

BUSINESS & MARKETING CORNER**Tales of a MDT Artic Adventure***Fiona MacKenzie, PT, Dip. MDT***Week 1**

So, what's brought me on this arctic adventure? Well, a love of MDT and travel. That, mixed with a keen interest in helping others in need. After listening Jason Ward's Mechanical Care Forum Podcast highlighting local MDTer, Connie Lee (Episodes No. 144 & 145), traveling north to the arctic seemed like a great opportunity close to home. And, why not? When would I next have an opportunity like THIS?!?



Hospital accommodation for staff is just a short walk from the Health Services Building. I was given a quick lesson on arctic survival day one. As I walked outside, I was quickly made aware I was no longer enjoying spring time in Southern Ontario. The temperature was -25°C with winds gusting at 40-50kms/hr (I am told this is 'normal' and 'not that bad' for spring – winds can get up to 80-100km/hr here!). I pulled up my hood, put my head down and pushed through the cold & resistance. Then, I was quickly made aware of what it means to become 'snow blind'. Being fair and freckled, I am light sensitive at the best of times, but this was significant. Everything is covered in a blanket of white snow here – it's EVERYWHERE! My eyes were squinted so much that I could barely see! To make matters worse, I suddenly became aware of the need for foot traction in the arctic. In seconds, I was lying flat on my back, feeling like the ground came up and hit me... it did... and I have the scrapes and bruises to prove it! There are layers upon layers of ice and snow on

the roads and walkways here. The locals wear all forms of foot traction - ranging from chains to simple Yaktrax. I had nothing other than the rubber soles of my boots. I suddenly felt like Bambi on ice! And, at my height, the fall is that much more significant. Or at least it sure felt that way! I can just imagine what the locals thought watching me through their windows - shaking their heads thinking, "What a rookie southerner!"

My job, over my time here, is to assist with the lower priorities on the wait list. Specifically, priority five (P5) and priority six (P6) patients. These patients are defined as urgent and non-urgent orthopedic referrals respectively, routinely waiting five to six months (often longer) for physiotherapy care.

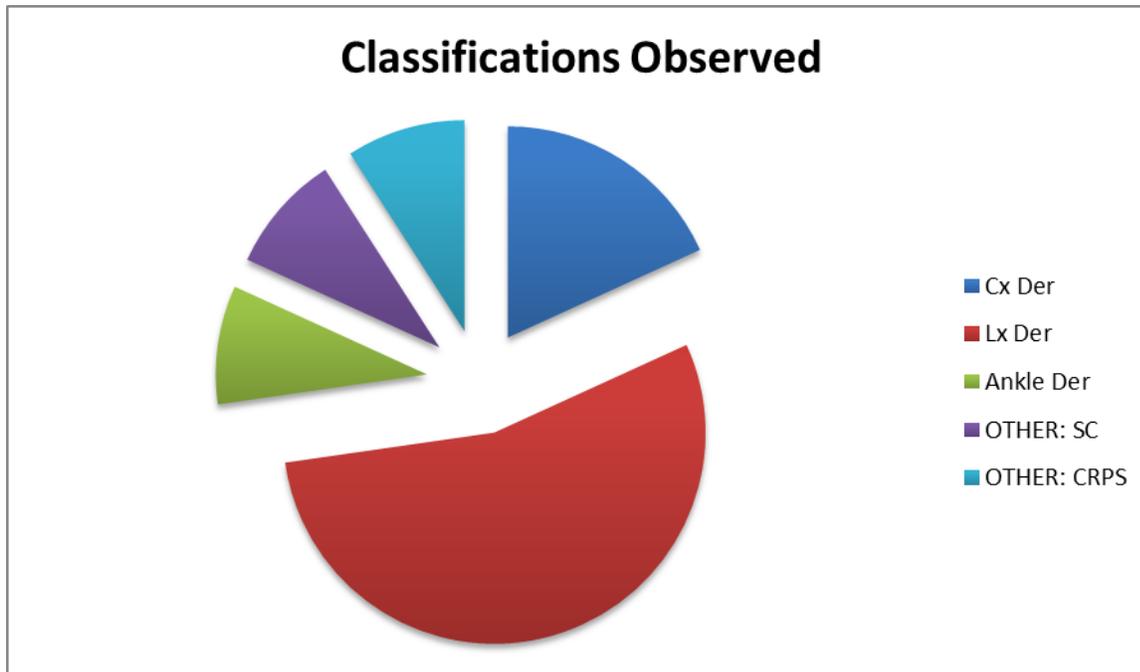


As I started with the P5 patients - a few things became apparent with this group:

- Patients are referred by locum doctors as there are no local family physicians.
- 42% of patients experienced resolution of their symptoms over the course of time alone, declining any need for treatment when contacted.
- Remaining 58% of patients were still experiencing some form of symptoms and eager for treatment.
- A relatively young patient demographic is served here. Age 48 represents the average age of patients; the youngest being 29 and the oldest being 63.
- The aggravating and easing factors reported here reflect the culture - carving, seal skinning, hide sewing etc.
- Most patients were derangements - surprise, surprise! (see pie chart below)
- MDT is an amazing system and oh-so suitable for the populations serviced here!

So, what did week two have in store? I was hoping for a dog sled expedition and a viewing of the northern lights!

Caseload:



MDT Grand Rounds – Even in the Arctic!



Dog sledding on sea ice!

Week 2

Week one left me hoping to view the northern lights and complete a dog sledding expedition ...

We had a few clear nights here where I went to bed having set my alarm to wake up in the early hours of the morning in hopes of viewing the Aurora Borealis. Unfortunately, Mother Nature had other plans, with clouds and fog disrupting any view that I might have had. We had transitioned from winter to spring, which brought with it more than 20 hours of daylight every day. So, my opportunity has passed. Instead, blackout curtains, tinfoil on the window and/or use of an eye mask became a necessity!

I did, however, manage to arrange an AMAZING dog sledding adventure! Our day started with an introduction to the dogs, their personalities and rank within the Dog Team. We then assisted with harnessing the dogs and loading up our komatik (Inuit sled) prior to our departure. The dogs were howling with excitement of what was to come. We were off with a single command of "Atii" (Inuktitut for "Come on. Let's go!"). While out 'on the land', our guide offered us the option to explore our rebellious sides and navigate the rough sea ice. The tide here is very strong, with the ice changing in height by up to 45 feet daily! In doing so,



the movement of water creates ice jams - so beautiful to observe and SO MUCH FUN to navigate! I was laughing with delight trying so very hard to stay on the komatik when, at times, it was angled at 45 degrees on the roughened ice shelf. I am proud to say that my colleague and I each fell off only once - not bad for rookies (or so our tour guide told us)! When we returned home, we removed the dogs from harnesses, enjoyed a few cuddles with them and then fed them fresh meat as a reward for their hard work. Overall, a memorable experience!

Believe it or not, the weather was quite 'warm' at this point at +2° C! So much so, that we lost a good two feet of our snow base. This created strong streams of water and puddles of mud EVERYWHERE! Gone were our snow boots. Instead, they were replaced with rubber boots. I am certain they were NOT part of the catwalk during Fashion Week in Toronto, but here you'll stick out if you DON'T wear them and you'll be doing laundry a lot more frequently otherwise. When in Iqaluit, do as the locals do!



As I continued my work to reduce the wait list, a few more things became apparent:

I learned more about the non-verbal components of the Inuit language:

- When asked a question, the Inuit respond with 'Yes' or 'No' as expected, but in their own way. Their eyes are opened wide and eyebrows raised for 'Yes'. Alternatively, their eyes are narrowed, brow furrowed and nose scrunched for 'No'. I only had to repeat my questions a few times before I realized the pattern emerging in front of me!

I learned more about the laid-back culture of the Inuit:

- Attendance generally is an issue with the local Inuit community - just look at my stats! More than **33%** of all planned attendances were now-shows or cancellations (see chart below).
- I was told that this issue is part of their culture, but I learned to adapt with this particular patient group:
- Schedule afternoon rather than morning appointments.
- Avoid booking appointments well in advance and instead telephone and schedule patients the day before the available appointment spot.
- **Really, Really, REALLY** focus on the educational component of the patient interaction. Whether it was using patient-specific analogies, schematics and/or simple demonstrations of cause & effect, I applied all strategies I have learned from my mentors along the way!

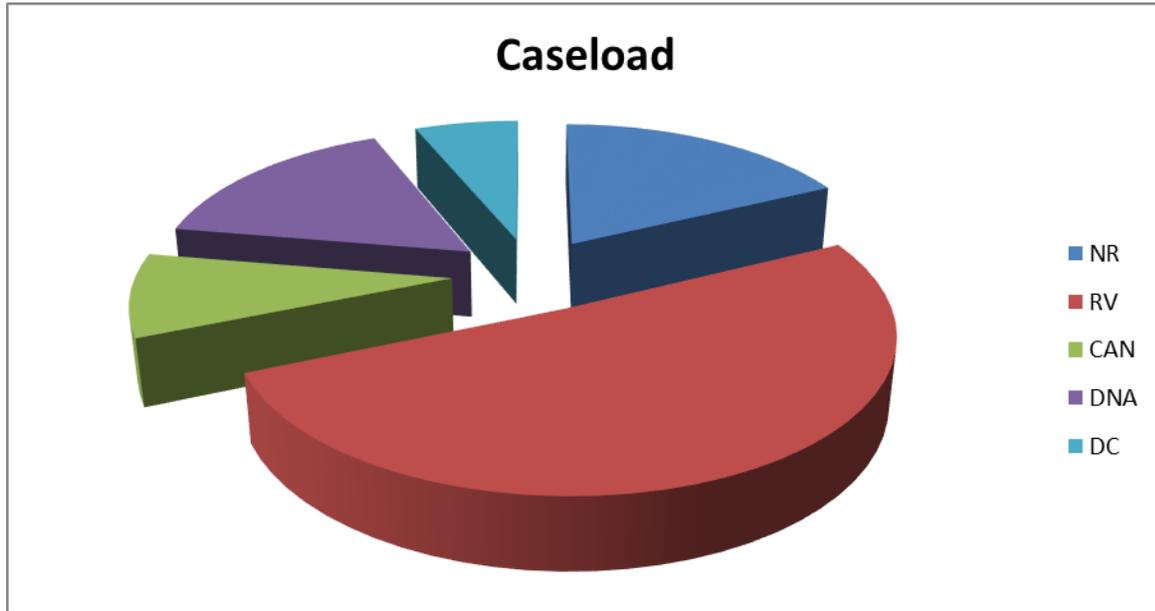
I continued to be impressed with how well-suited MDT seemed to be for the populations serviced here!

- One Inuk woman made me well-up with emotion when she hugged me, so honestly and truly thankful for the care received. I'll never forget her!
- Another Inuk woman made me smile and laugh when her pain fully abolished with posture correction alone - the surprise on her face was priceless. Within seconds, she had pulled out her cell phone and was taking a photo of the OPTP tag on the McKenzie Lumbar Roll so she could order it on Amazon!

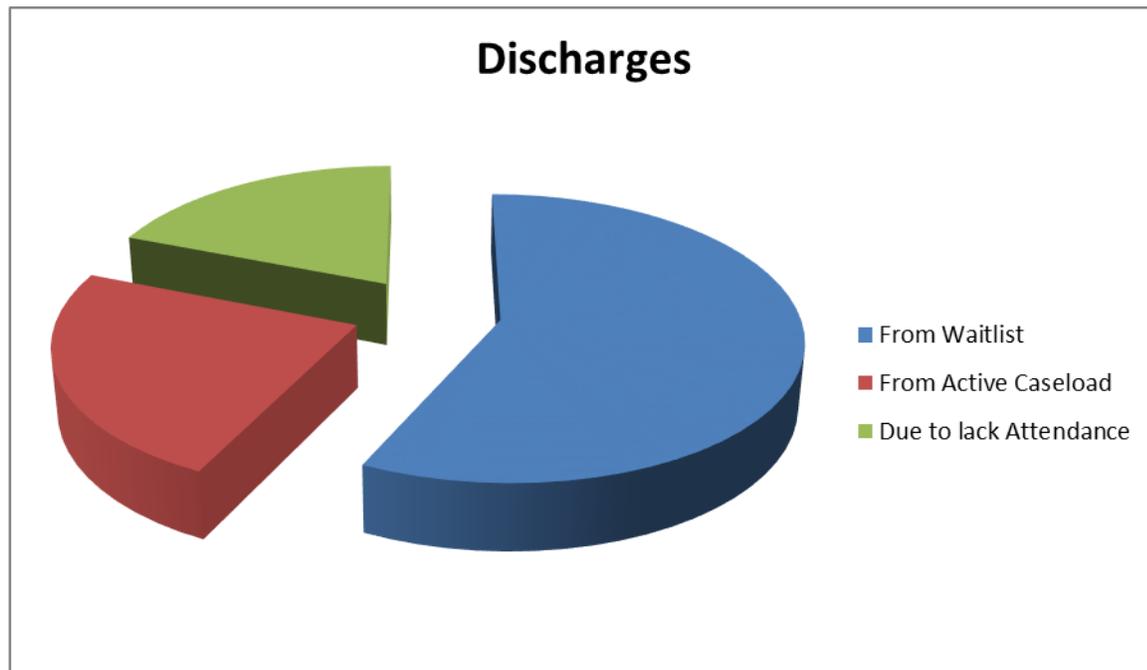
So, what does my future hold? I'm hoping for a return visit - perhaps during the summer season of 2018. I'd love to enjoy some hiking and views of the tundra in bloom at the local Sylvia Grinnell Territorial Park. We'll see!

Graphs:

My caseload:



Wait list discharges:



MDT classifications observed - all categories:

