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Health & Wellness[®] MAGAZINE

June 2017

Lake/Sumter Edition - Monthly

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MEN'S HEALTH

& The Truth About Skin Cancer



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TRAVELING TIPS FOR VENOUS INSUFFICIENCY

Bryan Carter, MPA-C

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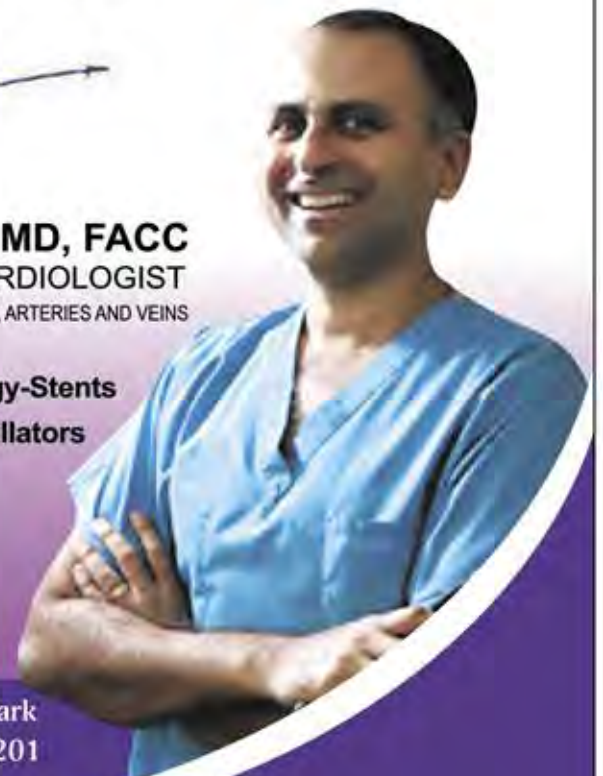
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VISION PROBLEMS? IT MIGHT BE CATARACTS.

June is cataracts awareness month, focusing attention on a problem affecting roughly 25 million Americans. Though cataracts can happen to people of any age and for a number of causes, they are most often associated with aging.

Cataracts typically start to form when people are in their 40s and 50s, but at this stage are so small they don't usually interfere with vision. However, by the time people reach their 60s, many find cataracts are causing problems, like blurry, muted or double vision, and sensitivity to the glare of headlights, lamps and sunlight. If left untreated, cataracts can become so dense that all functional vision is lost.

To understand how cataracts affect vision, one must understand what they are. The human lens is located behind the iris and the pupil. When clear and healthy, this lens directs light onto the retina and enables the eye to focus clearly. The lens itself is made of mainly water and protein. Over time, exposure to UV light or after physical trauma to the eye, the lens protein can degrade, creating a cloudy cataract.

"Cataracts are the most common cause of vision deterioration in people 55 and older," says Lake Eye ophthalmologist and eye surgeon Dr. Scott Wehrly. "People find they're unable to see clearly, especially at night, which causes many to give up driving, reading and other important activities." People can also have trouble telling colors apart and cataract surgery can restore normal color vision again.

Today's advances in surgical procedures have made suffering with cataracts a thing of the past. Cataract surgery is an outpatient procedure in which the clouded natural lens is replaced with an artificial lens selected specifically for each patient. "We utilize a computer technology called ORA, which helps me best select a customized implant with incredible accuracy for ultimate patient satisfaction," says Dr. Wehrly, who has performed thousands of state-of-the-art cataract surgeries, including LenSx® refractive laser surgery, the most advanced, safest and most accurate system in existence. Lake Eye is the first local practice to offer this advanced bladeless surgical system. "It is safe, painless and effective and typically takes under 10 minutes. Most patients are able to return to normal

Normal, clear lens



Lens clouded by cataract



activities the next day." Many people report noticing improvement to their vision immediately, with further improvement of the subsequent days and weeks. "We implant only the finest proven intraocular replacement lenses, which include the Symphony® lens, the first and only FDA-approved extended-range multifocal lens to deliver clear vision at all distances, Toric lenses to correct cataracts and astigmatism, and multifocal lenses (Restor and Tecnis) for distance and near vision," says Dr. Wehrly. "These IOLs allow some patients to achieve complete restoration of their vision. Some end up with the best vision of their lives. It's remarkable and gratifying to restore something as valuable as clear eyesight to people who were previously struggling with everyday tasks."


Lake Eye's Board Certified ophthalmological surgeons, Dr. Scott Wehrly, Dr. Scot Holman and Dr. Vinay Gutti perform advanced cataract surgery at the Santa Fe Surgery Center in The Villages.

For the 3 million people who undergo cataract surgery each year, this is excellent news. If you suffer from cataracts that interfere with your quality of life, it might be time to call the trusted professionals of Lake Eye Associates and see what you've been missing.



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When it Comes to Your Eyes, Nothing But the Best Will Do



"Since having cataract surgery with Dr. Wehrly, I feel more confident driving at night and I don't need glasses for daily activities. Now, I can sign my name without searching for my glasses!" – JUDY MENEFFEE

Cataracts are stealthy – they form slowly until they rob people of bright, clear vision. Left untreated, cataracts can lead to blindness. Luckily, there's no reason for alarm. Cataract removal is one of the safest and most successful surgeries in the world. And no one knows cataract surgery like the Board-certified Ophthalmologists of Lake Eye, the regional leader in vision and eye health services for 40 years and counting.

"As a doctor who has performed nearly 18,000 successful cataract surgeries, I can tell you cataract surgery is nothing to be nervous about," says Dr. Scott Wehrly. "I was one of the first local surgeons qualified to perform LenSx® refractive laser surgery, a very safe and accurate cataract system. Laser cataract removal takes just minutes, and to restore vision, we use only the finest intraocular replacement lenses in the industry, including the new Symphony® extended-range-of-vision lens, which can restore patients close to or at 20/20 vision, even if they have astigmatism. We also have lens implants that may slow the advancement of macular degeneration, so these IOLs can be more than just vision restoring, but also vision preserving."



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SEPSIS: THE HIDDEN KILLER

By Candice R. Taylor, MSN, BSN, RN - Sepsis Coordinator, Ocala Health

Why do I need to know about sepsis?

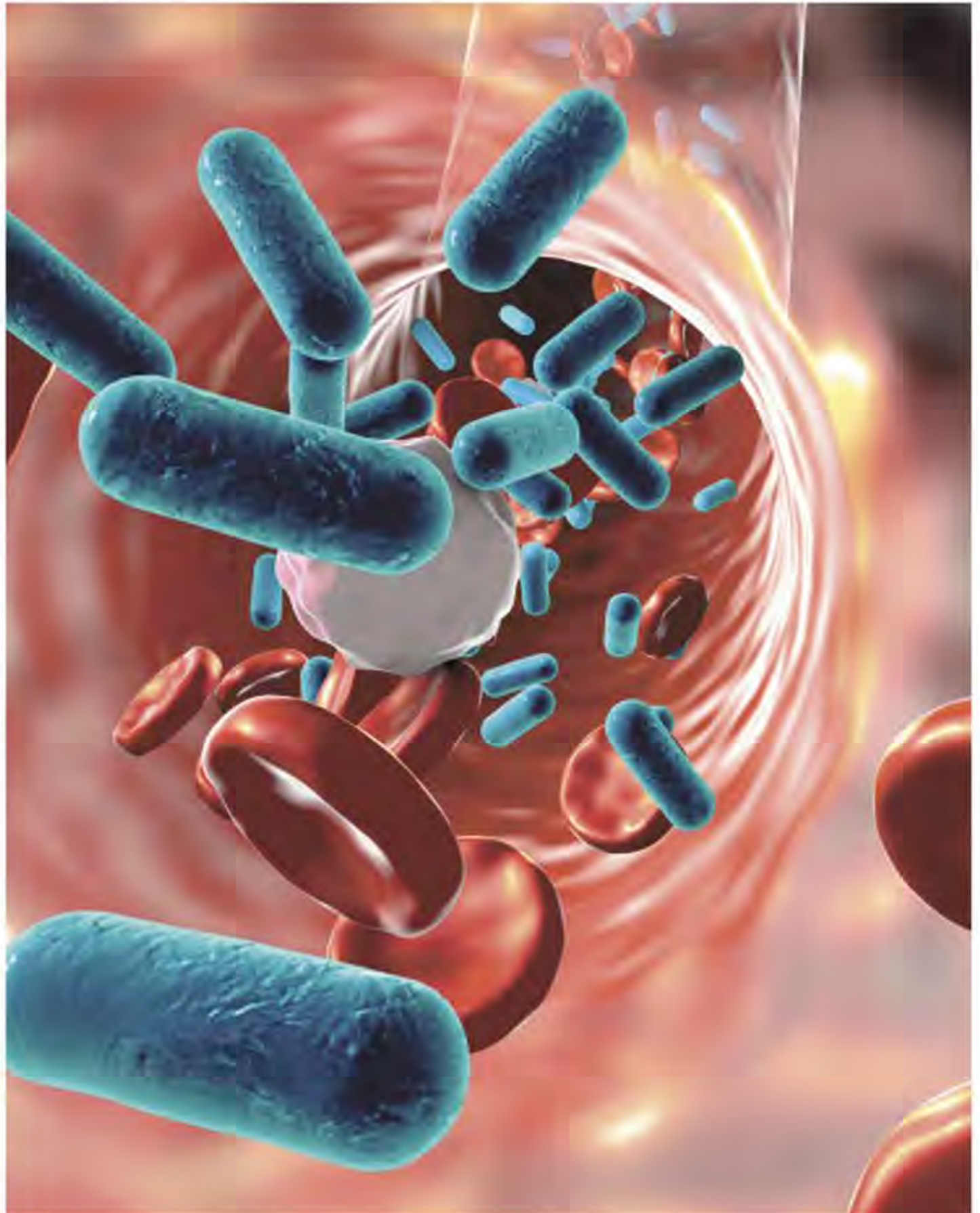
Sepsis has become the world's #3 killer! It is known to cause more deaths in the U.S. than AIDS, prostate cancer and breast cancer combined. As incredible as this may sound, each year 25 to 50% of people who get sepsis die. It is not a particular disease, and it can kill anyone! After all, it does affect more than 1 million Americans each year. It has quickly become the most expensive condition to treat in the U.S. Sepsis also has four stages to it, with septic shock being the worst. Septic shock can cause organ failure or tissue damage, just the same as a heart attack or stroke. One way shock has worsened over the years is by people not finishing the prescribed antibiotics from their physicians. This causes bacteria in the body to lay dormant and grow resistant over time to the medications that are supposed to stop and heal infections. So what do you do? Please talk to your doctor about sepsis, because you or a loved one's life may depend on it.

Where does sepsis come from?

Sepsis is a severe response in the body to a foreign bacteria, fungus, or virus. Foreign substances in the body can cause infections. The body reacts to these infections with severe inflammation. The severe inflammation can cause organs to quit working. This is why sepsis is considered a medical emergency that needs immediate attention. Sepsis can lead to long-term illnesses and treatments, which can cause long-term hospitalizations, or possibly death.

Who does sepsis affect?

Sepsis can have a serious effect on people who are elderly, young children, people with cancer, or people who have weakened immune systems. These people can develop sepsis quicker than healthy people and it can cause serious or deadly outcomes. People diagnosed with sepsis need to be monitored closely when sick, preferably in a professional medical setting. Sepsis is not a new disease; it has been around for ages. Hundreds of years ago, sepsis was called "blood poisoning."



Sepsis may become an issue for people who have the following illnesses or disease processes:

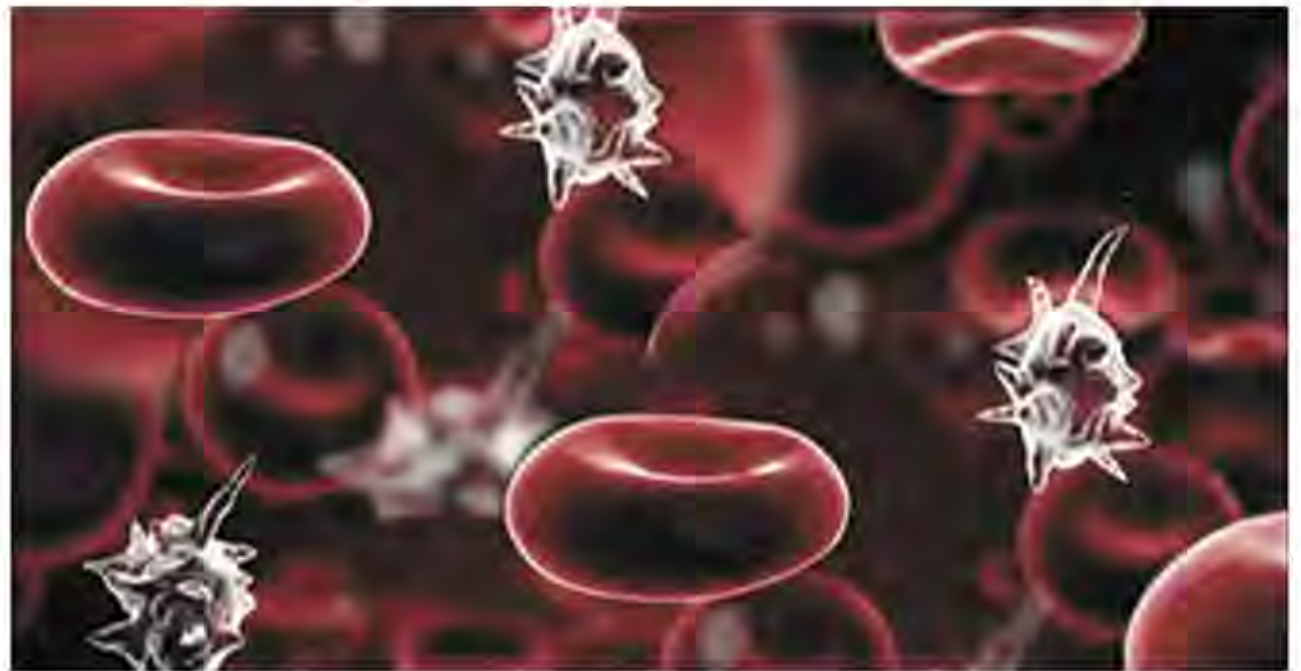
- Urinary tract infection
- Pneumonia
- Influenza (Flu, any strain)
- Stomach infections
- Kidney infections
- Bloodstream infections
- Recent surgical candidates (any surgery)
- Urinary catheters (temporary or long-term use)
- Appendicitis
- Gallbladder infection
- Skin lesions or swelling (Cellulitis)
- Bone infection (Osteomyelitis)
- Heart infection (Endocarditis)

How do I know if I have sepsis and what do I do?

There are certain symptoms people will experience with sepsis. However, if there is more than one symptom being experienced, a doctor's appointment should be made right away to be checked for sepsis. If you cannot get into your primary care provider's office immediately, please go to the nearest emergency room to be checked for sepsis symptoms. If you are feeling very ill and have more than three symptoms, call 911 and ask to be taken to the nearest hospital for treatment of sepsis.

Sepsis symptoms could include:

- Fever of more than 100.9 F or less than 96.8 F
- Heart rate feels faster than normal or feels like it is skipping beats
- Breathing becomes difficult, or you seem out of breath easier
- You may have a hard time urinating, find that very little urine comes out or that you are urinating in small amounts frequently during an hour
- Your skin may look pale or red compared to normal
- Cold chills may be felt, or your body may shiver uncontrollably
- You may feel very tired, or sleepier than normal for hours or days (without any reason)
- Nausea, vomiting and diarrhea may appear for no reason (not related to another illness, treatment, or medication)
- Your appetite changes; you will not feel like eating anything or drinking anything
- Things may seem more confusing than normal
- Speech can become slurred, or people comment they have a hard time understanding you
- The body has severe muscle pain or cramps for no reason
- Dizziness can cause loss of balance, or blackouts could occur
- Your blood pressure seems lower than normal for you (especially the top number [systolic])
- You have had a recent infection or been on antibiotics and you do not seem to be getting better



What treatments can help with sepsis or find out what is going on?

If you have sepsis, you are going to be staying in a hospital environment for treatment and diagnostic tests. Your diagnostic tests could include x-rays, CAT scans, blood tests and lab tests. The treatments include IV medications, IV fluids, IV antibiotics, frequent vital signs (heart rate, blood pressure, oxygen saturation), and plenty of rest. Once you feel better, all antibiotics/prescriptions from the doctor must be finished as prescribed to keep sepsis away.

What can I do to prevent getting sepsis?

If you think you have any kind of infection, please see your doctor right away, or visit your local healthcare facility. If you are prescribed antibiotics for an infection, please finish the prescription to kill the sepsis bacteria, fungus, or virus. Infections that are not treated completely or treated at all, can grow in the body and become sepsis! If you are elderly, or have a compromised immune system, please talk to your doctor about any vaccinations that will offer protection from infections and sepsis.

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About Ocala Health

Ocala Health encompasses Ocala Regional Medical Center, a 222-bed facility located in the heart of Ocala, and West Marion Community Hospital, a 94-bed hospital located in west Marion County, and Summerfield ER, a freestanding emergency department located in southern Marion County. Ocala Health has the only Commission on Cancer approved cancer center in Marion County. The hospitals offer a host of other quality and award winning services including bariatric surgery, orthopedic care and joint replacement, robotic surgery, cardiac and vascular services including open heart surgery and interventional procedures, emergency, neurological and rehabilitation services. Ocala Regional Medical Center is also a Level II Trauma Center. Ocala Health's outpatient facilities include Family Care Specialists, a primary care network of seven locations throughout Marion County; Advanced Imaging Centers with two locations; a freestanding Wound and Hyperbaric Center; a Senior Wellness Community Center; and two surgical and physician specialty practices.

Traveling Tips for Venous Insufficiency

By Bryan Carter, MPA-C, Phlebology-Surgery

It's that time of year again; when we hit the road or the sky and travel for vacations, relaxing getaways, spending time with family and taking the kids or grandkids to their favorite destinations.

The hottest days are upon us during the upcoming summer months, so it's imperative that everyone stays hydrated, especially the elderly and children. Because we come in all shapes and sizes, drinking at least $\frac{1}{2}$ your body weight in ounces is the recommended amount for each person. So if you are 200 lbs., you should consume 100 ounces of water per day, which is approximately 3 liters.

If you suffer from any venous insufficiency issues, it's critical to keep moving your toes, ankles, and calves while sitting for an extended periods of time in a car, train or when on a plane. This will help the blood to keep moving and pumping back to the heart instead of pooling into the feet. If you ever get swollen feet or legs after sitting for long periods of time, you should see your physician about ways to control your venous insufficiency and to get a full check up for your overall health.

What is venous insufficiency?

Various forms of venous issues affect 25 million Americans. Their legs are swollen, achy and they have a heavy sensation. When our veins are working properly, they pump blood back to the heart. Valves in the veins are made to open and close in one direction. If these valves or the wall of the veins are damaged, the blood is unable to work against gravity, and the result is a pooling of the blood in our legs. This pooling is called stasis and can present significant risks to our health.

Sometimes venous insufficiency is more of a cosmetic issue and poses little health concerns. This is usually noted in spider veins, which is when the tiny capillaries are damaged, but when the veins are damaged, this can cause varicose veins, which can lead to a much more severe health issues. Neither of these should be taken lightly. A medical professional will be able to report whether or not your symptoms are superficial, or dangerous and in need treatment.



Symptoms of venous insufficiency:

- Swollen legs
- Discoloration on skin (brown or red)
- Tingling/burning/itching sensations
- Heaviness
- Aching
- Cramping

One of the easiest ways to better control and improve your legs blood flow is to wear compression stockings, but beware, not all compression stocking are the same.

Sure big box stores sell them by the thousands, but they fail in comparison to medical grade and personally fitted stockings.

It's important to understand what compression stocking do. They are tight fitting long socks that go up to your knee and create gradient pressure throughout your foot and legs to help push the blood back to the heart.

Medical grade compression stockings are measured in millimeters of mercury (mmHg). The highest compression available is 30-40 mmHg, then 20-30 mmHg, 15-20mmHg and the least or lightest compression is 8-15 mmHg.

The major differentiating factor between a medical grade stockings and the generic version is the precise measuring that is done to make certain you are wearing the appropriate compression volume. Getting the correct dimensions consist of first measuring around the smallest part of the ankle above the ankle-bone. Second, a measurement is taken of the largest part of the calf circumference, and lastly, at a 90-degree angle, a measurement is taken from the distance of the bend in the knee to the floor. Speaking to your physician is vital if you or a loved one have any of the venous symptoms.



Treatment Options for Venous Insufficiency Include:

- Compression Stockings
- Gradient Compression Devices
- Increased Exercise
- Medications
- Surgery (non invasive thermal and chemical ablation performed in the office)

If you have any questions or concerns call and schedule appointment today with Mr. Carter. He has been treating vein circulation problems for 15 years.



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Dr. Anand Kesari Offers Innovative Full Spectrum Endoscopy Procedure for Improved Early Detection of Colon Cancer



Gastro-Colon Clinic is one of the first in the nation to use EndoChoice's Fuse™ endoscope system to reduce the 'miss rate' of lesions during colonoscopy

Although colonoscopy exams prevent many colon cancer deaths¹ and are the gold standard, for detecting colorectal cancers,² the procedure is not completely effective in preventing cancer cases.³ For this reason, Gastro-Colon Clinic has invested in an innovative technology that significantly improves the accuracy of colonoscopy exams and can greatly reduce the number of potentially pre-cancerous lesions missed by standard, forward-viewing endoscopes.

The Fuse™ endoscope system from EndoChoice®, Inc. uses three small cameras at the tip of a flexible GI endoscope. "Unlike standard, forward-viewing endoscopes that use a single camera, the Fuse system lets doctors see nearly twice as much surface area," said Dr. Kesari.

"The Fuse endoscope is all about seeing more of the GI tract. It projects the expanded view on three screens to give physicians previously unseen views, such as behind colonic folds and difficult anatomy. We are pleased to offer this important new technology to our community."

The Fuse system recently received FDA 510(k) clearance for marketing in the U.S. "As an early adopter of the innovative Fuse system, Gastro-Colon Clinic is at the forefront of U.S. healthcare providers offering the best technology and procedures for detecting colorectal cancers," said Dr. Kesari. "Our team is proud to be using the new system in our ongoing effort to reduce cancer and provide the highest quality care to our patients."

In a multi-center trial conducted in the U.S., Europe and Israel, researchers performed a series of colonoscopies comparing standard, forward-viewing endoscopes and the new Fuse system.

The endoscope used in the first examination was selected randomly. After the first inspection, each patient immediately underwent a second colonoscopy performed by the same doctor, but with the competing endoscope. The 185 patient trial showed standard, forward-viewing endoscopes missed 41% of potentially pre-cancerous lesions,

or adenomas, while the Fuse system missed just 7%. Additionally, Fuse found 69% more adenomas when compared to standard, forward-viewing endoscopes. The results of this clinical study were presented at a major medical society meeting earlier this year and recently published in The Lancet Oncology.

"Standard, forward-viewing endoscopes provide up to 170 degrees of forward vision. The advantage of Fuse is that it allows endoscopists to examine twice the anatomy with a wide 330 degree view. This is especially advantageous because adenomas can be missed in difficult to find areas of the anatomy," said Dr. Kesari. "The findings are compelling and support the data from previous studies showing the limitations of standard, forward-viewing endoscopes. EndoChoice's innovative Fuse technology dramatically improves the effectiveness of this life-saving procedure. And improving the effectiveness of every procedure we perform here at Gastro-Colon Clinic is what we're all about."

Patient scheduling with the new Fuse system is now underway at Gastro-Colon Clinic. More than 15 million colonoscopies are performed across the United States each year and most insurance companies cover the costs for those patients over age 50.

Ask your Doctor to refer you to Dr. Anand Kesari of Gastro-Colon Clinic for all your GI and Colonoscopy needs. Get the best possible endoscopic evaluation around.

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InterCommunity Cancer Center Offers Tips for Caregivers

When cancer occurs, the patient's loved ones and friends must also come to grips with the emotional issues surrounding the disease. Additionally, one of them may need to step forward and assume the role of caregiver—a challenging job that can be extremely demanding at times.

Today 80 percent of all cancer treatment occurs on an outpatient basis in community-based cancer centers, rather than in a hospital. Consequently, most cancer patients are going to need help at home with day-to-day chores at some point in their care. As treatment progresses, the patient may need assistance with meals, dressing, bathing and house-keeping, as these activities can be exhausting to an already fatigued patient. They may also need help managing various treatment side effects. Obviously, this is not the time for a patient to be left alone.

“Caregivers are a vital part of the care team, handling the essential tasks patients can no longer manage on their own,” explained Dr. David J. Catalano, medical director and radiation oncologist at ICCC in Lady Lake, Fla. “They truly are the unsung heroes of cancer care who everyday put aside their own needs to help their loved one. While everyone’s focus tends to be on the patient, it is important to encourage caregivers to take care of themselves as well.”

Tips for caregivers

There are many things caregivers can and should do to help avoid burn out, depression, exhaustion and other problems they commonly face. The American Cancer Society and the National Cancer Institute have a wealth of valuable information online, and many other organizations also have helpful suggestions. If you are caring for a loved one, here a few things to consider:

- First and foremost, seek help from family members or friends. It is unrealistic to think one person can handle this responsibility 24/7 week after week in addition to their own personal commitments. If no one else is available, check with churches and civic organizations, as they may have volunteers who can help. Private companies also offer respite services, temporary relief which may be covered by Medicare, Medicaid or other insurance plans. The patient’s care team may also be able to help identify resources to assist with home care.



- Take care of yourself by eating a healthy diet, getting enough rest, exercising when possible and spending a little time each day doing something you enjoy to take your mind off of your responsibilities.
- Don't isolate yourself. Connect often with friends and plan some fun activities with them. Reach out to them for support or just good conversation.
- Don't blame yourself when treatment decisions are made and things don't turn out as expected. Caregivers are often overwhelmed with guilt wondering if they made the right choices. Realize it is extremely difficult to make care decisions for another person and that you made the best decision you could with the information you had at the time.
- Save time and energy for your spouse or partner and focus on things besides cancer, as caregiving can strain even the best relationships.

The Rewards of Being a Caregiver

In spite of the exhausting challenges of caregiving, it can enrich a person's life. Caregivers often feel a sense of satisfaction knowing they helped their loved one in a time of great need. Additionally, caregiving often brings people closer together and enables them to gain greater perspective on their relationship and the purpose of their own life.

"Caregiving is probably one of the most challenging things a person will ever do," said Dr. Catalano. "Caregivers need to learn ways to take care of themselves, because if they aren't taking care of themselves, they can't properly take care of anyone else. They shouldn't be afraid to ask for help, as no one can do this job alone."

ABOUT INTERCOMMUNITY CANCER CENTER

InterCommunity Cancer Center (ICCC) has more than 30 years of experience providing quality, personalized cancer care in the Lady Lake and Leesburg communities and has treated more than 10,000 patients. Medical Director and Radiation Oncologist Dr. David J. Catalano has expertise in treating breast, lung, prostate, gynecologic, skin and other cancers.

ICCC is an affiliate of The US Oncology Network ("The Network"). This collaboration unites ICCC with more than 1,400 independent physicians dedicated to delivering value-based, integrated care for patients — close to home. Through The Network, these independent doctors come together to form a community of shared expertise and resources dedicated to advancing local cancer care and to delivering better patient outcomes. The US Oncology Network is supported by McKesson Specialty Health, whose coordinated resources and infrastructure allow doctors in The Network to focus on the health of their patients, while McKesson focuses on the health of their practices. For more information, visit www.usoncology.com.

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DEEP BRAIN STIMULATION

A SURGICAL TREATMENT FOR MOVEMENT DISORDERS

People with neurological conditions like Parkinson's disease, essential tremor, epilepsy, Tourette's syndrome, dystonia, obsessive-compulsive disorder and even certain chronic pain syndromes can suffer from constant, involuntary and uncontrollable movements, including shaking, twisting, clenching, jerking and other reactions that can make normal activities difficult or impossible. When medication proves insufficient to subdue symptoms to the point where a reasonable quality of life is achieved, there is a potentially effective surgical treatment called deep brain stimulation.

In general terms, deep brain stimulation works somewhat like a pacemaker works to keep the heart pumping at a more normal pace – the differences being that the electrodes are implanted within the brain and the patient can control when and how much stimulation may be needed.

Patients considering this surgery first undergo specific medical tests to help determine if this surgery is a safe and potentially effective choice for their particular situation. If a patient is established to be a candidate, a radiology technologist will perform an MRI to create detailed images of the brain, so that ONC neurosurgeon Dr. Daniel Robertson can determine optimal placement of the electrodes.

Board Certified in Neurological Surgery by the American Board of Neurological Surgeons and on staff at Munroe Regional Medical Center & Ocala Regional Medical Center, Dr. Robertson has been in the practice of neurosurgery since 1994, and has performed various treatments for movement disorders. "While deep brain stimulation isn't for every patient

and, as with all brain surgeries is not without risk, it can be of tremendous help to those whose movement disorders are unmanageable through other means like medication," says Dr. Robertson.

First, a local anesthetic is used to numb the scalp. The brain itself has no pain receptors, so general anesthesia isn't necessary in most cases. Using a map



of the patient's brain, Dr. Robertson creates small entry points in the skull and places electrodes in the indicated areas. These electrodes lead to a battery-operated neuro-stimulator Dr. Robertson places under the skin below the collar-bone in the chest. The function of the electrodes is to regulate and help normalize electrical impulses and/or chemical reactions within the brain. Dr. Robertson helps to ensure proper placement of the electrodes by talking to the patient during the procedure and through careful monitoring of his or her responses to stimulation.

Placement of the neuro-stimulator requires general anesthesia, so it is sometimes performed during a separate surgical session.

A few weeks after surgery, once the brain has had a chance to heal, the stimulator is turned on and progress is carefully observed to determine the optimal settings with the fewest side effects. Through testing and any needed adjustments, the stimulator is programmed to deliver electrical signals to the brain to help stabilize its messages to the body and reduce involuntary movements. The patient can control the strength and frequency of the signals the stimulator sends, and turn the device on and off via a remote control device.

While deep brain stimulation can't rid patients of their conditions, it does provide considerable relief to many, and can help some people quit or reduce their medications. Because of the risk and potential for unwanted side effects, however, deep brain stimulation should be considered a last course of action in treating movement disorders.

"When less aggressive methods fail to provide adequate relief, deep brain stimulation can help reduce involuntary tremors and spasms in patients whose conditions make normal living difficult or impossible," says Dr. Robertson. "It isn't for every patient, but those whose movement disorders cause them significant problems should explore their options with their doctor, or call us at ONC to find out more about the possible risks and benefits of this procedure."

DANIEL P. ROBERTSON, MD

- In the practice of neurosurgery since 1994. Joined Ocala Neurosurgery Center in 2004
- Board Certified in Neurological Surgery by the American Board of Neurological Surgeons
- Bachelor of Engineering Degree from Duke University
- Medical Degree from the University of Tennessee
- Residency in neurosurgery at Baylor College of Medicine in Houston, Texas
- Member, Alpha Omega Alpha Honor Medical Society
- Fellow, the American College of Surgeons
- Certified by the National Board of Medical Examiners
- On staff at Munroe Regional Medical Center & Ocala Regional Medical Center

Dr. Robertson is a member of the American Association of Neurological Surgeons, the Congress of Neurological Surgeons and the Marion County Medical Society.

Dr. Daniel Robertson, his partner neurosurgeons, Dr. Mark Oliver and Dr. Antonio DiSclafani, and their talented support team are dedicated to providing unsurpassed diagnostic and therapeutic care for a range of neurological and spinal disorders. Our foremost mission is to help you return to a life of health, comfort and vitality.



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TREATMENT OF VENOUS DISEASE/ VARICOSE VEINS

TIRED & ACHING LEGS?

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WHAT ARE VARICOSE VEINS?

Although veins and arteries are both part of the circulatory system, they work in very different ways from each other.

WHAT CAUSES VARICOSE VEINS?

Some predisposing factors include aging, standing occupations, and leg injury or trauma.

WHEN AND HOW ARE VEINS TREATED?

The most commonly asked questions are:

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Men's Health & the Truth About Skin Cancer

Summer is almost here! Who doesn't want to be outside, walking, gardening, biking, golfing, swimming, playing pickle ball or just barbecuing in the backyard?

Getting outside for even a brief period each day is a vital part of any healthy lifestyle, and exercising outside is beneficial both physically and mentally. However, extended time outdoors can make you vulnerable to the sun's harmful ultraviolet (UV) radiation, which can lead to skin cancer.

Dr. Tran from Village Dermatology & Cosmetic Surgery wants to lessen the incidences of melanoma through educating the community he serves. He agrees with the findings in a recent article provided by the Skin Cancer Foundation.

Why Do Men Have Worse Melanoma Survival Than Women? Is it Behavior, Biology, or both?

"In a study of 227 men older than or equal to age 40 with newly diagnosed melanoma, ...10 nearly one-third of melanomas in men occur on the back, are likely to be thicker and are often missed by patients. Therefore, promoting regular examination of the back by older men, their spouses, and their health providers may prove beneficial in reducing melanoma mortality in this age group."

Female partners may play a critical role in increasing melanoma awareness in the older male population by encouraging routine skin checks during primary medical care exams and assisting with skin self-examination practices.

Regardless of whether the cause of observed differences in melanoma survival between men and women is predominantly behavioral, biological, or a combination of factors, ...men of all ages should seek prompt medical attention for any changing moles or skin lesions that look different from the rest. Early detection of melanoma can be lifesaving."

Sunscreen: Researchers are still currently discovering new findings on this important topic. For the most part, some men are a little more apprehensive about wearing sunscreen, and if they do, they rarely reapply it every two hours, which is recommended by the AAD (American Academy of Dermatology). Men seem to spend more time outdoors than most women and therefore are soaking up more of the harmful UV rays.



Biological: There is also a genetic factor that plays a part in this phenomenon; Men's skin contains more collagen and elastin, which makes it thicker. Their skin doesn't have the same visceral fat layer under its surface like women's skin does, and this seems to be a major reason why men's skin absorbs more harmful UVB and UVA rays.

Key Points For Sun Safety

1. Get a skin cancer screening at least once a year
2. Use a water-resistant, broad-spectrum (UVA/UVB) sunscreen with SPF 30 or higher. Apply 1 ounce (2 tablespoons) 30 minutes before going outside. Reapply sunscreen every 2 hours or immediately after swimming or sweating
3. Wear a lip balm with an SPF of at least 15
4. Wear a hat – every 2 inches of brim on a hat reduces your skin cancer risk by 10%
5. Wear clothing to protect exposed skin
6. Wear sunglasses that wrap around and block as close to 100% of both UVA and UVB rays as possible
7. Seek shade especially during midday hours – 10 am and 4 pm
8. Drink plenty of water to avoid dehydration

Nonsteroidal anti-inflammatory medications like aspirin, ibuprofen (Advil and Motrin) and naproxen (Aleve) make you extra-sensitive to the sun. If you use such medications for your aches and pains, be vigilant about protecting your skin.

Keep in mind that the dangerous days aren't just the ones that are hot and sunny. Up to 80 percent of UV rays can penetrate clouds. You will burn just as easily on those overcast days when you're less likely to be concerned with the sun's damaging effects.

A small investment of your time can help save your life. On average skin cancer screenings take about 10 minutes, which could potentially save your life.

On a regular basis, you should have a screening at least once a year. And, because some forms of skin cancer grow very rapidly (like melanoma) if you are experiencing any new types of lesions, bumps, moles that are of concern, you should schedule a dermatology appointment immediately.

Sources:

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10. Geller AC, Johnson TM, Miller DR, et al. Factors associated with physician discovery of early melanoma in middle-aged and older men. Arch Dermatol 2009; 145:409-14.

THI T. TRAN, DO

Dr. Tran has dual-board certification in Dermatology and Mohs Micrographic Surgery. He is a fellow of the American Osteopathic College of Dermatology and American Academy of Dermatology & ASMS.

He did his undergraduate work at Case Western Reserve University, and received his medical degree from Ohio University. Dr. Tran completed his residency and post-graduate training in medical and surgical dermatology at Nova Southeastern University in Florida, where he served as Chief Resident.

Dr. Tran has been published in leading dermatology journals and has presented at local, national and international on skin cancer & cosmetic reconstruction at national conferences for the American Osteopathic College of Dermatology and the American Academy of Dermatology. He is renowned for his work in Mohs micrographic surgery and facial reconstructive repair for skin cancer surgery, and his practice fostered the development of the Il Duomo Sim Skin model.

Dr. Tran was nationally recognized with Most Compassionate Doctor and Patients' Choice Award, as a reflection of the high quality of care that he and his staff provide.



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Pelvic Organ Prolapse

Until recently, pelvic organ prolapse (POP) was rarely addressed because women were reluctant to discuss the embarrassing symptoms. Because of our increasing life expectancy, POP has become one of the most common disorders women will face in their life-times. Today, many gynecologists and primary care physicians routinely screen women for symptoms, and a new surgical specialty of urogynecology has arisen to treat pelvic organ prolapse and the incontinence that often accompanies this problem.

Pelvic organ prolapse is a term used to describe the drop-ping of a pelvic organ through or out of the vagina. Pelvic organs include the bladder and urethra, the rectum and anus, and of course the uterus and vagina itself. Pelvic organ prolapse is an unfortunately common problem, with childbirth, age, menopause, and hysterectomy being the most common causes and smoking, chronic coughing or heavy lifting, chronic constipation, diabetes, and obesity being common risk factors. With our aging population, POP is expected to affect half of all women and 1 in every 9 will undergo surgical treatment to correct prolapse.

Think of the vagina as though it were an empty pillowcase that can turn inside out in the wash. Prolapse is like the pillow case trying to turn inside out because the support structures of the vagina and pelvis have weakened and are not holding the tissues and organs in place anymore. Anything that can stretch or break these support structures (ligaments and muscles) can cause POP.

Symptoms – Sometimes a patient doesn't even know she has prolapse until her doctor points it out during her exam. However, many patients experience discomfort with a range of symptoms, including:

Pain and Pressure: lower back discomfort or pressure sensation in the vagina that gets worse by the end of the day or during bowel movements.

Urinary Symptoms: urinary frequency, stress incontinence or difficulty starting to urinate.

Bowel Symptoms: constipation, accidental loss of stool or pressure or pain during bowel movements
Sexual Difficulties: pain with intercourse due to irritated vaginal tissue.

Treatment: Women with mild to no symptoms don't need treatment, but should avoid risk factors that could worsen the problem such as smoking, lifting heavy weight or being overweight. If you are experiencing major discomfort, POP can be successfully treated using many different modalities, from exercise to medicine to splints (pessaries) to surgery. Let's summarize these treatments.

- Pelvic Floor Exercises have the advantage of being noninvasive, and in mild cases can help to relieve some symptoms of discomfort or maybe leaking. Prolapse is not reversed using this treatment.
- Medicine, like vaginal estrogen creams, can also alleviate some symptoms, but also do not reverse the prolapse.
- Pessaries are excellent in keeping the pillow case (vagina) from turning inside out by taking up space in the vagina like a pillow does in a pillow case. A pillow case can't turn inside out if the pillow is in it! Pessaries are great for temporary control of the pro-lapse or for people who cannot proceed with other treatments. They can provide permanent relief of the symptoms of prolapse, but must be maintained and cleaned periodically.
- Surgery is the treatment for any hernia in the body. With surgery the prolapsed organ will be repositioned and secured to the surrounding tissues and ligaments. When the benefits of surgery outweigh



the risks, surgery may be the best choice. Surgery involves anesthesia and recuperation time, but may be the best long term option. Many surgeries for POP can be done on an outpatient basis.

If you've been diagnosed with POP understanding your treatment options is extremely important. All treatments have their advantages and drawbacks, which should be thoroughly discussed with your urogynecologist before decisions are made. Make sure your urogynecologist is Board Certified and has extensive experience in dealing with your specific problem.



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Dr. Nwaubani is a Nigerian born medical doctor. She obtained her medical degree (MD) from the University of Nigeria and completed an OB/GYN residency at New York University, followed by a Fellowship in Urogynecology/Pelvic Reconstructive Surgery at Mt. Sinai College of Medicine. Prior to starting her residency training, she worked as an Obstetrician and Gynecologist in the Caribbean Island of Trinidad and Tobago, and also as a Clinical Instructor in Histology/Pathology at St. Georges' University School of Medicine.

Dr. Nwaubani's professional interest include Urogynecological surgery, minimally invasive pelvic surgery, prolapse and incontinence management, Gynecological evaluations and surgery, female pelvic medicine and wellness, menopausal medicine and urogynecological research and education.

Female Continence & Pelvic Surgery Center

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Heat Awareness Month - Syncope

Living in Florida, we are typically accustomed to warmer days than most of the country, but during the spring and summer months, our typical 80-degree weather can skyrocket to high 90's and even triple digits, which can leave us feeling overheated very quickly.

It's important to stay hydrated by drinking plenty of water throughout the day, as well as avoiding the extreme heat during the mid afternoon. If you exercise, it's often best to do an indoor workout activity or swim in the pool during excessive heat and humidity, which can be a real danger to many of us, especially the elderly.

Syncope is a fancy medical term for fainting. Syncope can occur due to many different complications but is commonly seen due to heat exhaustion. What happens is, the body's oxygen and blood are not able to adequately reach the brain, usually due to a drastic change in blood pressure, which creates a pooling of blood into the lower extremities, and this will cause collapsing and fainting. If the person is not put in a reclined position with the feet elevated, they could potentially suffer additional complications including a seizure. Syncope can quickly escalate into a dangerous outcome for many individuals. If you have any heart irregularities, you may be more susceptible to these types of fainting spells.

Taking precautions during these upcoming hotter months is critical. If you feel any of the following symptoms, you should sit down, elevate your legs above your heart, take deep breaths and get to a cool place, drink water, or call 911 if your symptoms do not dissipate.

Syncope Symptoms

- Nausea
- Excessive sweating
- Weakness
- Swollen calves, feet or ankles
- Falling over
- Fainting



Some types of syncope are medically life threatening. People with a family history of heart disease, palpitations, and cardiac irregularities should make an appointment with their cardiologist for an updated EKG, Stress test, Holter monitor testing, or electrocardiogram to better control their risk factors for suffering from fainting spells.

To find out more information about Dr. Vallabhan, your local specialists in the diseases of the heart, veins, and arteries, please call **(352) 750-2040** or visit them online at **www.drvcardio.com**.

This information is for educational purposes only and is not intended to replace the advice of your doctor or health care provider. We encourage you to discuss with your doctor any questions or concerns you may have.



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TINNITUS (RINGING, HISSING, ROARING), IS THERE REALLY SOMETHING THAT CAN BE DONE?

Studies suggests about 50 million people in the United States have constant tinnitus. It can be perceived as a variety of sounds, ringing, hissing, roaring, crickets, or music just to name a few. Some people perceive it in the ear and others in the head. Luckily, the majority of those people experience tinnitus but their lives are not significantly impacted by it. However, about a quarter of those 50 million people suffer or are debilitated by the tinnitus experiencing depression, loss of concentration, sleep problems and loss of enjoyment of life. Unfortunately, many people who suffer with tinnitus have been told they have to "learn to live with it" or "there is nothing you can do". Not only is this untrue, but it enhances the feelings of hopelessness and fear by enhancing the belief that tinnitus is an incurable disease. In many cases this negative counseling from health care professionals is responsible for transforming the person from someone who experiences tinnitus to someone who suffers from tinnitus. In the past, treatment options have been limited as well as not producing any significant benefits for the person suffering from tinnitus. Although there is still no cure for tinnitus, over the last 20 years, research into the mechanisms of tinnitus and the best methods to manage it has increased dramatically. We now have options to offer the tinnitus sufferer which have been previously unavailable and due to the increase in research have been scientifically proven to be effective. Tinnitus Retraining Therapy (TRT) or habituation therapy is one of the most successful treatment and management options and has repeatedly been demonstrated to be more than 80% effective in relieving the debilitating effects of tinnitus.

The majority of people who experience tinnitus adjust to its perception without any intervention. There is no need for treatment. This process of adjusting to the constant sound in the ear or head

is called habituation. We habituate to many different inputs throughout our day. For instance, most of us do not notice the hum of a refrigerator or the feel of the clothes on our backs. However for the person who suffers from tinnitus, the tinnitus signal cannot be ignored making it impossible to habituate. TRT is a treatment for tinnitus which helps those people suffering from tinnitus to recategorize it to a neutral signal. When tinnitus becomes neutral, it can be habituated.

TRT consists of two components: counseling/education and sound therapy. During counseling sessions, patients are taught about the auditory system and other systems in the brain that are relevant to the source of tinnitus and to the origin of the suffering that sometimes accompanies it. The instruction demystifies tinnitus downgrading it to a neutral signal with about as much importance as the refrigerator running. This facilitates habituation of the reaction to tinnitus. The second component, sound therapy, utilizes sounds to decrease the contrast between the tinnitus signal and the background noise. Because our senses work not on the absolute value of a stimulus but on the difference between the stimulus and background, enhancement of the level of sound coming to the ears results in a decrease in the tinnitus-related signals reaching the brain. Using sound therapy, in the correct way, can make the tinnitus seem like a candle in a lighted room as opposed to candle in a dark room. Over time, continued use of sound therapy eventually reduces the loudness of the tinnitus aiding in the habituation of its perception. Our goal is to facilitate habituation of both the tinnitus reaction and tinnitus perception. When this occurs, the tinnitus sufferer becomes just someone who experiences tinnitus.

Often people who suffer from tinnitus experience sound tolerance issues as well. Estimates suggest 40% of tinnitus sufferers also experience hyperacusis. People with hyperacusis find everyday

sounds, which are not even noticed by most people, to be too loud. There are several different forms of sound tolerance issues (hyperacusis, misophonia, phonophobia) and each form must be managed in a different way. People who experience sound tolerance issues often restrict social and employment interactions sometimes living in total isolation. Similar to tinnitus, many health care professionals do not know where to refer people who experience these uncommon sound tolerance issues. Professionals trained in TRT are trained to manage both tinnitus and sound sensitivity issues.

The most common cause of tinnitus is excessive noise exposure. However, often times the cause is not known. Regardless of what may be causing the tinnitus, TRT can be successful in habituation. However, there are several conditions which cause tinnitus and sound sensitivity problems which can be medically treated. Because of this, it is very important to receive a thorough medical evaluation prior to beginning any kind of treatment and management protocol for tinnitus or sound sensitivity.

While the development of Tinnitus Retraining Therapy has been a blessing for tinnitus and sound sensitivity sufferers, there are a limited amount of medical professionals who are aware of the treatment and few medical professionals who are trained to provide the treatment.

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It's Cool to Eliminate Stubborn Fat

Eating nutritious food, exercising regularly, and maintaining a healthy body weight are important for a balanced and active lifestyle. However, many individuals who are at or close to their ideal weight discover that even with adherence to a strict diet and exercise routine, stubborn pockets of fat remain. Often located on the hips, thighs, abdomen, flanks, and chin, these fatty deposits may even be the result of genetic predisposition rather than excess consumption or inactivity. To assist our patients in treating these areas of concern, Lifestyle Solutions MedSpa offers FDA-cleared, non-surgical CoolSculpting® treatments that can help to re-contour the body and reduce excess fat.

CoolSculpting is a revolutionary, non-invasive contouring treatment that freezes stubborn fat, which then is naturally eliminated from your body. This clinically proven procedure selectively reduces fat layers in problem areas using a patented cooling technology. CoolSculpting requires no needles, no special diet, no supplements, no surgery, and most importantly, no downtime. It's safe, FDA-cleared, effective, and does exactly what it is supposed to do. CoolSculpting gently cools unwanted fat cells in the body to induce a natural, controlled elimination of fat cells. This reduces bulges in treated areas of the body without harming surrounding tissue.

Key Benefits of CoolSculpting:
It involves no needles, surgery or downtime.

Since the CoolSculpting Procedure is non-invasive, patients can resume daily activities including work and exercise, immediately following treatment.

It's safe.

CoolSculpting patients can sit or lie comfortably and read, work on their laptop or even nap during the procedure. The procedure is performed in a medical office setting, under the supervision of a physician specializing in cosmetic procedures. CoolSculpting is safe because the delivery of precise cooling affects only targeted fat cells, leaving adjacent tissue unharmed and intact.

It's convenient.

Procedures last about one to two hours, so treatments can easily be performed during a lunch hour or without major disruption to the day.

The results are dramatic.

Patients can expect to start seeing results in as little as three to four weeks with maximum results obtained within three to four months following treatments.

How CoolSculpting Works

During the procedure, a non-invasive applicator delivers precisely controlled cooling to the treatment area to specifically target underlying fat, leaving surface skin tissue unaffected. When fat cells are exposed to extreme cold, a process of natural removal is triggered, which gradually reduces the thickness of the fat layer. The result is a visible reduction in fat bulges.

Each CoolSculpting procedure results in undeniable reduction of fat in the treated areas, and patients can start to see results as soon as three weeks following treatment, with the most dramatic results occurring over a period of two to four months in most patients.

This non-invasive approach uses no needles, incisions, or other invasive measures, and the procedure generally requires little to no downtime. Furthermore, CoolSculpting® is designed to focus energy deep within the skin, leaving the surrounding tissue unharmed. In most cases, a single CoolSculpting® treatment to each area can provide effective results, although individual experience may vary and more treatments may be required to obtain ideal results.

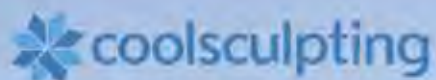
Your time is important to us, and if you're considering treating more than one area for instance either both flanks or thighs we offer Dual-Sculpting at no additional charge. A second CoolSculpting® machine allows us to address multiple areas of concern in half the time, helping to increase efficiency and improve your overall experience. Our skilled aesthetics team can help patients develop a customized procedure plan that addresses their individual concerns and cosmetic goals.

Of note, we offer the latest FDA-cleared CoolSculpting technology which targets that undesirable "double chin" and is producing very rewarding results all without surgery or downtime!

For more information, or to schedule a consultation, call Lifestyle Solutions MedSpa at 352-368-2148 today! The only thing you've got to lose is stubborn fat!

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**The ABCDEs of
MELANOMA**

Melanoma is the deadliest form of skin cancer. However, when detected early, melanoma can be effectively treated. You can identify the warning signs of melanoma by looking for the following:

- A - Asymmetry** – One half is unlike the other half
- B - Border** – Irregular, scalloped or poorly defined border
- C - Color** – Varied from one area to another; shades of tan and brown, black; sometime white, red or blue
- D - Diameter** – While melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, they can be smaller
- E - Evolving** – A mole or skin lesion that looks different from the rest or is changing in size, shape or color 1 in 5 Americans will develop skin cancer in their lifetime



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Do You Know Your Testosterone Level?

Tired? Are your endurance and strength declining? Have you noticed a decline in your sexual function and lost interest in your sex life?

Every man could answer "yes" to at least one of these questions after age 40. Common symptoms of low testosterone, they can also result from a myriad of lifestyle, social, emotional and behavioral issues.

It is a physician's goal to "treat the whole patient," so we try to identify those issues that are most relevant to the symptoms. For decades, it was believed low testosterone was responsible for the above ... but not much else. Physicians were taught a decline testosterone was "normal" as men aged.

These beliefs have substantially changed in the last five years.

We now know a condition known as "metabolic syndrome" is intimately linked to low testosterone. Metabolic syndrome is a constellation of diabetes (or insulin resistance), hypertension, elevated triglycerides (fat levels in the blood), abdominal obesity and low testosterone. It's estimated as many as 25 percent to 45 percent of American men over 40 may have metabolic syndrome and therefore a significantly elevated risk of stroke and heart attack.

How testosterone interacts with obesity, diabetes and cholesterol is not fully understood. It is also unclear whether low testosterone is the cause of the increased risk or it is involved in some other way. Clearly, low testosterone is more than simply a factor in declining strength and sexual performance.

Testosterone is essential for male development, libido and erectile function. Because of the success of medications such as Viagra in treating erectile dysfunction, low testosterone is often overlooked. However, low testosterone is a common cause of poor or declining response from ED medications and should always be considered when evaluating ED. Testosterone replacement may be all that's required to restore sexual function.

The good news is managing low testosterone is easier and simpler than ever before. Just a decade ago, almost all testosterone replacement was by a painful, deep-muscle injection with oil-based testosterone administered every two weeks. Levels were difficult to manage and had dramatic swings with levels too high for the week immediately following the injection and too low for the week prior to the injection.



Today, testosterone is applied via a cream or gel that is applied to the skin daily. These preparations provide even absorption and steady testosterone levels. Small implants that release a steady, consistent level of testosterone in the bloodstream for eight to 10 months are also available.

Managing testosterone levels requires a thorough knowledge of treatment risks and benefits. Men with an enlarged prostate may be at greater risk for obstruction of the urine flow. Additionally, testosterone treatment should be considered only if prostate

cancer is not present, or has been successfully treated. Baseline levels should be checked in the early morning as levels normally decline in late afternoon or evening.

A thorough physical examination and additional blood tests are also important to evaluate low testosterone levels. Urologists specialize in evaluating and treating low testosterone, prostate disease, voiding, erection and testicular health, all of which can be influenced by testosterone levels.

Identifying low testosterone is as simple as a blood test, and modern management is as simple as a daily application of a skin cream. Every man should know his testosterone level. Normal testosterone levels can be an important aspect of maximizing longevity and maintaining quality of life.

If you have any questions regarding your testosterone level, you can contact Advanced Urology Institute at (855) 298-2273.

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Am I a Candidate for Dental Implants?

By Lucia Roca, DDS, MDS, Board Certified Periodontist

Generally speaking, if you have lost teeth you are a candidate for dental implants. It is important that you are in good health, however, as there are some conditions and diseases that can affect whether dental implants are right for you. For example, uncontrolled diabetes, cancer, radiation to the jaws, smoking, alcoholism, or uncontrolled periodontal (gum) disease may affect whether dental implants will fuse to your bone. It is important to let your dental surgeon know all about your medical status (past and present) together with all medications you are taking, whether prescribed, alternative (herbal) or over-the-counter.

Where and how implants are placed requires a detailed assessment of your overall stomato-gnathic system ("stoma" – mouth; "gnathic" – jaws), within which the teeth function. This will necessitate compiling records that include study models of your mouth and bite, and specialized radiographs (x-rays), which may include 3D scans known as computerized tomograms (CT scans). Planning with the help of computer imaging ensures that dental implants can be placed in exactly the right position in the bone.

How and why is bone lost when teeth are lost?

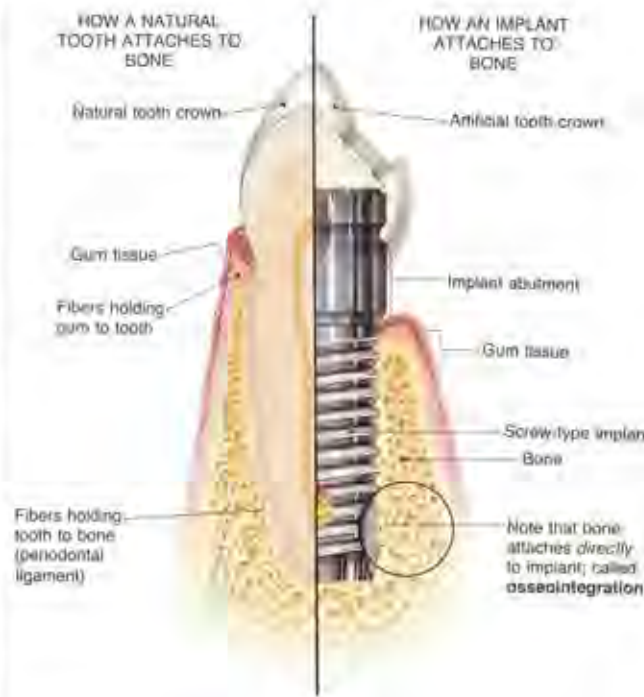
Bone needs stimulation to maintain its form and density. In the case of alveolar (sac-like) bone that surrounds and supports teeth, the necessary stimulation comes from the teeth themselves.

When a tooth is lost, the lack of stimulation causes loss of alveolar bone. There is a 25% decrease in width of bone during the first year after tooth loss and an overall decrease in height over the next few years.

The more teeth lost, the more function lost. This leads to some particularly serious aesthetic and functional problems, particularly in people who have lost all of their teeth. And it doesn't stop there. After alveolar bone is lost, the bone beneath it, basal bone — the jawbone proper — also begins to resorb (melt away).

How can bone be preserved or re-grown to support dental implants?

Grafting bone into the extraction sockets at the time of tooth loss or removal can help preserve bone



bone volume needed for implant placement. Surgical techniques are also available to regenerate (re-grow) bone that has been lost, to provide the necessary bone substance for anchoring implants. In fact, a primary reason to consider dental implants to replace missing teeth is the maintenance of jawbone.

Bone needs stimulation to stay healthy. Because dental implants fuse to the bone, they stabilize it and prevent further bone loss. Resorption is a normal and inevitable process in which bone is lost when it is no longer supporting or connected to teeth. Only dental implants can stop this process and preserve the bone.

How are dental implants placed and who places them?

It takes a dental team to assess and plan dental implant placement and restoration — the fabrication of the crowns, bridgework or dentures that attach atop the implants and are visible in your mouth. The dental team consists of a dental surgical specialist — a periodontist, oral surgeon, or a general dentist with advanced training in implant surgery; a restorative dentist, who plans and places the tooth restorations; and a dental laboratory technician who fabricates them.

Placing dental implants requires a surgical procedure in which precision channels are created in the jawbone, often using a surgical guide. The implants are then fitted into the sites so that they are in intimate contact with the bone. They generally require two to six months to fuse to the bone before they can have tooth restorations attached to them to complete the process.

At Laurel Manor Dental, they are highly trained in treating receding gingival tissue, and they take great pride in your getting you to your most advantageous dental and oral health. Laurel Manor Dental goes one step further because they have an onsite specialist in periodontal disease. Her name is Dr. Lucia Roca, and she is also certified in the Pinhole Technique.

After receiving her Doctor of Dental Surgery degree, Dr. Roca spent an additional three years studying at the University of Connecticut School Of Dental Medicine. She was then accepted into the University of Medicine and Dentistry of New Jersey/Rutgers where she performed clinical research, completed her periodontics residency and earned her Masters of Dental Science degree.

As a member of the American Dental Association and the American Academy of Periodontology, Dr. Roca has worked tirelessly to help bring dental care to those in need from the city streets of Newark, NJ to the rural villages of Guatemala. Her dedication and continual interest in acquiring new dental knowledge have deep ties, as Dr. Roca's parents are both dentists, and she herself is now married to a dentist. Dr. Roca takes satisfaction in clarifying the best treatment options for her patients in English, Spanish or Italian!

If you or someone you love is in need of a dental consultation for any of the issues mentioned above, or for other general dental needs or concerns, please call Laurel Manor Dental at (352) 430-1710, or visit laurelmanordental.com

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Energy Medical CBD (Cannabidiol)



Cannabidiol (CBD) is making headlines for its ability to treat and alleviate symptoms of numerous medical conditions effectively. Certain specifics are important to clarify when describing cannabis treatment. To start, CBD has none of the psychoactive (mind-altering) effects of TCH that's found in marijuana. Scientists, botanists, and pharmacology professionals have spent years creating plant varieties that produce large amounts of CBD and extremely low to zero TCH properties. These plants are then cloned as hybrids, creating the most health beneficial oil that can be extracted and utilized without any of the "mood changing" effect.

Our brain and nerve cells have cannabinoid receptors, so our bodies naturally react to CBD oil (cannabinoids) through merging directly with our cells. Our natural endocannabinoid system works synergistically with CBD, creating a multitude of beneficial reactions in the body.

Case studies and benefits of CBD oil

There are countless ongoing peer-reviewed studies on the medical outcomes of utilizing Cannabis as a drug therapy in patients that have Multiple Sclerosis, HIV/AIDS, Cancer, and cognitive damage, Rheumatoid Arthritis, PTSD, Epilepsy, ALS, Crohn's, Parkinson's, Dementia, and many other disorders.

Recent studies have shown the following health benefits of CBD:

- Alleviates Seizures
- Anti-inflammatory response
- Anti-muscle spasm
- Anti-nausea
- Anti-psychotic
- Anti-tumor factors
- Brightens skin
- Cancer cell death
- Cancer cell growth inhibitor
- Fights viral infections
- Improves sleep
- Promotes pet health and reduces anxiety
- Reduces anxiety
- Reduces beta-amyloid plaque
- Reduces cognitive impairment
- Reduces Seizures/anticonvulsant
- Reduces inflammation
- Relaxes muscles
- Relieves pain

History of Medical uses of Cannabidiol

Over 4000 years ago, Asian Emperors used cannabis for its healing properties, noting exceptional improvements in edema issues. In ancient Greece and Egypt, cannabis is reported in many manuscripts, describing its use for medical conditions such as eye

disease, joint inflammation and as an anesthetic. Over 300 years ago, in one of Oxford's medical professional journals, it was touted as a means to reduce depression. Cannabis has even been reported to reduce the menstrual complications of Queen Victoria. In the early 1900's, the United States began growing cannabis for pharmaceutical companies to formulate into medications.

The laws and regulations on Cannabidiol and HEMP oils are continually updated, as federal regulatory officials better understand the advantages of CBD. It is used legally in many states, including Florida.

Energy Medical is a distributor of Kannaway CBD products. The Kannaway Company's products are elite, here is what they have to say, "Our CBD hemp oil is sourced from hemp grown in Northern Europe free of pesticides, herbicides, or chemical fertilizers. Because hemp grows quickly and efficiently, sometimes producing two or more harvests a year, and uses very little water, it is environmentally sustainable crop with a number of uses beyond CBD supplements.

Kannaway's hemp oil is put through a stringent Triple Lab Tested™ process to ensure its safety and reliability. Our oil is first tested following harvest, and then again by an ISO/IEC 17025:2005 accredited lab after import into the U.S. The final stage of testing comes after our products are manufactured to check for potency and any possible contamination to provide only products you can trust."

The Kannaway CBD Difference

- Most commercially available CBD products contain 1-5 mg per Serving
- At Energy Medical/Kannaway, their CBD Products contain 25-50 mg per Serving
- With an average cost of .11 per mg, Kannaway products are 50% less than most competitors

At Energy Medical, they sell their products through oils and vapors. These can be administered topically, orally or through the vaporizing method. Along with the multitude of CBD health benefits, there are also opportunities for you to get involved personally. Energy Medical has a unique Brand Ambassador opportunity for you to partake in selling these influential products on the forefront of this medical phenomenon.

CBD - Distributor

Supplement Facts	
Serving Size: 1 Capsule Servings Per Bottle: Approx. 30	
Amount Per Serving	80%
Cannabidiol (CBD)	25 mg
1 Daily Value is equivalent to 100 mg of CBD	
1 Daily Value are based on a 2,000 mg daily dose.	

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Treating Osteoarthritis of the Hip with Total Hip Replacement Surgery

Osteoarthritis, also known as “wear-and-tear” arthritis, is a common condition. More than 28 million people in the United States were estimated to have osteoarthritis in 2011. Osteoarthritis occurs most often in weight-bearing joints, including the hip. It causes stiffness and pain and can make everyday activities difficult to manage.

Before considering surgery, your doctor will consider lifestyle modifications, such as losing weight and avoiding high-impact activities; physical therapy, to increase flexibility and range of motion; assistive devices such as canes or walkers; and pain medications. However, if the osteoarthritis is debilitating and not relieved with nonsurgical treatments, total hip replacement is one surgical option to treat osteoarthritis.

Hip replacement surgery removes the damaged bone and soft tissue of the hip and replaces it with a metal stem and socket, along with a plastic liner to replace the damaged cartilage between them. Modern, minimally invasive hip replacements avoids cutting into the tissue around the hip, and can complete a total hip replacement with one or two small incisions. This leads to reduced pain and a quicker recovery from the surgery.

The single-incision surgery usually requires a 3- to 6-inch incision, depending on the size of the patient and the complexity of the surgery. The incision is made on the outside of the hip, and the muscles and tendons are detached from the hip and then repaired, which leads to faster healing and minimizes the risk of hip dislocation.

Minimally invasive surgery leads to less damage to the muscles and soft tissues surrounding the hip, which can make recovery quicker than in traditional surgery. Depending on your overall health and the complexity of the surgery, you can expect to stay in



the hospital for one to three days following the surgery. But regardless of the type of surgery performed for total hip replacement, physical rehabilitation is critical to restore the full motion and function of the hip joint. Your doctor should discuss what to expect in terms of exercise, physical therapy, and the recovery process beforehand.

Am I a candidate for minimally invasive surgery?

While minimally invasive total hip replacements can lead to quicker recovery times than traditional total hip replacements, the surgery isn't suitable for everyone. Your doctor will carefully evaluate you and consider several factors before deciding which surgery technique to use. Candidates for minimally invasive surgery are generally thinner, younger, and healthier. They also have to be more likely to participate in and complete the physical rehabilitation process.

If you are overweight, very muscular, or have health problems that cause wounds to heal slowly, minimally invasive surgery may not be right for you. If you experience symptoms of osteoarthritis that are so severe that they interfere with your daily activities, consult your doctor to see if hip replacement surgery is the right course of action for you.

To find out more about total hip replacement, or your other orthopedic needs, please call Advanced Orthopedic Institute at (352) 751-2862

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Diabetes: Know the Symptoms & Manage Your Risk Factors

With diabetes on the rise, it pays to learn about this disease, even if you don't think it will happen to you. It is estimated that over twenty-four million Americans are diabetic, and an additional five million are walking around with diabetes and are unaware of the condition. Diabetes is a major cause of premature strokes and heart attacks, of amputations, and of winding up on kidney dialysis machines. It can significantly complicate pregnancy for both the mother and her unborn child. It is not yet curable. However, its symptoms and insidious damage can certainly be reduced with proper treatment.

Effects of type 2 diabetes can trigger and strike you anytime. This killer disease can ruin your life. Are you aware of the symptoms? How can you prevent it? Learn more about diabetes in the following paragraphs.

What is Diabetes?

It is a form of metabolic disease in which a person can't produce enough insulin or not produce it all. In this state, sugar in the blood can't be metabolized for the use by the body. It can be irreversible and debilitating disease which can affect many organs of the body, like the heart, kidney and the eyes.

There are two major types of diabetes, called type 1 and type 2. Type 1 diabetes was also formerly called insulin dependent diabetes mellitus (IDDM), or juvenile onset diabetes mellitus. Of all the people with diabetes, only approximately 10% have type 1 diabetes and the remaining 90% have type 2 diabetes. Type 2 diabetes, previously referred to as non-insulin dependent diabetes mellitus (NIDDM), or adult onset diabetes mellitus (AODM). In type 2 diabetes, patients can still produce insulin, but do so relatively inadequately for their body's needs, particularly in the face of insulin resistance.

Type 2 diabetes may also, later progress to require insulin to manage their diabetes.

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Diabetes often goes undiagnosed because many of its symptoms seem so harmless. Recent studies indicate that the early detection of diabetes symptoms and treatment can decrease the chance of developing the complications of diabetes.

Signs and Symptoms of Diabetes

- Frequent urination
- Unusual thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue and Irritability
- Frequent infections
- Blurred vision
- Cuts/bruises that are slow to heal
- Tingling/numbness in the hands/feet
- Recurring skin, gum, or bladder infections

If you have one or more of these diabetes symptoms, it is recommended that you follow up with your doctor right away. Remember, the earlier diabetes is detected, the better it can be managed.

No Symptoms? You May Still Have Diabetes.

Often people with type 2 diabetes have no symptoms. This disease if diagnosed early can be prevented if you know the risk factors and the symptoms which accompany the disease. Risk factors include genetics, family history, poor nutrition, lack of exercise, sedentary lifestyle, smoking, gestational diabetes and other underlying medical conditions.

If you have any of the above symptoms and/or risk factors, a doctor may offer diagnostic examinations to determine if you have diabetes. Blood glucose test and oral glucose tests are the primary diagnosing procedures done. Once results are in, the doctor will give you recommendations and advice on what steps you should take next.

To prevent diabetes, you must learn to minimize your risk of developing the disease. When you feel you have the risk factors try to avoid them, or if not, then lessen them. Preventing the disease is much easier than treating it.

AVOID CAREGIVER BURNOUT

When providing care to aging or disabled parents, many caregivers ignore the most important person involved in the caregiving process. "Who?" - you may ask. The answer might surprise you: The Caregiver.

Many times caregivers get so wrapped up in attending to parent's needs, trying to fit quality time with their own family into their schedule, and oftentimes attempting to balance a career, they forget or simply neglect to take some time for their own personal needs.

As a caregiver, the results of not allocating personal time can easily lead to intense emotions such as stress, anxiety, frustration, guilt, and feeling extremely overwhelmed. Many caregivers fail to realize that these emotions and feelings could lead to caregiver burnout.

If you have just taken the reins as a caregiver to your parent, or perhaps you have been serving in the role for years, you may have never heard of the term "caregiver burnout" or would even recognize the early warning signs. And you may not be aware that caregivers have an increased risk for depression, diabetes, heart disease, and other health problems.

Caregiver burnout is the unpleasant side effects many adult children have to cope with when providing care to their aging or disabled parents. The signs and symptoms of caregiver burnout may display themselves physically, mentally, and emotionally.

The most important thing to remember as a caregiver, and to avoid burnout, is to make some time for yourself. Whether it is treating yourself to a shopping trip, preparing your favorite meal, or going on a vacation getaway for the weekend with your own family, remember you should not feel guilty for putting your own wants and needs first.

The second thing to remember as a caregiver is never hesitate or feel embarrassed to ask for help. If you're feeling overwhelmed, ask a sibling or another family member for assistance. You may also consider adult day care, or respite care to provide you some relief.

Even if you just need a day away from your role as caregiver, don't let your guilty conscience persuade you otherwise. It would be better to enjoy a day of rest and relaxation to rejuvenate your mind, body, and soul before letting yourself fall into the ruts of burnout.



There are proven and effective methods to combat and prevent caregiver burnout. These techniques are easy and simple daily activities. Anyone can practice these burnout-relieving techniques, whether it's taking an early morning jog or writing in a journal before bed.

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You will find yourself amazed at how taking less than an hour a day can alleviate the stress and anxiety that comes along with providing care to an aging or disabled parent, especially those with rapidly deteriorating health or suffering from the heart-wrenching effects of Alzheimer's disease.

There are additional ways to prevent caregiver burnout, with many helpful resources available to guide you through the confusing emotions and physically exhausting situations you may find yourself in as a caregiver. If you feel you may already be experiencing burnout, talk to someone, whether it's your spouse, friend, or physician.

For more information about avoiding caregiver burnout and other services provided at Osprey Lodge call 352-253-5100 and ask for Ruth Cantillon.



MIT Medical Imaging & Therapeutics

Dr. Mark Jacobson

What does “therapeutics” in medicine mean?

This week, I am deeply moved by the loss of one of my patients. This one, in particular, left an impression on all of my staff. His relentless endearing spirit regardless of his pain and suffering, never ceased to amaze us. When his wife called with the news, we all felt as though another member of our MIT family had been lost. The solemnness passed throughout every department once again, as we tried to continue about our day, offering hope and kindness to our other patients, who look to us for diagnoses and treatments, and a little “extra attention,” that we often provide, to help them overcome their ailments. Although it is advised not to get attached, sometimes, it is impossible not to, especially if they have spent years and numerous procedures with me. Getting acquainted with my patients helps ease their anxiety. Allowing them to talk and express themselves is often something they don’t get a chance to do as they are rushed from appointment to appointment. In my practice, developing a personal relationship with patients is the norm. What kind of doctor would I be if I couldn’t provide a comforting voice, and tender touch in addition to my medical expertise? Not only do they get a lot from me, but each one unknowingly teaches me a little something which I can apply towards my other patients. The art of listening is somewhat of a dying art among physicians. Patients really deserve to be heard.

To offer a patient therapeutic care often means to keep them comfortable by reducing and hopefully eliminating their pain. For those who are healthy but might be suffering from an injury or chronic pain, oftentimes, there is permanent healing through injections or minor surgical repairs, but then there are those who are afflicted with a terminal illness. Although I feel privileged to assist in the management of my patients during these situations, no matter how sick they have become overtime, we are never really prepared for the news of their passing. We all hope we can all live forever, but unfortunately, we can’t, and it is always a very sad day, and a feeling of loss not only for their families at home, but for those of us who have tirelessly tried to ease their suffering. The tears, hugs, smiles and laughter throughout their journey bring us close to them and their families and so it is often a family member who calls or visits to tell us unfortunate news, oftentimes seeking the support and comfort they also received when they accompanied their loved one during visits to my office.



My oncology patients come to me from many specialties. Perhaps, pain can send them to an urgent care center, who sends them to me for imaging studies, or a primary care doctor may order a CT or MRI because something hurts, a gynecologist orders a mammogram and a suspicious lesion is found. As an interventional radiologist, I can perform a biopsy and send the specimen to a lab that will establish the underlying diagnosis. If it is positive for cancer, the referring physician often consults with me to determine who is the best oncologist to treat them. Very often, the patient returns to me, and I will place a port or PICC line so the patient may receive chemotherapy or other infusion therapy. They may return for numerous followup imaging tests, and minor surgical procedures along the way. I am overjoyed when they recover and continue leading a healthy life, which is the case for many, but for others, their journey is not so simple. Some develop fluid around their lungs, called pleural effusions, or they may develop fluid in their abdomen, called ascites. Using ultrasound guidance, I can drain these fluid collections in the comfort and privacy of my center. These procedures give them relief so they will breath, sleep, eat and perform better, and can continue to live a good quality of life and not have to feel home bound.

There are many advantages to coming to an outpatient center, instead of a hospital. For one thing, it is small and personable. You will see the same doctor and staff

who will develop a relationship with you, and often-times get to know your family members. This is important, because the same doctor will recognize minor changes in your condition that may often go unnoticed in situations where there is no such continuity of care. Outpatient centers rarely have antibiotic resistant organisms such as MRSA, VRE, (In our four years, we have had zero cases) so it is especially healthier for those who are immunocompromised. It’s also comforting to return to the same center and people, knowing what to expect! Simply to be treated in such an environment is restorative to the body and spirit, which in and of itself, is therapeutic!

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DISABILITY BENEFITS FOR DISABLED WORKERS

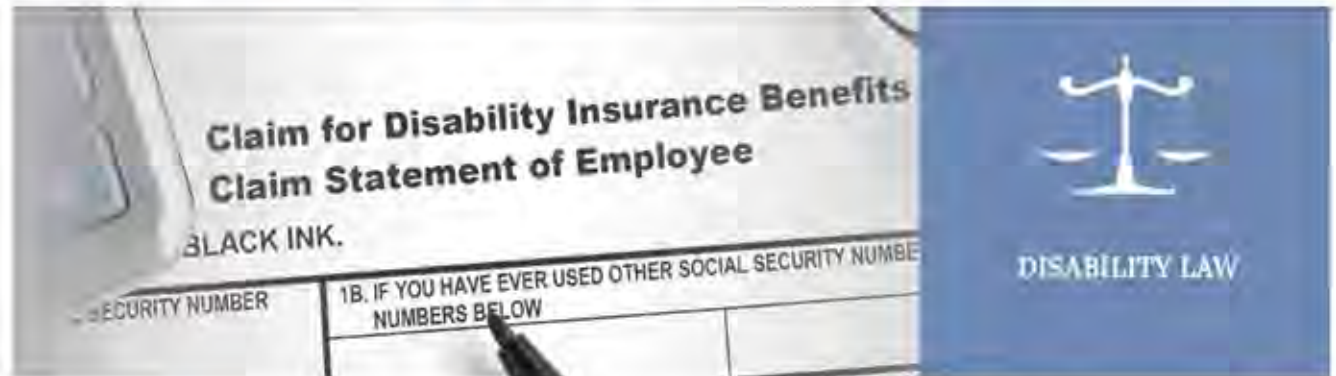
One of the most disturbing problems faced by a working person is where and how to obtain income when you are disabled and can no longer work, or cannot return to work for the foreseeable future. This article discusses benefit programs for disabled or injured workers and non-workers.

The **Social Security Disability Insurance ("SSD")** program is for those with a substantial history of work "on the books," and benefits are roughly correlated to your average salary, but are not a salary replacement. The SSD benefit program comes with valuable Medicare benefits, no matter your age. Too, you can obtain "auxiliary" benefits for a spouse and/or your minor children.

For those with little or no work history, the **Supplemental Security Income ("SSI")** program requires no specific work history, but is means-tested, i.e., there are limits to the income and assets you are able to have and still be eligible for this benefit program. SSI income also provides Medicaid benefits to those who would income-qualify for Medicaid.

Finally, for those workers fortunate enough to have access to employer-provided **long-term disability ("LTD")** insurance benefits, such benefits are available to those workers who are no longer able to perform the substantial duties of their regular occupation. However, these benefits can also be difficult to obtain - your employer does not decide who is eligible for these benefits - the insurance carrier does. Therefore, the injured worker will not be dealing with his/her employer, but the insurance carrier which administers the policy paid for by your employer. The carrier will decide whether or not you qualify for such benefits and for how long.

It is no secret that SSD and SSI benefits are becoming more difficult to obtain. Most recently the Social Security Administration ("SSA") has set forth new Regulations which govern how your case will be decided at the hearing level, the second level of appeal on your journey to collect these benefits. It has always been the case that you, as the disabled worker, have to prove that you are entitled to these benefits. However, requirements for such proof have changed, making it easier for SSA to deny benefits rather than to grant them.



Despite what people read in the newspapers and online, these benefits are very difficult to obtain. Over 70% of initial claims are denied, with over 80% of claims denied at the second stage, the reconsideration stage.

Similarly, LTD benefits have become increasingly more difficult to obtain, with insurance carriers now conducting video surveillance on applicants and hiring vocational experts to dispute your allegation that you are unable to perform the substantial duties of your occupation or, later on, any occupation.

But your quest for these benefits is not an impossible journey. Your best weapons in pursuing these benefits are your doctor and your attorney. In almost all cases concerning these benefits, attorney fees are not collected unless the worker receives the benefits. Even then, at least in SSD/SSI cases, the government must approve the fee requested. Additionally, in LTD cases, the insurance carrier knows that the worker's attorney can request, and receive, some funds toward payment of the attorney fee from the carrier.

An attorney experienced in obtaining these benefits for disabled workers knows exactly what kind of medical information is needed to substantiate your claim, and when and how to present it to

those who must decide if you are to receive the benefits. In addition, your attorney will cross-examine any SSA expert witnesses at your hearing. The attorney receives the same fee - 25% of past-due benefits - whether he/she is retained during the initial application phase or the day before your hearing, so retaining the attorney as soon as possible means that he/she will have more of a say over what goes in the record the ALJ will read at the hearing. Too, in the case of LTD benefits, all of the evidence has to be in at the Administrative (pre-court) level; once your case goes to Federal court, your medical record cannot be supplemented. Therefore, medical development of the Administrative record is more crucial to the outcome of your claim than the Federal court appeal (if one should become necessary).



JOSEPHINE GOTTESMAN, ESQ., is admitted to practice in NY and NJ, the Federal Courts of both states, and the US Supreme Court. She is able to represent claimants in any jurisdiction in the country. You are invited to e-mail her at jogoesq@live.com or visit her website at www.findmybenefits.net

**Josephine Gottesman,
Attorney at Law**

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Chiropractic: A Safe and Natural Alternative to Medication and Surgery

By Daniel Taylor D.C. - Compton Chiropractic Care

Chiropractic medicine is one of the fastest growing fields within the medical community. It is a natural form of health care that corrects biomechanical fixations in the body in order to restore function. For example, when there is a misalignment in the spine, the disruption of nerve pathways can lead to localized pain, muscle spasms or pain traveling down one's arms or legs. Doctors of Chiropractic (DC) evaluate a patient much like any other medical practitioner. However, rather than using drugs to mask symptoms, chiropractors look to treat the source of the problem. In order to properly diagnose and treat patients, Doctors of Chiropractic must undergo intensive training over an eight year period. As well, they are regulated by both state and national boards.

Your first appointment will begin with a thorough review of your case history. This is followed by orthopedic, neurological, and chiropractic exams with a focus on the affected area; digital x-rays are performed only when medically necessary. After the evaluation, the doctor will explain the cause of your pain and suggest various treatment options. Typically, treatment can start at the time of your first visit.

You probably know someone that has received an "adjustment" from a chiropractor. What does this actually do, though? The purpose of an adjustment is to restore proper range of motion and biomechanical function to the affected joint by correcting the misalignments. This is an extremely safe and effective



form of health care that has been deeply researched by various scholars, physicians and medical journals alike. Manipulations have been used for thousands of years and are still utilized by Doctors of Chiropractic and Doctors of Osteopathy as treatment options. Some patients can hear a popping sound and, while this can have a startling effect, it is a completely normal occurrence. The noise comes from gas being released between the joints. During a manipulation, the affected joint will open slightly and become mobile again; this causes a change in pressure inside the joint resulting in the sound of gas being released. The same effect occurs when you crack your knuckles; which, contrary to popular belief does not damage the joint or cause arthritis.

Even if you have had a past surgery or suffer from osteoporosis, there are still many techniques that can be utilized to meet your needs. Besides using common "hands-on adjustments", our doctors at Compton Chiropractic are trained in special techniques to provide adjustments with little or no force at all.

What about sciatica? Doctors of Chiropractic welcome treating patients with complicated conditions like sciatica; in fact, we excel at it on a daily basis. At Compton Chiropractic, we offer the Cox Flexion Distraction Technique as a non surgical method of treating disc related injuries. Many are familiar with the terms herniated disc, sciatica, pinched nerve, bulging disc, stenosis and decompression. Most are also aware that surgery and or



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medications are often unsuccessful treatments for these conditions. However, years of research and technology have pushed the field of Chiropractic into the 21st century and now there is hope for those who suffer from this debilitating pain. This conservative treatment has been clinically shown to decrease intradiscal pressure by approximately 75%; thus allowing relief from the symptoms of disc related pain and stenosis within as little as 8-12 visits. In past years, physicians would send patients to physical therapy prior to considering surgery. While therapy is excellent at rehabilitating muscles in the body, it has been shown less effective than chiropractic care in the treatment of low back pain.

At Compton Chiropractic, our primary goal is pain relief. Treatment will not take 30 visits and will not cost thousands of dollars. Every new patient is treated as an individual and receives an initial examination in order to properly diagnosis the condition. With a proper diagnosis and treatment plan, patients will recover faster as opposed to treating the site of pain without a full understanding of the pain generator.

FREE consultation

The patient and any other person responsible for payment has the right to refuse to pay, cancel payment, or be reimbursed for payment for any other service, examination or treatment that is performed as a result of and within 72 hours of responding to this advertisement. Expires 6/30/17

We accept all major insurances and our friendly staff will communicate with your carrier prior to treatment to determine eligibility and benefits. This typically helps avoid any future surprises. So stop living with pain and call 352-391-9467 today for a free consultation with one of our physicians.

TESTIMONIALS

See what some of our patient's had to say about our practice:

"I suffered from sciatica for 25 years until a friend told me about Dr. Compton. After 4 treatments, I was back on the golf course and out of pain."
- K.R.

"I thought I would live with this pain for the rest of my life, but thankfully I was wrong and Doc was right." - M.M.

"Dr. Compton fixed the numbness in my foot. I am back to playing tennis and loving it!" - J.J

"I had a bad experience with chiropractors before, but you're the best. I forgot what living without pain was like. Thanks Doc" - C.C.

"My other doctors could not help my mid-back pain and kept giving me pain medication. After seeing Dr. Taylor, he not only took my pain away but prevented it from returning" - B. D.

"I was having severe pain in my right arm. I tried everyone else, so I decided to give Compton Chiropractic a try. In three visits, my arm pain was completely gone" - M.C.

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Our Philosophy

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- Blue Cross Blue Shield
- Cigna, Aetna
- Humana
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AGING-IN-PLACE GUIDE: HOW TO STAY IN YOUR HOME IN LATER LIFE

The number of Americans who first grew up with rock 'n' roll, astronauts and McDonald's is off the charts. The late 1940s through early 1960s were marked by a boom in the U.S. economy, suburban living and, especially, babies. Lots of babies were born during this time period—some 76.4 million notes the U.S. Census Bureau. These boys and girls who lived through the Cold War and cold cuts on Wonder Bread® are now aging individuals who almost all agree on one thing: living in their own home later in life. Nearly 90 percent of the nation's aging baby boomers want to age in place.

The American Association of Retired Persons (AARP) reports that 75 percent of adult children and 69 percent of the parents think about the parents' ability to live independently as they get older. But how will these aging seniors remain comfortable and safe at home? What proactive steps can help safeguard everyday activities for older adults inside and outside the home?

"As loved ones age, certain conditions like visual changes and weaker muscles can affect balance, or some diseases and medications can cause cognitive issues," said Glenn Fechtenburg, RN. Right at Home The Villages, Lake & Sumter Counties. "When seniors face health concerns as a result of aging, their risk of falls and injuries escalates, and sometimes their home itself is hazardous. This is why it's essential to assess regularly a senior's health and anything in the home that might be a safety concern."

To reduce potential home hazards for older adults, Fechtenburg, RN recommends the free Aging-in-Place Guide developed by Right at Home with Dr. Rein Tideiksaar, a leading gerontologist and geriatric physician assistant who specializes in fall prevention for the elderly. The Aging-in-Place Guide helps senior adults and their families spot home safety concerns and create an individualized plan around the elder's functional abilities, including getting out of bed and bathing. The guide includes a checklist of risks for home accidents and tips for making a home safe again if health or environmental factors arise.

The safety solutions can be as simple as adding brighter lightbulbs and more light fixtures to solve inadequate lighting. Adding carpet tape can smooth out curled carpet edges. For more extensive fixes, the guide outlines home modifications and remodeling such as installing bathroom grab bars, widening doorways and enlarging rooms.

The Right at Home resource also highlights home-monitoring technology that is becoming more user-friendly and affordable to protect seniors at home and provide families with greater peace of mind. These secure-at-home options include updating the home with smart auto-set devices to simplify daily tasks such as opening or securing windows and doors, turning off appliances, and lowering countertops and shelves. Typically, older adults accept only two or three modifications to their home at a time, so Fechtenburg, RN advises that families create a priority list and together work from that.



"Sometimes, a simple adjustment like removing clutter from pathways or changing out hard-to-grasp doorknobs with handles is an easy fix and all that is needed to protect a senior at home," said Fechtenburg, RN. "The Aging-in-Place Guide identifies specific home hazards and clear-cut solutions. It's also important to include the elders in health and home safety conversations and to give them a choice of the best living space options. With the right planning, living enjoyably and safely at home is fully possible for most of America's seniors."

For more information about home safety for older adults and to receive a copy of the Aging-in-Place Guide, contact Glenn Fechtenburg, RN. Right at Home The Villages, Lake & Sumter Counties (352) 835-0101.

About Right at Home

Founded in 1995, Right at Home offers in-home companionship, personal care and assistance to seniors and disabled adults who want to continue to live independently. Right at Home's global office is based in Omaha, Nebraska, with offices located in 45 states nationwide and throughout the world. For more information on Right at Home, visit About Right at Home at <http://www.rightathome.net/about-us> or read the Right at Home caregiving blog at <http://www.rightathome.net/blog>. To sign up for Right at Home's free adult caregiving e-newsletter, Caring Right at Home, visit <http://caringnews.com>.



About Right at Home of The Villages, Lake and Sumter Counties

The Villages, Lake and Sumter Counties office of Right at Home is a licensed home health agency that specializes in helping seniors stay independent in their home. All caregivers are directly employed and supervised, each of whom is thoroughly screened, trained, and bonded/insured prior to entering a client's home. Our services range from providing transportation to and from appointments to full one on one nursing care for you or your loved one. For more information, contact Right at Home of The Villages, Lake and Sumter Counties at WWW.RAHFL.com, 352-835-0101 or by email at Info@rahfl.com

Your Back Pain and Your Core Strength Are Synergistic

The core muscles of our bodies support our entire frame, from our head and neck to our lower back and legs. The abdominal muscles are heavily relied upon to carry our weight and fluctuate with our daily movement and activities. If our core muscles are weak, then the spinal column can be adversely affected, because the back muscles will be required to support the spine and legs, which can wreak havoc on the back muscles by putting them into overload.

For active individuals that enjoy sports like tennis, pickleball, golf, and bowling, these types of activities put some strain on our lumbar spines. In most cases, this is good, as it strengthens the back muscles, but if you happen to have a weaker core, you may be at risk of injuring your lower back. Consequently, disorders like Sciatica can often be alleviated or lessened with the proper exercises, stretching and core strength training.

The core is made up of internal and external obliques and transverse abdominals that make up our entire torso. These are relatively large muscle groups, so the best way to train them is by doing a variety of exercises that work all aspects of the abdomen.

Crunches and sit-ups are good, but they are not the only way to build up core strength. Planks are incredibly effective because they strength train the transverse muscles and with side movements, they engage the oblique's as well. Many exercises can be done with low-impact on the



floor, like sitting on your bottom and doing bicycle movements with your legs; add in a twist like your pulling a rope and voila! You're strengthening your abs.

It's not about getting a six-pack, it's about your overall wellness, but inevitably your core will start to look more defined if you make abdominal exercise a part of your weekly plan. Three to four days of core work is sufficient for most people, but it's always important to speak with your physician about incorporating any new exercise program into your routine.

Core strengthening might not always alleviate all of your back pain, depending on your vertebral health, but it will rarely ever be a bad idea to add stretching and exercising into your life. If you or a loved one is experiencing back pain, please see your physician immediately to get the root of your issue and develop a plan to get you back in the game.



Daryoush Payman, M.D.

Dr. Daryoush "Darius" Sabet-Payman has been treating patients with acute and chronic low pain back pain for over 17 years.

Dr. Payman performed his residency training at The George Washington University in Washington D.C. After graduating from

Dr. Payman performed his residency training at The George Washington University in Washington D.C. After graduating from the George Washington University, Dr. Payman Scored in the Top One Percent in the nation on the American Board of Anesthesiology Board Exam. During the following years, he spent his time helping patients return to their lives, pain-free, and happy, by utilizing the most state of the art interventional techniques.

Dr. Payman shares the philosophy of trying to achieve results by identifying the cause of low back pain, neck pain, and arthritis of the joints. He then plans an interventional approach unique to each individual patient tailored to addressing the source of the lower back pain. He specializes in Anesthesiology and Interventional Pain Management, where a solution to the problem is approached with procedures to tackle the root of the pain, not just to mask the symptoms with narcotics.

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The Gift of Desperation

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

The mass of men lead lives of quiet desperation, this sentence, which appears in the first chapter, is the most famous in the book *Walden*, by Henry David Thoreau.

Desperation is a mental state that usually causes extreme or rash behavior. So why would someone live in it...quietly as Thoreau states?

Why don't they change their situation?

Sometimes marriages can be this way. Couples, after the kids are gone, can get into a state of peaceful coexistence. They live together but are not fully enjoying their marriages. There isn't a reason to leave and yet living together is not very fulfilling. They don't love each other but they are used to each other.

This happens in careers where people are making good money but feel bored and stuck. They make enough money to enjoy a life free of worry, yet they know there is more opportunity that they are not taking advantage of. The words of a comedian I cannot remember seems to sum it up, "It's better to be employed than amazing."

Then there is health. In the marketing world, it is said that hardly anyone will pay for preventative health products and services, but a person will empty their bank accounts to take care of an acute life-threatening disease. This is largely why health insurance companies will provide some wellness program benefits to help prevent more serious health issues.

There is a famous verse in Revelations 3:16, that speaks of being *lukewarm* and maybe it can speak to this idea of *quiet desperation*.

You know what *lukewarm* is like right? It's when you drink half of your can of cola and then forget about it only to pick it up hours later to find out how really bad it is.

But since you are like lukewarm water, neither hot nor cold, I will spit you out of my mouth! Revelations 3:16 NLT.

I equate a life of *quiet desperation* much like being *lukewarm*. Yuck!

Now to be quite honest, I've lived for years with parts of my life as *lukewarm*. *Lukewarm* actually means *self-righteous*.

Lukewarm sounds like, "Well, it's not that bad!"

It's a feeling of everything seems to be okay...so I must be alright. The bills are paid, retirement accounts are inching up, kids are on schedule for their life and our health is good. Life is great.

Is it?

I have a fairly optimistic outlook on life, but there are times I need an honest self-evaluation. No one can be completely objective about his or her life.

It's very important to have folks that you give unconditional permission to be brutally honest with you when they feel you are wandering off into the proverbial weeds of life.

What's so deceptive about deception is it's so darn deceptive (pardon the tongue-and-cheek). And the reason *blind spots* are called blind spots is because you can't see them.

I don't believe Jesus was being mean-spirited in Revelations 3:16. What I do believe is that he was concerned. In the same way someone close to you may ask you about your health, how you spend money or the condition of your marriage. These are the very private matters of our lives that we usually don't want to talk about.

Yet these are the places we, blindly, can get into trouble without realizing it.

Most *goods habits* that lead to a great life are easy to do. *But they are also...easy not to do.*

A little humility is good for the soul and can bring better self-awareness that can save a marriage, fortune and even health.

I have found **three ways** to maintain a healthy dose of **humility**.

One is to pray daily and ask God to for help. I like the Serenity prayer.

"God grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference."

A second way is to have folks in our lives that we talk to regularly who will keep us honest with ourselves.

But he gives us, even more, grace to stand against such evil desires. As the Scriptures say, "God opposes the proud but favors the humble." James 4:6 NLT

The **third way** to humility is...sad. It has a name...**pain**. Pain can come from living in pride without dependence upon God and without caring, honest relationships.

So, if you are in pain and desperate...**you have a gift**. Use its motivation to change your life. Reach out to God through prayer and reach out to someone else. Reap all the benefits of that pain to make your life better while you have the strength and motivation.

To your spiritual health,

Alex E. Anderson

Senior Associate Pastor at
Bayside Community Church

Author, *Dangerous Prayers*

alex.anderson@alexanderson.org

www.dangerous-prayers.com

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Currently, an estimated 27 million people suffer from knee osteoarthritis making it one of the most common causes of disability in the U.S. It is estimated by the year 2030, 72 million Americans will be at high risk for osteoarthritis. Patients with chronic joint pain often think nothing can be done to help them except surgery.

A person with knee pain knows how often it gets in the way of doing the things they want and need to do in daily life. Because the knee is a weight bearing joint, knee pain affects almost everything we do that requires mobility, including those things most of us have usually taken for granted.

For many knee pain makes it hurt to walk, stand, stoop, get out of a chair, or to go up and down stairs. Additionally, routine activities of living, work, social and recreational activities are often inhibited, restricted or avoided because of knee pain.

If you have tried other treatments and experienced little to no relief, you may still be a candidate for our treatment program. Call (855) 276-5989 to schedule a no-cost, no-obligation consultation today!

At Physicians Rehabilitation, it's very important to understand we are not just addressing knee pain. Our goal is to give you the best chance we possibly can of preventing knee replacement surgery in the future, which is what knee arthritis frequently evolves into if left undetected and unaddressed. We are proud to offer a less invasive approach to relieving knee pain to avoid surgery.

For this reason, we encourage you to schedule an appointment to determine if you are a candidate for viscosupplementation treatment for knee arthritis, you can always have more radical procedures performed later if necessary. However with knee replacement surgery, once done there is no turning back to a more conservative approach. Knee replacement surgery is indeed necessary for some people with extreme conditions that viscosupplementation is unable to help, but as we have seen with many of our patients a total knee replacement is a very extreme measure to take without considering all your options for a condition as common as knee arthritis.



Will Insurance cover this Treatment?

Yes, most major insurances and Medicare will pay for this treatment.

What are other people saying about it?

"My knee feels great. I had already had a total knee replacement and wanted to try something rather than go through another painful surgery and difficult recovery. After completing the program, I can now dance again which I have not done in years, and my lifestyle is on its way back to normal." -Elizabeth B.

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America's Senior Health Rankings

Seniors are benefiting from improved clinical care but face economic barriers to better health

Florida's strengths include high percentages of hospice care use and quality nursing home beds, and a low prevalence of obesity.

America's seniors are seeing improvements in clinical care but are facing significant economic barriers to better health, according to the key findings from United Health Foundation's fifth annual *America's Health Rankings Senior Report*. Accompanying the report is new survey data, released in partnership with the Alliance for Aging Research, highlighting risks of health savings shortfalls among current and future seniors and uncertainty about future health care savings needs.

Seniors seeing improvements in key clinical care measures

The report finds continued notable improvements in care quality and outcomes for adults age 65+ since 2013, including:

25 percent reduction in preventable hospitalizations among Medicare beneficiaries

30 percent decrease in hospital deaths among Medicare decedents

Seven percent decrease in hospital readmissions among Medicare beneficiaries

Nine percent reduction in visits to the ICU in the last six months of life among Medicare decedents

New survey data highlight notable health savings shortfalls among current and future seniors

62 percent of retired seniors age 65+ and nearly three out of four non-retired adults age 50 to 64 have less in total retirement savings than what experts recommend saving for health care costs alone.

Current and future seniors with retirement savings of \$20,000 or less are more likely to be in poor health and have chronic disease compared to those with higher rates of retirement savings.



A high percentage of current and future seniors are unsure about how much they need to save to cover anticipated – and unexpected – health care costs in retirement

50 percent of retired seniors and 36 percent of non-retired adults age 50-64 don't know or have no opinion of how much money their households will need for both anticipated and unexpected health care costs during retirement.

Minnesota ranks 1st; Mississippi ranks 50th in senior health

Minnesota is the healthiest state for seniors, rising from fourth place last year, while Mississippi drops two spots to become the state with the greatest opportunity for improvement in senior health. Among rankings, the report found:

Utah (2), Hawaii (3), Colorado (4), New Hampshire (5) and Massachusetts (6) round out the healthiest states for seniors. In addition to Mississippi, Kentucky (49), Oklahoma (48), Louisiana (47), Arkansas (46) and West Virginia (45) have the greatest opportunities to improve seniors' health and wellbeing.

California and South Dakota made the greatest strides to improve their health rankings over the past year.

What improves overall senior health state rankings: California jumped from 28 to 16 in the rankings, primarily due to decreases in smoking prevalence, physical inactivity and obesity. South Dakota improved its rank from 25 to 15 due to factors like a decrease in preventable hospitalizations, and an increase in excellent or very good health status and health screenings.

OVERALL
RANK:
30



Change: ▼ 6

Determinants Rank: 29

Outcomes Rank: 28



Strengths:

- High percentage of hospice care use
- High percentage of quality nursing home beds
- Low prevalence of obesity

Challenges:

- Low flu vaccination coverage
- Low percentage of healthcare-associated infection reporting policies
- Low percentage of volunteerism

Highlights:

- In the past year, excessive drinking decreased 11% from 8.9% to 7.9% of adults aged 65+.
- In the past year, frequent mental distress increased 15% from 7.3% to 8.4% of adults aged 65+.
- In the past two years, volunteerism decreased 7% from 20.2% to 18.7% of adults aged 65+.
- Since 2013, obesity increased 10% from 23.4% to 25.8% of adults aged 65+.
- Since 2013, flu vaccination coverage decreased 11% from 57.6% to 51.4% of adults aged 65+.
- Since 2013, preventable hospitalizations decreased 16% from 65.3 to 55.1 discharges per 1,000 Medicare enrollees.

Ranking:

Florida is 30th this year; it was 24th in 2016. The state ranks 36th for general population health and 40th for the health of women and children.

State Health Department Website:
www.floridahealth.gov



Doing this may help save your life

What if there was something that might help you live longer and healthier — and it didn't cost you any extra money? Sounds like a sweet deal, right? In fact, there is such a thing. It's called preventive care. And most health plans cover it at no additional cost to you when you see a provider in your network. It's all about keeping well.

Preventive care is designed to help you and your family stay healthy — before any signs of illness. It may also help catch health problems early. Often, that's when they're easier to treat. This includes:

Screening tests. These help detect conditions such as diabetes and certain types of cancer — and give important information about your heart health. Your doctor can tell you what's recommended for you based on your risk factors.

Vaccines. These aren't just for kids. Adults need shots to help prevent illnesses such as flu, tetanus and whooping cough.

Wellness checkups. Seeing your primary care doctor for preventive visits gives you a chance to find out

what tests and vaccines you need. It's also an opportunity to discuss steps to help you live healthier, such as quitting tobacco, being more active or losing weight.

100,000 lives are worth a call!

If everyone in the U.S. got the recommended preventive care, more than 100,000 lives could be saved each year, according to the Centers for Disease Control and Prevention. So don't put it off any longer. Make an appointment to see your primary doctor.

Preparing for Health Care Costs in Retirement

With health care expenditures expected to exceed \$3.5 trillion in 2017 and grow by an average of 5.6 percent each year through 2025, health care affordability is a growing concern for individuals and families. America's Health Rankings and the Alliance for Aging Research explore the issues of financial preparedness for health care costs in retirement in the new brief: Preparing for Health Care Costs in Retirement. Visit www.americashealthrankings.org for more information.

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