

CENTRAL FLORIDA'S

Health & Wellness[®] MAGAZINE

January 2014

Lake/Sumter Edition - Monthly

www.healthandwellnessFL.com



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**STOP SUFFERING
FROM BACK PAIN**

**THYROID
AWARENESS**

**NEW YEAR.
NEW YOU!**

**DOCUMENTS
OF AGING**

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MAY BE WRONG FOR YOU**





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tendons intact and resurfaces only the damaged cartilage and bone thereby leaving up to 70% of the knee in its natural state.

This allows for vastly shortened recovery time and significantly improved patient satisfaction through the restoration of normal knee bio-mechanics. Dr. Kerina designed the Uni Path program which is

the nation's first outpatient partial knee replacement program to help hundreds of patients get back to their active lifestyle without a hospital stay.

Don't total your knee without exploring viable options like the partial knee replacement. For an appointment call Dr. Kerina 352-787-9141.


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J. Mandume Kerina, M.D. Surgeon for Zimmer/ZUK Partial Knee Replacement and NATIONAL Leader in Outpatient Partial Knee Replacement and Most Requested by Zimmer for Surgeon to Surgeon Training

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CONTACT US

REGIONAL SALES MANAGER
Michelle VanOstran
michelle@healthandwellnessfl.com

CREATIVE DIRECTOR
Sonny Gensing
sonny@gwhizmarketing.com

EDITOR - Lisa Minic EDITOR - Lorrie Ritchie



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michelle@healthandwellnessfl.com

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Stop Suffering from Pain **OUR STORY**

OFFERING ADVANCED TREATMENT OPTIONS AND MAINTAINING A COMMITMENT TO EXEMPLARY SERVICE. OUR DOCTORS FOCUS ON THE SPECIFIC NEEDS OF EACH PATIENT WITH THE GOAL OF RETURNING THEM TO A HEALTHY, ACTIVE LIFESTYLE AS SOON AS POSSIBLE.

Less than 10% of existing spine surgeons actually perform surgery using minimally invasive techniques.

We all know how debilitating back pain can be. It can adversely affect our quality of life and sideline us from participating in our favorite activities.

Gulfcoast Spine boasts two physicians who are nationally renowned for their success in performing minimally invasive spine surgery. Those physicians are Dr. Frank Bono and Dr. James Ronzo. They offer the most advanced diagnostics and treatments for relief of back and spine problems.

The central focus of Gulfcoast Spine is an unrelenting commitment to explore every

possibility of improving patients' lives and helping them return to their prior level of functioning. Providing total patient-centered care in a compassionate, competent manner has and always will be of utmost importance to the entire GSI team.

When you visit Gulfcoast Spine, their medical providers make sure to listen to your questions and concerns, making a thorough list of symptoms before proceeding with a detailed physical exam. These nationally recognized leaders in spine surgery work with you to develop a plan of individualized treatment

to meet your needs.

With their state-of-the-art technology and personable staff, Drs. Bono and Ronzo are dedicated to building a sincere relationship with each patient they treat and doing whatever it takes to ensure your overall health and well-being.

Life doesn't have to stop when pain strikes. We understand how important it is to return to normal, fun-filled activities like hitting the golf course with friends or swimming with the grandchildren on the weekend. Everyone deserves to live a happy, healthy, and pain-free life!

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Gulfcoast Spine Institute

by the numbers



Minimally Invasive:

Dr. Ronzo and Dr. Bono's surgical process begins with a 3/4" incision, to be followed with the use of dilators to gently separate the muscle. This important step eliminates the cutting of muscle fibers. This process leaves little scarring, fast recovery times, and excellent outcomes.

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PATIENTS GO HOME THE SAME DAY OR VERY NEXT DAY.

LESS THAN

10%

OF EXISTING SPINE SURGEONS ACTUALLY PERFORM SURGERY USING MINIMALLY INVASIVE TECHNIQUES.

MORE THAN
30,000
PATIENTS TREATED BY DR. RONZO AND DR. BONO IN THE PAST 12 YEARS

92%
OF OUR BUSINESS IS REFERRED BY A PHYSICIAN OR WORD-OF-MOUTH

LESS THAN
60 MINUTES
THE AVERAGE SURGERY TIME BY DRs. RONZO & BONO

LESS THAN
1%
INFECTION RATE

12,432
SURGERIES AND PROCEDURES PERFORMED

100%
OF OUR PRACTICE HAS BEEN AND WILL CONTINUE TO BE EXCLUSIVELY DEDICATED TO SPINE CARE



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The Heart of Diabetes

Diabetes can affect many major organs in your body, which can lead to an array of serious complications when left untreated. These medical problems include cardiovascular disease (CVD), or heart disease, including peripheral artery disease (PAD) and stroke.

The following statistics speak loud and clear that there is a strong correlation between cardiovascular disease (CVD) and diabetes.

- Heart diseases and stroke are the number one causes of death and disability among people with type 2 diabetes. In fact, at least 65 percent of people with diabetes die from some form of heart disease or stroke.
- Adults with diabetes are two to four times more likely to have heart disease or a stroke than adults without diabetes.
- The American Heart Association considers diabetes to be one of the seven major controllable risk factors for cardiovascular disease.

Why are people with diabetes at increased risk for CVD?

Diabetes is treatable, but even when glucose levels are under control it greatly increases the risk of heart disease and stroke. That's because people with diabetes, particularly type 2 diabetes, often have the following conditions that contribute to their risk for developing cardiovascular disease.

- High blood pressure (hypertension) has long been recognized as a major risk factor for cardiovascular disease. Studies report a positive association between hypertension and insulin resistance. When patients have both hypertension and diabetes, which is a common combination, their risk for cardiovascular disease doubles.
- Abnormal cholesterol and high triglycerides can lead to CVD. Patients with diabetes often have unhealthy cholesterol levels including high LDL (bad) cholesterol, low HDL (good) cholesterol, and

high triglycerides. This triad of poor lipid counts often occurs in patients with premature coronary heart disease. It is also characteristic of a lipid disorder associated with insulin resistance called atherogenic dyslipidemia, or diabetic dyslipidemia in those patients with diabetes. Learn more about cholesterol abnormalities as they relate to diabetes.

- **Obesity** is a major risk factor for cardiovascular disease and has been strongly associated with insulin resistance. Weight loss can improve cardiovascular risk, decrease insulin concentration and increase insulin sensitivity. Obesity and insulin resistance also have been associated with other risk factors, including high blood pressure.
- **Lack of physical activity** is another modifiable major risk factor for insulin resistance and cardiovascular disease. Exercising and losing weight can prevent or delay the onset of type 2 diabetes, reduce blood pressure and help reduce the risk for heart attack and stroke. It's likely that any type of moderate and/or vigorous intensity, aerobic physical activity—whether sports, household work, gardening or work-related physical activity—is similarly beneficial.

Individuals with insulin resistance or diabetes in combination with one or more of these risk factors are more likely to fall victim to heart disease or stroke. However, by controlling these risk factors, diabetes patients may avoid or delay the development of heart and blood vessel disease. Your health care provider will do periodic testing to assess whether you have developed any of these risk factors associated with cardiovascular disease.

Dr. Vallabhan
352.750.2040

8630 - SUITE A, EAST COUNTY RD 466
THE VILLAGES, FL 32162



Dr. V

T.E. VALLABHAN, MD, FACC
BOARD CERTIFIED CARDIOLOGIST
SPECIALIST IN DISEASES OF THE HEART, ARTERIES AND VEINS

**It's your heart.
It should be
personal.**

And that's how I treat it.

When you come to see me... that's exactly who you will see. I will know your name, how many children you have, what foods you love to eat and how much sleep you get each night. I will take your health personally. That is why I am the only doctor you will see when you come to my office. I will take time with you and get to know you personally. No patient of mine will ever have to see an associate or undergo needless testing. I will know which tests are needed and which aren't. I will watch over you and treat you as I want to be treated when, one day, I am the patient and not the doctor. And that is my promise to you.

The Leader in Comprehensive Pain Management Announces **Regenerative Injection Therapy** with Platelet-Rich Plasma (PRP)

Prospira PainCare offers the cutting-edge Regenerative Injection Therapy with Platelet-Rich Plasma (PRP) at our National Pain Institute, Winter Park location in Florida.

What is Regenerative Injection Therapy?

Regenerative Injection Therapy with Platelet-Rich Plasma (PRP) is an alternative approach to healing tendon and ligament injuries. Known for its restorative healing, Regenerative Injection Therapy has been gaining popularity as an alternative to surgery for those with injuries such as arthritic tennis elbow, carpal tunnel syndrome, ACL tears, shin splints, rotator cuff tears, plantar fasciitis, Iliotibial Band Syndrome or other sports injuries. Regenerative Injection Therapy with Platelet-Rich Plasma is an autologous healing therapy, where cells are taken from the patient's own body, that restores and regenerates the tendons using the body's natural ability to heal. The use of the patient's own PRP significantly reduces any adverse effects.

What is Platelet Rich Plasma (PRP)?

Platelet-Rich Plasma (PRP) contains concentrated platelets with huge reservoirs of bioactive proteins, including growth factors vital for initiating the acceleration of tissue repair and regeneration. Bioactive proteins initiate the healing of connective tissue, bone, tendon and ligament regeneration and repair, promote the development of new blood vessels and stimulate the wound healing process.

Why Do People Choose Regenerative Injection Therapy?

Patients choose this treatment for its restorative and regenerative properties. It is typically considered after other treatments, such as spinal injections (epidurals, facets and hyaluronic acid injections) and physical and chiropractic therapy, have not worked, or are no longer working. The treatment is popular among athletes with sports injuries who want to avoid the exposure and long term effects of using corticosteroids as a "band-aid" for an injury. Regenerative Injection Therapy has been used in Europe for more than ten years and is just recently being practiced in the United States. We have been treating patients with Regenerative Injection Therapy at Prospira PainCare's National Pain Institute in Florida since 2010.



National Pain Institute's Dr. Jack Miletic says, "Early intervention is key. Using the body's natural ability to heal can make all the difference. Some patients have no other alternatives due to the severity of damage to their body. But for some patients, the sooner we can intervene and give them a natural, regenerative and restorative treatment, with minimal risk of adverse effects and no long term exposure, then they'll be using less pain medicines and their quality of life can return to something they can be satisfied with and maybe even more."

How Long Does it Take?

Healing takes time. PRP helps to regenerate tendons and ligaments but it does take time to heal. Most patients require one to three sets of injections that are spaced out by four to six weeks. Some injuries require a patient to receive up to six injection sets. Your doctor at National Pain Institute will determine how many sets of injections you need and when you can resume regular activities. All injections are administered by a licensed physician. The PRP is obtained and prepared by a licensed nurse.

About Dr. Jack Miletic

National Pain Institute's Dr. Jack Miletic is board certified in physical medicine and rehabilitation and pain medicine and has done extensive research in alternative regenerative and restorative therapies, always trying to find new and different ways to treat the degenerative spine. Dr. Miletic completed a fellowship at Cedars-Sinai Medical Center, Institute for Spinal Disorders and it was there that his interest grew in treating painful disorders of the spine. He has extensively researched the restorative properties of PRP and co-authored National Pain Institute's PRP study protocol for its clinical study.



Jason DeLuca, MD
Medical Director

Dr. Jason DeLuca joined the National Pain Institute in 2010. He attended Siena College in Albany, NY and received his BS in Biology. Dr. DeLuca graduated from SUNY Upstate Medical University in Syracuse, New York with a Doctorate of Medicine and completed his residency in Physical Medicine and Rehabilitation from the University of North Carolina in Chapel Hill, North Carolina.

Primary Specialty
Pain Medicine

Secondary Specialty
Physical Medicine and Rehabilitation

Board Certification
Fellow - American Academy of Physical Medicine and Rehabilitation

Undergraduate Education
Bachelor of Science - Biology; 2001 Siena College, Albany, NY

Medical Education
Doctor of Medicine - 2005 SUNY Upstate Medical University, Syracuse, New York

Residency
2009 - Physical Medicine and Rehabilitation, University of North Carolina Hospitals, Chapel Hill, NC Physical Medicine and Rehabilitation (Level 1 trauma, tertiary care, and burn center)

Fellowship
Pain Fellowship - 2010

Primary Treating Location
13945 SE Highway 441
Lady Lake, FL 32159



Patient Testimonial

"I have worked in the billboard industry for over 30 years. I started building from the ground up at the age of 22. Fifteen years later after putting my body through much abuse, I became the ops manager but I also still worked in the field with my guys. In 1998 I was in a bad truck accident and was T-boned in the driver's door by a car doing 70 miles per hour on I-95. After a few years of pain medications and physical therapy the pain became unbearable. I could not stand or sit comfortably and couldn't sleep without waking up with pain. I could not walk 30 yards from my house to my barn without sitting down in the middle of the pasture and almost crying it hurt so badly. At work I would get out of my chair and go lay flat on a stack of plywood in the warehouse for 30 minutes at a time. After three PRP treatments with Dr. Miletic I am back to climbing signs again and climbing trees to trim them. Working as hard but not as fast as I did when I was 30. I can ride my Harley again. I started breaking horses again, but have since stopped since I didn't want to push my luck."

-Billy Nichols, P
 RP Patient at The National Pain Institute
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Jason DeLuca, MD
 Medical Director • Board Certified
 Fellowship Trained in Pain Management
 Board Certified in
 Physical Medicine & Rehabilitation



Noreen Burch,
 PA-C
 Certified Physician's Assistant



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INTERCOMMUNITY CANCER CENTERS AND INSTITUTE OFFERS XOFIGO FOR ADVANCED PROSTATE CANCER

FDA-APPROVED DRUG MAY EXTEND LIVES OF PATIENTS WITH ADVANCED PROSTATE CANCER

According to the American Cancer Society's Cancer Facts and Figures, 2013, approximately 238,500 men will be diagnosed with prostate cancer and about 29,700 will die from the disease, often from cancer that has spread to the bones. Researchers say many patients who have castration-resistant prostate cancer and bone tumors are often not candidates for chemotherapy because they are not physically able to tolerate it.

In its continued efforts to provide the most advanced treatments for local cancer patients, InterCommunity Cancer Centers and Institute (ICCC/ICCI) is excited to announce that it is now offering Xofigo, a new FDA-approved targeted radiation treatment for advanced prostate cancer that is hormone-therapy resistant.

Developed by Bayer HealthCare Pharmaceuticals, Xofigo (pronounced zo-fee-g-oh), is an intravenous injection of radium 223. Because of its radioactive properties, it is effective in the treatment of prostate cancer that has become resistant to medical or surgical treatments, clinically referred to as metastatic castration-resistant prostate cancer.

Xofigo mimics calcium and binds to parts of the bone that are healing. Because the radiation is targeted to the bone tumors, damage to other tissue, including bone marrow, is minimized. Xofigo was recently approved by the FDA in May 2013 for the treatment of patients with prostate cancer that has spread to the bones, but no other organs. The drug is given intravenously once a month for six months. The most common adverse reactions are nausea, diarrhea, and lower frequency of vomiting and swelling of the limbs.

"This is the first treatment in many years that has been shown to increase survival in patients with advanced prostate cancer, and has fewer major side effects than traditional chemotherapy medications," says Dr. Alison Calkins, radiation oncologist at ICCC/ICCI.

In the clinical trial that led to FDA approval, Xofigo was compared to a placebo infusion in patients with prostate cancer with bone pain secondary to metastatic disease and whose cancers were progressing despite depletion of serum testosterone (castrate resistant prostate cancer). The clinical trial showed that Xofigo had significant activity in reducing bone pain and showed that patients who received Xofigo had prolonged survival compared to patients who received the placebo.

"With more and more options available for patients with metastatic prostate cancer, the prognosis of patients is much better than it was just a few years ago," adds Dr. Calkins.

For more information about Xofigo, please visit www.ICCCVantage.com.

THE EXPERIENCE OF INTERCOMMUNITY CANCER CENTERS

ICCC has 25 years of cancer-fighting experience having treated over 10,000 patients. They are dedicated to empowering patients to have the confidence they need to change their lives. Radiation Oncologists Drs. Hal Jacobson, Herman Flink, Maureen Holasek and Alison Calkins bring exceptional expertise in treating breast, lung, prostate, gynecologic, skin and other cancers.

As part of a larger, nation-wide oncology group of physicians and specialists under Vantage Oncology, the oncologists at ICCC have access to aggregated

clinical information and best practices from the treatment of more than 1,000 patients per day, enabling them to develop highly-effective and peer-collaborated treatments. This gives many of the centers that work with Vantage, including ICCC, the ability to offer university-quality treatment services in smaller and more rural areas. It gives local communities exceptional services closer to home and in a non-hospital setting. To learn more, please visit www.ICCCVantage.com.

ABOUT VANTAGE ONCOLOGY

Vantage Oncology offers a complete development, implementation and management solution for radiation oncology practices. It provides ownership opportunities that empower physicians to maintain control of their practice while leveraging the strength of the company's network and clinical resources. A multi-disciplinary team is committed to continuously raising the standards of cancer care. For more information, please visit www.VantageOncology.com.

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(352) 326-2224
www.ICCCVantage.com



Hal Jacobson, MD
Herman Flink, MD
Allison Calkins, MD
Maureen Holasek, MD

January is Thyroid Awareness Month.

Are you feeling sluggish, tired or depressed? Have you noticed your nails are brittle and your hair feels like straw? Sleepless nights and fatigue overcome you. Last but not least those extra 10 pounds you have been trying to lose will not leave, instead you see the numbers on the scale keep rising. It may be time to have your thyroid checked.

Many people do not know about the thyroid and what its main function is in the body. The thyroid is a small butterfly gland located in the lower part of your neck. The function of the thyroid is to secrete hormones throughout your body. You may hear these hormones called T3 (triiodothyronine) and T4 (thyroxine). These hormones are responsible for delivering energy to your cells.

Thyroid conditions are classified under categories. These categories are:

Hypothyroidism is when your thyroid is underactive. Symptoms of an under active thyroid include a slowed down metabolism which can include weight gain, fatigue, depression, thinning hair and brittle nails are just some. One of the most common causes of hypothyroidism is the autoimmune condition called Hashimoto's disease. This happens when the antibodies attack the thyroid and destroy the ability for the thyroid to produce hormones.

Hyperthyroidism is when the thyroid gland becomes overactive. The most common cause associated with hyperthyroidism is the autoimmune condition called graves disease. This is the opposite of hypothyroidism. Antibodies target the thyroid, which in turn causes the speeding up of releasing hormones. Symptoms include weight loss, fatigue, rapid heart rate, increased bowel movements, nervousness are just a few.



Another cause of hyperthyroidism is called thyroiditis. This is known as inflammation of the thyroid. Any type of viral or bacterial infection can cause thyroiditis.

When a thyroid becomes enlarged it is known as a Goiter. These thyroid nodules can be cancerous and non cancerous. Nodules can be solid or liquid filled cysts, lumps and tumors. A small percent of these can be cancerous causing the removal of the thyroid.

If you feel you have any of these symptoms you should speak to your doctor. Your doctor will send you for blood work to determine your TSH levels. A TSH under 0.5 indicates hyperthyroidism and a TSH level over 0.5 indicate hypothyroidism. Whether low or high medication will be given to regulate your thyroid.

For an under active thyroid a person will be given a synthetic thyroid hormone called Synthroid or Levothyroid. Propylthiouracil and Pethimazole (Tapazole) are used on a person who has an overactive thyroid. It can take anywhere from six to twelve weeks to start seeing some improvement. Blood tests will be taken again to see if the medication is the right dosage or should be adjusted.

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Along with medication, a healthy diet and exercise regimen is essential. Some foods will counteract with your medication and your thyroid. Some of these foods are raw cruciferous vegetables like brussel sprouts, broccoli, cauliflower, collard greens and kale, rutabaga, turnips, and bok choy. Soy products like soymilk, tofu, soybeans and soy sauce should be avoided. A brisk walk twenty minutes a day, at least three times a week will help you to build up a strong mind and body.

Remember January is thyroid awareness month. If you think you may be experiencing a thyroid condition don't wait speak to your doctor about your symptoms so you can get your thyroid under control.



WHY ALL BABY BOOMERS SHOULD BE TESTED FOR HEPATITIS C

By Rick L. Pesano, M.D., Ph.D., Medical Director, Infectious Diseases, Quest Diagnostics

Hepatitis is an inflammation of the liver, caused by the hepatitis virus. Of the five different types of hepatitis virus (A, B, C, D and E), hepatitis C is the most common in the United States, affecting more than three million people. Hepatitis C is a serious condition that requires treatment, but because infected individuals often show no symptoms until serious liver damage has already occurred, many people are unaware that they are infected.

Recently, the Centers for Disease Control and Prevention added all “baby boomers” to the list of people who should be tested for hepatitis C. Individuals born between the years 1945 through 1965 should ask their physicians for the one-time test for hepatitis C at their next medical visit.

Chronic hepatitis C infections can last a lifetime, and can lead to liver damage, cirrhosis, liver failure, and liver cancer. In fact, liver damage occurs in an estimated 60-70% of people with chronic hepatitis C infection, and hepatitis C is the leading cause of liver cancer, liver transplants, and death from liver disease. Unlike hepatitis A and B, there is no vaccine for hepatitis C, which is spread by contact with infected body fluids such as blood or semen.

However, if asymptomatic individuals were aware that they were infected, they could be treated and possibly avoid liver damage. The Centers for Disease Control and Prevention’s recommendation that all baby boomers be tested for hepatitis C was made because over 75% of adult Americans with hepatitis C are baby boomers, and about 73% of people who die from HCV complications are baby boomers. Hepatitis C-caused deaths are on the rise, with 7,000 to 15,000 deaths per year from HCV.



Rick L. Pesano, M.D., Ph.D.

In making their recommendation, the CDC noted that testing is cost-effective and saves lives, and new hepatitis C treatments can cure up to 75% of those infected. Only the blood tests can determine whether or not you have hepatitis, and which type of the virus you have.

Since symptoms are not always evident, testing is critical to confirm whether you are infected. However, some individuals who have hepatitis might have these symptoms:

- Fever
- Fatigue (feeling tired)
- Loss of appetite
- Nausea, vomiting
- Stomach pain
- Dark-colored urine
- Diarrhea
- Gray-colored stools or pale stools
- Joint pain
- Jaundice (yellowing of eyes and skin)

Usually, there are no signs of chronic hepatitis until serious liver damage has developed.

The test for hepatitis C is very convenient and no preparation is required. Your doctor will probably order an antibody test (sometimes called an anti-HCV test), which is done through a blood draw from your vein. The blood sample will be analyzed for the presence of antibodies to the virus, which indicates exposure to the virus. If the antibody test is “nonreactive” (negative), hepatitis infection is not likely. If the test is “reactive” or positive, the person has been infected with hepatitis C. If your test is positive, your doctor will probably order an additional test to confirm the results of the antibody test.

In order to decide on the appropriate treatment plan, your doctor will also order tests to pinpoint the exact kind of hepatitis C virus that is present and to provide additional information that helps him/her develop a monitoring and treatment plan. These tests, which detect, analyze, and measure viral particles in the blood, also involve a simple blood test.

Quest Diagnostics, the world’s leading provider of diagnostic testing, information and services, offers a broad hepatitis C and B virus testing menu, including tests to help determine hepatitis C exposure and identify abnormal liver function; viral RNA testing to monitor viral load during therapy; and hepatitis C genotyping to aid in predicting treatment duration and success.

If you do test positive for hepatitis C, do not panic. Individuals who are aware that they have hepatitis C can be treated and possibly avoid liver damage, which is why testing is so critical. Hepatitis C treatments are effective in the majority of the patients with the virus, and new antiviral drugs are being introduced that show great promise for individuals with specific types of hepatitis C. Treatment for hepatitis C usually lasts about 6 to 9 months. If you have hepatitis C, you and your doctor can discuss treatment options that will help prevent further liver damage and disease and allow you to live a long, healthy life.

Successful treatment for hepatitis C does not necessarily protect a person for life. It is possible to be infected and get sick from hepatitis C again. So, it is important to follow these general steps for prevention of hepatitis:

- Wash your hands after going to the bathroom and before touching food.
- Use condoms during sexual relations.
- Avoid tap water when traveling in countries that may have water sanitation issues.
- Don’t share toothbrushes, razors, or nail clippers with an infected person.

If you are experiencing symptoms or you are a baby boomer in the target years, remember the recommendations of the CDC and ask your physician for a one-time hepatitis C test. If you have not been previously vaccinated or are unclear on your vaccination history, ask if you should be vaccinated against Hepatitis A and B. These life-saving tests and vaccines are convenient, widely available, and effective.

FOR MORE INFORMATION:

- CDC website: www.cdc.gov/knowmorehepatitis
- National toll-free hepatitis C helpline: 877-435-7443 Sponsored by HELP-4-HEP, a partnership among several well-known and nationally recognized non-profits with a combined 90+ years’ experience in hepatitis C education, support and patient advocacy.



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RESOLVE to Not Going to the EMERGENCY Room in 2014!

The holidays are one of the busiest times to go to the hospital emergency room. Instead of wasting your precious family time, when you have an urgent need go to 441 Urgent Care instead. They are the "after hours" of health care – the weekends and evenings when your regular doctor's office is closed and a trip to the emergency room isn't necessary. Perhaps you suffered a minor cut or injury from a fall and you don't want to wait all night or all weekend without medical attention. The most common illness especially during the COLD season is Sinus Pressure, Congestion and Post Nasal Drip (PND). The question is: do you wait until your symptoms could potentially get worse? No, says William Goellner, M.D., medical director of 441 Urgent Care Center. Physician Assistant, Adam Santos, add: "It is better to prepare and prevent than to repair and repent." It is 441 UCC goal to keep patients out of the Hospital. Early detection of Upper Respiratory Infection (URI) can prevent an elderly patient from progressing from bronchitis to pneumonia. "For most non-emergency medical ailments, 441 UCC is a convenient and cost-effective alternative to emergency room care," Adam Santos explains.

441 Urgent Care Center open its door in June 1, 2009 at Summerfield Location. The original idea was to provide excellent care to local retiring communities mainly Spruce Creek South, Spruce Creek North at Del Webb and Stone Crest. In response to Villages resident, we extended our services to The Villages in March 2011 by opening our Buffalo Ridge Location on CR - 466. With the exponential growth in The Villages and the increase need for more urgent cares, our third location was open in March 2013 at Lake Sumter Landing. "We are excited about having three locations to meet the urgent care needs of our patient," PA

Santos says. "The three locations are open late because we realize not everyone can fit healthcare needs into an 8a.m. To 5p.m., Monday through Friday schedule. We want people to know we are there for them so they can receive passionate, quality healthcare whenever they need it. They really like our services because they see results quicker and do not have to go through bureaucratic layers to accomplish their goals."

In addition to urgent care, all three locations offer travel medicine, shingles vaccine, allergy testing, laboratory testing, school and sports physical, pre-employment exams, and DOT physicals because their genuine care for their patients, they even have a shuttle service offered to residents who live within 20 miles of each facility. For a small nominal fee of \$10, a 441 van picks up patients and returns them to their home. The van will also transport patient from and to their doctors' appointments. This service has been greatly appreciated by our communities.

The 441 Urgent Care team prides itself on offering affordable, fast and friendly services. They have vast medical expertise and years of experience. By combining their medical experiences they have more than 50 years in the field of caring for local communities. Their diagnoses are fast and accurate so that they can get you on the road to recovery. Follow up also is an integral part of their care. Every patient is encouraged to follow up with their primary care provider or they have the option to return to 441 at any time.

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Cardiology and the Medicine Chest (yellow building with blue trim)

URGENT CARE'S MANY BENEFITS OVER EMERGENCY ROOM

441 Urgent Care Centers offer a number of benefits, according to Adam Santos, PA-C, before you head to the ER, you need to consider several things:

- First, urgent care offer better value because patients receive the same quality of care at a more affordable cost and friendly staff members are there to greet them and answer they questions. The majority of insurance companies have lower co-pays for urgent care than they do for the emergency room. In addition, when you go to the ER, you will pay additional facility fees and doctors' fees. Patients who go to 441 Urgent Care receive only one bill, that is it. Simple and easy.
- Second, Emergency rooms prioritize everyone who walks in with a triage process. This results in someone with a nonlife-threatening illness spending hours in the waiting room with other sick and contagious patients before they ever see a physician or mid-level provider. At 441 Urgent Care, the door-to-door time is less than one hour.
- Another advantage that 441 Urgent Care provides is prompt follow-up care. If you go to the ER, you are told to follow up with your primary care physician, this process may take weeks. Instead at 441 Urgent Care is open seven days a week, 365 days a year; you can simply walk back in for your follow up appointment or if your condition worsens, providing you the adequate follow up you deserve. For example: Patients that comes in with dehydration, they can be brought back in have IV fluid hydration or serial antibiotic shots. No appointment necessary. This is truly concierge medicine.

A TEAM EFFORT

The physicians at 441 Urgent Care are board certified in both emergency medicine and family practice. In addition, their Physician Assistants (PA) and Nurse practitioners (ARNP) are also board certified and experienced in multiple specialties including: emergency medicine, internal medicine, pediatrics, surgery, oncology, occupational medicine and family practice. In alliance with The Villages Regional Hospital and Lake Medical Imaging (LMI) 441 Urgent Care utilized laboratory and imaging services to allow the physicians and mid-level providers to treat higher and acute problems. We plan to complement the emergency department by providing healthcare to patients who may be too acutely ill for a primary care office, but not critical enough to warrant an emergency department visit. And the extended hours of operation allows them to provide services after hours, weekends and holidays.



William Goellner, MD, Medical Director
 Duke University Medical School (1974)
 Surgical Internship, Dallas, TX (1974-1975)
 Surgical Residency, Miami, FL (1975-1977)
 Board Certified in Emergency Medicine
 American College of ER Physicians, former president
 American Heart Association, Emergency Care Committee
 American Medical Association, member
 Florida Association of EMS Physicians, Charter member

Our medical director Dr. William E. Goellner is a graduate of Duke University Medical School and is board certified in emergency medicine and tropical medicine. He completed his residency training in general surgery in Dallas, Texas and Jackson Memorial in Miami, Florida. 441 Urgent care is primarily staffed by board-certified emergency medicine physicians, Dr. William Goellner and Dr. Mark Sbarro. Together our physicians have over 50 years of emergency and urgent care experience. To complement our physicians we also are blessed with experienced physician assistants (PA) and nurse practitioners (ARNP)

SIMPLY THE BEST

The after hours team is here to care for your immediate and urgent care needs. "There was a big need for an urgent care center because people were typically going to emergency rooms and discovering that the wait time is long, tedious, and stressful." PA, Adam Santos says. "They are grateful we are here and truly appreciate that we can see them anytime, day or night, weekend or holiday." "The emergency room is an over-utilized, expensive and stressful place to seek healthcare for those who do not have a true emergency," PA, Adam Santos states. "We believe urgent care is a solution for this complex healthcare system and bridges the gap between primary physicians and emergency rooms." One local physician, Dr. Hammersfahr, a neurologist agrees when he stated that "When I need results fast for my patients and my family, I send them to 441 Urgent Care." After all, your health is important and you deserve the best care possible, regardless of whether you are facing an unexpected illness or emergency.

When you come to 441 Urgent Care Centers you experience the best of all medical worlds: you are treated with respect and compassion by our friendly staff members. "It is my personal and professional opinion that patients should consider urgent care before going to the emergency room," says PA Santos.



Adam Santos, PA-C

"Your care means more to us than your wallet"



John Santos, ARNP

MISSION STATEMENT

It is our mission statement to provide the highest level of healthcare by utilizing medical experience and technology equivalent to what one would find in an emergency department.

MOTTO

Hard work pays off and honesty will prevail

441 URGENT CARE GOALS

- We will take care of our patients in a timely fashion
- We will explain the patient's condition in layman's term, so that they will fully understand their diagnosis and treatment plan
- We will allow ample time to answer any patient's questions regarding treatment
- We will assure that their care is continued by their primary care provider (PCP) or referral source, or a combination of both
- We will assure that every patient that leaves 441 Urgent Care will know that someone has cared about his or hers health and well-being in a holistic way.

OUR PHILOSOPHY

See you at your convenience

Provide top level care without top level pricing

Be ever mindful that your time is valuable

Create a warm and relaxed environment

Include you in the medical decision process

Treat you as we would treat our own

ADULT AND PEDIATRIC CARE ON SITE LAB, X-RAY AND EKG

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- Bronchitis, pneumonia, asthma attacks
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- Rashes and Poison Ivy / Oak
- Nausea, vomiting and dehydration
- Urinary Tract Infections / STD's
- Migraines and chronic / acute LBP

INJURIES:

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- Splinters and foreign body removal
- Wound care / repair and abscess drainage
- Work related injuries w / authorization

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LEG PAIN

By Tom Tran PA-C, MPAs, NCCPA Surgery Board Certified

Diagnosing Leg Pain

Leg pain can be debilitating and a bothersome aspect of one's daily life. There are many causes of leg pain, most of which are diagnosed incorrectly or even overlooked during examination. When evaluating leg pain, it is crucial to find the source of the pain by ruling out different causes to come up with a diagnosis. To achieve a correct diagnosis, one must obtain a good history and physical exam on the patient. Also, many tests can be conducted to achieve a proper diagnosis. These things are critical in order to receive the right treatment with the right specialist.

Tests Include:

- **Arterial Ultrasound**
(to evaluate arterial disease or PAD)
- **Venous Reflux Ultrasound**
(to rule out a vein problem)
- **Nerve Conduction Study**
(to rule out a neuropathy problem)
- **Electromyography**
(to rule out a muscle problem)
- **Lab Testing**
(to evaluate deficiencies in certain Vitamins, electrolytes)
- **Muscle, Skin, or Bone Biopsy**
(to evaluate any abnormal cellular changes, Cancer, or musculoskeletal diseases)

Most Common Causes of Leg Pain

Two of the most common causes of leg pain include PAD (Peripheral Arterial Disease) and Venous Insufficiency.



Peripheral Arterial Disease or PAD

PAD involves blockages in the arteries (which bring blood to your legs from your heart) resulting in a diminished blood supply to your muscles, causing leg pain, cramping, and intermittent claudication (walking to where you have to rest for the pain to relieve itself and then you are able to keep walking).

It affects more than 10% of the population older than 65 years and expected to increase to 22% by 2040. 12.2% of patients with 10 years of symptoms end up requiring amputations.

PAD Causes and Symptoms

Common causes include smoking tobacco, diabetes, hypertension, hyperlipidemia, family history, and sedentary lifestyle. Symptoms are leg pain, cramping, having to stop walking to rest and then resuming, hair loss on legs, shiny skin, atrophy or smaller muscles in the legs, ulcers, numbness, and discoloration. Finding out whether you have PAD starts with having your Family Physician ask questions about your leg pain and examine your legs by palpating for pulses in your groin, behind your knee, the inside aspect of your ankle, and on the top part of your foot. If there are any indications of diminished pulses, the next step would be to order an arterial ultrasound examination. From there, depending on the results, you may need a referral to a Vascular Surgeon who specializes in PAD and has extensive training in minimally invasive techniques to correct the problem.

PAD Treatment Options

Some of the treatment options include medications alone and exercise to balloon and stent placement to bypass surgery in your legs. This is all determined by your Vascular Surgeon and your arteriogram (a dye study test to give a picture of your arteries and areas of blockage).

Venous Insufficiency

This is a defect in the valves of your veins, thus, causing blood to pull in your legs and failing to return to your heart. 40% of the population have underlying reflux (blood pulling) with 40% of those being women and 25% being men.

Causes and Symptoms of Venous Insufficiency

Venous Insufficiency can be caused by genetics, standing or sitting for a prolonged amount of time, pregnancy, obesity, wearing high heels, traumatic episodes, blood clots in the legs, and using heavy weights or high impact exercises in the legs. These activities cause large bulging varicose veins, swelling, leg cramping, aching (mostly at night), increasing spider veins, skin color changes (dark pigmented brownish staining), dry skin, and even ulcers.

Eliminate Veins Without Surgery

To determine whether or not you have vein disease is simple. Make an appointment with a dedicated Vein Center for a Free Consultation. Most Primary Care Doctors are not well educated about vein disease, diagnosing, and treatment options. The dedicated vein center will evaluate with a careful history and physical examination. An ultrasound is performed at

the vein center to determine if you have any blood pooling, the size of your veins, blood clots, and connecting veins or large varicose veins. Ultrasounds done at the Vein Center are more advanced and detailed than an ultrasound done at the hospital (which only tells you if you have a blood clot or not). Depending on the ultrasound results, there are advanced techniques to eliminate the veins without surgery. Dedicated vein centers perform office-based Laser Ablations of the underlying vein along with ultrasound guided foam Sclerotherapy or phlebectomy of the secondary veins. These procedures are an alternative to stripping and ligation and have no downtime or scarring. They are done under local anesthesia and most patients can return to work the next day.

Choose a Specialist Dedicated Exclusively to Vein Treatment

In conclusion, to find out the cause and treatment of your leg pain requires a careful history, physical examination, testing, and going to the right specialist. Choosing the right specialist is crucial in getting the correct treatment and diagnosis of your leg pain. In order to choose the right specialist to treat you, determine how many procedures your specialist has done, how many years in that same field, and is that his/her only specialty. It is vital to choose the practitioner that only does that specialty versus one who has had minimal training to an added procedure to his/her practice. Whether it is an MD, DO, PA, or ARNP, make sure they are specialized and dedicated in that field and that it is not just an added specialty to their practice. Going to a practitioner that is not specialized in your area of concern is like going to an Italian restaurant and ordering shrimp fried rice. The shrimp fried rice would be at an enormously higher quality at a Chinese restaurant because that is their specialty; the same thing applies to your health care providers.



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Bio

Tom Tran PA-C, MPAs is one of the few Physician Assistants in the US that is NCCPA Surgery Boarded. He has extensive training, which includes 10 years experience in Trauma, General, and Vascular Surgery. He invented the Transcatheter Extractor®.



He was awarded Florida PA of the year in 2007, and is the current Treasurer of the National PA Foundation. He is the Clinical Director at Comprehensive Vein Center in The Villages, which has been a state of the art Vein Center designated to vein treatment for over four years. He has performed over 2,500 Laser and VNUS Closure procedures, and over 10,000 combined Ultrasound Guided foam and Visual Cosmetic Sclerotherapy procedures.

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Before

After

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A New Year, A New You!

Would you like something to smile about in the New Year? Many resolutions get made, though only those paired with action will come true. In the spirit of making the most of our 2014, let's usher in the New Year with a resolution to invest in and rejuvenate ourselves! Is this the year that you will commit to looking and feeling your best?

You can start your year off right with ImageLift®! With so many surgical and nonsurgical treatment options, it's easier than ever to look your best. The signs of aging continue to become more apparent with each year that passes, and our appearance can betray how young

we feel on the inside. Wish you could turn back the clock this New Year? Well, now you can. People are living longer, the likelihood that people will live to 100 is higher than it has ever been! Taking care of yourself is like a home improvement model, and we say that prevention is better than renovation to obtain the youthful look you want!

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- Pat, ImageLift patient



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Understanding Pelvic Prolapse

By Uzoma Nwaubani, MD, FACOG

The problem of female incontinence and female Pelvic Organ Prolapse (POP) is as old as humanity itself. Sadly, however, it remains hugely under reported. Just the fact that one is of the female gender is in itself a risk factor. Therefore, contrary to popular belief, the incidence of female incontinence and prolapse is not unusual.

Statistically, by age 50, 50% of women have experienced some of these symptoms at least once; by age 70, it could be as high as 70%. If you are experiencing symptoms attributable to them, you're not alone. Despite these staggering statistics, about 80% of women experiencing incontinence and/or prolapse hide the problem and, instead of seeking medical advice, resort to limiting themselves and, consequently, diminishing their quality of life. This is partly due to societal myths, as well as lack of awareness that urinary incontinence and prolapse can be treated quite effectively.

Both conditions, intimately related to a woman's sexuality and femininity, can be interrelated and most times go hand in hand. The progressive loss of vaginal support that usually starts with the first pregnancy, culminating with menopausal estrogen deprivation is most times, the underlying cause.

Last month we focused on urinary incontinence, we want to use this article to shed some light on Pelvic Prolapse.

The uterus is held in position by pelvic muscles, ligaments and other tissues. If the uterus drops out of its normal position, this is called prolapse. Prolapse is defined as a body part falling or slipping out of position. Prolapse happens when the pelvic muscles and connective tissues weaken. The uterus can slip to the extent that it drops partially into the vagina and creates a noticeable lump or bulge. This is called incomplete prolapse. Complete prolapse occurs when the uterus slips to such a degree that some uterine tissue is outside the vagina.

Pelvic prolapse is usually accompanied by some degree of vaginal vault prolapse. Vaginal vault prolapse occurs when the upper part of the vagina loses its shape and sags into the vaginal canal or outside

the vagina. Pelvic prolapse may also involve sagging or slipping of other pelvic organs, including the bladder, the urethra which is the tube next to the vagina that allows urine to leave your body, and rectum.



Prolapse Repair/Vaginal Reconstruction

Pelvic Organ Prolapse (POP), refers to a group of pelvic problems resulting primarily due to partial or complete loss of pelvic organ support and includes the following:

1. Cystocele (Dropped bladder)
2. Rectocele (Dropped rectum)
3. Vault Prolapse (Dropped upper end of vagina)
4. Enterocele (Dropped intestines through the vaginal wall)
5. Perineocele (Weakened perineal body with ballooning out of the bicycle seat area)
6. Utero-vaginal Prolapse (Dropped cervix and uterus)
7. A combination of some or all of the above

These conditions may be treated conservatively or with surgery. Surgical treatment can be achieved vaginally, laparoscopically, or through an open incision.

Since the underlying factor common to all the above is loss of vaginal wall support, reconstructing this support is important in achieving prolonged post-surgical resolution of symptoms.

This reconstructive process may be achieved in one surgery session. However, sometimes two or more surgical sessions may be necessary to achieve complete restitution of the vaginal integrity and anatomy.

Goals of surgical reconstruction include:

1. Identify and repair the vaginal defect and return the pelvic organs supported by the vagina to as near normal anatomy and function as possible.
2. Restore normal vaginal anatomy
3. Help the patient return to normal vaginal sexual function and gratification
4. Treat any associated urinary or fecal dysfunctions that hitherto may have resulted from the condition

The sub-specialty of Urogynecology, recently renamed "Female Pelvic Medicine and Reconstructive Surgery," was born to help address this growing need. Female life expectancy in the leading free world averages 89 years and, as such, in any woman's lifetime, the probability of experiencing any Urogynecological problem is close to 80% (8 OUT OF 10 WOMEN).

In Urogynecology, we evaluate all the structures and systems of the female pelvis, including organs, nerves, ligaments, muscles and blood vessels. Having a well-credentialed and experienced Urogynecologist take care of the very core of your femininity is not just paramount to your health, but is an act of self-love.

At Female Continence & Pelvic Surgery Center, Dr. Nwaubani has one primary objective: to ensure that you live your years in freedom and to their fullest. If you have any questions or concerns, please call 352-633-0703 today and let Dr. Nwaubani help add life to your years!



Uzoma Nwaubani MD
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.



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Dr. Nwaubani is a Board Certified Pediatric Neurologist, fellowship trained in Pediatric Epilepsy and Clinical Neurophysiology with over 18 years experience as a physician. He completed his Pediatric Neurology training at the Boston University Medical Center and his fellowship training in Pediatric Epilepsy and Clinical Neurophysiology at Columbia University/New York Presbyterian Hospital New York. His special interest area is in Pediatric Epilepsy. Dr Nwaubani is committed to delivering cutting edge quality care in a caring, respectful and uplifting environment.

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The active, vibrant life M.C. had grown accustomed to came to a screeching halt in 2004 when she began having painful bladder issues.

“If I had to go to the bathroom, I had to go immediately and it was painful,” says the Wildwood resident. “I also had to go more frequently, which affected my life. If I went out to eat with friends and went out dancing, I always had to make sure I was close to a restroom. Plus, my husband and I loved hiking and going for walks and that stopped.”

When M.C. started going to Dr. Uzoma Nwaubani in 2011, she says everything changed for the better. Not only was Dr. Nwaubani able to treat her bladder problem, she gave M.C. back her life. “She knew exactly what to do to help me, and now I can do all the things I used to do,” she says. “Dr. Nwaubani was always so caring and compassionate, and she answered all of my questions. Because of her, I finally have control, and I’m feeling better all the time.”



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Uzoma Nwaubani, M.D.
Urogynecologist and Pelvic Reconstructive Surgeon

Documents of Aging

Our lives start with a single document and increase throughout life until the documents of aging reach the most critical point. That first document is our birth certificate, but it is not the last one that will involve a doctor. For seniors, documents and doctors increase in importance each year. Ensuring you have the right documents and have them accessible at the right time is what this article from Assisted Transition – The Villages to The Gulf is about.

Parents provide the management of documents as we grow up, but when we are out on our own there is a need to establish an emergency contact. This is a person that you trust to handle your most private information, is willing and able to assist in the event of an emergency, and organized enough to keep copies of your documents in a safe accessible location. They are likely to also have copies of your house keys and on-line account information and passwords.

An initial document should contain information about all your financial accounts, credit cards, properties, automobiles, assets, and investments. Due to life's changes this should be updated at least annually. Your emergency contact should have a copy and know where the originals are. Determine if a different person should receive your power of attorney responsibility. An executor of your estate should also be chosen. Multiple people reduce the risk of unavailability.

The next group of documents is referred to as advance directives. If you are unable to make decisions for yourself these documents (or persons) will. They should include a living will, durable power of attorney for health care, power of attorney for financial matters, do not resuscitate orders, organ donor cards and funeral plans. Each state has their own rules so be sure these are up to date in the state you reside and are protected from fire, flood or theft.

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Life's documents will include a birth certificate, driver's license, social security card, marriage certificate, passport, military I.D., will, trusts, contracts, various insurance policies including long term care, and any other legal or financial documents that might be needed. A funeral planning guide should be completed so your final wishes are able to be handled. All preferences and prepayments should be obvious to guide those given the responsibility.

A separate collection of documents are needed for your medical records. Primary and specialist doctor contacts, prescription records, home health or caregiver information, and a summary of medical conditions, especially if some are life threatening, or require specialized care. Immunization records, any allergies listed, and physical aids required should be listed. HIPPA laws prevent anyone accessing your records without specific written authorization.

Life's daily routines should be available to your emergency contact, such as pet information, employment, community, and religious affiliations. Who do you want the emergency contact to notify in the event of a life changing occurrence that prevents you from communicating?

There is often a different list for hospitalization than death. Are there people relying on you that should be contacted? Family, friends, and communities can change so keep up to date.

This overview does not adequately cover the details of each document and the legal aspects that may apply individually. Assisted Transition will hold a Senior Advocacy Symposium on documents of aging to provide education and information on resources

within the community. It will be held on Wednesday February 19th from 9:30am till 3:00pm in The Lincoln Room at THE WILDWOOD COMMUNITY CENTER. It is located at 6500 Powell Road in Wildwood. Call 352-356-8127 for more information on free tickets.

One life changing event can expose just how unaware everyone is about information pertinent to you and each member of your family. All adults of every age can reduce stress, heartache, and expense by knowing about the documents of aging, then taking the steps to prepare for an inevitable occurrence. Assisted Transition – The Villages to The Gulf has partnered with local professionals to explain about these documents and offer their services in taking those steps.

Assisted Transition is a free educational senior advocacy business. Many times families are confused by terms like elder care, senior care, senior living, or assisted living. With the aging of residents in The Villages and nearby towns of Lady Lake, Leesburg, Tavares, Eustis, Summerfield, Belleview, Inverness, and Lecanto, independent living is another desired option. Assisted Transition provides a free tour guide through the maze of senior services in Lake, Sumter, Marion, and Citrus counties. Call our local Leesburg office at 352-356-8127.

David and Angela Wilkins serve the Central Florida living and care placement needs of seniors. They focus on the growing retirement communities of The Villages and the surrounding towns and cities stretching to the Gulf of Mexico. Their office is in Leesburg, Florida and they can be reached at 352-356-8127.

Both are Certified Senior Advisors® with a passion for compassionate education of the life stages seniors go through, a term we call transitions. David has his MBA and came from a corporate marketing background. Angela was previously a certified elementary school teacher. Both have lost their parents and lived through the health concerns that have taken the lives of one of David's sisters and his only brother. Those experiences and serving as an ordained Deacon responsible for multiple widows has shaped their worldview.



Assisted Transition
Senior Living & Care Partners

STARx Pharmacy Reminds Diabetics of the Importance of Taking the Right Medicine at the Right Time, Every Time.

“Drugs don’t work in people who don’t take them.”

~ C. Everett Koop, 1985
Former U.S. Surgeon General

Medication Errors harm at least 1.5 million people every year.

32 million Americans are taking 3 or more medications daily and nearly **3 out of 4** Americans do not take their medications as directed.

Why Should I Care About Adherence?

“Lack of medication adherence is America’s other drug problem and leads to unnecessary disease progression, disease complications, reduced functional abilities, a lower quality of life, and even death.”

Consequence of patients failing to take prescription medications accurately:

- **Diabetes patients** who don’t follow medication orders have a 30% yearly risk of hospitalization.
- Among hypertension patients, an estimated 89,000 premature deaths per year could be avoided with appropriate medication treatment.
- More than 1/3 of medication-related hospital admissions
- 23% of all nursing home admissions are due

STARx Pharmacy wants to ensure you have the best possible health outcome. Taking your medication as prescribed is very important to reach that goal.

How Does It Work?

It’s a Pill Cup. Expertly prepared by your pharmacist, each personal pill cup contains the exact pills and supplements you need to take—and each cup is labeled with the precise time to take them. Medicine-On-Time® puts the right dose, right at your fingertips.

It’s as simple as reading a calendar. When you wake you simply reach for the color coded, easy-to-open calendar package and take the right pills at the right time.

On the Go? Have an early golf game including breakfast out? Simply tear off the morning dosage tab and take it with you. Going on vacation? No more bulky bottles of medication to pack in your luggage. Simply tear off the days of medications you need to take with you.

We monitor the course of medications and automatically refill and deliver new cards to the patient’s home fast and free.

Cost Effective and Hassle Free

A free service, offered to simplify your life and improve outcomes, STARx pharmacy monitors refills of both Rx and over-the-counter medications, coordinates patient care with physicians and insurance companies and delivers the pre-packaged medications directly to your door. STARx is the region’s sole provider of the Medicine-On-Time® innovative personal prescription system.

Judy Martin of The Villages is a woman on the go. She is a retired teacher; her husband is a retired dentist. She also visits locals in need with her loving therapy dog. Living The Villages lifestyle means plenty of traveling and with Medicine-On-Time®, Judy is ready to go anywhere, anytime.

“I love the ease of use with Medicine-On-Time®,” she says. “Everything I need to know about my medication or supplement is written clearly on the back of each packet. I just push through the paper on the tab and the medicine I need for that day and that time are conveniently in my hand and ready to take.” Judy also likes the fact that Medicine-On-Time® is cost effective and more organized than her former insurance provider. “STARx is so organized! They call me to verify it is time to refill my meds and then they deliver them right to my door. They even call my physician when it is time to renew a prescription. I get my medicines every month, so if a medication is discontinued, I don’t end up paying for meds I am not going to use. And when it comes to cost, I am much better off than before. STARx and Medicine-On-Time® take all the guesswork and the work out of receiving and taking my meds.

Peace of Mind

Monique Burschard, a nurse at Florida Heart and Vascular Multispecialty Group, knows the importance of taking the right medication at the right time from the viewpoint of a seasoned healthcare professional.

When her father Joseph, who lives alone, began exhibiting symptoms of new onset dementia, he began taking several medications and supplements throughout the day. Monique prepared pre-doses for two weeks in advance, and even though family members checked on him twice daily, she found herself being called to the Emergency Room quite often.

Since she started using STARx Medicine-On-Time®, the ER visits have stopped. “I love this new STARx system,” she says. “I can simply call and ask my dad if he has taken the medicine in the yellow or blue package and if he says yes, then when I check on him later that day, one quick look tells me if he has taken it. It has given me such piece of mind. And another thing I love about STARx is the fact that they are a family pharmacy. When I walk in or call, there is no waiting; they always give me immediate attention and the help I need.”

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Long-term medication therapy adherence

•50% of the US population is prescribed medication for chronic conditions



Of those on prescribed medication, only 50% take it as directed



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at the **right** time
every time

Heel Pain

By Richard S. Benjamin, DPM

The heel bone is the largest of the 26 bones in the human foot, which also has 33 joints and a network of more than 100 tendons, muscles, and ligaments. Like all bones, it is subject to outside influences that can affect its integrity and its ability to keep us on our feet. Heel pain, sometimes disabling, can occur in the front, back, or bottom of the heel.

Heel pain has many causes. Heel pain is generally the result of faulty biomechanics (walking gait abnormalities) that place too much stress on the heel bone and the soft tissues that attach to it. The stress may also result from a bruise or injury incurred while walking, running, or jumping on hard surfaces; wearing poorly constructed footwear (such as flimsy flip-flops); or being overweight.

Common causes of heel pain include:

Heel Spurs: A bony growth on the underside of the heel bone. The spur, visible by X-ray, appears as a protrusion that can extend forward as much as half an inch. When there is no indication of bone enlargement, the condition is sometimes referred to as "heel spur syndrome." Heel spurs result from strain on the muscles and ligaments of the foot, by stretching of the long band of tissue that connects the heel and the ball of the foot, and by repeated tearing away of the lining or membrane that covers the heel bone. These conditions may result from biomechanical imbalance, running or jogging, improperly fitted or excessively worn shoes, or obesity.



Plantar Fasciitis: Both heel pain and heel spurs are frequently associated with plantar fasciitis, an inflammation of the band of fibrous connective tissue (fascia) running along the bottom (plantar surface) of the foot, from the heel to the ball of the foot. It is common among athletes who run and jump a lot, and it can be quite painful.

The condition occurs when the plantar fascia is strained over time beyond its normal extension, causing the soft tissue fibers of the fascia to tear or stretch at points along its length; this leads to inflammation, pain, and possibly the growth of a bone spur where the plantar fascia attaches to the heel bone. The inflammation may be aggravated by shoes that lack appropriate support, especially in the arch area, and by the chronic irritation that sometimes accompanies an athletic lifestyle.

Resting provides only temporary relief. When you resume walking, particularly after a night's sleep, you may experience a sudden elongation of the fascia band, which stretches and pulls on the heel. As you walk, the heel pain may lessen or even disappear, but that may be just a false sense of relief. The pain often returns after prolonged rest or extensive walking.

Excessive Pronation: Heel pain sometimes results from excessive pronation. Pronation is the normal flexible motion and flattening of the arch of the foot that allows it to adapt to ground surfaces and absorb shock in the normal walking pattern.

As you walk, the heel contacts the ground first; the weight shifts first to the outside of the foot, then moves toward the big toe. The arch rises, the foot generally rolls upward and outward, becoming rigid and stable in order to lift the body and move it forward. Excessive pronation can create an abnormal amount of stretching and pulling on the ligaments and tendons attaching to the bottom back of the heel bone. Excessive pronation may also contribute to hip, knee, and lower back injuries as well.

Achilles tendinitis: Pain at the back of the heel is associated with Achilles tendinitis, which is inflammation of the Achilles tendon. It is common among people with tight tendons who frequently walk and/or run. The condition occurs when the tendon is strained over time, causing the fibers to tear or stretch along its length, or at its insertion on to the heel bone. This leads to inflammation, pain, and the possible growth of a bone spur on the back of the heel bone. The inflammation is aggravated by the chronic irritation that sometimes accompanies an active lifestyle and certain activities that strain an already tight tendon.



Other possible causes of heel pain include: rheumatoid arthritis and other forms of arthritis including gout, which usually manifests itself in the big toe joint; an inflamed bursa (bursitis), a small, irritated sac of fluid; a neuroma (a nerve growth); or other soft-tissue growth. Such heel pain may be associated with a heel spur or may mimic the pain of a heel spur.

Haglund's deformity, often referred to as "pump bump", is a bone enlargement at the back of the heel bone in the area where the Achilles tendon attaches to the bone. This sometimes painful deformity generally is the result of bursitis caused by pressure against the shoe and can be aggravated by the height or stitching of a heel counter of a particular shoe; a bone bruise or contusion, which is an inflammation of the tissues that cover the heel bone. A bone bruise is a sharply painful injury caused by the direct impact of a hard object or surface on the foot.

When to visit Dr. Benjamin:

If pain and other symptoms, such as inflammation, redness, swelling, or a sensation of heat persists, limit normal daily activities and contact a doctor of podiatric medicine.

Diagnosis and Treatment

The podiatric physician will examine the area and may perform diagnostic X-rays to rule out problems of the bone.

Early treatment might involve oral or injectable anti-inflammatory medication, exercise and shoe recommendations, taping or strapping, or use of shoe inserts or orthotic devices. Taping or strapping supports the foot, placing stressed muscles and tendons in a physiologically restful state. Physical therapy may be used in conjunction with such treatments.



Routine Care Prevents a Silent Disease



Gum disease is an infection that can cause tooth loss and is associated with several serious health conditions including heart attack, stroke, and diabetes. After having an examination of your gums and bone you should ask your dentist if you have gum disease. While genetics plays a role in gum disease you can still have this condition even though your parents were never affected by it.

The presence of any of these symptoms warrants a complete examination for gum disease by a dentist.

- Bleeding while brushing, flossing, or eating.
- Gum recession, the roots of the teeth are exposed.
- Loose teeth.

Because gum disease can begin and progress without obvious symptoms, an examination of your gums and jaw bones is the only accurate way to determine if you have gum disease. This includes measuring the depth of the gum pockets and using x-rays to determine the bone level.

Periodontal disease is sometimes referred as a “silent disease” because you may not experience any symptoms. Without routine oral examinations, gum disease can go undetected until it has progressed so much you are at risk for developing severe problems. Gum disease is associated with many health conditions. For example, heart attacks and strokes are more common when gum disease is present. Also, it complicates blood sugar management for the diabetic because high blood sugar worsens gum disease.



Early detection and treatment of gum disease is important because routine evaluations by a dentist/hygienist can detect this disease in its earliest stage, minimizing damage and increasing success of conservative treatment. In severe cases it may be necessary to see a periodontist.

Brushing and flossing every day and routine oral examinations (every six months) by a dentist are very important behaviors to prevent tooth decay and gum disease. When it comes to oral care, there are so many products on the market to choose from, it may be difficult to know which is best for your condition. Your hygienist will create a customized oral health care routine for you.

Perio Therapy Available at Village Dental

At the initial Hygiene/Cleaning appointment, each patient receives a comprehensive evaluation as well as a superficial cleaning. We take measurements around the gums to determine whether the gums are healthy or diseased. When periodontal disease is present – we will prepare a customized treatment plan. Not all periodontal disease conditions are the same. Periodontal disease ranges from mild-moderate to severe. In some cases it may be necessary to use locally delivered antibiotics and/or systemic antibiotics.

Proper treatment of this serious condition may halt the disease progression. It is our goal to treat mild to moderate periodontal disease without surgery or to greatly limit the amount of surgery needed. The purpose of the therapy is to:

1. Involve you, because the success of the treatment depends on your commitment to home care efforts.
2. Stop the disease process and prevent further progression.
3. Keep the whole process as painless and comfortable as possible. We use a variety of anesthetic. All of our hygienists have received local anesthesia training and are certified by University of Florida.
4. Avoid or limit the future need of surgery.

Village Dental makes a commitment to provide superior service that will improve our patients’ oral health. After periodontal therapy is complete, it is essential to follow-up with an evaluation and maintenance. Without routine gum maintenance, the periodontal disease can regress with possible tooth loss.

Village Dental

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The Right Food May be Wrong For You

By Compton Chiropractic Care

You've seen your doctor, but nothing seems to explain the cause of these symptoms. Well get ready to change everything you ever thought you knew about your diet, nutrition and how to be healthy! Compton Chiropractic is now offering a new test that pinpoints exactly what foods are toxic to your body so you can stop feeling lousy, tired moody, or bloated.

Years ago scientists discovered your body has an internal chemical balance that is as unique to you as your fingerprint. Likewise, every food you eat has its own "chemical imbalance"; a unique set of natural or man-made chemicals. As your body reacts differently to each and every food, the food you eat each day will enhance proper body chemistry, or disrupt the correct balance. In fact, 95% of the patients that are tested show that one or more foods they regularly eat cause a toxic reaction in the body. You might not even notice these inflammatory reactions. Most of them work at a cellular level, and may cause symptoms that you will not notice right away. Nutritious foods you eat (like corn, soy, egg whites, green pepper or chicken for example) may actually act like an invader to your body. When you eat foods that form inflammation in your system, those foods can cause harmful, chronic problems with your health.

What can I do?

Compton Chiropractic is now partnering with Immunolabs in order to determine how your body reacts to the foods you eat is through a test called a Bloodprint. This simple blood test pinpoints the foods that support healthy body chemistry and those that are toxic to you.

This is not a standard blood test nor is it a regular food allergy test that most doctors order. While most doctors test life-threatening types of allergic reaction, this bloodprint tests for foods that are slowly causing inflammatory responses in your body. This could explain why you are experiencing chronic pain or flare ups of autoimmune reactions (such as rheumatoid arthritis psoriatic arthritis, multiple sclerosis etc).

What makes immunolabs different to other diet problems?

It is simple, we help you find foods that your body does not want you to ingest. Then, Immunolabs offers a customized meal plan for your exact body chemistry including special reporting available on 154+ foods. Your custom meal plan will include "good" foods and eliminate any toxic foods. This nutritional plan will also work to remove cravings, eliminate binge eating and line up your food intake with your unique body chemistry in order to achieve and maintain your ideal weight as well as

decreasing inflammation in your body. Immunolabs will continue to work with you in order to improve your diet by offering personalized coaching phone sessions with trained health ad-visers and a free online forum.



With foods that support healthy digestion and proper functions you can unleash your physical, emotional, and mental energy. Set up a consultation today so you can start a pathway to experiencing better health and a positive outlook to a new glow in health!

Ask yourself if you experience any of the following:

- **Musculoskeletal:** osteoarthritis, rheumatoid arthritis, multiple sclerosis, gout, neuropathy, thyroid dysfunction, Addison's Disease, diabetes, lupus erythematosus?

- **Digestive Tract issues:** belching, bloated feeling, constipation, diarrhea, nausea, passing gas, stomach pains, vomiting, Irritable Bowel Syndrome, Diverticulitis, Celiac's Disease?

- **Ears:** Drainage from ear, ear aches, ear infections, hearing loss, itchy ears, ringing in ears?

- **Emotions:** Aggressiveness, anxiety/fear, depression, irritability/anger, mood swings nervousness?

- **Energy and activity:** Apathy, fatigue, hyperactivity, lethargy, restlessness, sluggishness?

- **Eyes:** Blurred vision, dark circles, itchy eyes, sticky or swollen eyelids, watery eyes?

- **Dizziness:** Faintness, headaches, insomnia, light-headedness?

- **Joint and Muscles:** aches in muscles, arthritis, feeling of weakness, limited movement, pain in joints, stiffness?

- **Lungs:** Asthma, bronchitis, chest congestion, difficulty breathing, shortness of breath, wheezing?

- **Mind:** Confusion, learning disabilities, poor concentration, poor memory?

- **Mouth and Throat:** Canker sores, chronic coughing, gagging, sore throat, swollen tongue, lips, or gums?

- **Nose:** excessive mucous, hay fever, sinus problems, sneezing attacks, stuffy nose?

- **Skin:** acne, dermatitis, eczema, excessive sweating, flushing/hot flashes, hair loss, hives, rashes itching?

- **Weight:** binge eating, compulsive eating, cravings excessive weight, underweight, water retention?

- **Other:** anaphylactic reactions, chest pains, frequent illness, genital itch, irregular or rapid heartbeat, urgent urination?



Dr. Compton



Dr. Brent Compton

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New Year's Resolutions and Lasting Change

As we begin the new year it is good to reflect on the meaning and purpose of our life, considering our overall fulfillment and joy. Socrates said, "The unexamined life is not worth living." An honest evaluation will most likely reveal that we could improve and grow in certain areas. Maybe some want to begin to lose weight, others may want to adjust their spending habits or be more disciplined with time management. Self improvement can be in many forms but can we really make those significant adjustments and will they last? Often a needed change is evident, the good intentions are sincere, but lasting change fails to be developed. What is the key to making positive changes a reality in our lives? Changes that take root and become ingrained as good, healthy habits both physically and mentally will transform an ordinary life into an extraordinary adventure filled with love and hope.

The journey of lasting change begins with the ability to discern between good and bad habits. The answers to "what is virtue" and "what is vice" lie in the writings of the Bible. For example a Proverb a day will help one become wise in what is virtuous. Without the Scriptures to guide us in this needed wisdom for life, we are left to pick and choose from what the world has to offer. God's Word tells us that those who live their lives apart from God are "hopelessly confused" (Ephesians 4:17, NLT). To find the necessary changes that will bring eternal significance to our lives we need to read God's truth to clear up any confusion on what is right and wrong about ourselves.

The Scriptures tell us our problem is far worse than we think. "For everyone has sinned; we all fall short of God's glorious standard" (Romans 3:23). Here we are told we are sinners heading toward eternal hell and we are in need of a Savior. But we also find that the solution is far better than we could possibly hope, "to all who believed him and accepted him, he gave the right to become children of God" (John 1:12). We find hope in God who has provided the answer for us in His Son who was sinless and came to die in our place. Believers gain eternal life by confessing their sin and placing their trust in Jesus as Savior and Lord of their lives. He loves us just where he finds us but he also loves us too much to leave us there. His plan is to change our lives for our good and His glory thereby becoming the people He created us to be.

Believers are called to make major adjustments in their lives. We are no longer to live the way we did before we knew our Savior. "Since you have heard about Jesus and have learned the truth that comes from him, throw off your old sinful nature and your former way of life which is corrupted by lust and deception...let the Spirit renew your thoughts and attitudes. Put on your new nature, created to be like God, truly righteous and holy" (Ephesians 4: 21-24). Therefore, we are not simply to hear what the Word of God says but we are to obey it. If you call God "Lord" you signed up for change. So, when looking in the mirror of Scripture, if you see something in yourself that does not line up with God's Word you need to deal with it.

Our first big issue is sin which has its roots in selfishness and a mindset that says, "it is all about me." According to the Bible this is wrong and needs adjusted. Instead of thinking about ourselves first, we ought to focus on God and others. Loving God and our neighbor are the virtues we need to work towards and are also the two great commands of the Bible. Jesus said, "If any of you wants to be my follower, you must turn from your selfish ways, take up your cross, and follow me" (Matthew 16:24).

Finally, we need to put our faith into action really doing the hard work which will bring the needed character change in our lives. Then we will reflect

His glory as children of the King. "Those who engage in the struggle by God's strength seek the extraordinary life!" says Pastor Jonathan Loerop of Cypress Wood Presbyterian Church. Major adjustments in life require faith and action. We cannot stay where we are and move forward with God. The key to making lasting changes in our lives is to trust and obey God. Obedience is costly but it is the only way to transforming change.

So after the Christmas presents are unwrapped and the holiday parties concluded begin the transformation by getting serious about your goal for the upcoming new year. Will that goal be to glorify God or self? I encourage you to spend time with your Bible all year getting to know the Lover of your soul. As you spend time with Him He will change you forever. Ask Him to open your eyes to the truth so you can learn to be like Him. There are many promises in the Bible for God's children, one states "if you seek me with all your heart you will find me" (Jeremiah 29:13). Find Him and experience a truly joyful New Year.

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