

# Under Chef's Hat

I am delighted to introduce our very own Ester Jarosz RD CDE, our Registered Dietitian who is an integral and vital component of the Nutrition and Food Services Team at Christie Gardens.

Registered Dietitians are regulated health professionals who are trained to provide advice and counselling about diet, food and nutrition.

Ester Jarosz is Christie's Registered Dietitian. She has worked with us since 2008 assessing and monitoring the nutritional health of the residents on our care floor.

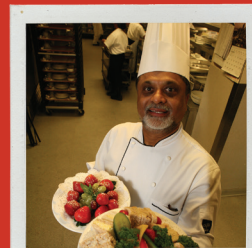
Ester has been a registered Dietitian for over 20 years and is also a Certified Diabetes Educator. She completed her undergraduate degree in nutrition at Ryerson, followed by a dietetic internship at St. Michael's Hospital. Ester subsequently worked at St. Michael's Hospital for

10 years and then moved onto Long Term Care and Retirement where she has worked for the past 10 years.

Starting September 2015 in the Wellness Centre, Ester will be available to provide nutritional consultations regarding weight loss strategies, healthy eating, lowering cholesterol, diabetic diet, IBS, low sodium choices, and options for a declining appetite.

If you have any nutritional or food related questions please feel free to book an appointment at the Wellness Centre starting September.

Enjoy! Eat Well! Be Healthy! Live Long!



Chef Joseph Stevens



## Healthy Living Fair



On October 1, 2015 we will hold our 6th Annual Healthy Living Fair.

The Healthy Living Fair is an event that brings people together to learn about key services that can be accessed through our Wellness Centre that promote healthy and active lifestyles and each individual's capacity to achieve their full potential.

This event also provides our local community and family members caring for loved ones in the area

access to health information on topics ranging from hearing loss, fitness, eye and dental health to finding the right tools one needs to maintain independence.

Past events have given individuals the ability to make informed choices as well as providing the opportunity for health related service providers and businesses to connect with the community here at Christie Gardens and outside our walls.

Our goal is to provide an event that will be a fun way to help seniors navigate the unique opportunities for living a healthy life.

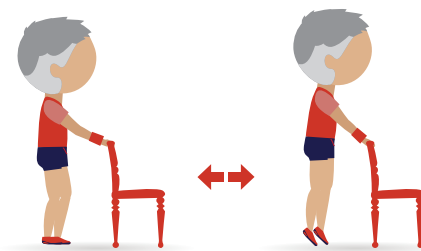
## Body Mechanics: The Standing Calf Raise

The calf muscles are found at the back of the lower leg. Their role is quite basic: they flex the foot and lower leg. In other words, when we are walking or running, the calf muscle helps to "push" us forward. Calf muscles also absorb a large amount of shock when doing stairs.

Essentially these "shock absorbers" work tirelessly as they help to protect our knees, hips and spine.

No wonder they get cramped up from time to time! Cheers to your Health!

Jeff Dubé, BSc, PTS, ATC  
Fitness Program Coordinator



- 1 Standing behind a strong chair with our hands resting on the back, we place our feet in a neutral position. We raise ourselves up on our tip toes, as high as we can while exhaling ...
- 2 We remain at the top for a count of one second, and then slowly descend while inhaling. Try to avoid letting the heels touch the floor as this will ensure that the calf muscles remain contracted for the entire exercise.



600 Melita Crescent  
Toronto, Ontario M6C 2V3  
(416) 530-1330  
www.christiegardens.org

## Wellness Quarterly

wellbeing news, advice, and opinions from christie gardens staff and residents

Fall 2015

Volume 1, Issue 3

Editor-in-Chief:  
Heather Janes

Design and Art Direction:  
Diana and Jim Sweatman

Contributors:  
Jeff Dubé, Claudia Osmond, Silk-Anne Kaya, Diana Sweatman, Jim Sweatman, Joseph Stephens.



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## Did You Know?

→ there are over 8,000 varieties of apples

**8,000**

→ the world's tallest tree measures over 360 feet

**360**

→ the Arctic Tern migrates over 11,000 miles each way

**11,000**

→ Registered Dietitians complete 1,200 practice hours during internship

**1,200**

→ a medium-sized apple contains 4.4g of fibre

**4.4**

→ 11% of the world's population are left-handed

**11**

→ your liver performs over 500 different functions

**500**

# The Importance of Periodization

The goal of the Christie Gardens Fitness Program is to help improve and maintain the independence of the residents. Central to this program is the development of strength, or the capacity to lift or move a heavy object. Without strength we cannot improve our endurance, agility, balance or coordination.

When an individual begins or adjusts their strength-based exercise program, the body experiences three phases of change:

## 1. SHOCK

With this new exercise stimulus the body is shocked, soreness develops and performance actually decreases. This is partially due to the millions of tiny muscle fibres that have been challenged and actually torn through the increased intensity of exercise. It's ok though, this is supposed to happen!

## 2. ADAPTATION

The second phase is adaptation to the stimulus of exercise, whereby the body adjusts and performance increases. Those torn muscle fibres have now adapted by becoming stronger, larger and have even multiplied. Furthermore, the muscle cells have increased their sugar storage efficiency. Therefore more energy! But it doesn't end here. The nervous system, which sends signals from the brain to the muscles to contract, continues to develop by embedding itself deeper into the muscle tissue (like tree roots in the soil). This enables the muscles to respond far more effectively than before.

## 3. MAXIMIZATION

The third phase is maximization, and adaptations no longer occur. Once we have reached this plateau it becomes vital to readjust the exercise program and shift it back to phase 1 in order to stimulate muscle growth once again.

This program cycling is termed **periodization**. By regularly varying the volume of work, intensity of exercise, number of repetitions, or the exercises selected we are able to achieve a continuation of strength gains over time.

The programming that we provide at Christie Gardens takes these considerations into account as your improvement is central to our vision. This September we will be adding newer elements of periodization into the fitness program in order to further achieve this goal. We hope that you enjoy the “changes” and “adapt” well. And as always please come to us with any questions or concerns.

Jeff Dubé, BSc, PTS, ATC  
Fitness Program Coordinator

# Profile: A Conversation with Dr. James Stewart



Dr. James Stewart

Dr. James Stewart recently joined the Wellness team at Christie Gardens. We asked him some questions so that we can get to know him a bit better. Here is an excerpt of our interview:

**CG:** You had a fairly different journey into medicine, can you tell us a bit about that?

JS: I grew up in Northern ON and was the first person in my family to attend University. I started out in the mining industry as a miner, digging ditches and tunneling, and eventually got into the management side of mining: occupational health and safety, risk management, industrial firefighting, educational training etc... But it was time for a transition, so I started doing occupational health and safety risk management in hospitals. I was able to bring my experience and some international accreditations to this setting. I spent about five years doing this and helped to amalgamate some northern hospitals. But I realized that I required more education because I had hit a plateau, so I started on my grade 13 while I worked. I then started my undergraduate degree but with what was happening with the provincial government at the time with restructuring the management of hospitals it was actually better for me to leave my position. I then pursued my education even further and applied to medical school after completing my last year of undergraduate science.

*“I started out in the mining industry as a miner, digging ditches and tunneling ...”*

I completed my residency in 2003 and since then have had experience in family practise and emergency medicine. I look after my own inpatients in hospital and I do a lot of work around medical politics including working with the OMA to advocate for physicians and represent them through government policy development. I am currently the secretary of the OMA so, assuming I continue to get elected to my position, I will be on track to become the president of the OMA in about five years or so.

**CG:** What attracted you to Christie Gardens?

JS: With my family practise in North Bay I had a very wide demographic but I also had a lot of elderly patients. The elderly are a population that I always enjoyed working with because interactions with them are more interesting and their medical problems are more challenging. So I started looking around for a position in this area. I came across Christie Gardens, met with Heather Janes, and had a few trial clinics. I was very pleased and found Christie to have a very interesting dynamic. I have worked on LTC floors, hospitals, and

institutions and the feel of this place is just totally different; it's got more of that homey feeling.

**CG:** How would you describe your philosophy and approach to elder care?

JS: I don't know if the approach to elder care is much different from the care you would provide to anybody else. I think that the first approach to care is that everyone is a person first. It should always be about the person and their family as a whole unit. From a purely medical perspective it's certainly much more complicated because you need to take a look at the context of the disease with respect to the person, because not everyone will want something to be done about everything. We're in an over-medicalized society where we just want to do things to people because we think we should or we don't know any better or we don't feel comfortable not doing something. We have to respect the wishes of the individual or the family making these decisions. The thing about elder care is that technology and medicine evolved at such a phenomenal rate that we have to be really cautious about how we use it and how we explain it and how we get the families engaged in the decisions. We also have to be particularly cautious, because of the complex medical issues, around pharmacology and the problems you can run into. This is why we use the old saying “low and slow” when prescribing. The goal is to improve and enhance the functional ability without doing harm. The other thing that I find particularly important is proper end of life discussion and planning. There is a point when we are not actually enhancing life; we're probably treating ourselves more than we are treating them because we're not comfortable with not doing something. It is okay to not do something. Particularly if it is the wish of the person and the family to just be comfortable, we need to respect that. We can't keep imposing our constant belief of repair on a process that is degenerative. We are all going to pass away. We all age. At some point something will take us. What we need to do is figure out what level of active engagement we want in terms of the disease process, or support with the dying process, because that is what people are going through.

*“I think that the first approach to care is that everyone is a person first. It should always be about the person and their family as a whole unit.”*

CG: What are your hobbies and interests outside of medicine?

CG: What are your hobbies and interests outside of medicine?

JS: I have no interests or hobbies, I work. \*laughs\* This is something I am trying to improve on so I have gotten back into doing some of the things that I enjoy. I started skiing again, as I used to be an avid downhill skier, I have started doing a bit of work on my home, and I have also just taken up sailing.