



COMING MEETINGS

- 22 May Cards or Quiz
- 29 May Angela Sharp
Weed management
- 5 June Club Assembly
- 12 June To be advised
- 19 June Sacha
- 26 June Changeover

Rotary Club of Cooma

Theme:

Youth Service Month

15 May

Greta Walsh – Pain Relief

Meeting statistics: 25 of 38 = 66%

Attendance:

Visiting Rotarians:

Guests:

Sacha, Greta Walsh (Club), Helen Bowland (Geoff)

Apologies: Brad, Alan, Katrin, Glenys

Leave: Mark C, Brenda, Dave B

We also missed:

Please advise Katrin (Ph 0415 862 840, katjehac@gmail.com) of apologies for the coming meeting, also if you are bringing a guest. Failure to advise of absence will incur a dinner cost.

Significant Dates:

Birthdays: May

7th John K, 19th Alyson,

Date Joined Rotary:

24th Margaret E

ROSTERS FOR May 2019

Attendance		Darrell Katrin
Property		Dave Holgate Sue
Fellowship		Peter Elaine S
Thought	22nd 29th	Jeannette John Ch
3 Minuter	22nd 29th	Mark JN Brenda
Intro	22nd 29th	Ash Sandra
Thanks	22nd 29th	Glenys Marco
Markets	21st May	Terry, Sue, Robyn
	Food Van	Ash, Alan D, Brenda, Jan
	Coffee Van	Mark J.N, Brian, ?



Announcements

Sandra

May is the month for the Salvation Army Red Shield Appeal and we are continuing having tables at the static points around Cooma and in Jindabyne. The door knock weekend is the 25 and 26 May.

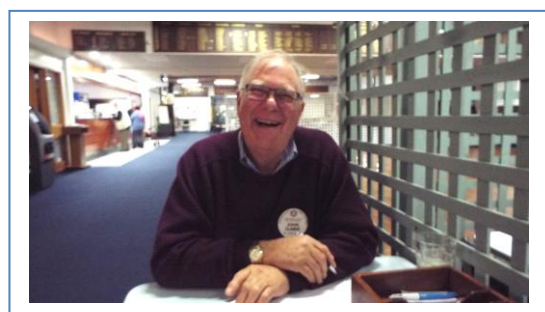
John K

We are pleased to welcome Peter Bascombe as a permanent member of the Cooma Rotary Club. Peter has come to us from Ginninderra after taking up his role of General Manager for the Snowy Monaro Regional Council.



Thought of the Week – Ashley

Happiness is an inside job. Don't assign anyone else that much power over your life.



3 Minuter – Richard H, Canberra to Eden Railway

Engineer Edwin Michell wrote a Concept Plan for Canberra to Eden Railway in June 2018. The plan was created for Cooma and Monaro Progress Association. It was straightforward engineering to plan a connection from Canberra Airport to the existing disused rail lines from Hume ACT to Bombala. From Bombala to Eden there were three routes possible routes for the railway to descend to the coast. The chosen route, by far the most favourable, followed the valleys of Wog Wog Creek and the Towamba River, passing the township of Towamba. This route is close to the route found by surveyor Scrivener in 1905. Michell engineered the alignment by balancing economic, political, social, and environmental factors. The design resulted in possible speeds of 160 km/hour for tilting passenger trains and, 115km/hour for freight trains on the same line, slowing to 40 km/hour for fully laden trains on the steeper uphill gradients.

By August 2018, with the aid of a grant from the Snowy Monaro Regional Council, Michell had preliminarily estimated the construction cost of the railway as \$2.54B allowing for a moderate level of risks, and \$2.95B allowing for a high level of risks. The proposed period of construction is five years from 2022 to 2026.

At the New South Wales Government's announcement of \$1Ms towards a feasibility study into a Canberra to Eden rail link, the Transport Minister was heard to say of the concept plan, "we've had our heads in it for the last two weeks". When representatives of the Association met the Minister on the plan including the estimate, the Minister was understood to say conversationally, "these documents are worth a million dollars". The Government's announcement in August was delivered on the platform of Cooma railway station by the Premier, supported by the Deputy Premier and the Transport Minister.

The Government's country railway agent closed competitive tenders on the promised feasibility study on 27 February 2019. On 14 May 2019, representatives of the Cooma and Monaro Progress Association met visitors at their request on the basis that they represented the winning tenderer for the feasibility study.

Attached are a couple of slides used during the presentation.

If you would like more information on the project, visit www.coomansw.com.au



Guest Speaker – Greta Walsh, Pain Management

Greta has been working at the Cooma Hospital for the last 12 years and has had the privilege of being trained as the local pain educator for the Cooma region. There has been so much learnt about pain over the last 30 years that the whole way clinicians think about pain and managing pain is very different from what it used to be. But one thing was found that while the pain researchers learnt about this, the information was not getting out to the health professionals or those who were suffering the pain.

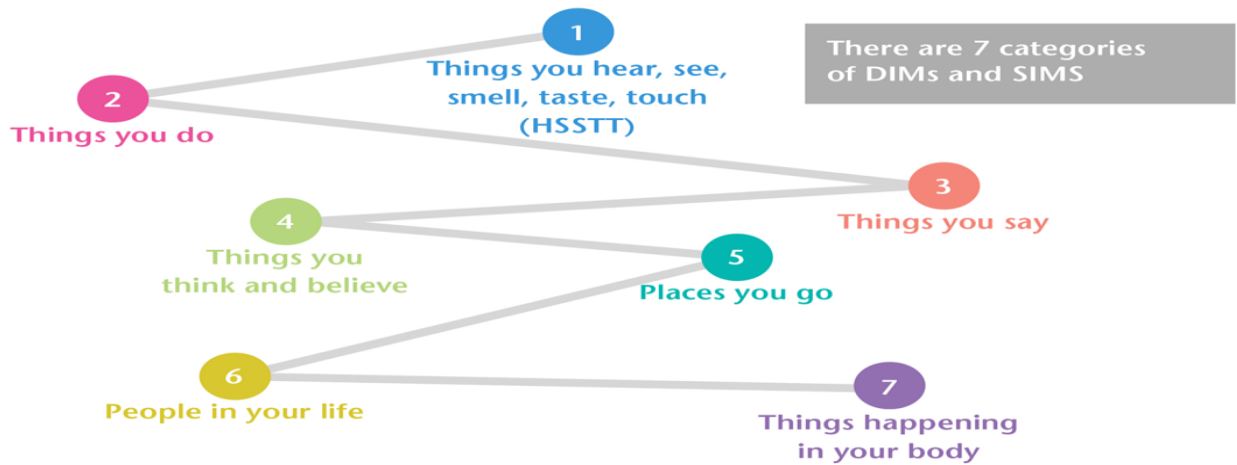


Pain depends on many things and is different for everyone. There are many factors which contribute to a person's pain. For example, it is tempting to look to the knee as a reason for knee pain and while that may be relevant if an acute injury has occurred, it becomes less relevant over time. It is useful to understand this as it means more strategies are available to reduce pain. When people improve their understanding of pain, the pain often improves. Understanding can be the beginning of the journey to better pain management.

Pain is a powerful protector, not a measure of tissue damage. For instance, there was a young man who jumped down and landed on a 15cm nail. Any movement of the nail was painful and he was taken to the emergency department. On arrival he was sedated and the nail was removed. When his boot was taken off it appeared a miracle had occurred as the nail had penetrated between the toes, the foot was entirely uninjured. This scenario shows pain is always real no matter what causes it AND pain and tissue damage are often not related. The expectation of pain is enough to create pain.

Anything and everything relevant to safety and danger can maintain, increase or decrease pain. Experiencing pain involves distributed brain activity. That means, when we are detecting danger, we are weighing up many pieces of information such as what we see, smell, hear, bits of information we don't know that we know, like the

meaning of the colour red, green or blue. Other systems such as stress make a difference and so does the function of your immune system – if you have a cold or virus you may feel your pain worsens. You will have pain when your brain concludes there is more credible evidence of danger related to your body than there is credible evidence of safety. This is known as ‘Danger in Me’ DIM and ‘Safety in Me’ SIM.



Pain is processed by distributed networks in the brain. There is not one pain centre. This knowledge offers hope for intervention, because it means that there are many ways to influence the awareness of pain levels.

You can't stop learning, our body learns to be overprotective therefore it can learn a new normal too. Learning involves making and pruning nerve connections. When we have pain our body and brain adapts to protect us. The nerve connections that are formed to protect us will strengthen with use and our body learns to be overprotective.

There are strategies to desensitise an overprotective system. These strategies include learning about pain, exercise and psychological and stress management. With an understanding of pain you can appreciate pain does not equal harm. When you are stressed chemicals are released that sensitise the nervous system and increase pain but when you are happy your pain is reduced as different chemicals are being released.

Learning about pain is an effective intervention. For example, women get their very sensitive private parts waxed and both sexes get pierced and tattooed, but rarely do these choices lead to chronic pain. The key point about these examples is that no-one is too stressed out about the activity because they understand what is going on. Learning about pain will lead to the asking of questions and allow you to get familiar with the experience you are going through. It takes courage and a good team around you to get going, but learning about pain will help you take a new path.

What Greta would like you to take away from this presentation is to rethink pain, challenge yourself and your health professionals, get curious and ask questions so you can learn when you are being overprotective. To allow you to re-engage in life, think about context and pain modifiers such as where do you feel safe and what do you like doing. Finally, recover, be more persistent than the pain itself.

It is important to remember the purpose of pain is protection, anything relevant to safety and danger can maintain, increase or decrease pain. You can't stop learning, as our body learns to be overprotective it can learn something new. Lastly, learning about pain is an effective intervention for everyone.

More information can be found at the below web sites.



painrevolution.org

tamethebeast.org

bodyinmind.org

noigroup.com