa). Some Hindu communities mark the last day as Bhai Dooj or the regional equivalent, which is dedicated to the bond between sister and brother. while other Hindu and Sikh craftsmen communities mark this day as Vishwakarma Puja and observe it by performing maintenance in their workspaces and offering prayers.





Starting from 2011, as a signature and iconic event organised by QCUC, the annual Brisbane Chinese Festival (BCF) aims to showcase the excellence of Australia, the rich fullness of Queensland Chinese community and the diversity of Australian multiculturalism through celebrating the Chinese Lunar New Year.



DASHAIN- Nepal Festival

Akriti Kafle- Nursing Student, Front desk Receptionist

With the variety of cultures and traditions in Nepal, there are also many festivals that come along with it. Nepal especially is a Hindu country with most of its residents being Hindus. And with that, we have a Dashain festival. Dashain is the country's widely celebrated festival by all Nepalese. It is not only limited to Hindus but also other people different with cultural backgrounds. Dashain is the longest and most celebrated festival in Nepal. Dashain is also called in different names such as Dashain, Vijaya Dashami, and Dashera (India). Even if the names differ from place to place, people celebrate Dashain with the same zeal and enthusiasm. It is celebrated with great joy and jubilation. This festival signifies unity, victory of truth and inception of happiness.



Dashain generally falls in ASHWIN (September) of Nepali calendar and lasts for 10 days. Starting from Ghatasthapana in the first day, when people sow rice and barley seeds on the pious corner of their house to grow seedlings called "JAMARA".



The first nine days of the festival are popularly called "Navaratri". The goddess Durga is worshipped during this period. The 7th day is known as Fulpati and on this day Jamara is brought to the Hanuman Dhoka, Kathmandu (a temple) from the Gorkha Durbar with the help of the priest. The government officials also join the Fulpati parade. There is also a majestic display of the Nepalese Army along with a celebratory firing of weapons that continues for ten to fifteen minutes honouring Phulpati on the public grounds of Tudikhel. With this, the Dashain feasting starts. From Fulpati (8th day) until the 9th day, people sacrifice goats, ducks, buffaloes, and other birds & amp; animals to the Goddess Durga.

The ninth day of Dashain is called Mahanavami. On this dav Vishwakarma, the god of creation is worshiped as it believed that all the things which help us in making a living should be kept happy. So, on this special day, vehicles and other pieces of equipment are offered fowl blood and prayers are done in hopes of having a safe time wherever. The tenth day of Dashain, Vijaya Dashami is the most awaited day for all. They worship the image of the Goddess Durga, some even visit temples. They do so wish her blessing for power and prosperity. The main day of the "Tika" i.e., the 10th day which is called "Vijaya Dashami".

On this day, people receive Tika (Rice grains mixed with red colour powder to form a mixture called "Tika") on their forehead, Jamara on their head along with the blessings of the elder ones. They get blessings for good health, happiness, progress, prosperity, and longevity. For many the highlight of Dashain is the series of giant bamboo swings, or "Ping", that are assembled across the country. Taking a swing on the ping is said to take away ill-feelings and rejuvenate the swingers, although it is something not recommended for those with an aversion to heights.



History

Dashain festival marks the victory of truth over untruth.

About this, Hindu scripture defines the two events as the starting of the celebration of the festival. The first one is when the cruel demon, "Mahisasur" was killed by the Goddess Durga, which had created a terror in the world where gods lived (Devaloka). The first nine days of the Dashain symbolizes the battle which took place between them while on the tenth day, Goddess Durga finally killed the demon. After this victory, the Dashain festival is believed to be started.

Another one is when Ramchandra and Sita (who are perceived as great God and goddess in Hindu religion) returned to Ayodhya after killing the evil Ravan who had kidnapped Sita. The celebration of Dashain has social and religious importance, which is recorded in "Ramayana". It is an occasion of peace and goodwill.

This is a joyous time of the year where people get together, eat, and drink and celebrate to their heart's content. They forget their worries and indulge themselves in joy. The schools, offices, workplaces are closed, and people come and celebrate the festival with their kiths and kins.








Tihar is one of the biggest festivals celebrated in Nepal after Dashain. With the end of Dashain, we have Tihar just around the corner. Tihar is celebrated not only in Nepal but also in some states of India. It is also popularly known as Deepawali and even as the "Festival of Lights". Deepawali is best known as Diwali in India.

Tihar is of great importance as it shows the contribution to not just the humans and the gods, but also to the animals like crows, cows, and dogs that maintain an intimate relationship This festival has its own unique ways of celebration. Each of the 5 days of this festival is for celebrating and worshipping different animals and gods. The first day of Tihar is known as "Kaag puja" (worship of crows).

In ancient mythology, Crows are known to be the "messenger of death". And the first day of Tihar is their only day of rest. So, to ensure they have proper rest, people feed crows and worship them lest to prevent any negative news to be informed which would bring a bad omen. People worship the crows to bring good luck to themselves.



The second day of Tihar is known as Kukur Puja (Worship of dogs). This day is to worship the dogs. On this day, dogs are treated with delicious treats and hung garlands on their neck with tikas on their forehead. It is believed that dogs can see incoming dangers and death and is the "gatekeeper of the underworld".

The third day of Tihar is Gai Puja -Laxmi Puja (worship of the cows and goddess Laxmi). This is a special day which has its own separate set of celebrations. In the mornings, the cows are worshipped and hung garland around their necks, with their body in red colours with holy strings tied onto their tails. In Hinduism, cows signify wealth and prosperity. The uses of COWS have outstripped many domesticated animals. So, on this day the cows are worshipped and fed the juiciest of grass as a sign of gratitude. In the afternoons, the entire house is cleaned and groomed. People put fancy lights on their rooms and outside their houses.



Houses are cleaned and the doorways and windows are decorated with garlands made of Saya Patri (marigolds) and Makhamali (Gomphrena globosa) flowers. People also put paint small patterns of footprints to and from their entrance to their rooms as to invite Laxmi in. At night, we can see beautiful and dazzling lights from Diya (oil lamp) as well as fancy lights. This is done to attract Goddess Laxmi's attention. The night of the Gai puja is truly a spectacle to look at. Starting this day, people (especially children and teenagers) come together and travel house to house sing Deusi and Bhailos (traditional songs) and earn money as well. The people who witness these traditional songs give some amount of money as an offering. Offerings may also include delicious Sel Rotis (traditionally homemade circle snacks), fruits, and rice grains. From the night of Gai Puja, the nights become livelier.



The fourth day is also known as Govardhan Puja. An ox is also an indispensable lifeline for a farmer, so on this day, farmers worship oxen. The fourth day of Tihar is also taken as the start of a new year for the Newari community and similarly, they celebrate "Mha Puja". The night is lively with Deusi and Bhailo going on.

The widely celebrated fifth day of Tihar is also known as Bhai tika. On this day brothers and sisters come together. Sisters apply multi-coloured tikas (Saptarangi tika) on their brother's forehead. It is to ensure the long and prosperous life of their brothers. According to Hindu mythology, Yam raj, the God of Death, visited his sister, Goddess Yamuna, on this day during which she applied the auspicious tika on his forehead, garlanded him, and fed him special dishes. Together, they ate sweets, talked, and enjoyed themselves to their hearts' content.

After the ceremony is done, everyone present will observe a feast with delicious meals. It is a grand festival that is celebrated by all.



MARQUEE HEALTH NERVE OF NOTE THE BRACHIAL PLEXUS

Brachial Plexus

The brachial plexus is a network (plexus) of nerves (formed by the anterior rami of the lower four cervical nerves and first thoracic nerve (C5, C6, C7, C8, and T1). This plexus extends from the spinal cord, through the cervicoaxillary canal in the neck, over the first rib, and into the armpit. It supplies afferent and efferent nerve fibers to the chest, shoulder, arm, forearm, and hand.



Structure

The brachial plexus is divided into five roots, three trunks, six divisions (three anterior and three posterior), three cords, and five branches. There are five "terminal" branches and numerous other "pre-terminals" or "collateral" branches, such as the subscapular nerve, the thoracodorsal nerve, and the long thoracic nerve, that leave the plexus at various points along its length

Roots

The five roots are the five anterior primary rami of the spinal nerves, after they have given off their segmental supply to the muscles of the neck. The brachial plexus emerges at five different levels: C5, C6, C7, C8, and T1. C5 and C6 merge to establish the upper trunk, C7 continuously forms the middle trunk, and C8 and T1 merge to establish the lower trunk. Prefixed or postfixed formations in some cases involve C4 or T2, respectively. The dorsal scapular nerve comes from the superior trunk and innervates the rhomboid muscles which retract and downwardly rotate the scapula. The subclavian nerve originates in both C5 and C6 and innervates the subclavius, a muscle that involves lifting the first ribs during respiration. The long thoracic nerve arises from C5, C6, and C7. This nerve innervates the serratus anterior, which draws the scapula laterally and is the prime mover in all forward-reaching and pushing actions.

Trunks

These roots merge to form the trunks:

"superior" or "upper" (C5-C6)

"Middle" (C7)

"Inferior" or "lower" (C8, T1)

Divisions

Each trunk then splits in two, to form six divisions:

Anterior divisions of the upper, middle, and lower trunks

Posterior divisions of the upper, middle, and lower trunks

When observing the body in the anatomical position, the anterior divisions are superficial to the posterior divisions

Cords

These six divisions regroup to become the three cords or large fiber bundles. The cords are named by their position with respect to the axillary artery.

The posterior cord is formed from the three posterior divisions of the trunks (C5-C8, T1)

The lateral cord is formed from the anterior divisions of the upper and middle trunks (C5-C7)

The medial cord is simply a continuation of the anterior division of the lower trunk (C8, T1).



Branches

The branches are listed below. Most branches arise from the cords, but few branches arise (indicated in italics) directly from earlier structures. The five on the left are considered "terminal branches". These terminal branches are the musculocutaneous nerve, the axillary nerve, the radial nerve, the median nerve, and the ulnar nerve. Due to both emerging from the lateral cord the musculocutaneous nerve and the median nerve are well connected. The musculocutaneous nerve has even been shown to send a branch to the median nerve further connecting them.



BRACHIAL PLEXUS INJURY







Instagram

From	Nerve	Roots	Muscles	Cutaneous
roots	<u>dorsal scapular</u> <u>nerve</u>	<u>C4</u> , <mark>C5</mark>	rhomboid muscles and levator scapulae	
roots	long thoracic nerve	C5 , <u>C6</u> , <u>C7</u>	serratus anterior	
roots	branch to <u>phrenic nerve</u>	C3, C4, C5	Diaphragm	
upper trunk	nerve to the subclavius	C5, C6	subclavius muscle	
upper trunk	<u>suprascapular</u> nerve	C5 , C6	<u>supraspinatus</u> and <u>infras</u> pinatus	
lateral cord	<u>lateral</u> pectoral nerve	C5, C6 , C7	pectoralis major and pectoralis minor (by communicating with the medial pectoral nerve)	
lateral cord	<u>musculocutaneo</u> <u>us nerve</u>	C5, C6, C7	coracobrachialis, brachi alis and biceps brachii	Becomes the <u>lateral</u> <u>cutaneous nerve of</u> <u>the</u> <u>forearm</u> Innervates the skin of the anterolateral forearm; elbow joint. ^[2]
lateral cord	lateral root of the <u>median</u> <u>nerve</u>	C5, C6, C7	fibres to the median nerve (See below)	
posterior cord	upper subscapular nerve	C5, C6	<u>subscapularis</u> (upper part)	- Fall

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posterior cord	<u>thoracodorsal</u> <u>nerve</u> (middle subscapular nerve)	C6, C7 , C8	<u>latissimus dorsi</u>	All
posterior cord	lower subscapular nerve	C5, C6	subscapularis (lower part) and <u>teres major</u>	
posterior cord	<u>axillary nerve</u>	C5 , C6	anterior branch: <u>deltoid</u> and a small area of overlying skin posterior branch: <u>teres</u> <u>minor</u> and deltoid muscles	posterior brand becomes <u>superior</u> <u>lateral cutaneou</u> <u>nerve</u> <u>arm</u> Innervates the skin of the later shoulder and arr shoulder joint.
posterior cord	<u>radial nerve</u>	C5, C6, C7, C8, T1	<u>triceps</u> brachii, <u>supinator</u> , anconaeus, the <u>extensor</u> muscles of the <u>forearm</u> , and <u>brachioradialis</u>	skin of the posteri arm as the posteri cutaneous nerve of th arm. Also superfici branch of radial nerv supplies back of th hand, including th web of skin betwee the thumb and inde finger.
medial cord	medial pectoral	C8, T1	pectoralis major and pectoralis minor	- Barris
medial cord	medial root of the <u>median nerve</u>	C8, T1	all of the <u>flexors in the</u> <u>forearm</u> except <u>flexor carpi</u> <u>ulnaris</u> and that part of <u>flexor</u> <u>digitorum</u> <u>profundus</u> that supplies the 2nd and 3rd digits 1st and 2nd <u>lumbrical</u> muscles. muscles of the <u>thenar</u> <u>eminence</u> by a recurrent thenar branch	portions of hand n served by ulnar radial, i.e. skin of th palmar side the <u>thumb</u> , the <u>index</u> and <u>middle</u> <u>finger</u> , half the <u>ri</u> <u>finger</u> , and the <u>n</u> <u>bed</u> of these <u>fingers</u>
medial cord	<u>medial cutaneous</u> nerve of the arm	C8, T1		front and medial sk of the <u>arm.</u>
medial cord	<u>medial cutaneous</u> nerve of the forearm	C8, T1		medial skin of the forearm
medial cord	<u>ulnar nerve</u>	C7, C8, T1(C7 because it supplies to the Flexor carpi ulnaris)	flexor carpi ulnaris, the medial two bellies of flexor digitorum profundus, the intrinsic hand muscles, except the thenar muscles and the two lateral lumbricals of the hand which are	the skin of the med side of the hand an medial one and a ha fingers on the palm side and medial tw and a half fingers of the dorsal side

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	Terminal Branch	Sensory Innervation	Muscular Innervation
Function The brachial plexus provides nerve supply to the skin and muscles of the arms, with two exceptions: the trapezius muscle (supplied by the spinal accessory nerve) and an area of skin near the axilla (supplied by the intercostobrachial nerve). The brachial plexus communicates through the sympathetic trunk via Gray rami communicants that join the plexus roots.	<u>musculocutaneous</u> <u>nerve</u>	Skin of the anterolateral forearm	Brachialis, biceps brachii, coracobrachialis
	<u>axillary nerve</u>	Skin of lateral portion of the shoulder and upper arm	Deltoid and teres minor
	<u>radial nerve</u>	Posterior aspect of the lateral forearm and wrist; posterior arm	Triceps brachii, brachioradialis, anconeus, extensor muscles of the posterior arm and forearm
	<u>median nerve</u>	Skin of lateral 2/3rd of hand and the tips of digits 1-4	Forearm flexors, thenar eminence, lumbricals of the hand 1-2
	<u>ulnar nerve</u>	Skin of palm and medial side of hand and digits 3- 5	Hypothenar eminence, some forearm flexors, thumb adductor, lumbricals 3-4, interosseous muscles



Clinical significance

Injury

Injury to the brachial plexus may affect sensation or movement of different parts of the Injury can be arm. caused by the shoulder being pushed down and the head being pulled up, which stretches or tears the nerves. Injuries associated with malpositioning commonly affect the brachial plexus nerves,

rather than other peripheral nerve groups. Due to the brachial plexus nerves being very sensitive to position, there are very limited ways of preventing such injuries. The most common victims of brachial plexus injuries consist of victims of motor vehicle accidents and newborns.

Injuries can be caused by stretching, diseases, and wounds to the lateral cervical region (posterior triangle) of the neck or the axilla. Depending on the location of the injury, the signs and symptoms can range from complete paralysis to anaesthesia. Testing the patient's ability to perform movements and comparing it to their normal side is a method to assess the degree of paralysis. A common brachial plexus injury is from a hard landing where the shoulder widely separates from the neck (such as in the case of motorcycle accidents or falling from a tree).



These stretches can cause ruptures to the superior portions of the brachial plexus or avulse the roots from the spinal cord. Upper brachial plexus injuries are frequent in newborns when excessive stretching of the neck occurs during delivery. Studies have shown a relationship between a newborn's weight and brachial plexus injuries; however, the number of caesarean deliveries necessary to prevent a single injury is high at most birth weights.

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C5

C6

C7

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For the upper brachial plexus injuries, paralysis occurs in those muscles supplied by C5 and C6 like the deltoid, biceps, brachialis, and brachioradialis. A loss of sensation in the lateral aspect of the upper limb is also common with such injuries. An inferior brachial plexus injury is far less common but can occur when a person grasps something to break a fall or a baby's upper limb is pulled excessively during delivery. In this case, the short muscles of the hand would be affected and cause the inability to form a full fist position.

To differentiate between preganglionic and postganglionic injury, clinical examination requires that the physician keep the following points in mind. Preganglionic injuries cause loss of sensation above the level of the clavicle, pain in an otherwise insensate hand, ipsilateral Horner's syndrome, and loss of function of muscles supplied by branches arising directly from roots—i.e., long thoracic nerve palsy leading to winging of scapula and elevation of ipsilateral diaphragm due to phrenic nerve palsy.

Acute brachial plexus neuritis is a neurological disorder that is characterized by the onset of severe pain in the shoulder region. Additionally, the compression of cords can cause pain radiating down the arm, numbness, paraesthesia, erythema, and weakness of the hands. This kind of injury is common for people who have prolonged hyperabduction of the arm when they are performing tasks above their head.



Sports injuries

One sports injury that is becoming prevalent in contact sports, particularly in the sport of American football, is called a "stinger." An athlete can incur this injury in a collision that can cause cervical axial compression, flexion, or extension of nerve roots or terminal branches of the brachial plexus. In a study conducted on football players at United States Military Academy, researchers found that the most common mechanism of injury is, "the compression of the fixed brachial plexus between the shoulder pad and the superior medial scapula when the pad is pushed into the area of Erb's point, where the brachial plexus is most superficial." The result of this is a "burning" or "stinging" pain that radiates from the region of the neck to the fingertips. Although this injury causes only a temporary sensation, in some cases it can cause chronic symptoms.







Injuries during birth

after the delivery of the head, the anterior shoulder of the infant cannot pass below the pubic symphysis without manipulation. This manipulation can cause the baby's shoulder to stretch, which can damage the brachial plexus to varying degrees. This type of injury is referred to as shoulder dystocia. Shoulder dystocia can cause obstetric brachial plexus palsy (OBPP), which is the actual injury to the brachial plexus. While there are no known risk factors for OBPP, if a newborn does have shoulder dystocia it increases their risk for OBPP 100-fold. Nerve damage has been connected to birth weight with larger newborns being more susceptible to the injury, but it also has to do with the delivery methods. Although very hard to prevent during live birth, doctors must be able to deliver a newborn with precise and gentle movements to decrease chances of injuring the



Osteopathic considerations

The brachial plexus resides and provides to a region of the system that is intrinsically complex. This complexity can also bring a potential of prevalence to incapacity, symptomatic referral, degeneration, and injury.

The structural format and spinal centrality can play a major role in enabling the delivery of motor service from the central to the peripheral mechanisms along with the reflex of sensory perception.

Any degree of deviation of the structural format from a balanced central position may impose compression, congestion and occlusion of pathways and channels that nerves travel to innervate and blood vessels to circulate.

The objective through plan and procedures to maintain potential space through the system plays a role in the inherent motility of visceral organ tissue, expansion of the autonomic diaphragmatic concert, degree and angle of joint articulation and resting tone of functional muscle tissue.

The reduction or elimination of congestion and compression removes the resistance within the pathways the nerve tissue and the required circulation must transverse to be effective.

The ability to maintain multi-dimensional mobility through the musculoskeletal system can reduce the prevalence of injury through impact, while alleviating inflammatory mechanisms while encouraging restorative and rehabilitative pro healing factors in recovery.



Dr. James C. Phillips Osteopath/ Director of Marquee Health Clinic



MARQUEE HEALTH

MELDING WITH EQUUS

IN OSTEOPATHIC PROGRESSION

MANAGING THE HORSES BACK PAIN





Marquee Health Spring Magazine

The management of a horse's structural integrity and those systems reliant for connectivity through the pelvic housing, thoracic cage and up into the cranial vault, invariably relies on a team of professionals. This team can consist of the regional veterinarian, the trainer for athletic horses and those chosen for a purpose, the groom, conditioner, nutritionist. farrier. and musculoskeletal expert in the equine osteopath.

The horses progress and defined management а for purpose will come under certain assessment and scrutinv regarding conformation and the ability to perform the desired test or goal. With injury prevention and limitation in mind every approach intervention should and be calculable on primary and secondary problems, acute and/or chronic considerations.

The musculoskeletal, visceral, neural, and vascular modalities provided by the equine osteopath can be a good adjunctive enabling other professionals with specific expertise to gain greater efficacy and accuracy implemented from their professional practice. Osteopathic intervention through pelvic housing advocating the mechanical drive can also directly and indirectly affect the gastrointestinal, reproductive, and renal systems. The neural plexus and vascular branches as a result may experience less block and bind as they strive to consistently innervate and circulate to provide effectivelv and produce and efficiently. The task of developing pelvic symmetry comes from a vast understanding of everything that is housed throughout the pelvis and naturally the mechanical structures that work off it such as the back-end hind lower extremities.

The spinal and ribcage assessment and adjustments through the midsection of the horse should have fundamental review of the renal, respiratory, foregut, gastric, pre and post diaphragmatic partition and the cardiopulmonary system. This being integral in proceeding with visceral, viscular work before attempting structural decompression in a favourable manner. Many structural issues may resolve once the underlying systemic problems are addressed.

The forearm or front leg format assessment, chest and neck composition comprises detail neural and vascular anatomy and the potential pathway and channel flow space. The front end needs to be prepared for the delivery of power and force from the back end. A balanced front to back end can ensure proportional weight placement and distribution with a potential full range of movement expressed alleviating heavy ground reaction force.

The osteopathic assessment and criteria and initial consideration will involve vascular dynamics and the consistency involved and required for function and recovery. Once any blockage has been resolved, irritants removed and a dynamic flow replacing any stasis a nutritional value through the blood may be realised, with better medical efficacy sometimes on a lower dosage and timeline expected.

The reduction of vasospasm because of better flow therefore less stress upon the vessel wall will increase efficacy for any veterinarian medical procedure and realise a greater working hypothesis with peripheral secondary persistence alleviated or resolved.

The back pain management is not complete until the head / cranial vault has been assessed and addressed. The balance of the head on the neck is imperative in allowing the horse full protective mechanisms through range of movement and equilibrium to project the force from the backend. The pathways of neural flow through potential space and channels of the cranial vault and the cervical section provides effective innervation from the higher centres of the brain to the endocrine, constitutional and systemic systems, which if blocked or impaired can have a major affliction towards mechanical and functional musculoskeletal ability and tolerance causing temperament indifference.



The assessment and management of the carrying capacity and therefore performance of the equine back cannot be progressive or complete without investigation and intervention regarding those elements that are housed, hinge, pivot enclosed and therefore dependent upon its integrity and not without exception causing or creating dysfunction and prevalence to injury through constitutional problems.

The key ingredient in equine back and general health care and management will be a collective contribution among professionals and equine passionate people that can contribute through an understanding of the horse and potential expectations that are often invoked upon its ability in performance and recovery therefore being entrusted with its welfare.

"Perseverance and patience, The master key"

Marquee Health Ever evolving



Dr. James C. Phillips Equine Osteopath/ Director of Marquee Health Clinic



Ayurvedic Glow Boosting Bundle











- Cleanse your face twice a day with Silk splash Neem-Orange Rehydrant Ayurvedic Face Wash.
- Apply Instaglow
 Almond Complexion
 Pack twice a week.
- On cleansed skin, use Fair'e Mulethi-Khus Skin Brightening Gel at night before going to bed.
- After applying Fair'e, gently Massage with 2-3 drops of Kimsukadi tail

 glow boosting facial
 to boost its effect.

Sherry Gupta Ayurveda Beauty Therapist



Muscle of The Month Latissimus Dorsi

The latissimus dorsi muscle (sometimes known as the 'lats muscle' or 'the lats') is the human body's widest muscle. Except for the trapezius, it is quite narrow and covers practically all back muscles at the posterior trunk. The latissimus dorsi is part of the superficial layer of the extrinsic back muscles, together with the levator scapulae, trapezius, and rhomboid muscles. The latissimus dorsi muscle belongs to the scapular motion muscles in terms of function. Internal rotation, adduction, and extension of the arm are all actions produced by this muscle by pulling the inferior angle of the scapula in various directions. It's also an auxiliary respiratory muscle and one of the spine's key stabilisers during its varied movements.



Origins and Insertions

The latissimus dorsi is a back muscle that spans the lumbar and lower thoracic regions. This muscle can be divided into four segments depending on its origin:

- 1. Vertebral part: Originating from the spinous processes of the 7th to 12th thoracic vertebrae and the thoracolumbar fascia.
- 2. Costal part: Having origins from the 9th to 12th ribs
- 3. Iliac part: Starting from the iliac crest
- 4. Scapular part: Starting from the inferior angle of the scapula (inconstant)

The proximal humerus attracts all the fibres. The upper vertebral and scapular fibres follow a nearly horizontal path, while the lower vertebral and iliac fibres follow an angled path, and the costal fibres follow a nearly vertical path. The fibres spiral around the teres major muscle at this position, with the lower part of the latissimus dorsi attaching proximally at the humerus and the top part inserting further distally. Between the pectoralis major and teres major, all fibres adhere to the floor of the intertubercular sulcus of the humerus.



The following mnemonic can help you remember the relationship between the latissimus dorsi, pectoralis major, and teres major muscles as they insert in the intertubercular sulcus: 'Lady between two majors':

- Lady: Latissimus dorsi
- Majors: Teres major, pectoralis major

Function

The latissimus dorsi muscle has three actions on the shoulder joint due to the multidirectional orientations of its fibres:

- It effectively extends the flexed arm.
- It adducts and internally rotates the arm.
- If the humerus is fixed against the scapula, it pulls the pectoral girdle backward as a whole.

The latissimus dorsi muscle is a climbing, rowing, and swimming muscle, and its complex functional activity is determined by these motions.

Blood Supply

The latissimus dorsi muscle is supplied by the thoracodorsal artery (a continuation of the subscapular artery). It enters the muscle on its costal surface, a few centimetres from the subscapular artery and medial to the lateral border.

The lat muscle is supplied by the thoracodorsal artery, as well as the perforating arteries of the 9th-11th posterior intercostal arteries and the 1st-3rd lumbar arteries.

Innovation

The thoracodorsal nerve (C6-C8), a branch of the brachial plexus, carries the innervation.

Injuries/Poor Functionality

You may experience pain in your low back, mid-to-upper back, near the base of your scapula, or in the rear of your shoulder if your latissimus dorsi is injured. You may even have discomfort all the way down the inside of your arm, all the way to your fingertips. Pain in the latissimus dorsi might be difficult to distinguish from other types of back or shoulder pain. It commonly manifests as in the shoulder, back, or upper or lower arm. When you reach forwards or extend your arms, the pain will get worse. If you have problems breathing, a fever, or abdominal pain, see your doctor. These symptoms, when combined with latissimus dorsi pain, could indicate a more serious injury or ailment. During pulling and activities. throwing the latissimus dorsi muscle is engaged the most.



Overuse, poor technique, or not warming up before exercising are the most common causes of pain. The following activities can induce latissimus dorsi pain:

- Gymnastics
- Baseball
- Tennis
- Rowing
- Swimming
- Shovelling
- Chin-ups and pullups





You might also feel pain in your latissimus dorsi if you have poor skeletal structure or tend to slouch.

Your latissimus dorsi can tear in rare situations. Professional athletes, such as water skiers, golfers, baseball pitchers, rock climbers, track athletes, volleyball players, and gymnasts, are usually the only ones that experience this. However, it can also be caused by a serious injury.

You can avoid latissimus dorsi soreness by adopting a few precautions, especially if you exercise or participate in sports on a regular basis:

• Maintain good skeletal structure and avoid slouching.

• Drink plenty of water throughout the day, especially before and after exercising.

• Get remedial massage to loosen any tightness in your back and shoulders.

• Make sure you properly stretch and warm up before exercising or playing sports.

• Apply a heating pad before working out.

• Do cool-down exercises after working out.



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Exercise Prescription

Foam Rolling: Foam rolling can help reduce pain, increase range of motion, and correct misalignments caused by muscle knots or tightness.

Pay special attention to any tight, sore, or sensitive areas you observe while rolling. To avoid putting too much strain on your lat, engage your opposite arm and lower leg.

- Lie on your right side with the foam roller under your lat, maintaining a neutral spine.
- Keep your right leg straight and bend your left knee however is comfortable.
- Roll back and forth from your lower back up to your underarm, moving as slowly as possible.
- Roll from side to side.
- Continue for 1 minute. Repeat on the opposite side.

Key facts about the latissimus dorsi muscle

Origin:

Vertebral part: Spinous processes of vertebrae T7-T12, Thoracolumbar fascia.

Iliac part: Posterior third of crest of ilium.

Costal part: Ribs 9-12.

Scapular part: Inferior angle of scapula.

Insertion: Intertubercular sulcus of the humerus, between pectoralis major and teres major muscles. Mnemonic: Lady between two majors (lady refers to latissimus dorsi).

Innervation: Thoracodorsal nerve (C6-C8).

Blood supply: Thoracodorsal artery, perforating arteries of the 9th-11th posterior intercostal arteries, and 1st-3rd lumbar arteries.

Functions: Shoulder joint: Arm internal rotation, Arm adduction, Arm extension; Assists in respiration.

Ramon Tupac Perez Remedial Massage Therapist





Dr. James C. Phillips

Osteopath, Director of Marquee Health Clinic





The moose (in North America) or elk (in Eurasia) (Alces alces) is a member of the Deer Subfamily and is the largest and heaviest extant species of this family.

Most adult male moose have distinctive broad, palmate ("openhand shaped") antlers; most other members of the deer family have antlers with a dendritic ("twig-like") configuration.

Moose typically inhabit boreal forests and temperate broadleaf and mixed forests of the northern hemisphere in temperate to subarctic climates.

Currently, most moose occur in Canada, Alaska, New England, New York state, Fennoscandia, The Baltic states, Poland, Kazakhstan, and Russia.

Its diet consists of both terrestrial and aquatic vegetation. The most common predators of the moose are Wolves, Bears and Humans.

Unlike most other deer species, moose do not form herds and are solitary animal, aside from calves who remain with their mother until the cow begins estrus (typically at 18 months after birth of the calf), at which point the cow chases them away. Although generally slow-moving and sedentary, moose can become aggressive, and move quickly if angered or startled. Their mating season in the autumn features energetic fights between males competing for a female.



Etymology and naming

Alces alces is called a "moose" in North American English, but an "elk" in British English. The word "elk" in North American English refers to a completely different species of deer, Cervus canadensis, also called the Wapiti.

A mature male moose is called a bull, a mature female a cow, and an immature moose of either sex a calf.

The etymology of the species is "of obscure history". The animal was known as $\ddot{\alpha}\lambda\kappa\eta$ álkē in Greek and alces in Latin.

By the 8th century, elch, elh, eolh, derived from the Proto-Germanic: *elho-, *elhon- and possibly connected with the Old-Norse: elgr.

Later, the species became known in Middle English as elk, elcke, or elke, appearing in the Latinized form alke, with the spelling alce borrowed directly from Latin: alces. Noting that elk "is not the normal phonetic representative" of the Old English elch.

The youngest elk bones in Great Britain were found in Scotland and are roughly 3,900 years old. The elk was probably extinct on the island before 900 AD. The word "elk" remained in usage because of English-speakers' familiarity with the species in Continental Europe; however, without any living animals around to serve as a reference, the meaning became rather vague, and by the 17th century "elk" had a meaning like "large deer".



Confusingly, the word "elk" is used in North America to refer to a different animal, Cervus canadensis, which is also called by the Algonquian indigenous name, "wapiti".

America in the 17th century and found two common species of deer for which they had no names. The wapiti appeared very similar to the Red Deer of Europe (which itself was then almost extinct in Southern Britain) although it was much larger and was not red; the two species are indeed closely related, though distinct behaviorally and genetically.

Early European explorers in North America, particularly in Virginia where there were no moose, called the wapiti "elk" because of its size and resemblance to familiar-looking deer like the red deer. The moose resembled the "German elk" (the moose of continental Europe), which was less familiar to the British colonists.

Eventually, in North America the wapiti became known as an elk while the moose retained its Anglicized Native-American



Growing Antlers are covered with a soft, furry covering called "Velvet". Blood vessels in the velvet transport nutrients to support antler growth.

Bull moose have antlers like other members of the deer family. Cows select mates based on antler size. Bull Moose use dominant displays of antlers to discourage competition and will spar or fight rivals. The size and growth rate of antlers is determined by diet and age; symmetry reflects health.

The male's antlers grow as cylindrical beams projecting on each side of the head at right angles to the midline of the skull, and then fork. The lower prong of this fork may be either simple, or divided into two or three tines, with some flattening.

Most moose have antlers that are broad and palmate (flat) with tines (points) along the outer edge. Within the ecologic range of the moose in Europe, those in northerly locales display the palmate pattern of antlers, while the antlers of European moose over the southerly portion of its range are typically of the cervina dendritic pattern and comparatively small, evolutionary perhaps due to pressures of hunting by humans, who prize the large palmate antlers.

European moose with antlers intermediate between the palmate and the dendritic form are found in the middle of the north–south range. Moose with antlers have more acute hearing than those without antlers; a study of trophy antlers using a microphone found that the palmate antler acts as a parabolic reflector. amplifying sound at the moose's ear.

The antlers of mature Alaskan adult Bull Moose (5 to 12 years old) have a normal maximum spread greater than 200 centimeters (79 in). By the age of 13, moose antlers decline in size and symmetry. An Alaskan moose also holds the record for the heaviest weight at 36 kilograms (79 lb).

Antler beam diameter, not the number of tines, indicates age. In North America, moose (A. a. americanus) antlers are usually larger than those of Eurasian moose and have two lobes on each side, like a butterfly. Eurasian moose antlers resemble a seashell, with a single lobe on each side. In the North Siberian moose, (A. a. bedfordiae), the posterior division of the main fork divides into three times, with no distinct flattening. In the common moose (A. a. alces) this branch usually expands into a broad palmation, with one large tine at the base and several smaller snags on the free border.

There is, however, a Scandinavian breed of the common moose in which the antlers are simpler and recall those of the East Siberian animals. The palmation appears to be more marked in North American moose than in the typical Scandinavian moose.



After the mating season, males drop their antlers to conserve energy for the winter. A new set of antlers will then regrow in the spring. Antlers take three to five months to fully develop, making them one of the fastest growing animal organs.

Antler growth is "nourished by an extensive system of blood vessels in the skin covering, which contains numerous hair follicles that give it a 'velvet' texture. This requires intense grazing on a highly nutritious diet. By September the velvet is removed by rubbing and thrashing which changes the colour of the antlers. Immature bulls may not shed their antlers for the winter but retain them until the following spring. Birds, carnivores, and rodents eat dropped antlers as they are full of protein and moose themselves will eat antler velvet for the nutrients.

Perukes are constantly growing, tumor-like antlers with a distinctive appearance like coral. Like Roe Deer, moose are more likely to develop perukes, rather than cactus antlers, than the more developed cervine deer, but unlike roe deer, moose do not suffer fatal decalcification of the skull because of peruke growth, but rather can support their continued growth until they become too large to be fully supplied with blood.

The distinctive-looking perukes (often referred to as "devil's antlers") are the source of several myths and legends among many groups of Inuit, as well as several other tribes of indigenous peoples of North America.

Proboscis and olfaction

The moose proboscis is distinctive among the living cervids due to its large size; it also features nares that can be sealed shut when the moose is browsing aquatic vegetation. The moose proboscis likely evolved as an adaptation to aquatic browsing, with loss of the rhinarium, and development a superior olfactory of column separate from an inferior respiratory column. This separation contributes to the moose's keen sense of smell, which they employ to detect water sources, to find food under snow, and to detect mates or predators.



Hooves

As with all members of the order Artiodactyla (even toed ungulates), moose feet have two large, keratinized hooves corresponding to the third and fourth toe, with two small posterolateral dewclaws (vestigial digits), corresponding to the second and fifth toe.

The hoof of the fourth digit is broader than that of the third digit, while the inner hoof of the third digit is longer than that of the fourth digit. This foot configuration may favor striding on soft ground.

The moose hoof splays under load, increasing surface area, which limits sinking of the moose foot into soft ground or snow, and which increases efficiency when swimming. The body weight per footprint surface area of the moose foot is intermediate between that of the pronghorn foot, (which have stiff feet lacking dewclaws—optimized for high-speed running) and the caribou foot (which are more rounded with large dewclaws, optimized for walking in deep snow). The moose's body weight per surface area of footprint is about twice that of the caribou.



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Fur

Their fur consists of two layers, top layer of long guard hairs and a soft wooly undercoat. The guard hairs are hollow and filled with air for better insulation, which also helps them stay afloat when swimming.

Dewlap

Both male and female moose have a dewlap or bell, which is a fold of skin under the chin. Its exact function is unknown, but some morphologic analyses suggest a cooling (thermoregulatory) function. Other theories include a fitness signal in mating, as a visual and olfactory signal, or as a dominance signal by males, as are the antlers.

Tail

The tail is short (6 cm to 8 cm in length) and vestigial in appearance; unlike other ungulates the moose tail is too short to swish away insects.

Size and weight

Crossing a river

On average, an adult moose stands 1.4–2.1 m (4.6– 6.9 ft) high at the shoulder. Males normally weigh from 380 to 700 kg (838 to 1,543 lb) and females typically weigh 200 to 490 kg (441 to 1,080 lb).

The head-and-body length is 2.4–3.1 m (7.9–10.2 ft), with the vestigial tail adding only a further 5–12 cm (2.0–4.7 in). The largest of all the races is the Alaskan subspecies (A. a. gigas), which can stand over 2.1 m (6.9 ft) at the shoulder, has a span across the antlers of 1.8 m (5.9 ft) and averages 634.5 kg (1,399 lb) in males and 478 kg (1,054 lb) in females.

Typically, however, the antlers of a mature bull are between 1.2 m (3.9 ft) and 1.5 m (4.9 ft). The largest confirmed size for this species was a bull from the Yukon River, in September 1897 that weighed 820 kg (1,808 lb) and measured 2.33 m (7.6 ft) high at the shoulder.

Among extant terrestrial animal species in North America, Europe and Siberia, the moose is dwarfed only by two species of bison.











The moose is a browsing herbivore and can consume many types of plant or fruit. The average adult moose needs to consume 40.9 MJ (9,770 kcal) per day to maintain its body weight.

Much of a moose's energy is derived from terrestrial vegetation, mainly consisting of forbs and other nongrasses, and fresh shoots from trees such as willow and birch. These plants are rather low in sodium, and moose generally need to consume a good quantity of aquatic plants.

While much lower in energy, aquatic plants provide the moose with its sodium requirements, as much as half of their diet usually consists of aquatic plant life.

In winter, moose are often drawn to roadways, to lick salt that is used as a snow and ice melter. A typical moose, weighing 360 kg (794 lb), can eat up to 32 kg (71 lb) of food per day.

Moose lack upper front teeth but have eight sharp incisors on the lower jaw. They also have a tough tongue, lips, and gums, which aid in the eating of woody **vegetation**. Moose have six pairs of large, flat molars and, ahead of those, six pairs of premolars, to grind up their food. A moose's upper lip is very sensitive, to help distinguish between fresh shoots and harder twigs, and is prehensile, for grasping their food.

In the summer, moose may use this prehensile lip for grabbing branches and pulling, stripping the entire branch of leaves in a single mouthful, or for pulling forbs, like dandelions, or aquatic plants up by the base, roots, and all.

A moose's diet often depends on its location, but they seem to prefer the new growths from deciduous trees with high sugar content, such as white birch, trembling aspen, and striped maple, among many others. To reach high branches, a moose may bend small saplings down, using its prehensile lip, mouth, or body. For larger trees a moose may stand erect and walk upright on its hind legs, allowing it to reach branches up to 4.26 meters (14.0 ft) or higher above the ground.

Moose also eat many aquatic plants, including lilies and pondweed. Moose are excellent swimmers and are known to wade into water to eat aquatic plants. This trait serves a second purpose in cooling down the moose on summer days and ridding itself of black flies.



Moose are thus attracted to marshes and riverbanks during warmer months as both provide suitable vegetation to eat and water to wet themselves in. Moose have been known to dive over 5.5 metres (18 ft) to reach plants on lake bottoms, and the complex snout may assist the moose in this type of feeding.

Moose are the only deer that can feed underwater. As an adaptation for feeding on plants underwater, the nose is equipped with fatty pads and muscles that close the nostrils when exposed to water pressure, preventing water from entering the nose. Other species can pluck plants from the water too, but these need to raise their heads to swallow. Moose are not grazing animals but browsers (concentrate selectors). Like giraffes, moose carefully select foods with less fiber and more concentrations of nutrients. Thus, the moose's digestive system has evolved to accommodate this relatively lowfiber diet. Unlike most hooved, domesticated animals (ruminants), moose cannot digest hay, and feeding it to a moose can be fatal.

The moose's varied and complex diet is typically expensive for humans to provide, and free-range moose require a lot of forested hectarage for sustainable survival, which is one of the main reasons moose have never been widely domesticated.











Natural predators

A full-grown moose has few enemies except Siberian Tigers (Panthera tigris altaica) which regularly prey on adult moose, but a pack of gray wolves (Canis lupus) can still pose a threat, especially to females with calves.

Brown bears (Ursus arctos) are also known to prey on moose of various sizes and are the only predator besides the wolf to attack moose both in Eurasia and North America. However, brown bears are more likely to take over a wolf kill or to take young moose than to hunt adult moose on their own.

American black bears (Ursus americanus) and cougars (Puma concolor) can be significant predators of moose calves in May and June and can, in rare instances, prey on adults (mainly cows rather than the larger bulls).

The Wolverine (Gulo gulo) is most likely to eat moose as carrion but have killed moose, including adults, when the large ungulates are weakened by harsh winter conditions.

Killer Whales (Orcinus orca) are the moose's only known marine predator as they have been known to prey on moose swimming between islands out of North America's Northwest Coast, however, there is at least one recorded instance of a moose preyed upon by a Greenland shark.

Parasites

Moose typically carry a heavy burden of parasites, both externally and internally. Parasitosis is an important cause of moose morbidity and mortality and contributes to vulnerability to predators.

Ectoparasites

Ectoparasites of moose include the moose nose bot fly and winter ticks.

Endoparasites

Endoparasites of moose include dog tapeworm, meningeal worm, lungworm, and roundworm.

Social structure and reproduction

Moose are mostly diurnal. They are generally solitary with the strongest bonds between mother and calf. Although moose rarely gather in groups, there may be several, in proximity during the mating season.

Rutting and mating occurs in September and October. During the rut, mature bulls will cease feeding completely for a period of approximately two weeks; this fasting behavior has attributed been to neurophysiological changes related to redeployment of olfaction for detection of moose urine and moose cows.

The males are polygamous and will seek several females to breed with. During this time both sexes will call to each other. Males produce heavy grunting sounds that can be heard from up to 500 meters away, while females produce wail-like sounds. Males will fight for access to females. Initially, the males assess which of them is dominant and one bull may retreat, however, the interaction can escalate to a fight using their antlers.



Female moose have an eightmonth gestation period, usually bearing one calf, or twins if food is plentiful, in May or June. Twinning can run as high as 30% to 40% with good nutrition

Newborn moose have fur with a reddish hue in contrast to the brown appearance of an adult. The young will stay with the mother until just before the next young are born. The life span of an average moose is about 15–25 years. Moose populations are stable at 25 calves for every 100 cows at 1 year of age. With availability of adequate nutrition, mild weather, and low predation, moose have a huge potential for population expansion.





Aggression

Moose are not usually aggressive towards humans but can be provoked or frightened to behave with aggression. In terms of raw numbers, they attack more people than bears and wolves combined, but usually with only minor consequences.

In the Americas, moose injure more people than any other wild mammal, and worldwide, only hippopotamuses injure more. When harassed or startled by people or in the presence of a dog, moose may charge. Also, as with bears or any wild animal, moose that have become used to being fed by people may act aggressively when denied food.

During the fall mating season, bulls may be aggressive toward humans because of the high hormone levels they experience. Cows with young calves are very protective and will attack humans who come too close, especially if they come between mother and calf. Unlike other dangerous animals, moose are not territorial, and do not view humans as food, and will therefore usually not pursue humans if they simply run away.



Moose are very limber animals with highly flexible joints and sharp, pointed hooves, and are capable of kicking with both front and back legs. Unlike other large, hooved mammals, such as horses, moose can kick in all including directions sideways. Therefore, there is no safe side from which to approach. However, moose often give warning signs prior to attacking, displaying their aggression by means of body language. Maintained eye contact is usually the first sign of aggression, while laidback ears or a lowered head is a definite sign of agitation. If the hairs on the back of the moose's neck and shoulders (hackles) stand up, a charge is usually imminent. The Anchorage Visitor Centers warn tourists that "...a moose with its hackles raised is a thing to fear.

The calls made by female moose during the rut not only call the males but can induce a bull to invade another bull's harem and fight for control of it. This in turn means that the cow moose has at least a small degree of control over which bulls she mates with.

Moose often show aggression to other animals as well, especially predators. Bears are common predators of moose calves **and**, **rarely**, adults. Alaskan moose have been reported to successfully fend off attacks from both black and brown bears.

Moose have been known to stomp attacking wolves, which makes them less preferred as prey to the wolves. Moose are fully capable of killing bears and wolves. In one rare event, a female moose killed two adult males' wolves.

A moose of either sex that is confronted by danger may let a loud roar. more out resembling that of a predator than a prey animal. European moose are often more than aggressive North American moose, such as the moose in Sweden, which often become very agitated at the sight of a predator. However, like all ungulates known to attack predators, the more aggressive individuals are always darker in color.

Habitat, range, and distribution

Moose require habitat with adequate edible plants (e.g., pond grasses, young trees, and shrubs), cover from predators, and protection from extremely hot or cold weather.

Moose travel among different habitats with the seasons to address these requirements. Moose are cold-adapted mammals with thickened skin, dense, heat-retaining coat, and a low surface: volume ratio, which provides excellent cold tolerance but poor heat tolerance.

Moose survive hot weather by accessing shade or cooling wind, or by immersion in cool water. In hot weather, moose are often found wading or swimming in lakes or ponds.


When heat-stressed, moose may fail to adequately forage in summer and may not gain adequate body fat to survive the winter. Also, moose cows may not calve without adequate summer weight gain. Moose require access to both young forest for browsing and mature forest for shelter and cover. Forest disturbed by fire and logging promotes the growth of fodder for moose. Moose also require access to mineral licks, safe places for calving and aquatic feeding sites.

Moose avoid areas with little or no snow as this increases the risk of predation by wolves and avoid areas with deep snow, as this impairs mobility. Thus, moose select habitat based on trade-offs between risk of predation, food availability, and snow depth. With reintroduction of bison into boreal forest, there was some concern that bison would compete with moose for winter habitat, and thereby worsen the population decline of moose. However, this does not appear to be a problem.

Moose prefer sub-alpine shrub lands in early winter, while bison prefer wet sedge valley meadowlands in early winter. In late winter, moose prefer river valleys with deciduous forest cover or alpine terrain above the tree line, while bison preferred wet sedge meadowlands or sunny southern grassy slopes.



After expanding for most of the 20th century, the moose population of North America has been in steep decline since the 1990s. Populations expanded greatly with improved habitat and protection, but now the moose population is declining rapidly. This decline has been attributed to opening of roads and landscapes into the northern range of moose, allowing deer to become populous in areas where were they not previously common. This encroachment by deer on moose habitat brought moose into contact with previously unfamiliar pathogens, including brain worm and liver fluke, and these parasites are believed to have contributed to the population decline of moose.

In North America, the moose range includes almost all of Canada (excluding the arctic and Vancouver Island), most of Alaska, northern New England and upstate New York, the upper Rocky Mountains, northern Minnesota, northern Wisconsin, Michigan's Upper Peninsula, and Isle Royale in Lake Superior.

This massive range, containing diverse habitats, contains four of North American the six subspecies. In the West, moose populations extend well north into Canada (British Columbia and Alberta), and more isolated groups have been verified as far south as the mountains of Utah and Colorado and as far west as the Lake Wenatchee area of the Washington Cascades. The range includes Wyoming, Montana, Idaho, and smaller areas of Washington and Oregon.





Moose have extended their range southwards in the western Rocky Mountains, with initial sightings in Yellowstone National Park in 1868, and then to the northern slope of the Uinta Mountains in Utah in the first half of the twentieth century. This is the southernmost naturally established moose population in the United States. In 1978, a few breeding pairs were reintroduced in western Colorado, and the state's moose population is now more than 1.000.

The historical range of the subspecies extended from well into Quebec, the Maritimes, and Eastern Ontario south to include all New England finally ending in the very northeastern tip of Pennsylvania in the west, cutting off somewhere near the mouth of the Hudson River in the south.

The moose has been extinct in much of the eastern U.S. for as long as 150 years, due to colonial era overhunting and destruction of its habitat: Dutch, French, and British colonial sources all attest to its presence in the mid-17th century from Maine south to areas within one hundred miles km) of present-day (160)Manhattan. However, by the 1870s, only a handful of moose existed in this entire region in very remote pockets of forest; less than 20% of suitable habitat remained.

Since the 1980s, however, moose populations have rebounded, thanks to regrowth of plentiful food sources, abandonment of farmland, better land management, clean-up of pollution, and natural dispersal from the Canadian Maritimes and Ouebec. South of the Canada-US border, Maine has most of the population with a 2012 headcount of about 76,000 moose. Dispersals from Maine over the years have resulted in healthy, growing populations each in Vermont and New Hampshire, notably near bodies of water and as high up as 910 m (3,000 ft) above sea level in the mountains. In Massachusetts, moose had gone extinct by 1870, but re-colonized the state in the 1960s, with the population expanding from Vermont and New Hampshire; by 2010, the population was estimated 850-950. at Moose reestablished populations in eastern New York and Connecticut and appeared headed south towards the Catskill Mountains, a former habitat.

Moose were successfully introduced on Newfoundland in 1878 and 1904, where they are now the dominant ungulate, and somewhat less successfully on Anticosti Island in the Gulf of Saint Lawrence.



Europe and Asia

In Europe, moose are currently found in large numbers throughout Norway, Sweden, Finland, Latvia, Estonia, Poland, with more modest numbers in the southern Czech Republic, Belarus, and northern Ukraine. They are also widespread through Russia on up through the borders with Finland south towards the border with Estonia, Belarus and Ukraine and stretching far away eastwards to the Yenisei River in Siberia.

The European moose was native to most temperate areas with suitable habitat on the continent and even Scotland from the end of the last Ice Age, as Europe had a mix of temperate boreal and deciduous forest.

Up through Classical times, the species was certainly thriving in both Gaul and Magna Germania, as it appears in military and hunting accounts of the age. However, as the Roman era faded into medieval times, the beast slowly disappeared: soon after the reign of Charlemagne, the moose disappeared from France, where its range extended from Normandy in the north to the Pyrenees in the south.

Farther east, it survived in Alsace and the Netherlands until the 9th century as the marshlands in the latter were drained and the forests were cleared away for feudal lands in the former. It was gone from Switzerland by the year 1000, from the western Czech Republic by 1300, from Mecklenburg in Germany by c. 1600, and from Hungary and the Caucasus since the 18th and 19th century, respectively. By the early 20th century, the last strongholds of the European moose appeared to be in Fennoscandian areas and patchy tracts of Russia, with a few migrants found in what is now Estonia and Lithuania. The USSR and Poland managed to restore portions of the range within its borders (such as the 1951 reintroduction into Kampinos National Park and the later 1958 reintroduction in Belarus), but political complications limited the ability to reintroduce it to other portions of its range.

Attempts in 1930 and again in 1967 in marshland north of Berlin were unsuccessful. At present in Poland, populations are recorded in the Biebrza river valley, Kampinos, and in Białowieża Forest. It has migrated into other parts of Eastern Europe and has been spotted in eastern and southern Germany. Unsuccessful thus far in recolonizing these areas via natural dispersal from source populations in Poland, Belarus, Ukraine. Czech Republic, and Slovakia, it appears to be having more success migrating south into the Caucasus.

The East Asian moose populations confine themselves mostly to the territory of Russia, with much smaller populations in Mongolia and Northeastern China. Moose populations are relatively stable in Siberia and increasing on the Kamchatka Peninsula. In Mongolia and China, where poaching took a great toll on moose, forcing them to near extinction, they are protected, but enforcement of the policy is weak and demand for traditional medicines derived from deer parts is high.

In 1978, 45 young moose were transported to the center of Kamchatka. These moose were brought from Chukotka, home to the largest moose on the planet. Kamchatka now regularly is responsible for the largest trophy moose shot around the world each season. As it is a fertile environment for moose, with a milder climate, less snow, and an abundance of food, moose quickly bred and settled along the valley of the Kamchatka River and many surrounding regions. The population in the past 20 years has risen to over 2.900 animals.

The size of the moose varies. Following Bergmann's rule, population in the south (A. a. cameloides) usually grows smaller, while moose in the north and northeast (A. a. buturlini) can match the imposing sizes of the Alaskan moose.



Paleontology

Moose are an old genus. Like its relatives, Odocoileus and Capreolus, the genus Alces gave rise to very few species that endured for long periods of time. This differs from the Megacerines, such as the Irish elk, which evolved many species before going extinct. Some scientists, such as Adrian Lister, grouped all the species into one genus, while others, such as Augusto Azzaroli, used Alces for the living species, placing the fossil species into the genera Cervalces and Libralces.

The earliest known species is Libralces gallicus (French moose), which lived in the Pliocene epoch, about 2 million years ago. Libralces gallicus came from the warm savannas of Pliocene Europe, with the best-preserved skeletons being found in southern France. L. gallicus was 1.25 times larger than the Alaskan moose in linear dimensions, making it nearly twice as massive. L. gallicus had many striking differences from its modern descendants. It had a longer, narrower snout and a less-developed nasal cavity, more resembling that of a modern deer, lacking any sign of the modern moose-snout. Its face resembled that of the modern wapiti. However, the rest of its skull structure. skeletal structure and teeth bore strong resemblance to those features that are unmistakable in modern moose. indicating a similar diet. Its antlers consisted of a horizontal bar 2.5 m (8 ft 2 in) long, with no tines, ending in small palmations. Its skull and neck structure suggest an animal that fought using highspeed impacts, much like the Dall sheep, rather than locking and twisting antlers the way modern moose combat. Their long legs and bone structure suggest an animal that was adapted to running at high speeds over rough terrain.

Libralces existed until the middle Pleistocene epoch and were followed briefly by a species called Cervalces carnutorum. The main differences between the two consisted of shortening of the horizontal bar in the antlers and broadening of the palmations, indicating a likely change from open plains to more forested environments, and skeletal changes that suggest an adaptation to marshy environments.

Cervalces carnutorum was soon followed by a much larger species called Cervalces latifrons (broadfronted stag-moose). The Pleistocene epoch was a time of gigantism, in which most species were much larger than their descendants of today, including exceptionally large lions, hippopotamuses, mammoths, and deer. Many fossils of Cervalces latifrons have been found in Siberia. dating from about 1.2 to 0.5 million years ago. This is most likely the time at which the species migrated from the Eurasian continent to North America.



An artist's rendition of Libralces gallicus

Like its descendants, it inhabited mostly northern latitudes, and was probably well-adapted to the cold. Cervalces latifrons was the largest deer known to have ever existed, standing more than 2.1 m (6 ft 11 in) tall at the shoulders. This is bigger than the Irish even elk (megacerine), which was 1.8 m (5 ft 11 in) tall at the shoulders. Its antlers were smaller than the Irish elk, but comparable in size to those of Libralces gallicus. However, the antlers had a shorter horizontal bar and larger palmations, more resembling those of a modern moose.

Alces alces (the modern moose) appeared during the late Pleistocene epoch. The species arrived in North America at the end of the Pleistocene and coexisted with a late-surviving variety or relative of Cervalces latifrons. which Azzaroli classified as a called separate species Cervalces scotti, the or American stag-moose.



Populations

North America

•In Canada: There are an estimated 500,000 to 1,000,000 moose, with 150,000 in Newfoundland in 2007 descended from just four that were introduced in the 1900s.

In United States: There are estimated to be around 300,000:

Alaska: The state's Department of Fish and Game estimated 200,000 in 2011.

Northeast: A wildlife ecologist estimated 50,000 in New York and New England in 2007, with expansion expected.

Rocky Mountain States: Wyoming is said to have the largest share in its 6-state region, and its Fish and Game Commission estimated 7,692 in 2009.

Upper Midwest: Michigan 2000 on Isle Royale (2019) and an estimated 433 (in its Upper Peninsula) in 2011, Wisconsin, 20–40 (close to its border with Michigan) in 2003, Minnesota 5600 in its northeast in 2010, and under 100 in its northwest in 2009; North Dakota closed, due to low moose population, one of its moose-hunting geographic units in 2011, and issued 162 single-kill licenses to hunters, each restricted to one of the remaining nine units.

Europe and Asia:

- Finland: In 2009, there was a summer population of 115,000.
- Norway: In 2009, there were winter populations of around 120,000. In 2015 31,131 moose were shot. In 1999, a record number of 39,422 moose were shot.
- Latvia: in 2015, there were 21,000.
- **Estonia**: 13,260
- Lithuania: around 14,000 in 2016
- **Poland**: 2,800
- Czech Republic: maximum of 50
- **Russe:** In 2007, there were approximately 600,000.
- **Sweden:** Summer population is estimated to be 300,000–400,000. Around 100,000 are shot each fall. About 10,000 are killed in traffic

accidents yearly



Subspecies

European elk	A. a. alces	Finland, Sweden, Norway, Latvia, Estonia and Russia. No longer present in central and western Europe except for Poland, Lithuania and Belarus, with a certain population in the Czech Republic, Slovakia and northern Ukraine, including Bohemia since the 1970s; recently sighted in eastern Germany (the range formerly included France, Switzerland and the Benelux nations). Population increasing and regaining territory. Males weigh about 320 to 475 kg (705 to 1,047 lb) and females weigh 275 to 375 kg (606 to 827 lb) in this mid-sized subspecies. Shoulder height ranges from 1.7 to 2.1 m (5 ft 7 in to 6 ft 11 in). ^[162]
Yakutia, Mid-Siberian or Lena elk ¹¹⁶³	A. a. pfizenmay eri	Eastern <u>Siberia</u> , <u>Mongolia</u> and <u>Manchuria</u> . Mostly found in the forests of eastern Russia. The most common elk subspecies in <u>Asia</u> . Its range goes from the <u>Yenisei River</u> in the west and most of <u>Siberia</u> . Its range excludes the ranges of the <u>Chukotka</u> and Ussuri elk to the east and northern <u>Mongolia</u> . Similar in size to the western moose of Canada.
Ussuri, Amur or Manchurian elk ^{1163[164]}	A. a. cameloide s	Ranges from the <u>Amur-Ussuri</u> region of far eastern Russia, as well as the northeastern part of <u>China</u> . Ussuri elk are different from other elk subspecies in that their antler size is much smaller, or they lack antlers entirely. Even adult bulls' antlers are small and cervine, with little palmation. The smallest subspecies in both Eurasia and the world, with both males and females standing only 1.65 to 1.85 m (5 ft 5 in to 6 ft 1 in) at the shoulder and weighing between 200 and 350 kg (441 and 772 lb). ^[165]
Chukotka or East Siberian elk ^[163]	A. a. buturlini	Ranges from northeastern Siberia from the <u>Alazeya River</u> basin east to the <u>Kolyma</u> and <u>Anadyr</u> basins and south through the <u>Koryak</u> range and the <u>Kamchatka Peninsula</u> . The largest subspecies in Eurasia. Males can grow up to 2.15 m (7 ft 1 in) tall and weigh between 500 and 725 kg (1,102 and 1,598 lb); females are somewhat smaller.
Eastern moose	A. a. americana	Eastern Canada, including eastern <u>Ontario</u> , all of <u>Quebec</u> and the <u>Atlantic Provinces</u> and the Northeastern United States, including <u>Maine</u> , <u>New</u> <u>Hampshire</u> , <u>Vermont</u> , <u>Massachusetts</u> , <u>Rhode</u> <u>Island</u> , <u>Connecticut</u> and northern <u>New York</u> near the Adirondack Mountains. Population increasing. This is a fairly small-bodied subspecies, females weighing an average of 270 kg (595 lb), males weighing an average of 365 kg (805 lb) and males standing up to approximately 2 m (6.6 ft) at the shoulder.
Western moose	A. a. andersoni	British Columbia to western Ontario, the eastern Yukon, the Northwest Territories, southwestern Nunavut, Michigan (the Upper Peninsula), northern <u>Wisconsin</u> , northern <u>Minnesota</u> and northeastern <u>North Dakota</u> . A middle-sized subspecies that weighs 340 to 420 kg (750 to 926 lb) in adult females and 450 to 500 kg (992 to 1,102 lb) in adult males on average. ^[166]



Alaskan moose	A. a. gigas	Alaska and the western Yukon. The largest subspecies in North America and the world and the largest living deer in the world, mass cited below. ^[167]
Shiras' moose or Yellowstone moose	A. a. shirasi	Colorado, Idaho, Montana, Oregon, Utah, Washington and Wyom ing. ^[168] The smallest subspecies in North America, weighing about 230 to 344 kg (507 to 758 lb) at maturity.
† Caucasian elk ^[169] Ørefaulte	A. a. caucasicus	The <u>Caucasus Mountains</u> . Extinct due to habitat loss and overhunting. Its range would have included <u>European</u> <u>Russia</u> , <u>Armenia</u> , <u>Georgia</u> , <u>Azerbaijan</u> and <u>Turkey</u> .





Relationship with humans

History

Moose and reflection

European rock drawings and cave paintings reveal that moose have been hunted since the Stone Age. Excavations in Alby, Sweden, adjacent to the Stora Alvaret have yielded moose antlers in wooden hut remains from 6000 BCE, indicating some of the earliest moose hunting in northern Europe.

The earliest recorded description of the moose is in Julius Caesar's Commentarii de Bello Gallico, where it is described thus:

There are also [animals], which are called alces (moose). The shape of these, and the varied color of their skins, is much like roes, but in size they surpass them a little and are destitute of horns and have legs without joints and ligatures; nor do they lie down for the purpose of rest, nor, if they have been thrown down by any accident, can they raise or lift themselves up. Trees serve as beds to them; they lean themselves against them, and thus reclining only slightly, they take their rest; when the huntsmen have discovered from the footsteps of these animals whither, they are accustomed to be taking themselves, they either undermine all the trees at the roots, or cut into them so far that the upper part of the trees may appear to be left standing. When they have leant upon them, according to their habit, they knock down by their weight the unsupported trees, and fall themselves along with them.





Domestication

Domestication of moose was investigated in the Soviet Union before World War II. Early experiments were inconclusive, but with the creation of a moose farm at Pechora-Ilych Nature Reserve in 1949, a small-scale moose domestication program was started, involving attempts at selective breeding of animals based on their behavioral characteristics. Since 1963, the program has continued at Kostroma Moose Farm, which had a herd of 33 tame moose as of 2003. Although at this stage the farm is not expected to be a profit-making enterprise, it obtains some income from the sale of moose milk and from visiting tourist groups. Its main value, however, is seen in the opportunities it offers for the research in the physiology and behavior of the moose, as well as in the insights it provides into the general principles of animal domestication.

Heraldry

As one of the Canadian national symbols, the moose occurs on several Canadian coats of arms, including Newfoundland and Labrador, and Ontario. Moose is also a common coat of arms in Europe as well, for example in Finland it appears on the coats of arms of Hirvensalmi and Mäntsälä municipalities. The Seal of Michigan features a moose.









Olivier Lejus

Registered Acupuncturist practising in Sydney



The conventional Western medical approach is to administer corticosteroids, and antiviral drugs. The sooner the treatments begin after the onset, the quicker the recovery. while in many cases the symptoms spontaneously heal within a month, they can also linger for much longer.

Acupuncture can present an effective alternative form of treatment, which doesn't involve the use of chemical drugs and its associated side effects. In Chinese medicine Bell' s Palsy is considered a Wind Cold invasion, and it is true that truck drivers have been known to get suddenly afflicted after driving with a side open window for long period of times.





In acupuncture, the first step is to diagnose with the pulse, which channels have been affected. before painlessly inserting very fine needles on the limbs and the muscles of the face to harmonize the flow of Qi to the upper body channels. Acupuncture stimulates the blood flow to the skin and relax the facial muscles, the needles are retained for a period of around 20minutes.

If treated early, in most cases a Bell's Palsy attack will be cured within two to three weeks with no symptoms, or side effects remaining.



MARQUEE HEALTH REMEMBERS SSE THAT MADE A DIFFEREN

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THOSE THAT MADE A DIFFERENCE JOHN FLYNN OBE (25 November 1880 – 5 May 1951) John Flynn was a Presbyterian minister who founded the Australian Inland Mission, a frontier service which later became known as the Royal Flying Doctor Service, the world's first air ambulance.

Educated at Snake Valley, Sunshine, and Braybrook primary schools, he matriculated from University High School in Parkville in Melbourne, aged 18.

In 1903 he began training for the ministry through an extra-mural course for 'student lay pastors', serving meanwhile in pioneering districts of Beech Forest and Buchan. His next four years in theological college were interspersed with two periods on a shearers' mission and the publication of his Bushman's Companion (1910).

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Always thinking of the needs of those in isolated communities; in September 1910 Flynn published The Bushman's Companion which was distributed free throughout inland Australia.

He took up the opportunity to succeed E. E. Baldwin as the Smith of Dunesk Missioner at Beltana, a tiny settlement in the Flinders Rangers 500 kilometres north of Adelaide. He was ordained in Adelaide for this work in January 1911.

This parish extended to the rail head at Oodnadatta where the mission had placed a nursing sister and planned a nursing hostel; under Flynn's practical assistance, it was open on 11 December. Next year Flynn surveyed the Northern Territory and on receiving his two long and detailed reports, one on the needs of Aboriginals and one on the needs of white settlers, the Presbyterian General Assembly that year appointed him superintendent of its Australian Inland Mission, which. in principle. it established at the same meeting.

The South Australian, Western Australian and Queensland assemblies transferred their remote areas adjoining the Northern Territory to Flynn's care, and his new charter was initiated at Oodnadatta Nursing Hostel. The mission he was to direct for another thirty-nine years commenced operation with one nursing sister, one padre, a nursing hostel and five camels. It began as it continued 'without preference for nationality or creed', to become a great mantle of safety composed of a network of nursing hostels and hospitals each in close association with a patrol padre.

The missioners visited the station properties in a wide radius of Beltana, and their practical and spiritual service was valued in the isolated localities.

Flynn used it as an opportunity to look at the potential for something bigger. By 1912, after writing a report for his church superiors on the difficulties of ministering to such a widely scattered population, Flynn was made the first superintendent of the Australian Inland Mission which became Frontier Services. Flynn's vision was to establish a 'Mantle of Safety' for the people of Outback Australia. As well as tending to spiritual matters, Flynn quickly established the need for medical care for residents of the vast Australian Outback and established several bush hospitals.

By 1917, Flynn was already considering the possibility of new technology, such as radio and aircraft, to assist in providing a more useful acute medical service, and then received a letter from an Australian pilot serving in World War I, Clifford Peel, who had heard of Flynn's speculations and outlined the capabilities and costs of thenavailable planes.



John Flynn OBE DD (1880-1951) | WikiTree FREE Family Tree



This material was published in the church's magazine, the start of Flynn turning his considerable fund-raising talents to the task of establishing a flying medical service. The first flight of the Aerial Medical Service was in 1928 from Cloncurry Queensland. A museum commemorating the founding of the Royal Flying Doctor Service is located at John Flynn Place in Cloncurry.

1913 Between and 1927 Flynn's magazine, the Inlander, led his battle for a 'brighter bush'. His photographs, documents, statistics, maps, and articles publicized the needs of the people and northern Australia's potential for development, which he argued could only be affected by providing security for women and children. He did not overlook Aboriginals, and devoted the first issue of the 1915 Inlander to photographs and stories of the plight of the fringe-dwellers in particular: 'A blot in Australia is shown on our frontispiece ... There is no call for sensation. Sensation is too cheap. We need action'. He confessed that everyone was ignorant of how to help but that 'it is up to us to educate ourselves and mend our ways'. He claimed that Aboriginals were neither incompetent nor 'beneath the practice of self-help' and noted the care that they gave their old men. He continued: 'We who so cheerfully sent a cheque for £100,000 to Belgium to help a people pushed out of their own inheritance by foreigners-surely we must just as cheerfully do something for those whom we clean-handed people have dispossessed in the interests of superior culture'.



Flynn married the secretary of the AIM, Jean Blanch Baird, on 7 May 1932 at the Presbyterian Church in Ashfield Sydney. He was 51 years old, and the marriage reportedly came as a surprise even to his close friends.

The story of the Royal Flying Doctor Service is forever linked with its founder, the Reverend John Flynn – Flynn of the Inland – a story of achievement that gave courage to the pioneers of the Inland.

John Flynn's vision of providing a "Mantle of Safety" (as he called it) for the people of the Inland can be traced to the years immediately preceding World War I, when the Presbyterian Church's Australian Inland Mission (AIM) was one of several church bodies undertaking missionary way in the Inland.





History of the Royal Flying Doctor Service - Royal Flying Doctor Service Alice Springs Tourist Facility

The AIM was conscious of the terrible isolation of Inland people, who were so remote from medical and religious care. John Flynn began his missionary work in 1912, at a time when only two doctors served an area of some 300,000 square kilometres in Western Australia and 1,500,000 square kilometres in the Northern Territory. It did not take long to realise that air transport and radio were needed to break the isolation of the Inland and to provide adequate medical care for its people. However, he had to wait many years before he could translate his vision of a flying doctor service into practice.

Aircraft at that time were not suited for ambulance work and radio was then very much in its infancy. In October 1918 John Flynn published an article outlining the feasibility of air transport in the Inland and its possible use for air ambulance work. The article was written by a young Australian medical student, Clifford Peel who was killed in action, in France during World War 1, while serving with the Australian Flying Corps. However, as developments demonstrated, Peel was ahead of his time. Despite the great difficulties facing him, John Flynn worked towards the fulfilment of his vision with an extraordinary tenacity that was borne out of true compassion for the people of the Inland.



It took seventeen years before Flynn's caring service to remote homesteads and communities was completed with the establishment of the A.I.M. Aerial Medical Service at Cloncurry in 1928 and Alfred Traeger's invention of the pedal radio in 1929. Flynn's writings in the Inlander indicate that this fourfold concept was his goal almost from the beginning. In his understanding of community development, he was ahead of his time, for the service he envisaged was to be a framework within which outback communities might 'structure and co-ordinate' their own 'canopy' of safety. By 1918, although World War I impeded development, in addition to the first nursing hostel and patrol based on Oodnadatta Flynn had established patrols based on Port Hedland and Broome in Western Pine Creek in the Australia. Northern Territory and Cloncurry in Queensland.





He had also appointed nursing sisters to Port Hedland and Halls Creek in Western Australia and Maranboy and Alice Springs in the Northern Territory, though the latter appointment soon lapsed because of lack of a suitable building. Five years later, Flynn had twenty-three nursing sisters in the field.





The nursing hostel designs were usually prepared by Flynn himself after consultation with architects, engineers, and local people to ensure that the design was suitable to climatic conditions and available building material. His design for the Alice Springs hostel, published in 1920 in the Inlander, illustrates his research, having ducted air-cooling via a tunnel under the ground floor where wet bags filtered the dust and cooled the air drawn by convection through the wards to the lantern roof. This massive stone building with wide verandahs was completed in 1926.



In 1939 Flynn was elected to the threeyear term as moderator-general of the Presbyterian Church of Australia. In 1940 and 1941 the degrees of D.D. were conferred on him by the University of Toronto and the Presbyterian College at McGill University, Montreal, Canada. The war and post-war period inhibited any new work until his closing years when the Old Timers' homes in Alice Springs, and Warrawee, the Far North children's holiday and health scheme in Adelaide, were established.

Flynn enjoyed a remarkable range of friendships and from them his fertile imagination drew concepts that enriched people and places. His letters reveal his dry sense of humour and irony, but above all his compassion. He was an inveterate talker, holding listeners far into the night, but he was also a good listener. His ecumenicity was shown by his being one of the founders of the United Church in North Australia.

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State Library of Western Australia (2013) 068548PD: Fitzroy Crossing Australian Inland Mission hospital. Sister Wells, Bill Smidt, blacksmith, Gogo Station, Ted Millard (manager of Gogo Station), Sister Hall, Bill Mac (first patient who died - gangrene of leg), 1940



The John Flynn Story | Royal Flying Doctor Service. The John Flynn Story Royal Flying Doctor Service.

He accepted a specific charter and refused to be side-tracked into other areas of his concern, believing that a given task must receive total commitment. The same standard was expected from those who served in the A.I.M. with him. When he said, 'A man is his friends', he expressed something akin to Martin Buber's philosophy that 'All real living is in meeting'. His meeting with other people often revealed a compulsive humanism which gave meaning to his own life as an ordained minister of his Church and to the faith by which he lived and served.





He retired and died in Sydney on 5 May 1951. He was 70 years old. He was cremated and his remains were placed under a large boulder from the Devils Marbles. The Northern Territory Department of Public Works had taken the rock from a site sacred to its traditional owners, but after many years of negotiations the rock was returned to its original location in 1998. It was replaced with one acceptable to the Aboriginal people, both original rock's home and the people on whose land his grave lies.

The land adjoining the grave site was proclaimed as a reserve on 21 March 1957 and became a historical reserve known as the John Flynn's Grave Historical reserve on 30 June 1978. His widow Jean died at the Pitt Wood Presbyterian nursing home in Ashfield, Sydney, New South Wales on 27 August 1976.

The work of the Australian Inland Mission (AIM) is continued today through the Uniting Church of Australia's Frontier Services and the Presbyterian Church of Australia's Presbyterian Inland Mission. The Royal Flying Doctor Services continues to deliver Flynn's vision of a 'Mantle of Safety' to the people of outback Australia.

Flynn was appointed an Officer of the Order of the British Empire in 1933.

Flynn is featured on the reverse of the polymer Australian Twenty Dollar Note.



Memorial and the ashes of John Flynn in the Northern Territory

BENEATH THIS STONE REST THE ASHES OF 'FLYNN OF THE INLAND' 1880 – 1951

THE VERY REV. JOHN FLYNN OBE DD FIRST SUPERINTENDENT (1912 – 1951) OF THE AUSTRALIAN INLAND MISSION

FOUNDER OF THE FLYING DOCTOR SERVICE

MODERATOR-GENERAL OF THE PRESBYTERIAN CHURCH (1939 - 1942)

HE BROUGHT GLADNESS AND REJOICING TO THE WILDERNESS AND THE SOLITARY PLACES



Flynn's name has also been adopted in commemoration of him, including:

The Alice Springs suburb of Flynn.

The Canberra suburb of Flynn.

The federal electorate of Flynn in Queensland was created by the Australian Electoral Commission in 2006.

Qantas has announced that they intend naming one of their Airbus A380s after Flynn in recognition of his contribution to the aviation industry and particularly to his achievement of founding the Royal Australian Flying Doctors Service.[10]

The Australian College of Rural and Remote Medicine has also created a John Flynn Placement Program, which is a scholarship for medical students wanting to experience medical practice in the outback.

Dn. James C. Phillips h, Director of Marquee Health Clinic

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MARQUEE HEALTH VESSEL OF VERIFICATION THE CAROTID SINUS – CAROTID BODY



The carotid sinus is a thin walled, slight dilation of the proximal part of the internal carotid artery just above the bifurcation of the common carotid artery into the internal and external carotid artery at the level of the superior border of the thyroid cartilage.

Innervated principally by the cranial nerve IX the glossopharyngeal nerve through the carotid sinus nerve, as well as parasympathetically through the vague nerve, cranial nerve X. the neurons which innervate the carotid sinus project to the solitary nucleus in the medulla of the brainstem. The solitary nucleus indirectly modulates the sympathetic and parasympathetic neurons in the medulla through the hypothalamus. These neurons then regulate the autonomic control of the heart and blood vessels. The aortic arch baroreceptors are innervated by the aortic nerve which combines with the vagus nerve cranial nerve X.

The carotid sinus is a baroreceptor or pressure receptor that reacts to changes in arterial blood pressure. It functions as a "sampling area" for many homeostatic mechanisms for maintaining blood pressure.

The carotid body is a small ovoid mass of vascular tissue that is located to the medial aspect of the common carotid bifurcation in close relation to the carotid sinus. With the same – similar neural complex to the carotid sinus, the carotid body is a chemoreceptor that monitors the level of oxygen in the blood.

The carotid body is stimulated by low levels of oxygen and initiates a reflex, which increases the rate and depth of respiration, cardiac rate, and blood pressure.

> Carotid sinus Vagus nerve Sternocleidomastoid muscle Right common carotid artery

> > Instagram

Cardiac plexus

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CLINICAL SIGNIFICANCE

The carotid sinus and the carotid body are sensitive sites to stimulation which can drive large scale reflex effects throughout the body. This can be used in therapeutic treatment of resistant hypertension through baroreflex activation.

At this point large scale trauma, may produce massive baroreflex activation causing dramatic falls in blood pressure creating cerebral ischemia.

The carotid sinus often has atherosclerotic plaques because of disturbed hemodynamic or low wall sheer stress creating reflective reversal recirculation. If large unstable and they may predispose to ischemic strokes, transient ischemic attacks, and carotid endarterectomies. The can carotid sinus be oversensitive to manual stimulation, a condition known hypersensitivity, sinus as carotid sinus syndrome or carotid sinus syncope, where large changes in heart rate and blood pressure. This may present in а fluctuation creating fainting or a seizure when pressure builds in one or both carotid sinus

OSTEOPATHIC PERSPECTIVE

The cervical region is the most vulnerable region relative to the neural, vascular, structural, and visceral systems of the body. The pressure in the cervical region around the C5-T1 structural region where the carotid sinus can be found, invariably permeates from distal, inferior, dorsal, and anterior elements of the system in a conglomerate compounding effect that creates а hemodynamic sensitivity.

Therefore, the safest method of approach and the most common in resolution of symptoms and dysfunction, regarding the inadvertent build-up of pressure in the carotid sinus and body can be through the pelvic housing and the thoracic cage. This may begin to subdue pressure fluctuation through the central and autonomic nervous systems through improved regulation reducing vasospasm and mediating vagal tone.



The key for any vessel or neural pathway in reducing the increase of static load on a tissue is the flow space and channels that create space for potential circulation and expansion of all tissue to work effectively. Once a vessel must work against resistance an increase in hemodynamic fluctuation may be realised reflective creating recirculation activity that will raise parameters of tolerance. This can bring hypersensitivity to sensory receptors potentially invoking а conduction system operating on an overwhelmed basis with poor recovery or mitigation of damage.

The cervical region and cranial vault can often be dependent on what they rest or are situated upon. This may often be the case with a broad flat expansive thoracic cage enabling cardiopulmonary function. A pelvic housing and trunk that provides a base of support for proportional load bearing and balance for equilibrium maintaining a central format for the delivery of even dynamic pressure.



Dr. James C. Phillips Osteopath, Director Marquee Health Clinic







Rolling and tumbling along with learning to fall are exercise principles that can bring a different level of dexterity in how to control and protect the body when meeting the ground safely.















Both forward and backward rolls including side rolls demonstrate coordination of the body in unity when compact spreading the load of impact in a dynamic way to avoid absorbing heavy impact with too much

specific contact.

Rolling should be fluent, rhythmic while enabling the body to move and proceed to another position whether within to form of grappling sports or demonstrating control and accuracy in mechanical and functional flight.

The skill of being able to roll when meeting the ground develops the protective mechanisms that will prevent using the outstretched arm and hand when meeting the ground and therefore often damaging the small bones, joint and ligaments of the wrist which can be difficult to heal properly.

The art of rolling ensures fundamentals and grounding are in place to safely pursue further levels of skill. Therefore, the ability to roll smoothly and effectively gains a foundation of skill, expertise, and safety.



Dr. James C. Phillips

Osteopath, Director of Marquee Health Clinic



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