

# Practising Well: Your Community of Practice

**March 23, 2022**

**Panelists:**

Dr. Julia Alleyne

Dr. Virginia McEwen

Dr. Shailla Vaidya

With Drs. Javed Alloo, Melissa Holowaty and  
Peter Selby



## When your head hurts too much...



Ontario College of  
Family Physicians

**Practising  
Well**  
Teaching.  
Learning.  
Connecting.



Family & Community Medicine  
UNIVERSITY OF TORONTO

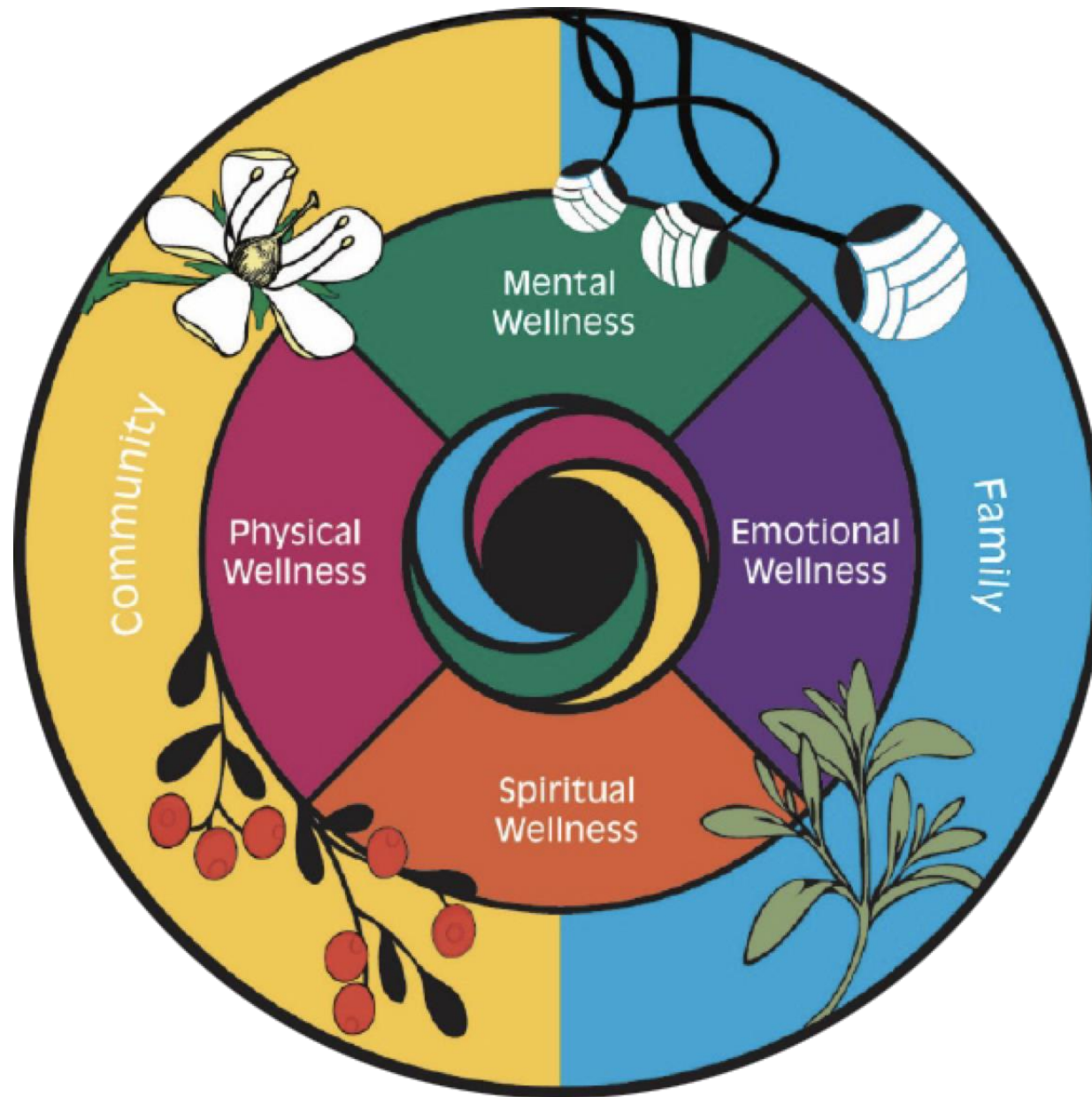


**We acknowledge that the lands** on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. Even today, as we meet in this virtual space for reasons of improving wellness, many Indigenous communities face barriers of access to the internet and the opportunities it brings.

The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to stay mindful and reflect on this from the territories where you sit or stand today, as we commit ourselves to gaining knowledge, forging a new, culturally safe relationship, and contributing to reconciliation.



### **Medicine Wheel**

First Nations, Inuit and  
Metis Wellness ECHO  
at CAMH

# Indigenous Peoples' Medicine in Canada

Article by

[Nancy J. Turner](#)

Published Online

February 7, 2006

Last Edited

June 16, 2020

Since time immemorial Indigenous peoples in Canada have been using plants and other natural materials as medicine. Plant medicines are used more frequently than those derived from animals. In all, Indigenous peoples have identified over 400 different species of plants (as well as lichens, fungi and algae) with medicinal applications. Medicine traditions — the plants used, the ailments treated, protocols for harvesting and application, and modes of preparation — are similar for Indigenous peoples across the country. In many Indigenous communities, there are recognized specialists trained in traditional medicine, and their practice often reflects spiritual aspects of healing as well as physical outcomes. In many cases,



Traditional treatments for headache included: Balsam Fir, Yarrow, American Sweetflag, Wild Ginger, Juniper...

<https://www.thecanadianencyclopedia.ca/en/article/native-medicines>

# Occurrence of and referral to specialists for pain-related diagnoses in First Nations and non–First Nations children and youth

Margot Latimer, Sharon Rudderham, Lynn Lethbridge, Emily MacLeod, Katherine Harman, John R. Sylliboy, Corey Filiaggi and G. Allen Finley

CMAJ December 10, 2018 190 (49) E1434–E1440; DOI: <https://doi.org/10.1503/cmaj.180198>

“First Nations children were diagnosed with more pain than non–First Nations children, but did not access specific specialists or mental health services, and were not diagnosed with mental health conditions, at the same rate as their non–First Nations counterparts. Discrepancies in pain-related diagnoses and treatment are evident in these specific comparative cohorts.”

<https://www.cmaj.ca/content/190/49/E1434>

# Your Panelists: Disclosures



## **Dr. Virginia McEwen**

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well CoP Speaker
- St. Joseph's Care Group (Thunder Bay) - ECHO Chronic Pain and Opioid Stewardship



## **Dr. Julia Alleyne**

Relationship with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well CoP Speaker
- MSK Courses of Canada – Current Course Director
- Bloorview School Authority – Trustee



## **Dr. Shailla Vaidya**

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well CoP Speaker
- Svastha Yoga and Ayurveda -Yoga Therapy Program (Yoga Therapy Teacher)
- Yoga U; Chandrima LLLC, OMA Physicians Health Program (Webinars and Workshops)
- Federation of Medical Women of Canada, The Rehab Lab (Yoga Teacher)
- Love Your Brain - Clinical Connector for yoga program for brain injury (non-paid, volunteer position)
- Vaidya Yoga and Consulting – President (Yoga education and public speaking)

# Disclosures

## **Dr. Melissa Holowaty** @MnHolowaty

Relationships with financial sponsors (including honoraria):

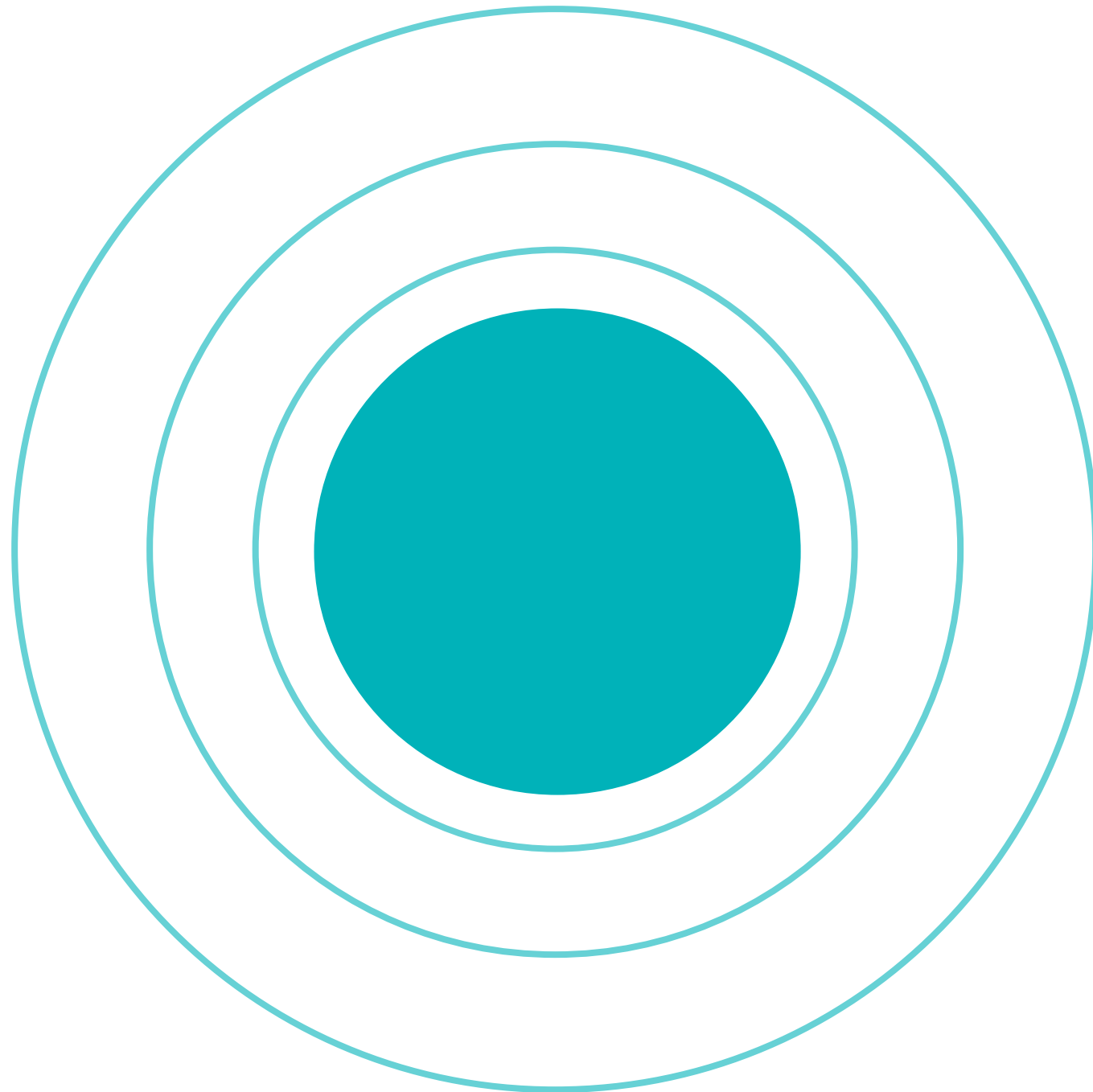
- Ontario Medical Association - Board Director, VP HPE Medical Society, Society of Rural Physicians of Canada – Board Member (ended May 2020), College of Family Physicians of Canada – Chair, MIG on Addiction Medicine, ECHO Liver – Advisory Board Member, META:PHI – Advisory Board Member, Ontario College of Family Physicians – CMNs (ended 2019) and Practising Well SPC
- Grants/Research Support: Canadian Institute of Health Research (2019)
- Speakers Bureau/Honoraria: Allergan – Botox Injection Instruction (2019)

## **Dr. Peter Selby** @drpselby

- Relationships with financial sponsors (including honoraria): York Region, CAMH, ECHO, ASAM, FAME, Local CHC, Veteran's Affairs Canada
- Advisory Board/Speaker's Bureau: Canadian Centre on Substance Use and Addiction, CCO, ECHO Ontario, MOHLTC, CAMH – Medical Advisory Committee, Dalla Lana (U of T) – Youth Vaping Cessation
- Other: Pfizer Inc., Johnson & Johnson, Novartis

## Moderator Disclosures: **Dr. Javed Alloo** @javedaloo

- Relationships with financial sponsors (including honoraria): College of Family Physicians of Canada, Centre for Effective Practice, Ontario Medical Association, Section on General and Family Practice, Centre for Addiction and Mental Health, Trillium Hospitals, Memotext, Ontario College of Family Physicians – Practising Well SPC
- Grants/Research Support: Canadian Institute of Health Research, U of T
- Speakers Bureau/Honoraria: Novo Nordisk Canada, Boehringer Ingelheim, Lupin, Astra Zeneca, Roche, Novopharm, Eli Lilly





# When your head hurts too much...

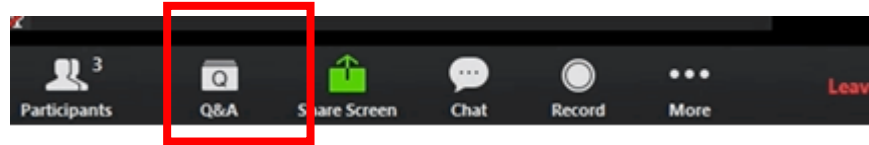
**You raised important questions we'll try work through together today:**

1. How do we help patients manage headaches caused by neck pain?
2. Are there prevention strategies I can suggest to my patients?
3. What should we consider when prescribing medications for headaches?

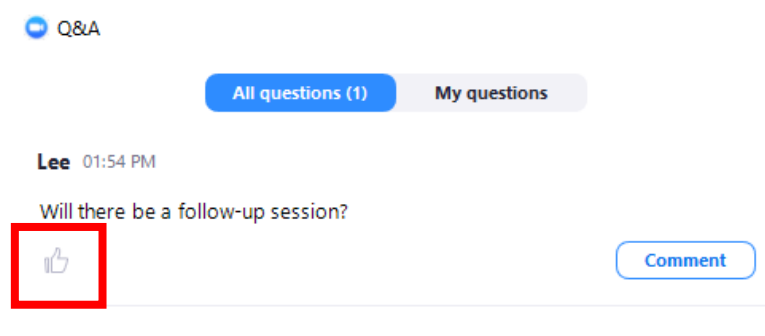
**And other questions you add in the Q&A box...**



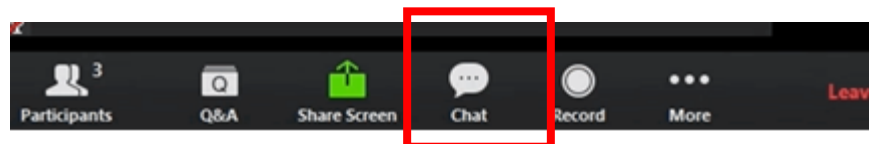
# How to Participate



Use the Q&A window to ask questions to the panelists; some questions will be answered verbally and some answers will be written directly in the Q&A window.



Click "thumbs up" to up-vote questions you see on the list, to make sure they're answered



Use the chat to share reflections or resources.

Please introduce yourself in the chat!



Ontario College of  
Family Physicians

**Practising  
Well**

Teaching.  
Learning.  
Connecting.



Family & Community Medicine  
UNIVERSITY OF TORONTO



@OntarioCollege

#PractisingWell

# When your head hurts too much...



## Your Panelists:



**Dr. Virginia McEwen**  
Thunder Bay, ON



**Dr. Julia Alleyne**  
Toronto, ON



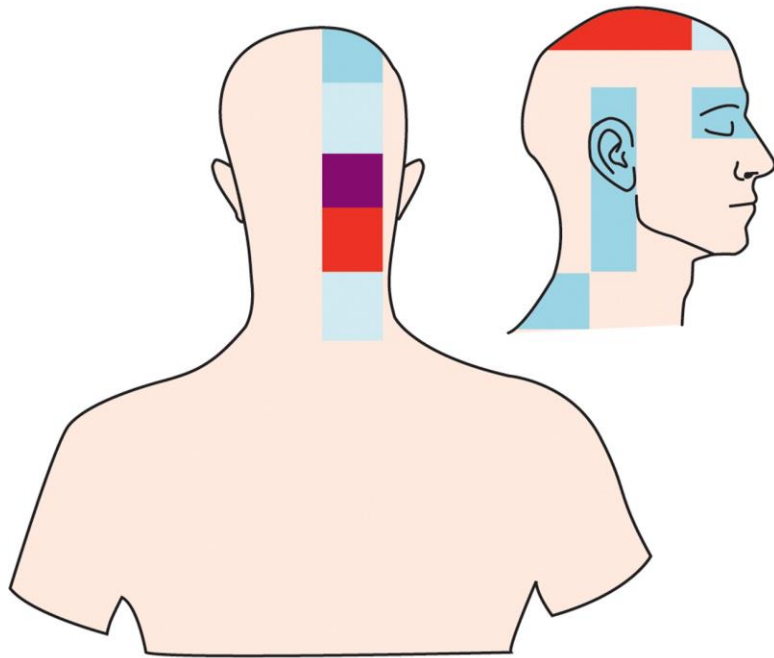
**Dr. Shailla Vaidya**  
Toronto, ON  
[@ShaillaVaidya](#)

95-100%

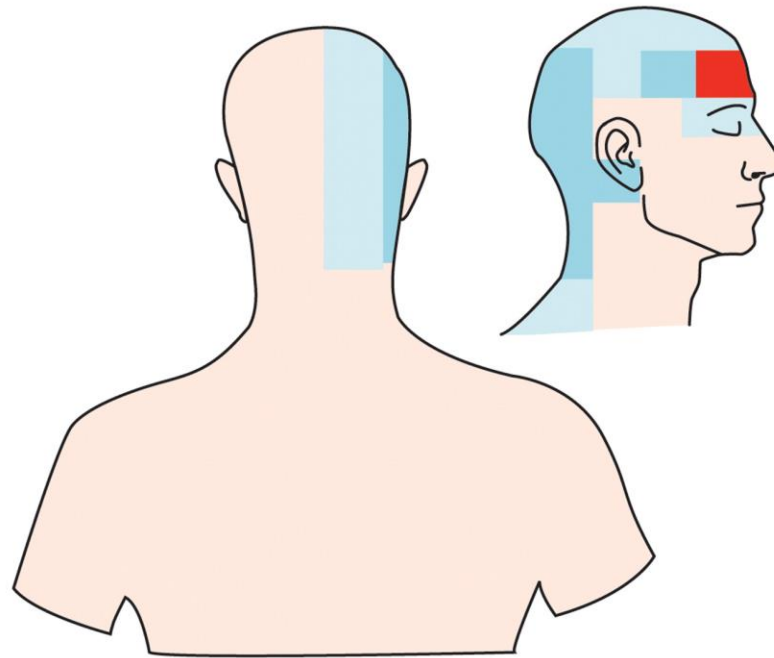
70-94%

45-69%

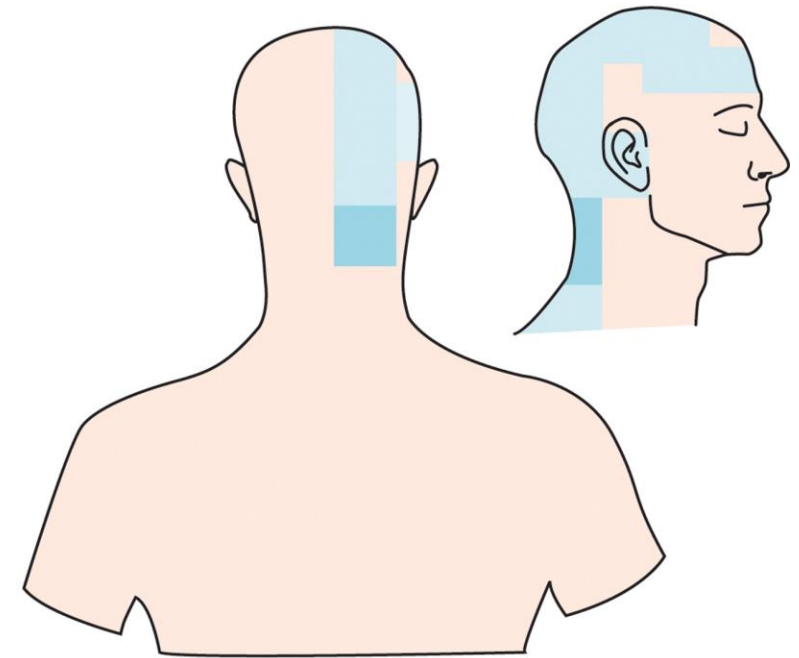
20-44%



C1-2



C2-3



C3-4

# When your head hurts too much...



## Your Panelists:



**Dr. Virginia McEwen**  
Thunder Bay, ON



**Dr. Julia Alleyne**  
Toronto, ON



**Dr. Shailla Vaidya**  
Toronto, ON  
[@ShaillaVaidya](#)

# Neck Pain Key Messages

1. Identify "**red flags**" for emergency conditions of both brain and neurological etiology.
2. Use the **Headache pathway** for patients with headache to identify concurrent conditions
3. Classify patients into neck pain categories based on clinical characteristics of **neck or arm dominant pain**.
4. Use **imaging** only in situations **supported by guidelines**.
5. Use **exercise based therapy** for neck pain.
6. **Analgesic medications** for acute onset neck pain should be prescribed (but avoid routine use of opioids) to facilitate recovery movement and exercise.

# Step 2: Determine Pain Pattern

Where is your pain the worst?<sup>2</sup>



- Neck**  
Most intense over trapezius, sub-occipital, paraspinal, parascapular



- Arm**  
Most intense distal of deltoid into upper arm, forearm, hand



- Shoulder**  
Most intense over deltoid and anterior shoulder

Is your pain constant or intermittent?<sup>2</sup>

Dominant Location	Intermittent	Constant
Neck	Likely mechanical and should respond to exercise based therapy.	Rule out Red Flags
Arm	Referred pain from neck or shoulder, not nerve root compression or radiculopathy.	Rule out Red Flags Assess neurological status for radiculopathy
Shoulder	Requires a shoulder examination to determine diagnosis and management of potential concurrent shoulder pathology.	Rule out Red Flags for cervical pathology and/or non-msk pathology. Do full shoulder assessment if no neck pathology identified. Consider Non-MSK pathology.

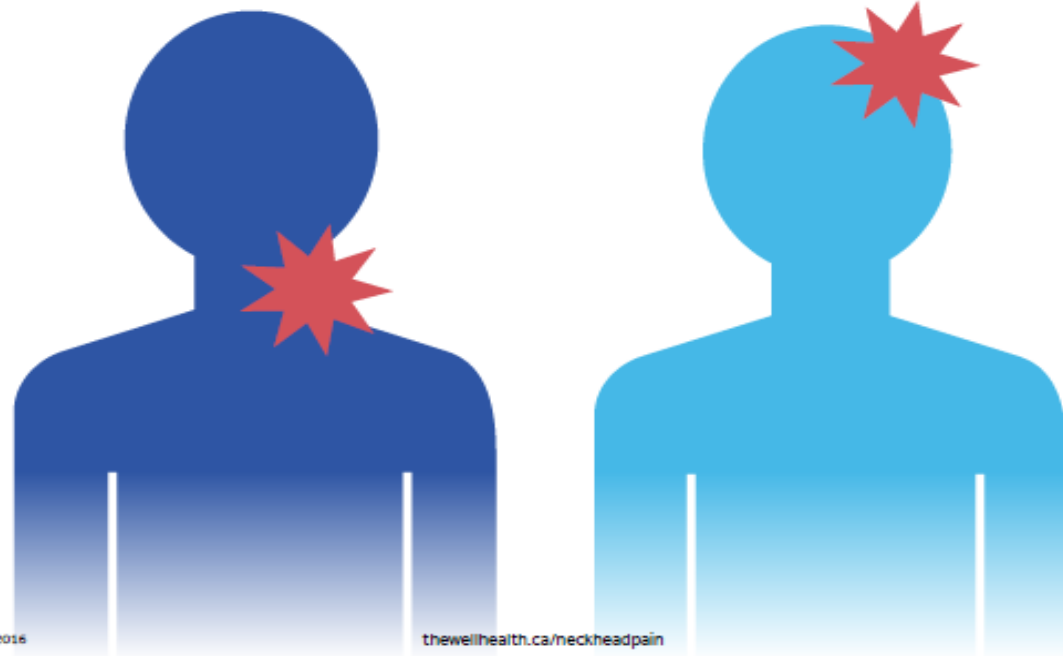


## CORE NECK TOOL

This tool guides primary care providers to recognize mechanical neck pain and manage it effectively with medication and activity while identifying appropriate triggers for investigations and referrals. Mechanical neck pain can present with neck, shoulder and/or arm pain. If your patient has an accompanying headache, it is recommended that you treat the headache symptoms first using the Headache Navigator ([page 8](#)).

## HEADACHE NAVIGATOR

The Headache Navigator ([page 8](#)) assists primary care providers in managing primary headache disorders. It is based on the guideline and quick reference algorithm for the Primary Care Management of Headache in Adults produced by Towards Optimized Practice (TOP).



# When your head hurts too much...



## Your Panelists:



**Dr. Virginia McEwen**  
Thunder Bay, ON



**Dr. Julia Alleyne**  
Toronto, ON



**Dr. Shailla Vaidya**  
Toronto, ON  
[@ShaillaVaidya](#)

# Post - Traumatic Headache

What we'll discuss  
this Morning

- Primary Injury
- Secondary Injury
- Treatment
- Benefits of Mind-Body Medicine

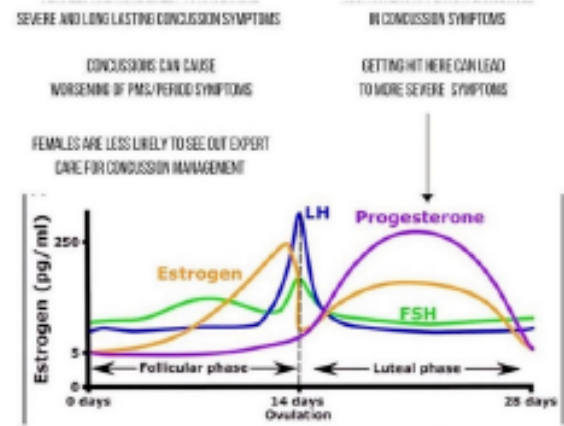
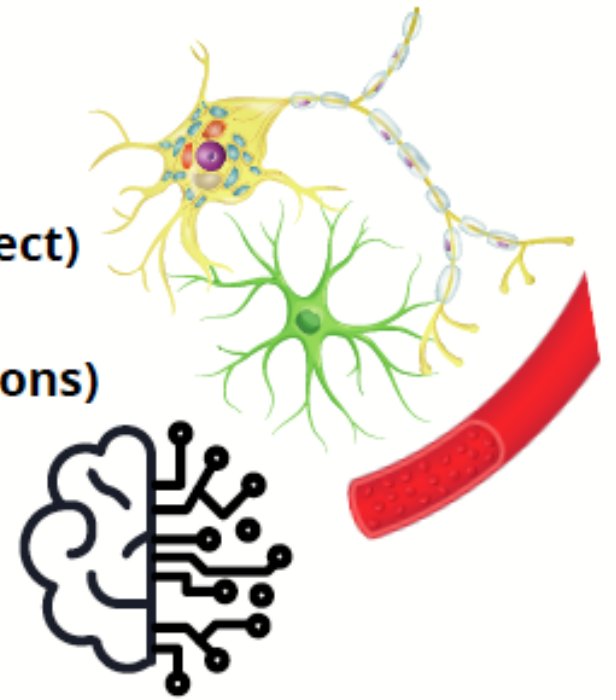
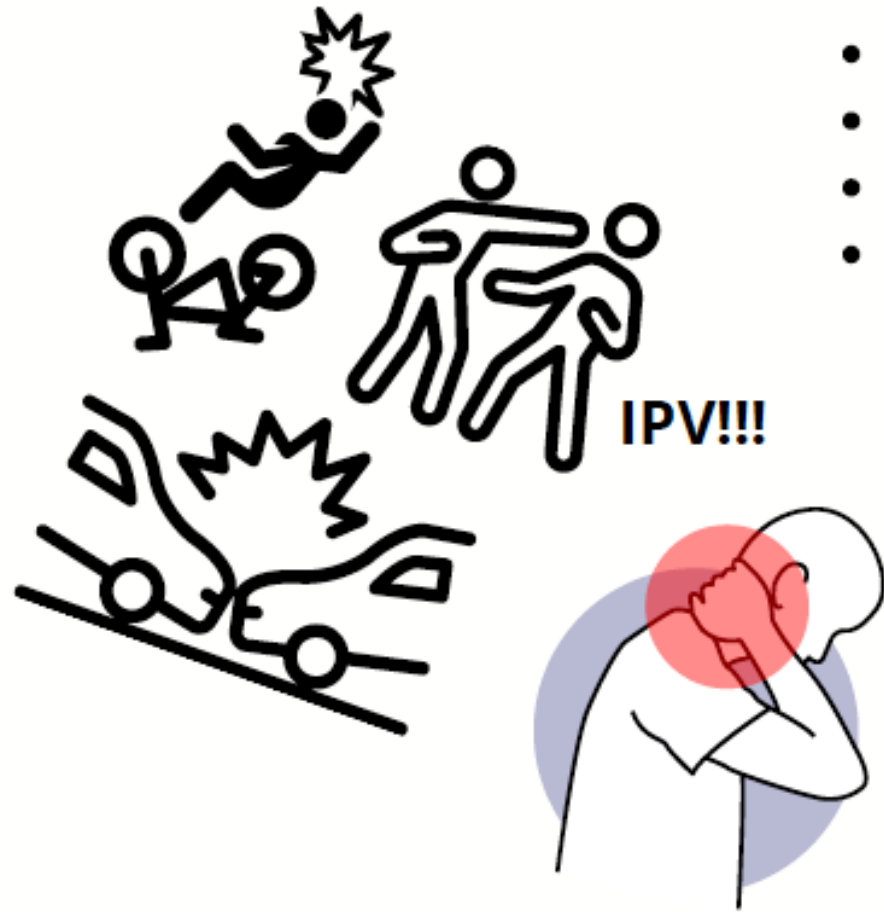
Shailla Vaidya, MD MPH CCFP(EM) C-IAYT  
[theYogaMD.ca](http://theYogaMD.ca)



# Primary Injury

## Diffuse shearing forces

- Neurons (axonal Injury)
- Glial Cells (feed, repair, & protect)
- Blood Vessels (leaky brain)
- Neuronal Circuits (disconnections)
- HPA Axis dysfunction

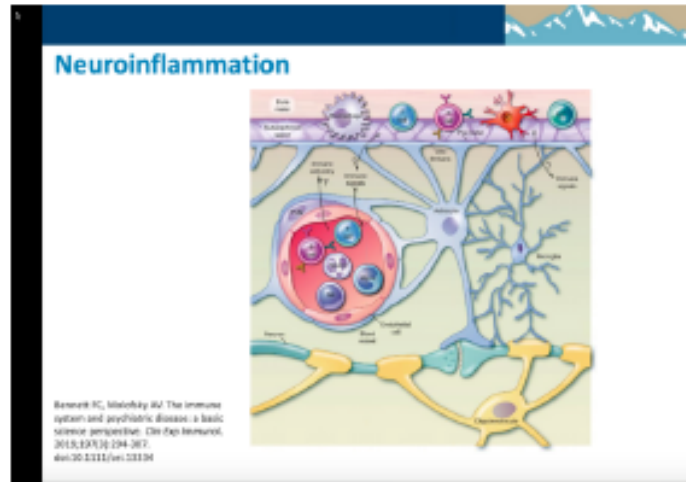


**Luteal Phase = worse symptoms**  
La Fountaine et al, 2019



# Secondary Injuries

## Neuroinflammation



**Energy Drain**

## ANS Dysregulation

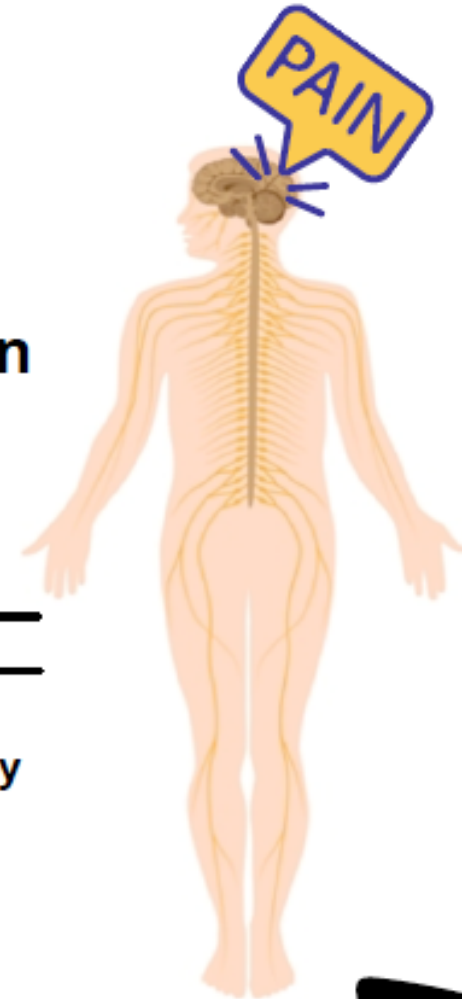
SNS - Hyperarousal  
"Fight Flight Freeze Please"

---

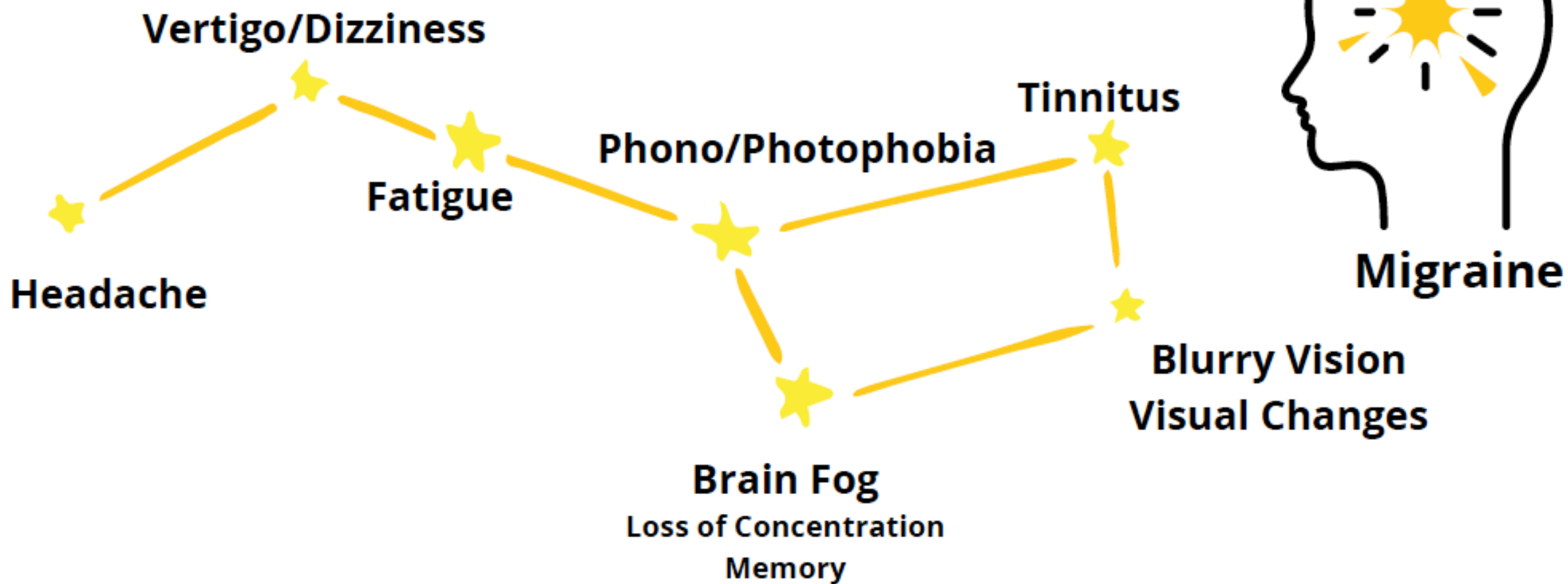
Window of Tolerance

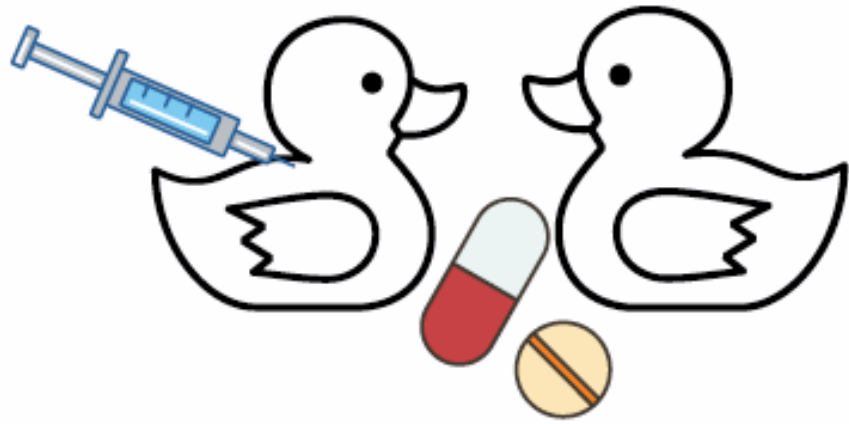
---

PNS - Hypoarousal  
Shut Down/Conserve Energy



# Post-Traumatic Headache





**Break The Pain Cycle**



**Mind-Body Practices**

Decrease Inflammation

# Treatment

Autonomic Nervous System Regulation



**Angiogenesis**



**Vestibular Retraining**



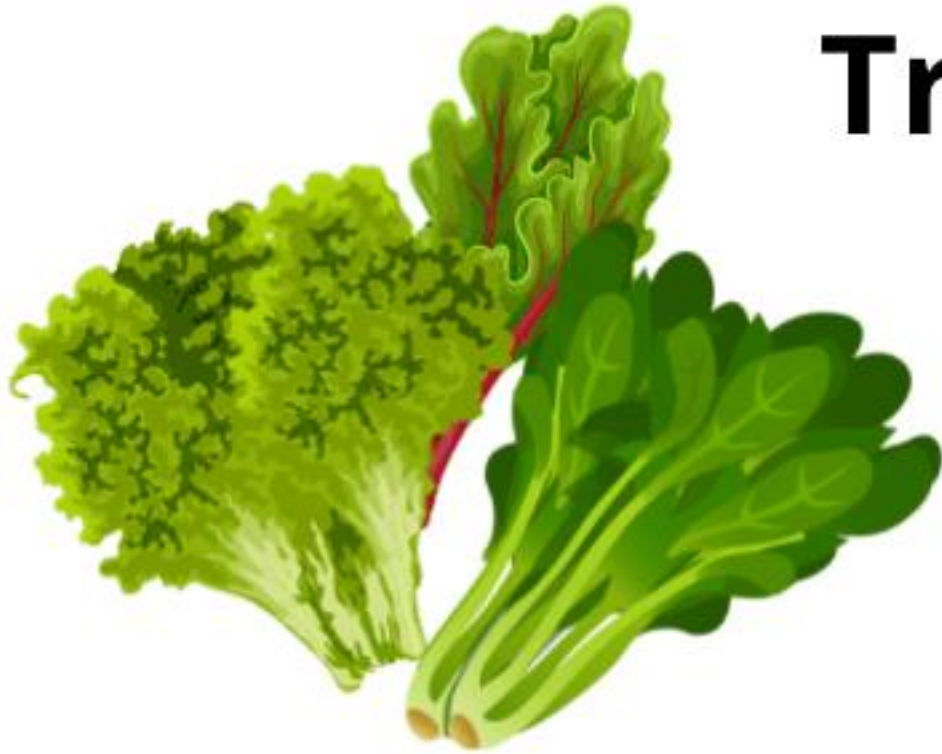
**Neuroplasticity**



**Social Isolation = Pain**



# Treatment





Links to resources shared today will be sent to participants following the session.

Resources

# Tools



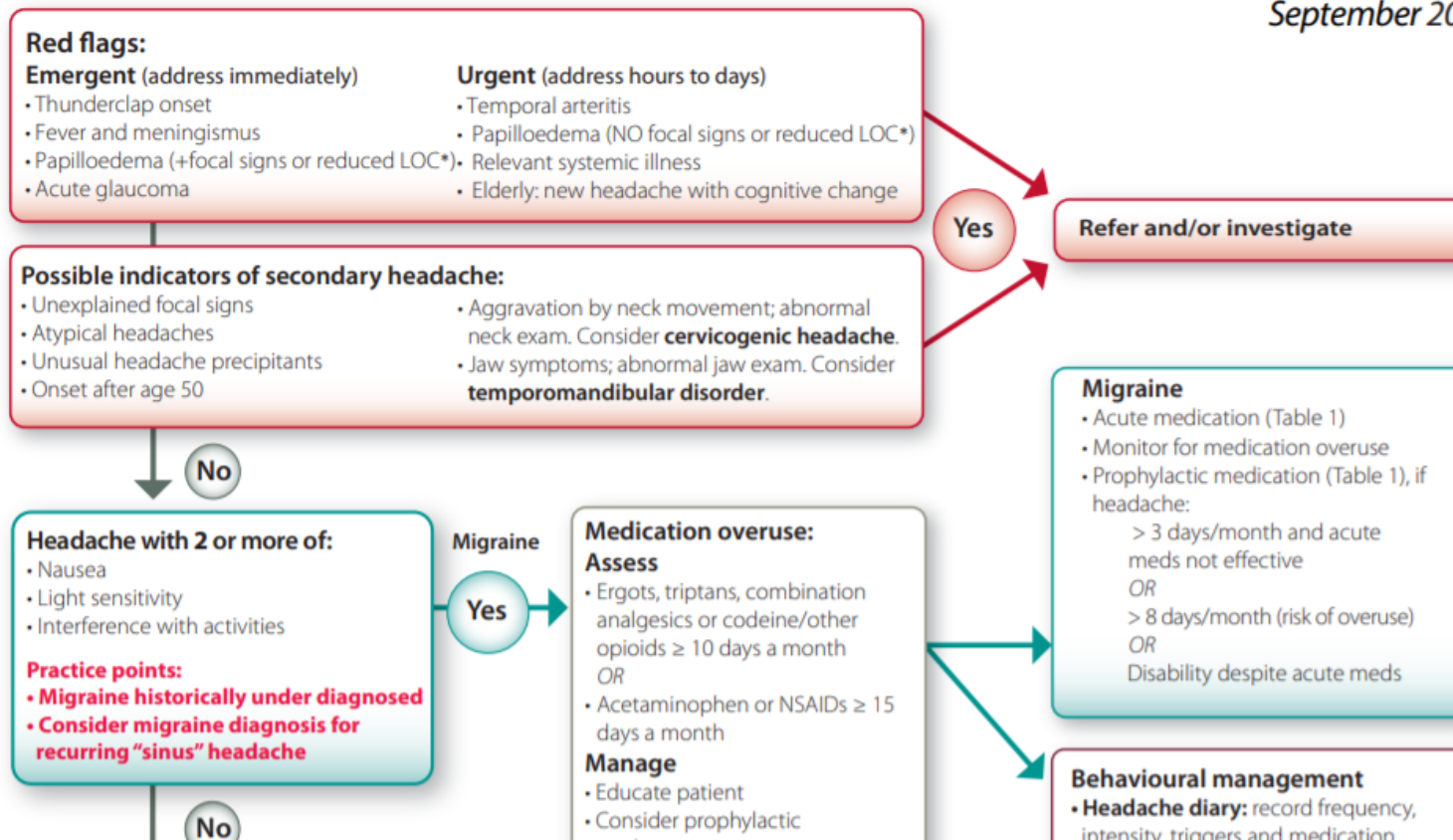
# Resources: Tools

Quick Reference: Guidelines for Primary Care Management of Headache in Adult  
<https://actt.albertadoctors.org/CPGs/Lists/CPGDocumentList/Quick-Reference-Headache.pdf>



## Quick Reference: GUIDELINE FOR PRIMARY CARE MANAGEMENT OF HEADACHE IN ADULTS

September 2016



# Resources: Tools

## CORE Neck Tool and Headache Navigator (CEP)

<https://cep.health/clinical-products/core-neck-tool-and-headache-navigator/>

## A Pain in the Neck – Spine Health

[https://www.researchgate.net/publication/281454165\\_A\\_Pain\\_in\\_the\\_Neck\\_SPI NE\\_HEALTH](https://www.researchgate.net/publication/281454165_A_Pain_in_the_Neck_SPI NE_HEALTH)

**RED FLAGS**<sup>9,10,11,12</sup>  
Below are a list of serious pathologies to consider and rule out in assessing neck pain.

	Indication	Investigation
<b>NEUROLOGICAL</b>	Cervical cord compression, demyelinating process. Progressive neurological deficits	MRI
<b>INFECTION</b>	Fever, meningism, history of immuno-suppression or intravenous drug use	X-ray and MRI
<b>FRACTURE</b>	Osteoporotic fracture, traumatic fall with risk of fracture	X-ray, may require CT
	Hx of cancer, unexplained	

**YELLOW FLAGS**<sup>6</sup>  
**Psychological Risk Factors for Developing Chronicity**  
For patients with neck pain consider using the following questions (or the assessment tools listed below) to help explore your patients' risk of developing chronicity.

Questions To Ask	Listen/Look For
Do you think your pain will improve or become worse?	Belief that neck pain and activity are harmful or potentially severely disabling (e.g. catastrophizing).
Do you think you would benefit from activity, movement or exercise?	Fear and avoidance of activity or movement.
How are you emotionally coping with your neck	Tendency to low or negative mood and withdrawal from social interaction.



ABSTRACT

# Resources: Tools

**Pink Concussions: Female brain injury from sports, violence, military service**

<https://www.pinkconcussions.com/>

**Love Your Brain**

<https://www.loveyourbrain.com/>

**CDC Heads Up**

<https://www.cdc.gov/headsup/index.html>

**Brain Injury Guidelines (for Clinicians)**

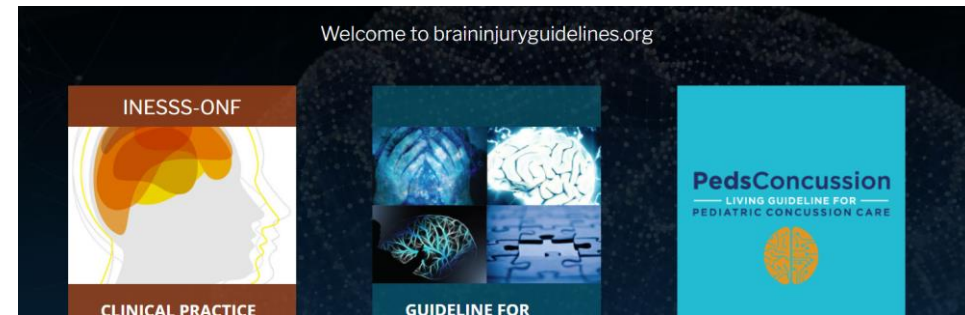
<https://braininjuryguidelines.org/>

**Brain Injury Guidelines (for Patients)**

<https://braininjuryguidelines.org/concussion/index.php?id=154>

## PINK CONCUSSIONS

FEMALE BRAIN INJURY FROM SPORTS, VIOLENCE,  
MILITARY SERVICE



# Resources: Tools



Centre for Headache

## Patient filled questionnaires:

**Intake: characteristics of headache, mood (PHQ-4), diet, sleep, routines:**

[https://www.womenscollegehospital.ca/assets/pdf/CentreforHeadache/HeadacheIntakeForm\\_PINK\\_March\\_2018.docx](https://www.womenscollegehospital.ca/assets/pdf/CentreforHeadache/HeadacheIntakeForm_PINK_March_2018.docx)

**Past and current medications for headache, including cannabis use:**

[https://www.womenscollegehospital.ca/assets/pdf/CentreforHeadache/MedicationsTried\\_revised\\_March2020.docx](https://www.womenscollegehospital.ca/assets/pdf/CentreforHeadache/MedicationsTried_revised_March2020.docx)

**Migraine Disability (MIDAS):**

<https://www.womenscollegehospital.ca/assets/pdf/CentreforHeadache/REV122013MidasMigraineDisabilityAss.pdf>

**A. During the last 3 months, did you have the following with your headaches?**

1. You felt nauseated or sick to your stomach?	Yes	No
2. Light bothered you (a lot more than when you didn't have headaches)?	Yes	No
3. Your headaches limited your ability to work, study or do what you needed to do for at least 1 day?	Yes	No

**B. Over the last 2 weeks how often have you been bothered by the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
PHQ-4 total score =				

Please complete and bring to your appointment. Include all headache and pain medications you are currently using and have tried, including prescription and over the counter. An example using Topiramate and Advil is provided.

Medication	Dose	Duration of use	Did it help?	Side effects
Topiramate (Topamax *)	50 mg twice daily	April 2015- August 2015	Reduced headache severity, no change in frequency	Felt depressed
Ibuprofen (Advil *)	400mg	current	No	Stomach upset

**A. Headache Disability Form**

**Instructions:**  
Please answer the following questions about ALL the headaches you have had over the last 3 months. Write your answer in the box next to each question. Write zero if you did not do the activity in the last 3 months.

- 1. Lost days from work or school**  
How many days in the last 3 months did you miss work or school because of your headaches? (If you do not attend work or school enter zero in the box.)  days
- 2. Lost productivity days at work or school**  
How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you missed work or school. If you do not attend work or school enter zero in the box.)  days
- 3. Lost household workdays**  
On how many days in the last 3 months did you not do household work because of your headaches?  days
- 4. Lost productivity at home**  
How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days you counted in question 3 where you did not do household work.)  days

# Resources: Tools



Toronto Academic Pain Medicine Institute

## Patient self management and education supports:

### Patient self management and education supports:

<https://tapmipain.ca/patient/managing-my-pain/pain-u-online/headaches.html>

A screenshot of a web page titled 'Headaches' with a dark teal header. The page features a vertical navigation menu on the left with six items: 'INTRODUCTION' (highlighted with a dark teal circle containing the number 1), 'ABOUT MIGRAINE HEADACHES' (circle with 2), 'DIAGNOSIS' (circle with 3), 'ACUTE TREATMENTS' (circle with 4), 'PREVENTATIVE TREATMENTS' (circle with 5), and 'MEDICATION OVERUSE' (circle with 6). The main content area displays the heading 'Welcome to the module on headaches!' followed by a paragraph: 'The purpose of this module is to increase the awareness and understanding of migraine headaches. Headache disorders, which are characterized by recurrent headache, are associated with personal burdens of pain, disability, and financial cost.' Below the text is a photograph of a person's hands covering their eyes and forehead, suggesting a headache or discomfort.

Links to resources shared today will be sent to participants following the session.

Resources

# Education



# Resources: Education

## UHN Krembil Brain Institute

[https://www.uhn.ca/Krembil/Research/Projects/Canadian\\_Concussion\\_Centre/Pages/web\\_seminar\\_series.aspx](https://www.uhn.ca/Krembil/Research/Projects/Canadian_Concussion_Centre/Pages/web_seminar_series.aspx)

## Webinar Series

This webinar series is for people with persisting concussion symptoms, their families, friends, caregivers and health care professionals. The topics will be concussion treatment, including exercise therapy, vestibular therapy, mental health, return to work, school and athletics, and more. This 25-session webinar Series is free and supported by LiUNA.

The Canadian Concussion Centre, Toronto Western Hospital, gratefully acknowledges the financial support of LiUNA (Laborers' International Union of North America) for their support of this webinar series.







# FMS 2022

FAMILY MEDICINE SUMMIT

Knowledge for the Now

**REGISTER TODAY!**

- **Learn on your time** – on demand to **July 31, 2022**
- **Learn and earn** – up to 60 Mainpro+<sup>®</sup> credits
- **Learn for today's challenges** – practical tools and resources

**OCFPSummit.ca**

*Dozens of on-demand sessions, including:*

- ❑ **Long COVID:** Treating The Lingering Symptoms Of COVID-19
- ❑ Building **Equity, Diversity And Inclusion** In Medicine
- ❑ **Breastfeeding Basics:** Practical Tips To Support Lactation
- ❑ Drugs Of Abuse: The New Kids On The Block (**This Ain't Your Grandma's Marijuana**)
- ❑ Shifting The Conversation: **Social Prescribing**
- ❑ **Concussions** Are Still A Thing

*... and many more.*

# Upcoming Peer to Peer Connect Information Session

Learn about opportunities available through Peer to Peer Connect and how the educational relationship between Peer Guides and Peer Learners can contribute to personal and professional wellbeing

April 4  
6 p.m. – 7 p.m.

[Register Now](#)

[PractisingWell@ocfp.on.ca](mailto:PractisingWell@ocfp.on.ca)



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 24 credits.

Links to resources shared today will be sent to participants following the session.

Resources

# Supports





# Support for you and those you care about.

OMA Physician Health Program  
<https://php.oma.org/>

Centre for Addiction and Mental Health Health Care Provider (HCP) Resource Site  
<http://www.camh.ca/covid19hcw>

OMA  
Physician Health Program

Search

About PHP | Who We Serve | What We Do | Well-Being | News and Events | Need Help?

New 24/7 services available for you and your family.  
Call the Wellness Support Line.

camh

Home | About | Services & Research | Education | Get Involved | Strong Change

Mental Health and COVID-19

The help you need is here

Self-referral for mental health care

Your Mental Health and Self-Care

# Resources: Supports



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
  - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
    - for health providers (educational credits)
    - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>



**One thing you might do  
differently...**

**when caring for a patient  
experiencing chronic  
headaches?**

# Upcoming Community of Practice

## Alcohol Use Disorder

with Drs. Lionel Marks de Chabris, Greg Carfagnini and Lori Regenstreif

April 27  
8 a.m. – 9 a.m

[Register Now](#)

[PractisingWell@ocfp.on.ca](mailto:PractisingWell@ocfp.on.ca)



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 24 credits.



Please help us make these sessions better by filling out the evaluation you'll receive by email shortly!



## Direct Credit Entry

Do you want the OCFP to submit your earned Mainpro+ credit directly into your Mainpro+ account?

Please email [practisingwell@ocfp.on.ca](mailto:practisingwell@ocfp.on.ca) with your 6-digit CFPC number (Hint: Your CFPC # begins with a “6”).