



My Unexpected Heart Attack: A Wake-Up Call

By Matt Edmondson, M. Edmondson Contracting Ltd.

It was just another morning at work, around 8 o'clock on December 28th. I was busy bunching out a power line when I started feeling a bit anxious. As time went on, the anxiety grew, and I began to feel strange. I kept working, but the discomfort wouldn't go away. Soon, I had severe back pain and a stiff neck. Realizing something was wrong, I stopped and called over to the BC Hydro observer.

I asked him to drive me back to my pickup truck. Luckily, I always carry aspirin with me, so I took three tablets, hoping it would help. But the pain got worse, and I found myself on all fours in front of the pickup. I told the supervisor that came by my pickup that something was seriously wrong and that we needed to get to the hospital.

We were about 20 minutes away from Kamloops, with cell service ten minutes out from the worksite. We decided to keep going, hitting every red light along the way. When we finally arrived at the hospital, I walked up to a staff member and said, "Something's not right, I think I'm having a heart attack." They quickly took my information and hooked me up to an ECG machine, confirming my suspicion.

Within minutes, I was surrounded by medical staff who began administering IVs and monitors. They gave me medication to dissolve the blockage in my heart, and within 15 minutes, the blockage was gone. However, my heart went out of rhythm about six hours later, but the medical team managed to stabilize it.

I spent four days in the hospital because the lab I was supposed to go to in Kelowna was closed for the New Year. The doctors thought I was in good enough shape to wait until it opened, but if they thought I was in trouble it would have opened right away. The following Tuesday I was transferred to Vernon and from there onto Kelowna. Once I got to Kelowna, I had my procedure where the cardiologist inserted a stent to clear the blockage. Despite the severity of my STEMI heart attack, I was fortunate to have only one blockage, and the rest of my heart was in good condition.

The experience was a wake-up call. I had never been on medication before, and now I was taking several. I'm on five different

medications: a cholesterol pill, a beta blocker, aspirin, a low-dose blood thinner, and an anti-rejection drug. The mental toll of having take medication suddenly was significant and definitely took some getting used to, but the support from the medical staff was incredible. They guided me through every step, from Kamloops to Kelowna, ensuring I understood exactly why I needed the medication and what it would do.

I used to laugh at my wife for her regular visits to the doctor and her prescriptions. Even a single Tylenol would make me drowsy, whereas my wife could take several and still function normally.

One of the most helpful things for me though was the vascular program I attended. I completed an eight-week exercise program, followed by another four-week gym program. The support from the vascular program nurses and the camaraderie with fellow patients were invaluable. Sharing experiences and learning from others in similar situations made a world of difference. Now, I make it a point to exercise regularly, whether it's riding an elliptical, a bike, or my e-bike. The goal is to get my heart rate up 30 points above resting, and it has become a part of my daily routine.

Ignoring the signs of a heart attack can be fatal. I've heard too many stories of people dismissing chest pain and not waking up the next day. Living in a small town like Savona, news of my heart attack spread quickly. Many people told me they now carry aspirin because of my experience. At 58, I never thought I'd be a candidate for a heart attack, but this ordeal has taught me the importance of listening to my body and seeking help when something feels wrong. My message is clear: don't ignore the warning signs. Seek medical help immediately.

The healthcare system, despite its flaws, can be incredibly effective when it matters most.

In my case, the care I received was exceptional. The emergency staff, the cardiologists, and everyone involved were top-notch, and I am grateful for their expertise and dedication. While the



Image Credit: CFJC News

healthcare system often faces criticism, my experience was a testament to its efficiency and effectiveness, especially in critical situations. I recently spoke with friend of mine who is a former head of the BC Nurses' Union. When I told her what happened, she confirmed that the system worked exceptionally well in my case. It's reassuring to know that even someone with her expertise knows how good the system can be when you need it most.

And to anyone recovering from a heart attack, my advice is to stay active and engaged. Don't let the experience bring you down; instead, use it as motivation to improve your health and well-being. Two months after my heart attack I was back skiing again with my 6-year-old granddaughter. It was definitely a life changer, and it took me a while to face it head on, but I took everything I learned from everyone who helped me and made it part of my life. Now I exercise at least a half hour every day which is nothing. It's a half an hour which won't kill you but might if you don't do it! 🏔️



Matt and his granddaughter Heidi back on the slopes!



That Pain in your Back

By Dr. Delia Roberts

Have you had problems with your back? Painful back injuries are one of the most common causes of WorkSafeBC claims in the forestry sector, ranking third highest for both numbers of incidents and days lost. No job or demographic seems to be immune, back injuries can occur with the hard physical labour of tree planting or falling, or with the largely sedentary jobs of equipment operation, driving or desk work. They happen to both young and older workers, experienced or novice. And once injured, back pain often becomes a reoccurring problem with repeated flare ups. Almost 70% of people with back pain will experience a second episode within a year. Back pain is the leading cause of disability worldwide, it can affect your ability to function at work and at home. But there are ways to protect yourself from hurting your back, and improving your recovery if you already have back pain. Like with most things, early intervention can help avoid developing a chronic problem, and some effort towards prevention can save you a great deal of grief in the long term.

Reasons for Backpain

The back is a complex system of layers of muscles, tendons and ligaments built over a stacked series of bones that are cushioned with fibrous discs and cartilage. The bones of the spine and pelvis themselves have a limited amount

of mobility, but fortunately, a healthy back is capable of bending and rotating. The various layers of muscles work in different directions to both support the back and cause movement. Strains and overuse injuries can occur when the forces exerted exceed the capacity of these tissues, either because the forces are too large as in lifting a very heavy object or being struck by one - or if the tissues are too weak, as may happen when one's lifestyle doesn't keep the back muscles strong. Sometimes, the way we sit or stand also contributes to the problem because the altered posture becomes so habitual that it affects the way that we move. Doing so changes the alignment of the force away from the direction that muscles and joints are designed to work in, making them more susceptible to being overloaded. Repeated exposure to small forces can also cause damage if the muscles are fatigued and/or the direction of the force is not aligned with the direction of the tissues. In some cases, this can transfer the force onto the discs, cartilage and even bone, causing more damage.

In real life, all this is hard to diagnose. Most cases of back pain are considered to be non-specific, which means that it is not possible to know exactly what is causing the pain. Your primary health care provider or physiotherapist can complete a physical exam and identify the location, pattern, duration and character of the pain.

They will check to see which movements are restricted or cause an increase or decrease pain. This information along with any description that can be provided about the onset of pain, including the type of trauma (if any) can help to inform the diagnosis. In 90% of cases the injury is mechanical in nature involving muscles, tendons and/or ligaments, and can be treated conservatively

without surgery, injections or medications. However, back pain can sometimes result from other serious causes. Symptoms that mean that your injury needs medical attention include pain that doesn't get better in a couple of weeks, pain that cannot be controlled with over-the-counter medications, pain that radiates down your arms or legs, tingling or pins and needles, pain while urinating, fever and unintended loss of weight. In such cases your primary care provider will likely order x-rays and/or an MRI and possibly some blood tests to rule out any disease state that can be causing your pain. But keep in mind that even with imaging, mechanical damage is very hard to pinpoint. The degree of pain and disfunction is not always consistent to what is seen in the images.

One of the ways that back pain is categorized is based upon its duration. Acute back pain refers to episodes that last less than 4 - 6 weeks duration, usually with a sudden onset following some kind of trauma or overload situation. Subacute back pain is pain which has lasted for more than 6 - 12 weeks. If you fall in this category it is important to actively address your pain as subacute cases are more likely to become chronic than acute cases. The term chronic is applied to pain which has lasted more than 12 weeks. Unfortunately, the chances of a full recovery go down with chronic pain.

Treatments

When faced with pain most people reach for medications. However, most health care providers feel that pharmacological intervention for back pain is not a very successful way of controlling pain or increasing function. The most effective drugs are narcotics, but these drugs also have serious complications including being strongly addictive and sedating. They are also highly constipating, which may seem minor compared to addiction, but this side effect can make a person very uncomfortable. Over the counter pain medications like acetaminophen and ibuprofen have a limited ability to block pain and long-term use of high doses can be harmful. There are also specific drugs that act to relax muscle or block nerve pain, but these can also be sedating and have other side effects. Instead, most practitioners will first recommend movement and education as the treatments of choice.

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At the most basic level, heat and cold, and resting in positions where your back is well supported can help to ease muscle cramping and reduce pain. Avoiding long periods of immobility has also been shown to be extremely important. If you sit for work, make sure that your seat and workstation are as ergonomic as possible and that you get up regularly and move for a few minutes. If this means that you have to stop your truck or machine, a 5-minute interruption is still more time and cost effective than an injury that takes you out of work for an extended period.

When a person is in pain the natural reaction is to protect the painful area by not moving. But research shows that gentle movements like walking, some types of yoga or other guided movement programs like Tai Chi or Pilates, and muscle strengthening are effective at reducing back pain and improving function. A physiotherapist is a good person to help you choose what program and modalities would be helpful for you. They are trained to assess your movement patterns and relative muscle weaknesses and strengths, and to use the information to build a program to help you heal and regain your desired level of function. They can help you learn how to avoid compensatory strategies that sometimes contribute to pain and dysfunction in the long term.

Another class of treatments are those where the practitioner manipulates the tissues of the back. There are many different manipulative methods, but they all involve some kind of hands-on treatment. Massage is generally relatively gentle, using pressure and manipulation to help muscles relax. Active release techniques refer to deeper types of massage that attempt to also address the connective tissues that bind muscle. Chiropractic is an approach which focuses on forceful manipulation of the spine, some chiropractors also make use of other forms of tissue manipulation. Osteopathic treatments are more gentle realignments than chiropractic and may also address whole body issues. Dry needling is a technique that uses very thin needles inserted into the skin, muscle and connective tissue at sensitive points that are thought to be overly irritable on the theory that over stimulating these areas leads to relaxation and desensitization.

In contrast, acupuncture is a technique that also uses fine needles inserted into the skin at points that have been identified in Chinese medicine as those that block pain and promote healing. Muscle stimulators are devices that emit a very low level of electricity. They can be applied to the skin using pads or attached to needles inserted into deeper tissues to elicit a very low level of stimulation in either nerves (transcutaneous electrical nerve stimulation - TENS) or muscles (neuromuscular electrical stimulation – NMES). It is thought that this treatment can help nerves become less sensitive to chronic pain and muscles re-learn to contract appropriately and relax when not in use.

Another more invasive group of treatments are based on injecting material directly into the painful area. If your injury involves nerves where they exit from the spinal column, your physician may suggest trying an injection of a medication that can block pain (lidocaine) or lower inflammation (steroid). In some cases this can help to identify exactly where the problem is and provide up to months of pain relief. Platelet rich plasma (PRP) is a treatment where material thought to promote healing is separated out from a small sample of your own blood and injected into tendon, ligament or joint. Similarly, prolotherapy, where the solution injected is sugar water, is thought to stimulate tissue healing – though this time because it is an irritant that can initiate your body's basic inflammatory response.

As far as the science goes, figuring out how these different treatments work and whether they are effective at reducing back pain and increasing function remains uncertain. It's very difficult to execute studies that are free of bias, test only one thing, and go on for long enough to see if the treatment really works. However, there is enough research being done to consider the various treatments on an individual basis. When choosing a practitioner and mode of treatment keep in mind that each person's body is different, and the underlying causes of low back pain can be hard to identify. In addition, each practitioner has their own strengths and weaknesses in diagnosing the nature of the injury as well as administering the treatments. What is known is that stress and belief systems can have a strong influence on the outcome. Hence, it

isn't surprising that some methods like biofeedback and cognitive behavioural training (CBT) can be helpful in reducing chronic back pain.

Surgery is only considered as an option for treating back pain when all other less invasive treatments have not been successful. It is limited to specific types of back problems including those that involve the bones and or fibrous discs of the spine. In addition to the usual risks associated with any type of surgery, there is also a danger of damage to the spinal nerves. Furthermore, the failure rate is very high, ranging from 10 to 40%. So while there are a few specific types of conditions that surgery can help, you want to make sure that it's right for you.

Take confidence in the fact that most back injuries get better, 90% of strain and overuse cases will improve within 6 weeks with modified activities and some rehabilitation work. To give yourself the best possible chance of a full recovery, get the information that you need to understand your injury and your options for treatment. The likelihood of a good outcome is improved if you aren't afraid, so it's important to have a support system that you trust to provide good quality information. Factors like stress and job dissatisfaction can make the symptoms feel worse and last longer, as can anxiety about the injury. Previous episodes of back pain, depression, smoking, a BMI greater than 25 and the presence of leg symptoms are all associated with chronic and more severe problems. Thus, a multidisciplinary approach can be very helpful with a primary care giver coordinating treatments that include psychological support. Lifestyle factors like regular exercise, healthy weight, smoking cessation and avoiding alcohol can also help with prevention and recovery should an injury occur.

Back Care Resources:

[Back Pain - General Information](#)

[Acupuncture](#)

[Recommended Back Exercises](#)

[Tree Planters - Fit to Work](#) includes basic back care tips for anyone. 🌳