DOWNLOAD PDF DIFFICULTIES OF MY POSITION

Chapter 1 : Breathing difficulty - lying down: MedlinePlus Medical Encyclopedia

The Difficulties of My Position. The Diaries of Prison Governor John Buckley Castieau, by Castieau, J.B. (John Buckley). and a great selection of similar Used, New and Collectible Books available now at calendrierdelascience.com

Check new design of our homepage! The tiny thing that keeps your car working, often falls prey to regular wear and tear, and therefore must be taken care of. WheelZine Staff Last Updated: Jan 24, Did You Know? Most modern-day throttle position sensors employ non-contact type elements, like two magnets and a Hall effect sensor. These sensors are less prone to wear, and thus last longer. It contains electro-mechanical parts, which are prone to weathering. It takes all the necessary measurements and sends it over to the Electronic Control Module. The light is meant to tell you, the driver, that something is wrong with either a component of the car, or its sensor. Without proper inputs from the TPS, the on-board computer is unable to guide the engine to work at optimum levels. Idle Surging This problem usually comes in conjunction with the above one. Similar to getting jerks while accelerating, with a faulty TPS, the computer cannot tell if the throttle is fully shut when the car is idling. Sudden Stalling of the Engine This can happen anytime, without any kind of warning, while driving or idling. The TPS can give a bad input, prompting the engine to stall. All of this happens if the sensor is unable to detect the closed position of the throttle. The data provided by TPS is invaluable for proper starting, idling, and easy throttle response. Because of this, the following can occur: Difficulty while changing gears. The fuel economy of the car drops drastically. Causes difficulty in setting base ignition timing of the car. If it is not adjustable, then it becomes mandatory that you check throttle stop and throttle cable adjustments. Their improper functioning could cause symptoms such as poor ignition, inefficient throttle response, or an idle stop. Switch and combination TPS are tested with an ohmmeter. In order to test a non-adjustable one, such as a potentiometer TPS, a voltmeter is used, like so: Disconnect the throttle sensor harness. Open the throttle valve manually and check the resistance changes between the terminal 1 and 2. Check the resistance in three different positions of the accelerator pedal. You may record a resistance of approximately 10 ohms when the accelerator is fully pressed, 2 to 10 ohms when partially pressed, and 2 ohms when completely released. Replacing The Throttle Position Sensor 1. Remove the faulty sensor from the throttle chamber. Apply a few drops of anti-stick solution to the tip of the replacement throttle sensor and install it in the throttle chamber. The anti-stick solution will make it easy for you to remove the TPS in case you need to replace it again. Start the engine after connecting the throttle sensor harness. Check whether the output voltage of the TPS is around the specified range. Tighten the bolts to complete the installation of the TPS. Any way you look at it, failing to replace the TPS is going to cost you. All in all, the sooner you act, the more you save.

Chapter 2 : Leg pain - difficulty getting up

The difficulties of my position: the diaries of prison governor John Buckley Castieau, [John Buckley Castieau; Mark Finnane] -- "A career in the Victorian penal system might not seem to be a source of excitement or even great interest, but for John Buckley Castieau it was the trigger for nearly three decades of diaries that.

Reproductive system - female - Uterus and cervix Summary A retroverted uterus means the uterus is tipped backwards so that it aims towards the rectum instead of forward towards the belly. Some women may experience symptoms including painful sex. Treatment options include exercises, a pessary or surgery. In most women, the uterus is tipped forward so that it lies over the bladder, with the top fundus towards the abdominal wall. Another normal variation found in some women is the upright uterus, where the fundus is straight up. About one quarter of women have a retroverted uterus. This means the uterus is tipped backwards so that its fundus is aimed toward the rectum. Other names for retroverted uterus include tipped uterus, retroflexed uterus and uterine retrodisplacement. Symptoms of a retroverted uterus Generally, a retroverted uterus does not cause any problems. If problems do occur, it will probably be because the woman has an associated disorder like endometriosis. A disorder like this could cause the following symptoms: Painful sexual intercourse The woman-on-top position during sex usually causes the most discomfort Period pain particularly if the retroversion is associated with endometriosis. A range of causes for a retroverted uterus Some of the causes of a retroverted uterus include: Natural variation â€" generally, the uterus moves into a forward tilt as the woman matures. Adhesions â€" an adhesion is a band of scar tissue that joins two usually separate anatomic surfaces together. Pelvic surgery can cause adhesions to form, which can then pull the uterus into a retroverted position. Endometriosis â€" the endometrium is the lining of the uterus. Endometriosis is the growth of endometrial cells outside the uterus. Fibroids â€" these small, non-cancerous lumps can make the uterus susceptible to tipping backwards. Pregnancy â€" the uterus is held in place by bands of connective tissue called ligaments. Pregnancy can overstretch these ligaments and allow the uterus to tip backwards. Sexual problems In most cases of retroverted uterus, the ovaries and fallopian tubes are tipped backwards too. The woman-on-top position usually causes the most pain. It is possible for vigorous sex in this position to injure or tear the ligaments surrounding the uterus. After the first trimester, the expanding uterus lifts out of the pelvis and, for the remainder of the pregnancy, assumes the typical forward-tipped position. The symptoms usually occur somewhere between weeks 12 and 14, and can include pain and difficulties passing urine. Diagnosis of a retroverted uterus A retroverted uterus is diagnosed by routine pelvic examination. Sometimes, a woman may discover that she has a retroverted uterus during a Pap test. If you are experiencing symptoms such as painful sex, the first action taken by your doctor may include a range of tests to find out if other conditions are causing your retroverted uterus, such as endometriosis or fibroids. Treatment for a retroverted uterus If a retroverted uterus is causing problems, treatment options can include: Treatment for the underlying condition â€" such as hormone therapy for endometriosis. However, the medical profession is divided over whether or not pelvic exercises are worthwhile as a long-term solution. In many cases, the uterus simply tips backwards again. Pessary â€" a small silicone or plastic device can be placed either temporarily or permanently to help prop the uterus into a forward lean. However, pessaries have been linked with increased risk of infection and inflammation. Another drawback is that sexual intercourse is still painful for the woman, and the pessary may cause discomfort for her partner too. This operation is relatively straightforward and usually successful. In some cases, the surgical removal of the uterus hysterectomy may be considered. Treatment options for incarcerated uterus â€" includes hospitalisation, the insertion of a urinary catheter to empty the bladder, and a series of exercises such as pelvic rocking to help free the uterus. Where to get help.

Chapter 3 : Booko: Comparing prices for The Difficulties of My Position

'A career in the Victorian penal system might not seem to be a source of excitement, but for John Buckley Castieau it was the trigger for nearly three decades of diaries that reveal far more about the colony's early social history than what went on behind prison walls.

The retroverted and retroflexed uterus: December 4, By Feminist Midwife This post falls into the category of I-think-you-should-be-empowered-in-the-knowledge-about-your-own-body. And not necessarily in the same position as the uterus-owner sitting next to you at the coffee shop? And, after pregnancy, it could settle into a completely different position than before? And, your provider, as well as you and your partner, could be well-informed as to where your uterus is and what trouble it might be giving you? Well, welcome to the know. I have had a number of women coming in for infertility, for pain with intercourse dyspareunia , for IUD insertions or removals, and with pain during menses dysmenorrhea. For a variety of reasons I have ultimately assessed their uterus, and found its position to be a possible culprit of their discomfort. This is a long post. Because the more I looked into retro tilted uteruses, the more information I found. The italics below refer to the conversation I imagine having with you, if we had hours to chat about this specific subject. This information will focus on the retro uterus: These terms refer to the position of the uterus in the pelvis. More or less like the vagina? Like in all the anatomical drawings? The uterus is held in place by four muscle-like fibers called ligaments, specifically two round ligaments, one on each side, as well as the vesico-uterine ligament in the front and the sacro-uterine ligament in the back. For a baseline visual reference, the drawing below shows this common anteverted orientation, with the uterus at a direct right angle to the vagina, pointing toward the belly button. The uterus changes its orientation in the body with any changes in or around itself. What does that mean? The most common uterine positions are a jumble of prefixes and suffixes. Examples of retroverted versus retroflexed uteri: So it looks like this changes where the cervix is in the vagina, too? With severe retroversion or retroflexion, the uterus is pulled to the back of the body to the point that the cervix is pulled onto the anterior top wall of the vagina. For the opposite and less symptomatic position of severe anteversion or anteversion, the uterus would be found more on the posterior bottom wall. Most commonly, the cervix is found toward the end of the vagina and then a little bit on the anterior wall. So, for those with retro uteruses, if you are checking inside yourself, or your partner is checking inside of you, or a provider is checking, the cervix might be just inside the vaginal opening introitus on the anterior wall, or might have to really go looking for it along the anterior wall of the vagina. How does anyone ever know which way the uterus is pointing? A provider, for any number of reasons, may do an internal exam to assess health of the cervix, uterus and ovaries. Part of this assessment includes an evaluation of uterine position, and the provider may or may not report this to you during the visit. If you have come in with a reported symptom, hopefully the provider would discuss their assessment with you to rule diagnoses in or out. Sometimes the position of the cervix is a giveaway, as mentioned above, which the provider might discover during the speculum exam. Sometimes the bimanual exam can easily feel uterine position. Sometimes, a rectal examination will rule out a retroverted uterus versus a uterine mass. Sometimes, an ultrasound is the best tool for full diagnosis. Otherwise, uterine position may remain a secret, especially if you are not having troubles that would cause you to seek answers to the questions in your pelvis. Why would it matter which way a uterus is pointing? Much of the time it does not matter. In the case of IUD insertions and surgical uterine procedures, it is vital to know uterine position to know the best placement for the tenaculum, to pull the uterus in position. Since most uteruses are anterior, placing the tenaculum on the anterior lip pulls these uteri in the appropriate position. Thus, knowing which way to direct the uterine sound and IUD inserter is vital to decrease risk of uterine perforation. Typically before these procedures, the provider will do an internal exam to verify uterine position to decrease risks of the procedure. Sort of a big deal. So it matters for internal procedures. What symptoms are we talking about? Pelvic pain, irregular menses, painful menses, pain with sex particularly with deep penetration or thrusting , severe back pain in early pregnancy, recurrent urine infections or urine retention, miscarriage, feeling of pelvic congestion, problems with intrauterine contraception, size larger than dates in

early pregnancy, varicose veins in the legs, chronic constipation or pain with bowel movements, and, some may say, infertility. This picture shows how much a retro uterus can impact the rectum, causing issues with constipation or pain with bowel movements: What can cause the uterus to be retroverted or retroflexed? The jury is still out, way out, on whether retroversion and retroflexion cause difficulties with achieving, and maintaining, pregnancy. Anatomically and physiologically speaking, it makes sense, but is not borne out in the research. So what does the research say? Research largely focuses on the retroverted uterus in pregnancy. At its most severe and most rare , a retroverted uterus that does not correct itself in early pregnancy can cause what is called an incarcerated uterus, where the growing fundus does not grow out of the pelvis. Instead, it becomes trapped under the sacral promontory and causes severe pain and difficulty with normal uterine stretching. With little research on retroversion other symptoms pelvic pain, infertility, pain with sex , this leaves the majority of women with a retroverted uterus without the incarcerated uterus problem up a creek, without evidence as to how to paddle. What does my favorite Attending say about retro uteruses? He tells his patients that uterine position is like left-or right-handedness, just a variation of normal. He remembers a time when the most common use of hysterectomy was for uterine retroversion. However, most providers now believe that retroversion is due to other causes, such as endometriosis or fibroids or scarring. He says that now the belief is that when the cause of the retroversion is corrected, then the uterus, even if it stays in that position, will stop causing symptoms. Sounds easy enough, but for many uterus owners, even finding someone to think about a possible root cause of retroversion of the uterus is difficult enough, let alone paying attention to and treating the initial vague symptoms of pain or infertility. Does a retroverted or retroflexed uterus need treated? As per my fav Attending above, treating the possible causes of the retro uterus could very well treat its malposition. Thus, treating endometriosis or fibroids or improving muscle tone or encouraging weight loss could very well encourage the uterus into a more mid-line or anterior position. For those who are symptomatic, what treatments are we talking about? I find these interesting ideas: If you are part of the majority I am, most days who believe that Kegel exercises can strengthen the pelvic floor, then the theory transfers further into a strong pelvic floor supporting overall pelvic muscles and appropriate pelvic ligament alignment. Read more about Kegels here. Those not in the Kegel camp are in the squatting camp â€” I think both are beneficial to promote strong muscles and alignment in the pelvis. Rosita Arvigo is a well-known practitioner of abdominal massage to correct misalignment of pelvic organs, most importantly uterine malposition. This bears out in multiple resources, where manipulation of the posterior wall of the uterus toward the abdomen can right this pelvic wrong if no other factors are predisposing the posterior position. Interesting old-school picture of this happening. Anecdotally, I have tried this with a few patients suffering pelvic pain due to uterine retroversion, with little effect. For months at a time, women used to wear pessaries similar to those worn by women with uterine or bladder prolapse, to encourage the forward movement of the anterior uterine wall. These are hardly used anymore, but remain an option in the long list of corrective therapies for symptomatic uterine position. I feel like after this research, I have little resolution but to know to diagnose a retro uterus and find possible underlying causes. I am next on the hunt to find a provider to whom I can refer women with this problem for therapy and treatment. What have I left out? Do you know of great resources for retro uteruses? Any other suggestions for therapies, prevention, or treatment?

Chapter 4 : Mobility - Difficulty Standing from Chair

The difficulties of my position [electronic resource]: the diaries of Prison Governor John Buckley Castieau, / edited and introduced by Mark Finnane.

Krause et al compared various ways to measure ankle dorsiflexion and reported that the modified lunge test was the most reliable. This simple test can be done at home. Facing a wall, place your toes at the edge of the wall and bend your ankle to touch your knee to the wall, being very careful to keep the knee and thigh in line with the foot. If you are able to touch the wall with your knee, start over with your toe further from the wall. Repeat this process until you find the furthest distance from your toe to the wall that you are able to touch touch your knee to the wall. Measure this distance in centimeters. The modified lunge test. How much ankle dorsiflexion was needed to squat? This woman spends all day cleaning the grass from between the cobblestones of the streets in Nuevo Rocafuerte. She has the most ankle dorsiflexion I have ever seen in my life, my guess would be around 60 degrees. Her lunge test would be off the charts. How To Increase Your Ankle Dorsiflexion If you were less than 11cm from the wall in your lunge test, I recommend working on that ankle range of motion to improve your squatting. Grey Cook popularized the self mobilization for the ankle to increase dorsiflexion demonstrated in this video. I recommend this drill before squatting for anyone with limitations in ankle dorsiflexion. Conclusion In a young healthy population, dorsiflexion is the mostly likely culprit for an inability to deep squat well. Kasayma require the feet to be together which eliminates the possibility of collapsing through the arch to increase to effective dorsiflexion. Many people can get down into a deep squatting position but they collapse through the arch to achieve it. This is potentially harmful because it stretches out the arch of the foot as well as forcing the knee into a valgus knock- kneed position which has been shown to be a risk factor for knee cap pain patello-femoral pain syndrome as well as injury to the knee ligaments MCL and ACL during landing. If you have limited dorsiflexion, work on improving it diligently until you have reached the maximum your body will allow to get your squatting mechanics as good as possible. Finally, ankle dorsiflexion is not the be-all end-all of deep squatting. Other factors can come into play such as femur length, torso length, limited knee or hip flexion and perhaps most importantly: In the clinic I often see asymmetrical squat patterns in patients recovery from surgery of the hip or knee Gallery of Deep Squats Me deep squatting to receive my hood for my doctor of physical therapy degree. I saw this arch collapsing compensation frequently throughout Ecuador and Peru. One of the hallmarks of this compensation is the out-turned toes with the knees facing forward. This woman in red squats every day to milk her cows and has a squatting toilet but still does not have good squatting mechanics. Notice her left toes turned out. Jessica in black is demonstrating an uncompensated squatting pattern with feet apart. None of these boys from a remote Andean farming village in Peru could squat without their heels coming off the ground, some even fell over. We met this woman while traveling on a river boat from Iquitos to Pucallpa Peru. She is able to squat without compensation with her feet apart.

Chapter 5 : The retroverted and retroflexed uterus: from front to back (well, mostly, back).

"My main objective is to find a challenging and responsible position. Benefits are secondary." Describe your ideal working environment. If you had your choice of.

People who feel it difficult to stand up from a sitting or squatting position may have problem in one or more of the following structures. Muscles of legs, thighs or buttock 3. Muscles of arms 4. How do problems in knee joints lead to difficulty in standing up? Knee joint is one of the primary and most affected joint that takes part in standing up. Other joints that take part are hip, ankle, knee, elbow, wrist and shoulder joint. Knee joint gets the most strain , and also knee joint is comparatively less supported. Knee joint arthritis causes long term knee pain , that makes the movement difficult at knee joint. Arthritis also makes the knee joint stiffer and slower and its range of motion also decreases. All these affects collectively make it difficult to stand up from a sitting or squatting position. How do problems in muscles of legs, thighs and buttock lead to difficulty in standing up? Usually those patients who suffer from arthritis of knee joint also have significant wasting of thigh muscles. The cause of this wasting can be explained with the help of the fact that such individuals decrease their activity due to knee pain. They use their thigh muscles less often and try to put less strain on them. As a result the muscles become weaker and thinner. Muscles of thigh, and buttock both take part in standing up. The quadriceps muscle of the thigh gets the most strain while standing up. So it is important that you must have a strong quadriceps muscle. How do muscles of arm help to stand up from a sitting position? Armrests provide a handhold to push the body up and muscles of arms partially bear the body weight while standing up. Arms also help to stand up from squatting position. As while standing up from a squatting position you hands use your knees to push the upper body up. Thus arms share a significant part of weight and this put less strain on knees. How do problems in cerebellum lead to difficulty in standing. Cerebellum is that part of brain which controls balance and coordinated movement. Coordination of movements at multiple joints is also important to make the standing maneuver successful. So these were the causes. Now to correct this problem, your doctor should find the cause and eliminate it. For example, if the cause of knee pain is arthritis then anti-inflammatory drugs, proper nutrition and physiotherapy will help you. If you have got muscle wasting, then the cause of muscle wasting should be identified and treated. Physiotherapy is again needed here as well. Cerebellar issues need neurological consult. How to stand up from the chair without significant pain? If you follow the following steps while standing up from the chair, your knee will get less strain and you will feel lesser discomfort. Make your feet shoulder width apart. Lean forward and move your bottom close to the edge of the chair. Move forward your head and bring it in the line of your knees. Stand up, by pushing the armrests down with your both hands.

Chapter 6 : Symptoms of a Bad or Failing Camshaft Position Sensor

The Difficulties of My Position Castieau, J.B. and Finnane, Mark (ed) Paperback published January A career in the Victorian penal system might not seem to be a.

I never know when to go to the doctor or just treat it myself with moist heat and pain meds. I do have a problem that has been fairly constant now for about 6 weeks - Pain and weakness in my lower body. I am at the point where my husband has to pull me off the toilet in the middle of the night. When I get up out of bed, sometimes my ankles hurt, but it is mostly in my knees and ankles. Does this sound familiar to anyone? I appreciate any advice or knowledge you can pass my way Thanks, Sign Up or Login to comment. I have had to have my boyfriend grab my leg and straighten it out several times because I was sitting and my leg cramped up. I also have the moving pain. Everyone always asked me "what hurts today? In a rude way. I felt like a hypochondriac for several years. I thought you were talking about me. Everytime I sit on the toilet, my family knows when I hit the toilet because of the painful noise I make from bending my knees. I fell awhile back and had to lay on the floor for a while. The I had to drag my body over to someplace where I can help myself up. It is so hard for my family to lift me because of all this weight that these medicines has put on me. The weight does not help the knees either. I went to get some vitamins to help with depression. How many of you out there with leg cramps and spasms are on supplements and Vit.??? It is said that the type of meds that we take can keep our bodies from absorbing the vit and minerals we need from our normal foods And with the loss of a lot of these vit and minerals, we can cause ourselves a bunch of problems all our own.. It can cause electrolyte problems.. Cause headaches and muscle pain and spasms This is a serious issue, I know that some over the counter cold meds can strip your body of potassium and sodium Much less the type and strength of the meds that we take for our pain and other problems Craig Senior Member 10 years on site posts Hi Zenobia, and welcome to the group. I have been where you are. Regarding your pains that come, go and relocate, keep a journal, logging these pains, where they are, what their intensity is, and how if you are able to you treat it. This journal will turn into an invaluable piece of information for any doctor you see. What type of doctor do you see? Is it a PCP primary care physician? Who diagnosed you with Fibro? It sounds like you have so far been able to manage your pain on your own, which is a good thing. Continue doing this as long as it helps. The journal will help with this. As to whether you need to see a doctor or not, I think your body will tell you that. I have the weakness in the lower part of my body as well. Many times I have difficulty getting up from chairs or after kneeling or falling. I use a cane part time, and try to remember to use it when I get out of bed in the middle of the night. I had one experience like Barb mentioned, of having to crawl to a chair to help me up once. At any rate, I would like to suggest that you see a neurologist and a rheumatologist about these concerns, just to get them checked out. Pain is one thing, safety is another. Your PCP should be able to refer you to these specialists. I do take vits and supps, including potassium and sodium. KayDesigner New Member years on site Zenobia, first let me welcome you to the group. You have found a wonderful place to share, get and give advice and sometimes laugh. So I am glad you felt led to post as you seem like you are really are having difficulties and for that, I am so very sorry. It looks like you have received some great information. I, too, would like to reiterate what type of doctor do you go to? Is it your PCP, Rheumy, You can never take things too lightly; especially, with this condition. What one may have, another may not. What one may have been diagnosed with, may be something more severe in someone else. The last time I had blood work my hemaglobin and hematacrit were off a smidgen. Wear and tear on the knees and back are the most common causes of these problems.. Both my knees hurt if I do a lot of walking,or getting up and down from sitting position Which I do all day long when taking care of grandson It is especially difficult to get down or up from the bath tub.. Has this happened to you????? Zenobia Member 10 years on site 7 posts Thank you everybody for the replies. I was dxd by a rheumatologist, and I have an appt with her in a week. Also, do feel the crackles and pops in your knees when you bend them called crepitus? Again, thanks so much for all the replies Sign Up or Login to comment.

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Chapter 7 : calendrierdelascience.com - Baseball Statistics and Comparisons

This is a common complaint in people with some types of heart or lung problems. Sometimes the problem is subtle. People may only notice it when they realize that sleep is more comfortable with lots of pillows under their head, or their head in a propped-up position.

Chapter 8 : Difficulty Synonyms, Difficulty Antonyms | calendrierdelascience.com

Many breathing problems are chronic or long-term. These common breathing problems include chronic sinusitis, allergies, and calendrierdelascience.com problems can cause a host of symptoms such as nasal.

Chapter 9 : Difficulty in standing up from a sitting or squatting position, Causes & Solution | calendrierdelas

Difficulty Standing from Chair Some people are able to stand easily from a seated position but find that their knee is stiff and takes a few steps to loosen up. This is called startup stiffness and is usually a sign of arthritis in the knee.