



Osteoporosis Canada

Ostéoporose Canada

# COPING

May 6, 2015

**Remember: You can live well with osteoporosis!**

## Jeanette Jackson: “I Cannot Walk on Air” - My Osteoporosis Story

### In this issue

- Fracture Fact
- Jeanette Jackson: “I Cannot Walk on Air”
- Bone Matters: Archived Presentation
- Funny Bone
- A Recipe from our sponsor

### Fracture

#### Fact:

Effective drug treatments have been available for 20 years and yet, 80% of Canadians who suffer a fragility fracture do not receive screening and treatment, if necessary, for their underlying osteoporosis.

*Jeanette Jackson, a retired nurse, has been a very dedicated and active volunteer with the Manitoba Chapter of Osteoporosis Canada for more than 19 years. She has held a variety of positions with the Chapter, including Chair of the Volunteer Development Committee, member of the Executive Committee, the patient representative on the BMD (Bone Mineral Density) committee, and the Chapter OAC (Operations Advisory Council) representative, just to name a few. Being so actively involved with Osteoporosis Canada has given her the opportunity to stay up to date with advances in the treatment of osteoporosis and fracture prevention.*



I had experienced several fractures in my earlier years. At the age of 11, I sustained a fracture to my wrist and that same winter I fractured the same wrist a second time. At the age of 17, I fractured one of my fingers. Then at age 21, I was in a car accident that left me with a fractured pelvis and fractured ribs. No one else in the car sustained any fractures.

I was only 38 when I experienced my first minimal trauma fracture. I was in bed when this fracture occurred. I turned over to look at the alarm clock and this resulted in a fracture to the 3<sup>rd</sup> cervical (neck) vertebra. This necessitated wearing a neck collar for six weeks, produced a great deal of pain and discomfort and, needless to say, made it extremely difficult to sleep. At this time, there was no mention of the possibility of osteoporosis, no information given on risk factors, no treatment offered and no advice provided on how to prevent further fractures.

Much later in life, I attended some workshops and seminars on osteoporosis, where I learned the risk factors; many applied to me. I was female and small boned. There was a family history of osteoporosis. My grandmother suffered from a kyphosis (rounded spine) and so she probably had spine fractures. I had experienced a minimal trauma spine fracture. I also had menstrual problems, having started my periods

relatively late, having an ovary removed at age 26 and a hysterectomy at the age of 40. On the other hand, there were some positives. I had always been a milk drinker and I never smoked. I was also always active. Working as a nurse included a lot of walking and lifting and I also golfed and curled. I needed to know if I was fragile or just plain klutzy, so after a visit to my family physician, a BMD test was ordered. The result of the BMD test, in addition to my other risk factors, confirmed the diagnosis of osteoporosis and that I was at high risk of future fractures.

Over the past years, I have endured two more fractures. I slipped on an icy sidewalk while I was wearing good solid boots, but still fractured two bones in my foot. Then later, while in Clear Lake, Manitoba, I tripped on a boardwalk and sustained an injury to my shoulder. I had to walk a quarter mile out of the marsh, and as there was no doctor in Clear Lake, I was driven to Erickson, Manitoba. An x-ray showed a displaced fracture of the shoulder, which was broken in three places. As this could not be handled in such a small town, I was referred to an orthopedic surgeon (a specialist in dealing with fractures) in Brandon, Manitoba, which was a total of 113 km away. The pain was terrible and all I was given for the journey was a mild pain killer that did nothing to relieve the pain. A nurse friend drove me instead of an ambulance. The doctor set my arm while I was in a standing position. The pain was excruciating and finally, eight hours after the fall, I received stronger medication to help with the pain.

A lengthy recovery followed. I had to sleep in a lounge chair for six months. After six weeks of healing, I started six months of physiotherapy. This was hard work but definitely worthwhile, because now I have a good arm. Physiotherapy also taught me how to protect my back and shoulder by the use of pillows, etc., while sleeping.

My lifestyle has changed and I now:

- Strive to have a calcium-rich diet, including milk and yogurt
- Take a vitamin D supplement of 2000 IU daily
- Engage in weight-bearing exercise and work on posture, balance, strengthening and flexibility
- Am careful to take my prescribed medication regularly and properly

I also learned safe movements for activities of daily living, which include:

- Using car rear-view mirrors and side mirrors to protect my neck when backing up
- Walking carefully wearing sturdy shoes
- Avoiding twisting
- Using a sturdy step-stool
- Never lifting heavy objects above the head

Accidents happen quickly. Recently, I entered a house that I had never visited before. After removing my winter boots, coat and sunglasses, I proceeded to enter the living room, not realizing it was a “sunken” living room. I have a vision problem, did not see the step and kept walking. I found out that I cannot walk on air. Suddenly I was face down on the floor, still clutching a binder and my purse, the reason I was unable to put my hands and arms out to save the fall. I was winded, but there was good news, **no fractures**. I did have sore muscles and a big bruise on the right knee to half way down the shin, but it was a relief not to have broken another bone.

I have learned that:

- Treatment has helped to make my bones stronger.
- Fractures are painful. Rehabilitation is painful, lengthy and costly.
- Fracture prevention is the answer.

***Taking Care of Your Bones: You are never too young to start good habits and never too old to quit bad ones.***

If you have questions about this article or any other aspect of osteoporosis, please call **toll-free 1-800-463-6842** (416-696-2663 in the Greater Toronto Area) to speak to an information counsellor.

**Moved? Changed phone number or e-mail address?**

**Let us know by calling 1-800-463-6842 or emailing [copn@osteoporosis.ca](mailto:copn@osteoporosis.ca) and we'll update your information. This will ensure we keep you up to date!**

## **BONE MATTERS: Travelling with Osteoporosis**

**Originally aired: Thursday, April 9, 2015**

Did you miss our recent live presentation on Thursday, April 9, 2015 about tips and tricks for enjoyable holidays? Maureen Ashe and Dolores Langford presented from what to think about when planning a trip, to useful tips when travelling in various modes of transportation, how to manage pain while you're on vacation and things to consider when staying at hotels or venturing off sightseeing. [Click here to watch the archive presentation.](#)



# FUNNY BONE:

Experience is something you don't get until just after you need it.

## A Recipe from our Sponsor

### Oven-Baked Crispy Greek Chicken

Course: *Main Dishes*

Preparation Time: *15 mins*

Cooking Time: *25 mins*

Yields: *4 servings*

*1/2 milk product serving(s) per person*

**Calcium:** 19% DV/ 214 mg

While fried chicken may be delicious, it is time consuming and not the best choice nutritionally. So instead bake this crunchy coated chicken and serve with a tzatziki-style sauce.

#### For more information about this recipe:

<http://www.dairygoodness.ca/getenough/recipes/oven-baked-crispy-greek-chicken>

## Ingredients

4 boneless, skinless chicken breasts  
1 1/2 cups (375 mL) **Milk**, divided  
2 tbsp (30 mL) honey Dijon mustard  
1/2 tsp (2 mL) salt  
1/2 tsp (2 mL) pepper  
1 cup (250 mL) panko breadcrumbs  
2 tbsp (30 mL) dried oregano  
1 tbsp (15 mL) **butter**  
2 cloves garlic, minced  
1 tbsp (15 mL) all-purpose flour  
Finely grated zest from 1 lemon  
1/3 cup (75 mL) crumbled **Canadian Feta**  
1/3 cup (75 mL) chopped fresh dill  
1/3 cup (75 mL) finely diced cucumber



## Tips

Japanese panko breadcrumbs are crunchier in texture than regular breadcrumbs. They're found in the bread section or by the fish counter in the supermarket.

Add about 1/4 cup (60 mL) finely grated Parmesan to panko breadcrumb mixture.

Boneless skinless chicken thighs would also work well. Try basil or Italian seasoning instead of oregano.

## Preparation

Preheat oven to 400°F (200°C). Line a baking sheet with foil; lightly grease.

Cut chicken pieces in half crosswise. Place 1/4 cup (60 mL) milk in a medium bowl; whisk in mustard, salt and pepper. Place breadcrumbs and oregano in a shallow dish. Working with 1 piece of chicken at a time, dip in milk-mustard mixture followed by breadcrumb mixture, rolling and coating well. Set on foil-lined baking sheet. Bake for about 25 min, turning halfway through, until chicken is golden and cooked through.

Meanwhile, in a skillet, melt butter over medium heat. Add garlic; cook 1 min. Sprinkle with flour; whisk to combine. Gradually whisk in remaining milk. Bring to a boil and reduce heat. Whisk for 2 to 3 min until smooth and thickened. Stir in lemon zest, Feta, dill and cucumber. Serve chicken with sauce spooned over top.

**This issue of COPING is sponsored by Dairy Farmers of Canada**

**NOTICE** Every issue of COPING is vetted by members of Osteoporosis Canada's Scientific Advisory Council to ensure accuracy and timeliness of content. These newsletters are not intended to promote or endorse any particular product. Product references, if they appear, are for illustration only.

These newsletters are not intended to replace individualized medical advice. Readers are advised to discuss their specific circumstances with their healthcare provider.



**NUTRITION**  
DAIRY FARMERS OF CANADA



[getenough.ca](http://getenough.ca)