AWISH
Arthritis West Island Self Help Association
www.awishmontreal.org

Joint Effort Newsletter

Summer 2026

In your community
39 years
Since 1987

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In this issue…

Arthritis West Island Self Help Association

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CARPAL TUNNEL SYNDROME

Medical Review: Kathleen Romito MD - Family Medicine & Adam Husney MD - Family Medicine & E. Gregory Thompson MD - Internal Medicine & Herbert von Schroeder MD, MSc, FRCSC - Hand and Microvascular Surgery

Source: (Read full article online)
November 9 2022 Author: Healthwise Staff

Condition Basics

What is carpal tunnel syndrome?

Carpal tunnel syndrome is numbness, tingling, weakness, pain, and other problems in your hand that are caused by pressure on the median nerve in your wrist.

The median nerve and several tendons run from your forearm to your hand. They pass through a small space in your wrist called the carpal tunnel. The median nerve controls movement and feeling in your thumb and first three fingers. It doesn't control movement of your little finger.

What causes it?

Pressure on the median nerve causes carpal tunnel syndrome. Activities that cause repeated movements and vibration can cause this pressure. Sometimes the cause isn't known. Thyroid problems, diabetes, and pregnancy are some of the things that make carpal tunnel syndrome more likely.

What are the symptoms?

Carpal tunnel syndrome can cause tingling, numbness, weakness, or pain in the palm side of the fingers and hand. Some people may have pain in their arm between the hand and the elbow. Symptoms most often occur in the thumb, index finger, middle finger, and half of the ring finger.

How is it diagnosed?

To diagnose this syndrome, your doctor will ask about health problems that could cause the condition. The doctor will ask about your routine and any recent activities that could have hurt your wrist, arm, or neck. You will get a physical examination, including comparing the strength of both hands. You may need nerve tests.

How is carpal tunnel syndrome treated?

You can treat mild symptoms of carpal tunnel syndrome with home care. This includes wearing a wrist splint, icing your wrist, and avoiding activities that cause the problem. Corticosteroids taken by mouth or by injection are a treatment option. Surgery may be needed when you have severe symptoms and when other treatments haven't helped.

Continued on page 5

MEDICAL PARTNERS of AWISH - Rheumatologists: Dr. Elizabeth Hazel | Dr. Marie Hudson | Dr. Mary-Ann Fitzcharles | Dr. Michael Starr

HIP FRACTURES: A DEADLY THREAT TO THE ELDERLY

Source: April 5 2026 - Martine Caron, clinical nurse - Salut Bonjour (Loose translation)

Among seniors over the age of 80, 28.6% will die within a year of the fracture

Hip fractures are a major concern for older adults, as they often lead to death. It is not the fracture itself that causes death, but rather its consequences.

Some statistics

First, it's important to note that 95% of hip fractures are caused by a fall. Among seniors over the age of 80, 28.6% will die within a year of the fracture. Between 10% and 30% of those injured become dependent on others for daily activities, and 25% will need to move into a long-term care facility. A hip fracture is therefore no trivial matter.

Treatment: Surgery

To reduce pain and enable the patient to regain mobility as quickly as possible, it is important to perform emergency surgery on a person with this type of fracture. The risks associated with major surgery increase with age and depending on the patient's underlying medical conditions. For example, an elderly patient with chronic lung disease or advanced dementia may not be a candidate for surgery, as the risks outweigh the benefits.

Postoperative Consequences

One of the common complications following surgery is delirium. The INESS defines delirium as "an acute and fluctuating impairment of mental status, as well as a disturbance of attention and consciousness." In short, the patient is confused, sometimes aggressive, and sometimes very drowsy. This condition is usually temporary, but it makes it difficult to provide the necessary postoperative care. Delirium can delay recovery or even compromise it. According to the literature, on average, 35% of patients over the age of 60 develop delirium after surgery. In older adults, this temporary confusion can also be caused by severe pain or by the painkillers used to relieve it. Patients with cognitive impairment are at even greater risk.

Here are some of the other serious complications that can arise following a hip fracture, whether or not it has been surgically treated:

- Reduced mobility can lead to the formation of a blood clot. This clot can travel to a limb (thrombophlebitis), the lungs (embolism), or the brain (stroke).
- Pressure ulcers (bedsores), which are painful and can lead to infection.
- Deconditioning.
- Pneumonia.

Deconditioning

Deconditioning is defined as the set of functional and cognitive impairments associated with immobilization. In short, it is a loss of independence. Thus, an older adult who was fully independent and had all their cognitive faculties intact before the fracture may not return to their previous state. The extent of this loss of independence will vary depending on the person's prior health status and medical history.

Rehabilitation

Rehabilitation following recovery is no easy task. Many older adults suffer from osteoporosis. This condition affects the healing process following fractures and surgery. Residual chronic pain is common. Since normal aging leads to a loss of strength and muscle mass, rehabilitation exercises and relearning how to walk are often difficult. The patient's nutritional status and cognitive function influence their ability to rehabilitate.

Unfortunately, the severity of a hip fracture is not overstated. This injury has numerous consequences and can pose a real threat to the patient's survival. A full recovery is possible, and during hospitalization, measures are taken to prevent complications. Each patient is evaluated on a case-by-case basis, and it is important to discuss this thoroughly with your doctors.

DIABETES, OBESITY, AND STROKE: THE DANGERS OF SITTING FOR LONG HOURS

Loose translation

Source: *Louis-Philippe Messier – Saturday, April 18 2026*

Spending long hours sitting in a chair can lead to serious health problems.

Alcohol and cigarettes are well known to cause health problems, but spending long hours sitting down can also lead to serious illnesses, such as diabetes, obesity, and even strokes.

Are you one of those people whose job requires them to sit still for long periods of time? Do you travel by car? Do you spend most of your free time sitting in front of a screen?

All those hours spent sitting could end up killing you because a sedentary lifestyle is a very real risk factor, warns a Quebec cardiologist.

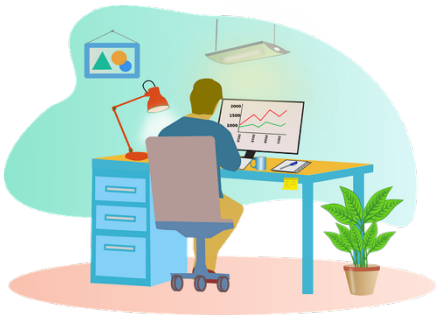
"A sedentary lifestyle is an epidemic for which there is no vaccine: it takes at least a little willpower on the part of the person sitting down to get up," explains Dr. Gilles Goulet.

Long hours of inactivity in your chair shorten your life just as surely as excessive alcohol consumption or drinking soda.

"With the chair we no longer get up from, [we see] obesity starting at an increasingly younger age, then diabetes about ten years later, and then the risk of cardiovascular disease about a decade after that as well," the cardiologist explains.

"We're seeing young people who will be [at risk of] strokes at age 45, whereas [this used to occur] mainly after age 60 in the past," laments Dr. Goulet.

Just like smoking



Even if your office chair is ergonomic and your armchair at home is wonderfully plush, sitting isn't necessarily good for you.

"Sitting is the new smoking," as James Levine, a professor of medicine at the Mayo Clinic, has already put it.

Just as society in the 1940s and 1950s underestimated the dangers of smoking, our society normalizes the overuse of chairs.

In 1999, Dr. Levine, author of the bestseller *Stand Up: Why Your Chair Is Killing You*, pioneered the use of desks equipped with treadmills.

"I really like this analogy with smoking because it can disabuse people of the notion that they're safe just because they're sitting in a chair," says Dr. Goulet.

"People aren't getting enough exercise. Exercise is what would prevent many of the diseases that cost society a fortune in medication," says the doctor, who lives in a home equipped with a blood pressure monitor available for everyone to use.

Dr. Goulet launched the website icardio.ca to help people adopt healthy habits for their cardiovascular health, but he remains pessimistic.

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AWISH SEASONAL CALENDAR - SUMMER 2026

For more information on programs & activities by AWISH - contact us
www.awishmontreal.org | 514-631-3288 | arthritis@awishmontreal.org

EXERCISE CLASSES – pre-registration is required

WHAT ARE THE AWISH EXERCISE CLASSES LIKE?

Led by a certified fitness instructor, in each 90 minute low-intensity exercise class you'll go through a range of motion exercises while standing, sitting and lying down on a mat (or sitting on a chair), followed by a relaxation period.

DO I NEED TO HAVE ARTHRITIS TO ATTEND A CLASS?

No - our program is open to everyone! Our classes help promote strengthening muscles, protecting your joints, improving balance, relaxation techniques and more. It is designed to meet individual needs and abilities.

NOT SURE? ASK ABOUT OUR 1 WEEK FREE TRIAL CLASS – GIVE IT A TRY!

Become an AWISH member
$30/year

DORVAL

Sarto-Desnoyers Community Centre - 1335 Chem. Bord-du-Lac-Lakeshore

WEDNESDAYS
10:00 am – 11:30 am

July 8, 15, 22, 29
August 5, 12, 19, 26

8 weeks | $72 AWISH member | $80 non-member

PIERREFONDS

Gerry-Robertson Community Centre - 9665 Boulevard Gouin Ouest

TUESDAYS
10:30 am – 12:00 pm

June 30
July 7, 14, 21, 28
August 4, 11, 18

8 weeks | $72 AWISH member | $80 non-member

Option to register online: Services Page

Full session payment is required prior to start date. Contact us for cancellation policy, to register & more information.

Visit www.awishmontreal.org/services - or scan the QR code above - to view full list of Events & Services

Follow our Facebook Page to stay up to date on events & services!

INFORMATION SESSION – SUNDAY OCTOBER 18 2026 2-4pm

Sarto-Desnoyers Community Centre - 1335 Chem. Bord-du-Lac-Lakeshore

FREE EVENT

Open to the public

More info to follow

- Local community organizations will have information booths
- Guest speaker: Dr. Mary Ann Fitzcharles
  (time & arthritic subject to be confirmed) followed by a Q&A

AWISH SOCIAL BRUNCHES are held every 3rd Sunday of each month. Contact AWISH for more information. We hope you'll join us for a good (pay-your-own) meal & conversations!

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Cause

Carpal tunnel syndrome occurs when a combination of health conditions and activities puts pressure on the median nerve. The median nerve passes through the carpal tunnel in your wrist. This pressure leads to symptoms.

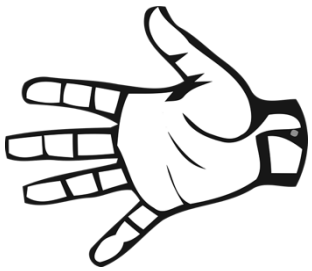
Anything that decreases the amount of space in the carpal tunnel or increases the amount of tissue in the tunnel can lead to carpal tunnel syndrome. So can anything that makes the median nerve more sensitive.

Things that help cause carpal tunnel syndrome include:

- Conditions or illnesses that can cause or contribute to arm pain or swelling in the joints and soft tissues in the arm, or to reduced blood flow to the hands. These include obesity, rheumatoid arthritis, pregnancy, diabetes, and hypothyroidism.
- Repeated hand and wrist movements. They can cause the membranes around the tendons to swell (tenosynovitis).
- Broken wrist bones, dislocated bones, new bone growth from healing bones, or bone spurs. These can take up space in the carpal tunnel and put more pressure on the median nerve.

Carpal tunnel syndrome is a common work-related condition. It can be caused by work that requires:

- Forceful or repetitive hand movements.
- Hand-arm vibration.
- Working for long periods in the same or awkward positions.



Carpal tunnel syndrome is even more likely if you have these work-related issues along with other health conditions.
In some cases the cause of carpal tunnel syndrome can't be found.

Prevention

In daily routines at home, at work, or while doing hobbies, think about changing activities in which you make repeated finger, hand, or wrist movements. Train yourself to use other positions or techniques that won't stress your hand or wrist.

- Take good care of your general health.
  This includes staying at a healthy weight, not smoking, and getting regular exercise.
- Keep your wrists straight, or only slightly bent, and in line with your arms.
  Avoid activities that bend or twist the wrists for long periods of time. Use hand and wrist movements that spread the pressure and motion evenly throughout your hand and wrist.
- Take breaks often, and rest your hands.
- Switch hands and change positions often when you are doing repeated motions.
- Use your whole hand to grasp an object.
  Avoid gripping with only the thumb and index finger. This can stress your wrist.
- Stop any activity that you think may be causing finger, hand, or wrist numbness or pain.
  If your symptoms improve when you stop, resume that activity gradually.
- Wear a wrist splint when you cannot control your wrist motion, such as while sleeping.
  A splint can keep your wrist in a neutral position and reduce the stress on your fingers, hand, or wrist.

WORDS OF WISDOM

Source: Woman's World - 22-06-2004

Revel in the little things that give each day meaning.
Create your best life! Enjoy who you are – other people do!
Let a dream sweep you off your feet!
Be true to you – you mean so much to so many!

AWISH AT A GLANCE – SERVICES OFFERED

- **Workshops + Tip Sheets**
- **Exercise Classes:** 4 sessions a year, held in 3 locations: DDO, Dorval, Pierrefonds. See p.4: special summer schedule.
- **Monthly Social Lunches**: Held monthly at local restaurants, contact AWISH for information on how to join us!
- **Community Presentations & Outreach Program:** Public or private settings, invite AWISH to give a presentation and/or have an information booth at your event!
- **Quarterly Newsletter**: Joint Effort – this is it, published in-house. Enjoy!
- **Public Events:** "*Community Information Day – Arthritis Rendez-Vous*" Financial support is essential in order for us to continue offering on an annual basis, and free to the public, an all-day event that features local businesses and organizations, guest speakers presenting topics on arthritis (followed by a Q&A with the audience) and more!
- **Young Adults with Arthritis Program:** We are aware that this group of arthritis sufferers need community support through various AWISH programs planned specifically for them - financial support is essential to do this.

MANY THANKS TO OUR SUPPORTERS!

It is with their continued support that AWISH is able to better serve the community.

ADD YOUR LOGO BELOW: HELP US FUND SERVICES - DONATE TO AWISH

The Dr. J. David & Doris Roger Family Fund

Leah Schwartz estate

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