

Health & Fitness

Structure Fire in Biggs

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MARCH 2013



Upcoming Events in Butte County:

Bidwell Classic 5K & Half Marathon
March 2nd
Bidwell Park

Habits of Health lecture
March 19 1830 hrs.
545 Vallambrosa Ave

Diva Dash 5K & Woman's Half Marathon
May 11th



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The Better-Sleep Diet

by Jessica Girdwain

Want to clock more ZZZ's? Change up your plate. Certain nutrients in your diet—like vitamin C, lycopene, and selenium—are associated with healthier sleep patterns, according to a new study on 4,500 people published in *Appetite*.

Researchers crunched sleep and nutrition data from the National Health and Nutrition Examination Survey (NHANES). They broke people up into four sleep categories: “very short” (less than 5 hours per night), “short” (5 to 6 hours), “normal” (7 to 8 hours) and “long” (more than 9 hours) and examined the participants’ diet patterns from 24-hour food recall interviews.

One key finding from the study: People who ate a more varied diet were more likely to be “normal” sleepers (about 18 foods versus 14 in the shortest sleepers). Eating a variety of foods may indicate you’re consuming more nutrients. In turn, “that may provide the nutritional coverage to help your body work optimally, which, among other things, would translate into better sleep,” says study coauthor Michael A. Grandner, Ph.D., a research associate at the Center for Sleep and Circadian Neurobiology at the University of Pennsylvania. So why’s the sleep-diet connection so important? People who get 7 to 8

hours of sleep at night are generally healthier. Research shows those who log less hours have an increased risk of obesity, diabetes, and heart disease, while sleeping more than 9 hours has been linked to depression.

“This study should remind us that not only is sleep an important part of overall health, but sleep and diet are related to each other,” Grandner says. The reasons why vary—people who sleep better may make more nutritious food choices, or they may make healthy eating a priority. Other studies have shown that sleep loss affects certain hormones that control hunger and appetite.

Although Gardner says his research didn’t uncover why certain foods are related to better sleep, it can’t hurt to eat more of the nutrients identified in the study that help make your night better. Here are five:

Lycopene: A cancer-fighting antioxidant found in tomatoes, watermelon, and pink grapefruit.

Vitamin C: One cup of strawberries or one medium kiwi packs more than 100 percent of your daily value of this heart- and cancer-protective antioxidant.

Healthy Cooking

Avocado and Shrimp Omelet

Ingredients

6 eggs
 2 Tbsp. chopped parsley
 2 Tbsp. lemon juice, divided
 1/4 tsp. salt
 1/8 tsp. hot pepper sauce
 1 large* ripe avocado, diced
 1 1/2 Tbsp. avocado oil
 3 oz. bay shrimp
 3 parsley sprigs

** Large avocados are recommended for this recipe. A large avocado, sometimes called a 40 count or 48 count avocado, averages about 8 ounces.*

If using smaller or larger size avocados adjust the quantity accordingly.

Recipe courtesy of:

California Avocado Commission

Preparation

Beat together eggs, parsley, 3/4 of the lemon juice, salt, and hot pepper sauce; reserve.

Gently toss avocado with remaining lemon juice; reserve.

Heat oil in an omelet pan. (Use a large omelet pan for four or more servings.)

Pour egg mixture into pan.

Cook over medium heat, lifting edges and tilting pan to allow uncooked egg to run under, until set but still moist on top.

Scatter reserved avocado and shrimp over omelet.

Fold omelet in half; heat another minute or two.

Slide onto a warmed serving plate; garnish with parsley sprigs.

To serve, cut omelet into wedges.

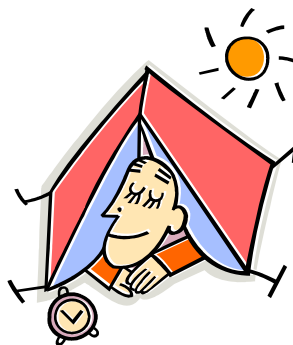


Better Sleep (cont. from Pg 1)

Selenium: An ounce of Brazil nuts or a can of tuna are both excellent sources of this anti-inflammatory that's key for immune function.

Theobromine: Find this heart healthy phytochemical in tea and chocolate.

Lauric acid: Most commonly found in coconut oil. Though it's a saturated fatty acid, studies show that it may improve "healthy" HDL cholesterol without affecting "bad" LDL levels.



“Deep sleep is crucial for muscle recovery, bone mineralization, bouncing back from injuries, as well as illness recovery,” says W. Christopher Winter, M.D., lead study author and a *Men's Health* sleep advisor. “Without proper rest, it's harder for athletes to perform at a pro level.”

Quick Shots

Always keep your heads up for overhead hazards!



And yes, that is a hot tub in the living room of the mobile!
You just never know what you will find.

IAPS Data from February 2013

“SAFETY CORNER”

- Reportable Injuries: 3
- Record Only Injuries: 4
- Injury by Activity:
 - PT: 1
 - Incident: 6
 - Training:
 - Station Duties:
- Injury by Body Part:
 - Head:
 - Torso/Back: 1
 - Extremities: 4
 - Heat Illness:

No significant events or publication releases.

10 Things You Should Know About Aphasia

Aphasia is a catch-all word that describes difficulty in speaking.



Aphasia can range from mild difficulty in finding and expressing words or completing sentences to a complete inability to speak. It is a significant finding in a physical assessment. The patient who presents with a new onset of aphasia has a concerning medical issue. Here are ten things to keep in mind the next time you encounter a patient who is having difficulty speaking.

1) Aphasia can be both receptive or expressive. If someone is having difficulty speaking they are said to be experiencing expressive aphasia. Receptive aphasia is a difficulty in understanding spoken words. A patient who has both receptive and expressive aphasia is said to have conductive aphasia (or global aphasia).

2) The primary area of the brain that assists us with our speech is known as Broca's area. Word associations are also made using Wernicke's area. Most all aphasia is caused by a disruption of the brain's ability to process information in one of these two areas.

3) The primary concern with acute, new-onset aphasia is stroke but it can also be caused by brain masses or lesions, head injury, vascular abnormalities and dementia.

4) Aphasic patients are not necessarily confused. Most aphasia occurs in the absence of confusion and it can be extraordinarily frustrating (and frightening) for the patient. Consider that every

time the patient is unable to speak (or even write) there is something that they desperately want to say.

5) The signs of aphasia may be subtle. If the patient is speaking in an unusual way, slurring, stuttering or having difficulty finding the correct word to say, don't be shy about asking them if this impediment in their speech is normal for them or if it is new. If it is new, try to figure out when it started. People who live alone may have aphasia for a significant amount of time before they recognize their own aphasia.

6) Broca's area is located just in front and to the left of the brainstem, bordering on the frontal cortex. This makes aphasia a left-sided neurological deficit. Right-sided brain injury or insult rarely results in true aphasia.

7) While we've been discussing acute onset aphasia, it can also have a slow onset if the underlying cause also has a slow progression (such as sepsis, dementia and brain mass).



This disorder can be highly selective. A patient with aphasia may only have difficulty in speaking but not writing (or vice-versa). They also may only have difficulty naming things like colors, objects or people.

9) A patient with complete aphasia is technically "unable to complete" the Cincinnati Prehospital Stroke Scale (CPSS). If a patient attempts the phrase but is unable to complete it correctly, they have failed the evaluation. If they are unable to attempt the phrase at all, they are recorded as "unable to complete" the exam.

10) Recovering from aphasia after a stroke can take years of speech therapy. Some patients may never fully recover their language abilities.

Hopefully this list will give you a few

things to think about the next time you encounter an aphasic patient. Aphasia may be the only presenting symptom during a stroke or brain injury. When you recognize aphasia, treat it as a medical emergency.



Cincinnati Pre-Hospital Stroke Scale

Facial Droop

The patient shows teeth or smiles.

Normal

Both sides of face move equally

Abnormal

One side of face does not move as well as the other.

Arm Drift

The patient closes their eyes and extends both arms straight out for 10 seconds.

Normal

Both arms move the same, or both arms do not move at all.

Abnormal

One arm either does not move, or one arm drifts down compared to the other.

Speech

The patient repeats "You can't teach an old dog new tricks," or some other simple, familiar saying.

Normal

The patient says correct words with no slurring of words.

Abnormal

The patient slurs words, says the wrong words, or is unable to speak.

Is Work a Laughing Matter?

By: Kit Goldman, President and Founder of Workplace Training Network, Inc.,



With all of the headlines about Workplace Harassment, violence and other scary and depressing issues, I think we need to lighten things up! It's been said that laughter is a survival skill in the often intense atmosphere of the workplace. Well, guess what? It actually is. If you Google "health benefits of laughter", you get 2,240,000 results. The secret is out! Laughter is a great way to promote physical and mental health, the key ingredients of a high performing workplace. Laughter boosts the immune system, lowers stress hormones, decreases pain, relaxes muscles, prevents heart disease and lowers anxiety, among many other benefits.

Laughter is part of the universal human vocabulary. It signals acceptance, positive interaction and membership in a group. There are thousands of languages, but everyone speaks laughter in pretty much the same way. Babies can laugh long before they speak. Did you know that children born without sight and hearing have an inherent ability to laugh? Laughter is uniquely, innately human – like each of us!

As long as the source of laughter is not offensive, hurtful, or at someone else's expense, mirthful moments at work can foster harmony and teamwork. Laughter can also help reduce conflict. It's a lot harder to argue and stay mad at someone when you've shared some healthy laughter! Some people would like to give the gift of laughter, but are afraid to take the risk. A well known survey shows that for many, speaking in public is their number one fear in life. Death was number 2! As Seinfeld observed, "At a funeral most people would rather be in the coffin than giving the eulogy!"

So... if you'd like to improve your humor proficiency and confidence, ask yourself these questions:

- In a seemingly serious situation, what nuggets of humor can I find?

- When faced with a potentially difficult situation, could humor help? Could it lead to a better outcome?
- Am I funnier than I think I am? Less funny? Who will give me an honest assessment of my sense of humor?
- Could I start my next meeting or conversation with a funny story?
- What are the humorous situations in my life that have taught me something?

Here are some tips for keeping laughter safe and appropriate for the workplace:

- Never joke about co-workers' sexuality. You see the headlines about Sexual harassment. Don't become one!
- Don't joke about people's appearance. That is an emotionally charged area.
- Say away from religion, ethnicity, nationality, sexual orientation. Leave "...so a priest, a rabbi, an imam, and a fat mud wrestling midget with a dress and a mustache go into a bar..."

for outside of work.

- Avoid joking about bodily functions.

Yes, yes, we are talking about keeping your humor politically correct in the workplace. This can be challenging if the atmosphere of your workplace is down-to-earth and "family-style". However, we must resist the urge to approach the boundary of harassment for a laugh. It's not worth it! You can achieve healthy humor that enriches and enhances your workplace without it. Stick with humor everyone can enjoy, support, and relax with — good-hearted laughter that gives those great mental and physical perks! So... what are some fairly safe "targets" for getting laughs?

- Yourself! Your own flaws and quirks. Making lighthearted jokes about yourself puts people at ease and brings them closer to you. They can relate. Humility is charming!

- Situations you all face, i.e.

new regulations, how busy it is, the industry, difficult customers you all deal with (with no customers present, of course!)

- Personal characteristics with low ego-involvement. Most of us are sensitive about appearance, but we're less invested in other aspects of ourselves. For example, I don't mind colleagues sharing laughter with me about my bad handwriting, my raucous laugh, or how grumpy I am when I get up at 5 a.m. for pilates and there's no coffee going when I get there! They do it with affection for who I am, not with disdain or ridicule.

We've been using humor as a powerful training tool for 20+ years. We've learned that people are much more open to learn when we laugh together. Even the most resistant employees are engaged and enlightened once we get them to relax and laugh a little!



5 New Moves to Reveal Your Abs

By: Jill Yaworski

Leave the crunching to the accountants this tax season. "If you want to reveal your six-pack, you need to blast your abs and strip away the fat that covers them," says BJ Gaddour, C.S.C.S., metabolic training expert and owner of StreamFit.com. One of the best ways to do that: mountain climbers, which strengthen your entire core and send your metabolism through the roof. That's why this Train for Life challenge includes five—yes, five!—demanding variations of the the exercise. Each version is harder than the next. Will you make it to the summit of Mount Metabolism?

Here's how it works: You'll perform 20 reps of a mountain climber variation, and then move on to the next variation. Continue like this until you've finished all five variations.

MOUNTAIN CLIMBER

Assume a standard pushup position. In one smooth motion, bring your right knee toward the right side of your chest. Then bring your left leg forward while extending your right leg back. Avoid any lower back movement throughout the exercise. Continue alternating your knees to your chest. Do 20 reps.

SPIDER CLIMBER

Assume a standard pushup position. In one smooth motion, bring your right foot to the outside of your right hand. Then bring your left foot forward next to your left hand while extending your right leg back. Continue to in an alternating fashion for 20 reps.

DIAGONAL MOUNTAIN CLIMBER

Perform a standard mountain climber, but bring your knees to your left elbow with each rep. Do 10 reps. Repeat with the right elbow.

CROSS-BODY CLIMBER

Perform a standard mountain climber, but bring your right knee toward your opposite (left) elbow. Then bring your left knee toward your right elbow while extending your right leg back. Continue alternating for 20 reps.

SIDE-TO-SIDE CLIMBER

Get down on your hands and knees. With your back straight, fully extend your right leg to your side until it forms a 45-degree angle to your body. Lift your left knee a couple inches off the ground. This is the starting position. In one smooth movement, switch your leg positions so your right knee is hovering above the floor and your left leg is extended to your side. That's 1 rep. Continue to alternate back and forth for 20 reps.



The Need to "Cool Down"

Cooling down after exercise is just as important in reducing the risk of injury as the warming up process before exercise. Cooling down means gradually slowing down the level of activity.

The major purpose of warming up is to prepare the body and mind for rigorous activity, whereas that of cooling down is to assist in recovery and to bring the body back to a pre-exercise or pre-workout state.

Returning back to the normal state

Cooling down also helps the heart rate and breathing to return back to normal. Cooling down after exercise helps prevent dizziness and needless pain. During a rigorous workout, the body experiences a number of stressful processes.

Muscle fibers, tendons and ligaments tend to undergo a lot of strain, and waste products build up inside the body. Cooling down after exercise, if performed correctly, will help the body flush the toxins and release the strains.

Post Exercise Muscle Soreness, also referred to as Delayed-Onset Muscle Soreness (DOMS), is one of the areas where cooling down after exercise is most useful. This is the soreness that is generally faced the day after a strenuous workout.

When exercise is suddenly stopped, blood and waste products like lactic acid (a chemical effect of muscular fatigue), stay in the muscles, which can cause swelling and pain. This process is frequently referred to as 'blood pooling'.

Cooling down after exercise helps in returning the blood to the heart in adequate quantities to relieve the muscles off lactic acid. The circulating blood also carries with it the oxygen and nutrients required by the muscles, tendons and ligaments for repair and growth.

The three elements for cooling down

An effective process for cooling down needs to include three major parts to guarantee a complete restoration of the circulation system. These are gentle exercise, stretching and re-fuel. All of these three elements are equally important and none of them should be ignored or treated as unnecessary.

They work jointly to repair and replenish the body after exercise. Dizziness, nausea and a 'worn out' feeling are usual symptoms of an inappropriate cool down process. For an effective cool-down, carry out a low intensity exercise for a minimum of 5 to 10 minutes and follow this with a stretching routine.

Also you can either carry on with the current exercise while gradually slowing its intensity, or jog or walk briskly for a few minutes, making sure that these activities are lesser in intensity as compared to the exercise previously performed.

During the cooling down process, after the heart rate has been lowered, stretch all major muscles, particularly the ones that have just been worked on. Every stretch ought to last for at least eight seconds, with longer stretches and repeats for those muscles that feel particularly sore.

The last part of the cooling down after exercise process involves the re-fuel, just as proper nutrition is needed before exercise to provide the fuel needed for activity, the body requires nourishment for the after exercise process of building muscles so water, minerals and carbohydrates are all needed.

Helping Firefighters Deal with Psychological Stress from Job's Routine and Extraordinary Events

Research and lessons learned from 9/11 supports alternative to mandatory debriefings

Are mandatory debriefings following traumatic incidents always in everyone's best interest? Research and lessons learned from September 11, Charleston, and other events show the answer is no. Immediately sending in counselors has become a standard procedure, but work sponsored by the National Fallen Firefighters Foundation (NFFF) makes it clear it's time to move forward from a "one size fits all" approach. At an international conference on Friday, March 1, the NFFF introduced a new Behavioral Health Model that changes the way the fire service assists firefighters and others on the path to healing. It is based on the concept that no two firefighters will necessarily have the same reaction - not even to the same call.

"Years of accumulating research involving leading experts in the field of recovery from traumatic events, as well as our own work after September 11, helped us develop this new model," said Chief Ronald Siarnicki, executive director of the NFFF. "We realized not all firefighters want or need to sit in a room immediately following a distressing situation and talk about their experience. Instead, they want to know what resources are available to them and their families and how they can access those resources when necessary."

The Behavioral Health Model reframes existing debriefing practices by recognizing how different people react to and cope with traumatic situations. The model emphasizes that people have varying stress thresholds that need to be considered when offering assistance following a traumatic event.

"This new model reminds us that a person's experiences, values and beliefs can impact how they react to any call," explained Siarnicki. "We believe this new model will give the fire service a better path to implementing a more comprehensive approach to helping our nation's firefighters and their families find assistance when and if they need it."

A new program, Curbside Manner, was also introduced during the conference. Based on the NFFF's Stress First Aid for Fire and EMS Personnel, this new course helps firefighters provide more compassionate care during an incident. It's based on more than two decades of research on how victims recover from traumatic events.

For more information about the new Behavioral Health Model go to www.lifesafetyinitiatives.com.



www.EveryoneGoesHome.com

EVERYONE GOES HOME
FIREFIGHTER LIFE SAFETY INITIATIVES

CE Answer Sheet: Aphasia

Complete this answer sheet from the previous CE article and forward it to the Training Office for grading and credit. (1 CE hour Credit for successful completion)

1. Aphasia is only a minor concern, if found present.

- True
- False

2. Receptive aphasia references the patient understanding the spoken word.

- True
- False

3. The Broca and Wernickies areas are the two major structures of the brain involved with speech.

- True
- False

4. Stroke is the only cause of complete aphasia.

- True
- False

5. Confusion and aphasia are often accompanied, in terms of symptoms, with each other.

- True
- False

6. Aphasic patients can't understand what you're saying.

- True
- False

7. Slow onset aphasia will generally always be noticed by the caregivers.

- True
- False

8. Pre-hospital providers should attempt to see if an aphasic patient can write down what they want to say.

- Yes
- No

9. Can an aphasic patient complete the entire Cincinnati Stroke Scale?

- Yes
- No

10. Recovery is fairly quick after having a CVA with related aphasia.

- True
- False

Station:

Name:

Comments:

Cohasset Outbuilding Fire



For Suggestions or Comments:

CAL FIRE / Butte County FD

176 Nelson Ave

Phone: 530-966-8682

Fax: 530-879-3433

E-mail: Mike.Waters@Fire.Ca.Gov

"Let No Man's Ghost Say His Training Let Him Down!" -Unknown Author