

T A M P A B A Y ' S

Health & Wellness[®] MAGAZINE

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CONTENTS

OCTOBER 2021

6 Lumbar Spine Pain: Symptoms, Causes & Treatments

8 Metastatic Breast Cancer

9 Are Your Eyes Aging You?

10 Orthopedic and Sport's Medicine Overuse Injuries:
Insight from Two Leading BayCare Physicians

12 Living With Psoriasis Is Agonizing: What Are Your
Treatment Options?

15 Pediatric Migraine Headaches

16 Painful Nerve Damage: How One Patient's Story
Helps Another Find Relief

17 Aging Well - A Better Alternative to Traditional HGH

18 Spiritual Wellness: Cancer.

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Dr. Roshni Ranjit-Reeves, MD - "Dr. Rosh"

Dr. Rosh is an oculofacial and reconstructive surgeon, specializing in insurance based and cosmetic surgery to the eyelids and face. She is board certified in Ophthalmology by the American Board of Ophthalmology and in Oculofacial Surgery by the American Society of Ophthalmic Plastic and Reconstructive Surgery.

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Lumbar Spine Pain: Symptoms, Causes & Treatments

By: Regenexx Tampa Bay, Regenerative Medicine

The body is an interconnected machine with each part working together in harmony. The lumbar spine is a crucial element of this machine. The hip, knee, and foot are all controlled by spinal nerves within the low back. A problem in the lumbar spine could create problems at any point in the lower body. Common lumbar issues include arthritis, foraminal and spinal stenosis, pinched nerves, disc problems, muscle atrophy, loose ligaments, and spondylolysis. In this article, we will give you a brief overview of these common lumbar spine problems along with their potential symptoms, causes, and treatments.

First, let's take a look at the spinal column and its parts.

The Spinal Column

The spinal column is made up of vertebrae that are stacked one on top of the other with an intervertebral disc between each level to provide cushion and absorb shock. The cervical spine consists of the neck area and is made up of seven vertebrae (C1-C7). Following the cervical spine is the thoracic spine (T1-T12), the lumbar spine (L1-L5), the sacrum (S1-S5), and the coccyx. The posterior (back) portion of these vertebrae is known as the spinous process and on either side of these, connecting one vertebra to the next, are finger-joint-sized articulations called facet joints.

Another extremely important part of the spinal column is the spinal canal. This tunnel runs down the middle of the column and houses the spinal cord, which has many nerves that transmit muscle commands and sensory information throughout the body and to the brain. There are small holes in the spinal column where the nerves exit and branch off to other parts of the body. There is one at each level of the spinal column. One of these holes is called a foramen. Any of these structures can become damaged or diseased in some way and lead to pain, discomfort, or even disability.

Foraminal Stenosis

When the spine is healthy, spinal nerves easily traverse through the tunnels transmitting sensory information from each body part to the brain and provide impulses to the muscles so they can contract and move the body part. However, when the spine is unhealthy, the flow of information can be disrupted.

The disc or cushion in between the spine bones can bulge and/or the spine joints can get arthritis causing the foramen to narrow. This narrowing of the tunnel is called foraminal stenosis and can cause the nerves to get pinched. The pressure from a pinched nerve can cause muscle tightness, weakness, numbness, tingling,



burning, or electrical pain in the specific distribution of that nerve. For example, if there is a lower lumbar foraminal stenosis, you could experience numbness in your big toe. Sometimes the symptoms slowly manifest over time from a more subtle pinching of the nerve. If the nerve is irritated, it may release inflammatory substances into the tissue to which the nerve travels causing that tissue to degenerate more rapidly than other areas leading to painful problems such as tendinopathy.

You could have laser spine surgery to open up the hole, but this surgery can have major side effects and serious implications. Another way to surgically treat stenosis is with a spinal fusion, but the mention of a fusion should be a huge red flag to seek out other opinions. Why? Adjacent segment disease (ASD). After a fusion, the motion of the fused segments is limited and the biomechanical loads are transferred to the segments above and below the level of the fusion. These adjacent segments could get damaged and become painful over time resulting in additional surgeries.

Surgery is often performed after an MRI diagnosis of the problem. An MRI indicating stenosis is not enough to appropriately diagnose that stenosis is the cause of pain. If you do have foraminal stenosis, you should not put all your trust in MRI results. Patients may or may not have pain with foraminal stenosis. The MRI is a description of the appearance of the spine. Many people have stenosis and no noticeable problems. An experienced physician knows that it's critical to treat the person, not the MRI. This can be determined by a thorough history and physical examination. Research also shows that skilled physical therapy is as effective as surgery in relieving stenosis symptoms.

Our approach to foraminal stenosis utilizes nonsurgical solutions to treat it before it progresses. Precise image-guided injections of the patient's own platelets into the foramen and around the nerve can help manage the problem.

Facet Joint Osteoarthritis and Instability

The facet joints that we spoke of earlier can become injured from trauma or develop arthritis from cartilage breakdown due to wear and tear. Facet joints allow for and limit movement in the spine. When bending backward, these joints become compressed and when you bend forward, they open up. When damage or arthritis occurs, facet joints can become chronically painful, especially with movement. Facet arthritis is often referred to as Degenerative Joint Disease (DJD).

For facet arthritis or injuries, doctors may recommend a radiofrequency ablation (RFA) also referred to as a rhizotomy of the small nerve that senses pain from that specific facet joint. This is a destructive process that damages the nerve. Although this can be effective in some cases, it may leave the surrounding muscles weaker which can actually be a cause of back pain.

A surgical option is a lumbar fusion to bolt two or more vertebrae of the spine together to eliminate movement and therefore, pain. The nature of this surgery can also damage the muscles that stabilize the area. This is an irreversible procedure that can cause adjacent segment disease in the vertebrae above and below. This surgery should only be considered in the most extreme cases.

Our approach for DJD often includes high-dose PRP, platelet lysate, or stem cell injections precisely targeting the facet joints, surrounding ligaments, atrophied muscles, and around the nerves. This is a tissue preservation strategy that involves no cutting, surgery, hardware, or tissue destruction helping patients avoid pain medications and damaging cortisone injections.

Disc Problems

Within the lumbar spine, there are four types of disc problems that can occur. A herniated disc occurs when the outer covering of the structure breaks open allowing the inner gel to herniate out. A bulging disc is when the outer covering doesn't completely break open, but the fibers are stretched and weak leading the gel to bulge. A torn disc means that the outer cover has a tear that causes or it may allow the leaking of chemicals on the associated spinal nerve. Lastly, a degenerated disc is one that has collapsed or narrowed due to insufficient living cells inside the disc not producing enough of the substances that keep the disc plump. A severely degenerated disc is usually not a source of pain unless it's bulging or leaking onto a spinal nerve. Earlier in the degeneration process, while the disc still has plumpness to it, tears in the back of the disc can be a source of low back pain that results in severe episodes of pain with sitting, coughing, sneezing, or lifting. When a disc is severely degenerated, it usually is no longer painful itself. However, the mechanical load of the compressive forces in the spine at that level are no longer being taken up by the disc and therefore get transferred to the facet joints leading to wear and tear and DJD as described above.

Generally, disc surgeries include either back fusions or disc replacement. Regarding fusion, the vertebrae are bolted together with hardware to keep them immobile. With disc replacement, the goal is to have fewer side effects than a fusion, however, research has shown that abnormal motion with an artificial disc can also lead to ASD. The other side effects of having a device implanted include wear-and-tear ions in the blood from the breakdown of the metal or plastic device, ongoing pain, and potential revision surgeries.

With our approach, herniated and bulging discs are treated based on the problem they are causing. For pinched nerves, instilling isolated growth factors or platelet lysate around the irritated nerve can help the nerve recover and become more tolerant of its narrow space. Injection of the surrounding ligaments and muscles provides for stability with better-controlled movements taking pressures off the disc and nerves. In some cases, bulging discs may be treated with a same-day stem cell treatment to reduce the size of the bulge or heal a tear. In other cases, cultured (grown) stem cells injected in a specific way may be required. Torn discs can be treated with either stem cell or PRP injections very effectively. Symptoms respond well to a treatment protocol focused on platelet and/or stem cell technology deployed to treat undesirable disc and lumbar segment movements due to lax ligaments and arthritic facet joints.

Pinched Lumbar Nerve

Pinched nerves can be caused by foraminal stenosis from bulging or herniated discs and facet joint arthritis as discussed. A pinched lumbar nerve can cause pain, numbness, tingling, or weakness anywhere along the route that particular nerve branch supplies. Pain may or may not be present in the low back.

Chronic knee pain could actually be due to a pinched nerve in the lumbar spine. A doctor may mistakenly conclude that the knee is the source of the pain. This is exactly why we find it so important to consider the entire musculoskeletal system as a whole rather than in parts and to take an extensive history and physical.

The surgical approach to a pinched nerve depends on the root cause. For example, if a disc bulge is to blame, it could be a discectomy and graft and/or lumbar fusion. If it is a foraminal stenosis, laser surgery may enlarge the foraminal opening where the nerve is being pinched. Problems with invasive lumbar surgery are many, including long recovery times and often continuing pain. Ultimately, the structure never fully functions as it originally did.

Our approach includes examining the full musculoskeletal system to determine the source of pain and the pinched nerve and then developing an appropriate treatment plan. Treatment may consist of precise image-guided injections of healing growth factors isolated from a patient's own blood platelets, PRP, or stem cells.

Steroids, NSAIDs, & Other Drugs - Not Recommended

You may be presented with other treatments within the traditional orthopedics model for lumbar problems, including steroid shots or medications.



Nonsteroidal anti-inflammatory drugs (NSAIDs) come with a long and growing list of dangerous side effects, such as sudden-death heart attacks, stroke, gastrointestinal bleeding, addiction, and overdose.

Narcotics can provide pain relief but are not addressing the issue directly and of course, can be addictive. Overdose has become an increasing public health issue.

Steroid shots have been shown to destroy local cartilage in the joint which can progress arthritis and provide no significant long term pain improvement. In fact, pain relief usually diminishes with repeated steroid injections. The list of problems with these injections is also lengthy.

There are supplements that can be a good alternative for pain and inflammation. Chondroitin and glucosamine have been shown to be effective pain relievers and can preserve cartilage. Curcumin derived from turmeric can also decrease inflammation and relieve pain from arthritis and other issues.

Our spines are tuned to precision and attempting to rearrange the spine's biomechanics with fusions and surgeries is often a bad idea. It is essential to understand that where it hurts may or may not be where the primary damage is located.

Acting on a lumbar spine problem while it's still a small problem or when the issue first appears, will be less of an issue than trying to take care of it when it becomes a larger problem that spirals out of control. Conservative options may help in some cases, but if these options have failed, we urge you to seek out interventional orthopedic solutions!



Dr. James Leiber

James Leiber, DO, is the founder and medical director of Regenexx Tampa Bay. He is a former officer, physician, and educator in the Air Force, including personal physician to the vice president and president at the White House. He is triple board certified in Neuromusculoskeletal Medicine (AOBNMM), Pain Medicine (CAQPM), and Family Medicine (ABFM), as well registered in Musculoskeletal Sonography (RMSK).

Dr. Leiber specializes in Interventional Regenerative Orthopedics with years of experience and is honored to have been the first Regenexx Network Provider in Florida. In 2012, Dr. Leiber began offering the nation's most advanced non-surgical stem cell and platelet treatments (PRP) for injuries and arthritis under image guidance utilizing ultrasound and fluoroscopy (X-ray).



Ron Torrance II, DO And FAOASM - Board Certified in Sports Medicine and recent co-author of *Exercise 2.0* for Regenexx and author of the 2018 best paper of the year on *The Concussed Athlete*. Dr. Torrance has achieved semi-professional ranking as a beach volleyball player and trains as a competitive CrossFit athlete.



Ignatius Papas, DO, is a non-surgical orthopedic physician specializing in Physical Medicine and Rehabilitation at Regenexx Tampa Bay. Dr. Papas has taught courses in musculoskeletal ultrasound to residents across multiple specialties and to medical students at Carolinas Medical Center in Charlotte.

He is a member of the American Medical Society for Sports Medicine, the American Academy of Physical Medicine and Rehabilitation, and the American Academy of Orthopedics just to name a few. When he isn't practicing medicine he enjoys spending time with his wife and new baby, playing soccer, practicing guitar, and listening to historical podcast


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Metastatic Breast Cancer

Metastatic breast cancer is not a specific type of cancer; it is breast cancer that has metastasized into other areas of the body such as the bones, lymph nodes, lungs, liver, or brain. When breast cancer cells divide, invade, and proliferate into an area like the lungs, it is not referred to as lung cancer, but rather breast cancer within the lungs. This type of cancer is advanced and usually is at stage IV. It's estimated that more than 154,000 women in the U.S. have metastatic breast cancer.

Metastatic Breast Cancer Treatment

No matter where it has grown within the body, since these are breast cancer cells, it is treated with breast cancer therapies. The type of treatment option an oncologist recommends is determined by the kind of breast cancer that is diagnosed. For example, if it is triple-negative (no receptors), immunotherapy in combination with chemotherapy are common forms of treatment. Other types of metastatic breast cancer may be treated with hormone therapy, HER2 targeted therapies, along with various cancer drugs or immunotherapy options.

Because of the late stage and rapid proliferation, metastatic breast cancer is closely monitored with ongoing blood tests, biopsies, and imaging such as CT scans and MRIs. Mammograms have helped to diagnose breast cancer early and to eliminate metastasizing cancer and deaths.

Early diagnosis saves lives, and it is critical for treating any cancer effectively.

Aston Gardens Provides Multiple Living Options

Aston Gardens is among the Tampa Bay area's most sought-after communities. That's due in large part to its commitment to enriching the lives of each resident senior and their family by providing personalized care, welcoming living spaces, and superior amenities. There are also three, distinct living options, which include Active Independent Living, Assisted Living and the exclusive SHINE® Memory Care program.

Active Independent Living

This lifestyle delivers the best of active senior living and includes some extended services such as restaurant-style dining, robust health and fitness programming, and a full calendar of activities and social events.

At Aston Gardens, spacious, well-appointed apartment homes and a limited number of for-sale villas come complete with full-size kitchens, in-unit laundry and many designer upgrades. There are also world-class



amenities located throughout the Grande Clubhouse and elsewhere across the community. Those include multiple, casual and upscale dining venues; a heated, resort pool; bar and lounge; high-tech senior fitness center and more. Taken together, it's all part of a more flexible, choice-driven way of life; one that empowers seniors to lead an independent lifestyle on their own, unique terms.

Assisted Living

This more care-focused living option was designed for seniors who enjoy living independently, but who need or could benefit from having some regular assistance with daily living activities such as bathing, ambulation, medication and/or insulin management and more. It also comes with a host of all-inclusive features and lifestyle services, things like daily, chef-prepared meals, personal laundry service, chauffeured transportation and specialized care plans designed to suit each, individual resident's needs and preferences.

Assisted Living provides 24-hour care and service from dedicated health and wellness professionals. Plus, at Aston Gardens, Assisted Living is all-inclusive, with residents paying just one price for full community access, amenities, and care and services.

SHINE® Memory Care

Built upon a single foundational principle—personalization—SHINE® utilizes six (6) individual points of focus to create a holistic memory care plan that's made to fit each person's unique needs and capabilities. Those include:

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- 3) *My Story*, a Personalized, Biographical Journey
- 4) Specialized Dining Programs
- 5) Life Enhancement Experiences
- 6) Safety-Minded Neighborhood Design

For utilizing the latest, scientific evidence and industry best practices, the SHINE® program curriculum in 2020 received a National Certificate of Recognition from the Alzheimer's Association®. The honor is a testament to the quality of the SHINE®, and shows that its person-centered approach is at the leading edge of the dementia care universe.

In all, the SHINE® program ensures the finest-quality memory care available anywhere, and Aston Gardens communities are among the fewer than 50 communities in the nation that have it!

Why Aston Gardens?

Want to know why so many people choose to live at Aston Gardens? It's the resort-style life, the caring staff, friendly community, and attention to detail that makes Aston Gardens surpass expectations.

Aston Gardens At Tampa Bay is a luxury senior living community offering the best combinations of active-adult lifestyles and personalized care services. Wake up inspired each morning with a wealth of amenities, activities, and support at your doorstep. Explore the stylish Grande Clubhouse and indulge in our unique lifestyle services: *Sensations Dining*, *Celebrations Activities* and *Dimensions Wellness*. Let dedicated team members handle transportation, maintenance, housekeeping, concierge services and more. Plus, Aston Gardens At Tampa Bay also offers one of the area's best values in senior living, with transparent pricing, three-year rent lock protection and no hidden fees.

Now is the time to schedule your personalized tour! See why so many people want to call Aston Gardens their home!

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By Discovery Senior Living

AL#10546, 9439, 10175, 10612, 10316



Are Your Eyes Aging You?

Wrinkles, puffiness, and sagging skin—Why is it that the eyes seem to age so much faster than the rest of our face? Droopy, sagging upper eyelids and bags under the eyes can be natural parts of the aging process, but they can also negatively affect your self-confidence. If the appearance of your eyes concerns you and you've tried nonsurgical options, you may want to consider blepharoplasty, also referred to as eye lift or eyelid surgery. It may also be an option if sagging eyelid skin is making it harder for you to perform daily activities. "If a patient has excess skin or droopy upper eyelids, an upper lid blepharoplasty with or without a ptosis repair is usually the most effective treatment," said Roshni Ranjit-Reeves, MD, an oculofacial plastic surgeon at the Oculofacial Surgery and Cosmetic Laser Institute.

Cosmetic Eyelid Surgery Helps You Look Better

Blepharoplasty is a cosmetic procedure typically performed to improve the appearance of the eyes. With age, eyelid skin stretches, muscles weaken, and fat under the eyes becomes more prominent. The result can be eyes that look tired or older. Upper blepharoplasty removes excess eyelid skin to give your face a more rested look. Lower lid blepharoplasty can be done to remove under-eye bags. Laser skin resurfacing is often performed at the same time to help smooth out under-eye wrinkles, stimulate collagen, and improve skin texture. "The goal of cosmetic eyelid surgery is not to drastically change your appearance," explained Dr. Rosh. "It is to make your eyes look more rested and youthful." Cosmetic eyelid surgery performed solely to improve appearance is not covered by insurance.

Medically Necessary Eyelid Surgery Helps You See Better

When weakened upper eyelid muscles cause droopy eyelids to obscure peripheral vision, everyday tasks like reading or driving can be difficult. Some people develop a persistent brow ache from constantly using their forehead muscles to raise their eyelids. In such cases, upper eyelid blepharoplasty with ptosis repair (surgery to raise the height of the eyelid) may be recommended. Upper lid blepharoplasty and ptosis repair may be covered by insurance if deemed medically necessary.

Options for Eyelid Surgery

There are three types of blepharoplasty. The right one for you depends on your individual needs. These procedures are often done under local anesthesia or minimal sedation in an outpatient surgery setting or in the office. Upper and lower eyelid surgery with laser skin resurfacing takes about 90 minutes in total.



- Upper blepharoplasty removes excess eyelid skin and fat from the upper eyelid with the goal of a more youthful upper eyelid shape.
- Lower blepharoplasty removes fat pads from under the eyes to diminish under-eye bags. Excess skin removal and laser resurfacing can be performed at the same time to smooth out the wrinkles and improve skin texture.
- Upper and lower blepharoplasty combines the two surgeries. If needed, they can be performed at the same time.

Choosing a Surgeon for Your Blepharoplasty

If you're considering blepharoplasty, look for a doctor who specializes in the procedure. For example, Dr. Rosh said, "It's the surgery I perform most often." As an oculoplastic surgeon, she is board-certified in ophthalmology and oculofacial surgery. She completed an ophthalmology residency and additional fellowship training in plastic and reconstructive surgery on the eyes and face.

How Long Do Blepharoplasty Results Last?

While nothing can stop the aging process, the results of blepharoplasty tend to last. In general, Dr. Rosh said, people are happy with their appearance for many years following the procedure.

CO2 Laser

Dr. Rosh of *Oculofacial Surgery and Cosmetic Laser Institute*, uses an advanced blepharoplasty technique. As opposed to a scalpel blade, she uses a Carbon Dioxide (CO2) Laser. This reduces operative time and creates less bleeding. The CO2 laser procedure will help to alleviate pain, bruising, swelling and provides Dr. Rosh greater intraoperative visibility for more precise treatment. The patient will also experience quicker healing times than with traditional scalpel incisions.

Dr. Rosh uses advanced techniques to create natural looking and conservative aesthetics for her patients. Dr. Rosh may also suggest use of a laser skin resurfacing to stimulate collagen and reduce darkness and smooth out wrinkles under the eyes..

Conservative Treatment Options

There are alternative treatments to surgery. Many patients are pleased with the results of laser therapy, injectable fillers, fat grafts, and medical-grade serums and treatments.

Making sure you choose a qualified physician is essential.



Roshni Ranjit-Reeves, MD – "Dr. Rosh"
Dr. Rosh specializes in plastic surgery and reconstruction of the eyes and their surrounding structures, including the eyelids, eyelashes, orbit, eye socket, and lacrimal system.

She offers a full range of facial rejuvenation services from non-invasive photofacials to minimally invasive procedures such as fillers, neurotoxins, and laser skin resurfacing in addition to surgery which allows for a multifaceted approach to the anti-aging process.

Photofacials allow for a targeted approach to improve pigmentation, vessels, and overall skin tone and texture. Minimally invasive injectable fillers and neurotoxins allow for a synergistic approach to wrinkles and collagen stimulation to soften age lines and stimulate collagen production. Laser skin resurfacing erases wrinkles and is used in conjunction with oculofacial surgical procedures.

Dr. Rosh uses medical grade skin care to maintain the effects of surgical procedures to rehydrate and restore collagen for youthful skin. She has presented and served as a panel member, speaker, and instructor at national meetings.

Services Provided:

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Orthopedic and Sport's Medicine Overuse Injuries: Insight from Two Leading BayCare Physicians

Sports Medicine Physician, Dr. Kevin Elder and Orthopedic Surgeon, Dr. Eric James teamed up to explain the issues and injuries associated with overuse, treatment outcomes and recovery.

Q: With your expertise in treating athletes, weekend warriors, and exercise enthusiasts, what are some of the most common overuse injuries you treat and along with repetition, what are the common causes?

Dr. Elder: Common overuse injuries can be divided into those that occur in a younger/pediatric population versus those that occur in an adult population. Pediatric overuse injuries often involve growth plate injuries- fractures or strains/as well as areas where muscles/tendons attached to bone, and occur due to the excessive demands on these areas and very busy competitive training schedules that often do not allow for an off season. Muscle and tendon inflammation as well as bone fractures can occur of course as well.

Specific examples of common pediatric overuse injuries include Little leaguer's shoulder (growth plate stress injury) and Little leaguer's elbow (medial epicondyle avulsion stress fracture and/or capitellum osteochondritis dissecans) to name a few.

Dr. James: We have seen quite a lot recently with the changing exercise patterns and work habits that have come up as a result of Covid. The most common tend to be golfer's or tennis elbow (medial or lateral epicondylitis), pain at the front of the knee (patellofemoral syndrome) and a number of areas of tendinitis around the foot and ankle (peroneal and posterior tibial tendinitis).

Frequently the cause of this pain is simple overuse, but this can mean different things to different people. Overuse may be training too hard, too frequently or not having a good variety of exercise. Sometimes overlooked, overuse symptoms can arise if our biomechanics are not correct.



Q: Dr. James, many people might want to wait it out or self-treat at home. What are some conservative "at-home" treatment options, and what are the symptoms of injuries that require medical intervention?

Dr. James: RICE - rest, ice, compression and elevation tends to work well for minor injuries and soreness following exercise. While it may not necessarily speed your recovery, it does allow for increased comfort while our body heals and attempts to adapt to the work that we ask of it. Soreness and fatigue are very common after exercise, particularly when starting a new regimen. Severe pain, pain that does not improve in 3-5 days or pain that substantially limits regular daily activity are signs that medical evaluation would be appropriate. Some injuries or overuse phenomena may take 6-8 weeks to improve fully, but I would generally not wait that long to seek evaluation. Our bodies are quite remarkable in their ability to heal but also in their ability to tell us when something is wrong. I frequently tell patients to 'listen to their body' and this is no exception.

Q: Dr. Elder, we know that the conservative, non-surgical treatment options are recommended when appropriate, but what different signs should patients be aware of when more invasive measures are possibly needed?

Dr. Elder: The main sign that we determine the need for more invasive treatments is that conservative treatments are not working. Often the patient has had a condition for many months; they have already tried several different conservative options and are possibly seeing a couple different doctors, or other medical providers such as their primary care doctor, other specialists, physical therapist, massage therapist, chiropractors etc. The first step is to make an appropriate diagnosis with the appropriate imaging, which may include x-ray, MSK ultrasound (done in office), or MRI. At this point based on the diagnosis and condition, including how long the patient has had the issue, a shared decision can be made based on evidence as well as the experience of the physician regarding what is the best treatment.

Many conditions that do not resolve with the usual or typical treatment may have good options to be treated with the latest sports medicine therapies including platelet rich plasma/PRP or bone marrow aspirate concentrate/BMAC "bone marrow stem cell" treatments. These treatments are done under MSK ultrasound guidance and can be excellent tools in permanently resolving and healing some of these overuse conditions.

In the case of arthritic conditions these treatments do not "cure arthritis". Arthritis pain may flare up with activity and is very disabling to some patients. PRP and BMAC can diminish pain, improve function, and allow patients to return to a more meaningful level of activity. In addition, these treatments may help slow down the progression of arthritis, which is also an additive benefit. Whether or not a patient is a candidate for these treatments, or if it is time for joint replacement surgery is an individual decision based on an office evaluation with appropriate imaging.

Some conditions may require surgery, including those that fail all other treatments or end-stage arthritis. The first step is to determine the actual diagnosis and then a shared discussion and decision making can occur.

Q: Dr. James, anything to add?

Dr. James: I agree with Dr. Elder on this. Occasionally, recommendation for surgical intervention may be made early on if there is an injury, deformity or finding that is not likely to improve with non-operative management, but this is quite rare. Although, I am a surgeon, my goal is to get patients to heal and return to activity with as little invasive treatments as possible.

Q: Dr. James, what are the most common different treatment options for both sports medicine and an orthopedic surgeon?

While our training backgrounds are different, much of the care that a patient would receive from a sports medicine physician and orthopedic surgeon would look quite similar. Orthopedic surgeons spend 5 years in residency and often a year of fellowship to subspecialize after completing medical school. During training, residents learn operative and non-operative management of musculoskeletal



concerns throughout the body. One of my mentors often said that the mark of a good orthopedic surgeon was not only knowing how to operate, but also knowing *when* to operate.

Q: Dr. Elder, what are your thoughts on this?

Dr. Elder: I agree with Dr. James and that's why our team is always communicating to decide what's best for our patients. Sports medicine physicians are nonsurgical in training, therefore the treatments offered will be nonsurgical in nature. Orthopedic surgeons offer surgical options for those patients who have failed other treatments or have conditions that may require surgery such as end-stage knee replacement or a torn ACL in a young athlete for example.



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Eric R. James, M.D.

Dr. Eric James is board certified in orthopedic surgery, specializing in foot and ankle. He earned his Doctor of Medicine from the University of Pittsburgh in Pittsburgh, Pennsylvania. He furthered his medical education by completing an orthopedic surgery residency at Orlando Health in Orlando, Florida. Dr. James then completed a fellowship in foot and ankle surgery from the Foundation for Orthopedic Athletic and Reconstructive Research in Houston, Texas. Dr. James specializes in reconstructive foot and ankle surgery. He focuses on the non-surgical and surgical management of foot and ankle conditions. This includes specialty management of conditions requiring ankle arthroscopy, fusions and post-traumatic reconstruction. He is a candidate member of the American Academy of Orthopedic Surgery and the American Orthopedic Foot and Ankle Society.



Kevin Elder, M.D.

Kevin Elder is a trusted and respected sports medicine specialist caring for the Tampa, Florida community. Dr. Elder attended the University of Toledo, where he received his medical degree, and completed his residency in family medicine and a fellowship in sports medicine at Bayfront Medical Center and part of BayCare Medical Group. He is board certified in family medicine and sports medicine by the American Board of Family Medicine. He speaks both English and Spanish. Patients trust Dr. Elder's expertise because he consistently provides high quality care that leads to positive and lasting health outcomes. He has trained extensively in Musculoskeletal Ultrasound and Regenerative Medicine and has performed numerous Platelet Rich Plasma (PRP) injections for a variety of musculoskeletal conditions and is now performing stem cell (BMAC) injections as well. He is one of the most experienced doctors in the Tampa Bay area performing these types of procedures under MSK ultrasound guidance and has published articles in national journals on these topics.

Living With Psoriasis Is Agonizing:

What Are Your Treatment Options?

Psoriasis is a common skin disorder that affects 125 million people globally; however, many people don't realize it is an autoimmune disease. When the body's immune system is triggered, skin cells become overactive and produce more skin than what can naturally be sloughed off, resulting in red, irritated skin with dry patches that eventually peel. It can affect the scalp, ears, feet, limbs, and everywhere in between.

Psoriasis is an outbreak that causes a "rash" on the skin, but it can also affect the nails, tendons, and joints. Some of the most common symptoms are red rashes or spots, dryness, cracking, flaking, peeling, depression, and joint pain.

Psoriasis is a progressive disorder and can, in extreme cases, turn into psoriatic arthritis, which is an inflammatory arthritis (also autoimmune). The typical treatments for psoriasis are medications to reduce pain, topical treatments, corticosteroids, laser, photo-light therapy, biologic medicine, and in advanced cases of psoriatic arthritis, systemic therapies, surgery to replace the affected joints.

Getting a few minutes of sunshine each day is also a great way to control and improve psoriasis patches. It's important to note that getting a sunburn is a bad idea, as this will only aggravate your psoriasis along with the harmful UV exposure that damages your skin and overall health.

Because psoriasis is an autoimmune disease, adhering to a diet that doesn't intensify autoimmune symptoms can be very helpful. Avoiding things like gluten, sugar, and dairy can help control outbreaks.

DETAILS ON ADVANCED TREATMENT OPTIONS

Laser Therapy: An in-office treatment, laser therapy offers excellent results without damaging healthy skin. Your practitioner will use a hand-held laser wand and place the laser light on the psoriasis patches for a few seconds, and it does not touch or affect the surrounding skin. It usually requires two sessions each week. Based on the severity of your psoriasis, your dermatologists will adjust the dosage of laser light.



Photo-Light therapy: PUVA is a long-lasting treatment that utilizes UVA light, and topical or an oral medication called Psoralen, which treats psoriasis quickly and effectively. However, it should be reserved for severe cases and should not be overused, as it can increase the risk of skin cancer. This treatment is done in the office approximately two times per week for 20 to 30 minutes at a time.

Biologic Medicine: The plaque and patches on the skin are formed when the skin cells and white blood cells adversely interact. Biologic therapy mechanisms do a few things to counteract this reaction. It works by interrupting the T-cell formation, which is a type of white blood cells. It also blocks a primary messenger chemical to protect immune function, blocks interleukins (cytokine storm), and inhibits inflammation.

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Seth B. Forman, M.D.

Dr. Seth B. Forman, award-winning Dermatologist, is owner of the ForCare Medical Group and has provided patient care for 12 years. He is Board Certified in Dermatology and Dermatopathology.

Dr. Forman graduated from the Medical College of Virginia in Richmond and completed his residency in a training program dedicated to dermatology and skin care at the Medical College of Virginia. He served as Chief Resident during his final year of training. Following that, he completed an advanced fellowship in dermatopathology at the Geisinger Medical Center in Danville, PA. Additional fellowships include the Radiation Oncology Summer Fellow at The Medical College of Virginia and the Microsoft Interactive Fellow at the University of Southern California.

Dr. Forman's research has led to his writing numerous peer-reviewed articles about various dermatological issues printed in select publications. Additionally, he is the primary author of two chapters in Comprehensive Dermatologic Drug Therapy, the leading reference textbook for dermatological therapeutics.

Dr. Forman is the winner of the AAMC/Pfizer Caring for Community Grant, American Cancer Society Community Service Grant and Mellette Cancer Scholarship. He is a member of the American Academy of Dermatology, Hillsborough County Medical Association and The American Medical Association.

A much sought-after speaker, Dr. Forman is a Regional Board Member for the American Cancer Society, Board Chair of Hillel Academy and has served as Board Member of The Liaison Committee for Medical Education (LCME), The Medical College of Virginia.

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Pediatric Migraine Headaches

Many children that suffer from migraine headaches are living in pain. This is because most cases go undiagnosed or misdiagnosed, as young children are less likely to be able to describe their symptoms, and many adults and even physicians might think their pain is associated with something else.

Children often experience pain on both sides of their head (adults usually have pain on one side). They are frequently sensitive to light and smells during a migraine. Children are also more susceptible to nausea and vomiting during their migraine episode and once they vomit, their symptoms usually subside.

Migraines can affect children occasionally, frequently, or daily. While some are sharp and piercing, others can be dull and throbbing. Getting a proper diagnosis is the first step to ruling out any other causes or concerns and for getting the proper treatment for your child.

Usually, NSAIDs like ibuprofen are ineffective at reducing pain, and they certainly don't address nausea and vomiting that are so commonly associated with migraines. If your child has four or more migraine headaches per month, they are at risk for developing chronic migraines over time. However, all migraines are disruptive and painful for children, making schoolwork and other activities difficult.

Several conditions and dietary influences exacerbate migraines:

- Allergies
- Bright lights
- Spine disorders
- Cheese
- Chocolate
- Preservatives
- Sleep disturbances
- Stress
- Strong odors
- Tight neck and shoulder muscles
- Weather conditions (barometric pressure)
- Teens: hormonal imbalance



Some children have prodrome, which can precede migraine episodes. Some of the prodrome symptoms are fatigue, mood swings, food cravings and environmental stimuli to lighting and odors.

It can be challenging to treat pediatric migraines effectively. If your child suffers from migraines, ForCare Clinical Research is conducting several clinical trials testing new medications to treat and prevent migraines.

ForCare Treatment for Migraines:

There is no cure for migraines. However, medications can treat symptoms when they arise and may help prevent future episodes.

Common treatment options include:

- Pain-relieving medications: Over-the-counter pain relievers, triptans, dihydroergotamine, anti-nausea drugs and lasmiditan.
- Preventative medications: Blood pressure medications, antidepressants, and anti-seizure drugs.
- Lifestyle and home remedies: Biofeedback, developing a sleeping and eating routine, drinking plenty of fluids, and exercise.

At ForCare Medical Center, we can help you manage your child's symptoms caused by migraines and find relief. While there are treatment options available, Forcare Clinical Research is paving the way for newly developed treatments with advanced clinical trials.



Seth Forman, M.D. is The Lead Physician Overseeing ForCare Clinical Research

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ForCare Clinical Research (FCR), an independent, multi-specialty clinical research facility, is located in Tampa, Florida. Since its inception in 2012, FCR has focused on providing access to novel treatment and therapies for both chronic and acute conditions. Our Investigators have over 40 years of combined research experience and a proven record of successful execution of Phase I through Phase IV industry-led trials. Our Investigators are board certified in dermatology, rheumatology, internal medicine, family practice, anatomic pathology, dermatopathology and internal medicine. ForCare Clinical Research routinely exceeds enrollment expectations, preserves subject retention, reduces trial timelines and delivers reproducible, quality data.



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PAINFUL NERVE DAMAGE: HOW ONE PATIENT'S STORY HELPS ANOTHER FIND RELIEF

Treating Shoulder Pain Successfully with Radiofrequency

Paula Sharper and her husband had just recently moved to Florida, and she had been dealing with ongoing shoulder pain for a long time, which seemed to be getting worse. Paula was diagnosed with severe osteoarthritis of the AC joint (acromioclavicular joint) in the shoulder.

Paula told us that the pain was excruciating, keeping her up all night and disrupting her daily activities, including driving. While she was in the waiting room of another physician for her pain, she read an article about Dr. Sunil Panchal and how he helped a woman with chronic pain become pain-free.

When Paula left the office, she immediately called Dr. Panchal and scheduled an appointment.

Paula explained, "Dr. Panchal is an amazing doctor and a great person. He takes a lot of time and listens to you. He explains everything in detail, and he pinpoints exactly where the pain is stemming from and what is the best option for you specifically."

She continued, "I've been to many doctors over the years, and it's rare to find a physician that is not only a great doctor but also a kind, genuine person that cares about you. My procedure with Nerve Blocks and Radiofrequency was terrific. I immediately had pain relief. My shoulder no longer hurts at all. I'm back to living a normal routine for the most part."

"Dr. Panchal explained that this is a process. He likes to take things in steps, so we are doing the radiofrequency first, and then if later on my pain starts to return and I need additional regenerative medicine such as stem cell therapy, we will go from there. For now, I'm ecstatic about my pain relief. I would recommend Dr. Panchal to anyone that is in pain."

"It's impressive that so many patients and peers speak so highly of Dr. Panchal. At the surgical center, the staff and medical practitioners are very



fond of him and his work. Everyone you talk to says what a kind and talented physician he is as well. Medicine shouldn't just be about temporary fixes, it should be about treating the cause and helping people find solutions. That's what Dr. Panchal offers his patients."

Surgery is Not Always the Answer

Many people are familiar with radiofrequency ablation for lower back pain, but they don't realize that it can be used for other areas of the body. With shoulder pain, whether due to osteoarthritis or injury, many people believe or have been told that surgery is the only solution.

Minimally invasive procedures like radiofrequency and nerve blocks offer remarkable results in long-term pain relief.

Nerve Blocks and Radio Frequency

Nerve Blocks are numbing medications that are injected into the area that is causing pain. In conjunction to nerve blocks, Dr. Panchal uses an advanced procedure called Radiofrequency (RF).

With RF ablation treatments, the nerves that are damaged, narrowed, or impinged, are injected with a low-level of localized heat, causing the nerve to stop sending signals to our brain through

an interruption in the nerve conduction. This procedure is entirely safe and effective. It has been used for many years with long-lasting results for people suffering from nerve back pain.

Regenerative Medicine

For neuropathic pain, regenerative medicine is also highly effective treatment for relieving pain and regenerating tissue naturally. These options include PRP (Platelet Rich Plasma), Bone Marrow Aspirations, Lipid Aspirations and exosomes.

More on Exosomes

Always on the leading edge of innovative procedures, Dr. Panchal adds exosomes into his stem cell treatment. Exosomes are produced from the plasma membranes of cells and are best explained as extracellular vesicles. Exosomes are nano-sized particles that are released due to an immune response. Some medical professionals are reporting that they are more regenerative and effective than stem cells. Because they act as intracellular communication messengers within the body and have the ability to move between multiple cells, they are also incredibly useful when paired with stem cell therapy.



Dr. Sunil Panchal

Although surgery is critical in certain situations, finding alternative methods to treat the underlying condition is always the first step. The National Institute of Pain is a state-of-the-art facility that specializes in the treatment of spine and orthopedic conditions, as well as acute and chronic pain management. They provide the utmost quality of care for patients to address the problem directly, and if needed, provide for their pain management needs.

At the National Institute of Spine and Pain, they treat each patient individually, using the latest equipment and various innovative procedures to diagnose pain and determine your care needs. The National Institute of Spine and Pain's President and Founder, Sunil J. Panchal, MD, is a board-certified interventional pain/ minimally invasive spine physician.

At National Institute of Spine and Pain, their goal is to strive to deliver the highest quality of comprehensive care for those who are suffering from spine, joint, and nerve injuries. They have many alternatives to help you with your personalized treatment needs. Please visit their website at www.nationalinstituteofpain.org, or call them at (813) 264-PAIN (7246).

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— Dr. Cabrera, Genesis Health Institute, Miami, FL

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BioPro+ gives you the energy to make lasting memories and improve your daily life. What would it be like to mitigate and reverse some of the major damaging effects of aging? As with any valuable journey, you have to decide if you are ready to take the steps necessary to live a healthier more satisfying life.

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Cancer.

By Paula Swift, CHTP

Just one word evokes a diverse response. Whether you've experienced it yourself, or walked alongside others through their crisis, fear, anger and sadness tend to dominate. So, it might sound strange when some will remark this time in their life to be the best event that ever happened to them. I am one of them.

When I reflect on my own experience with breast cancer, I find that there is one common ground with others who also claim that cancer was one of the best thing that happened in their life. And it all comes down to faith. With varying beliefs and religious practices, there is always a foundation of faith in a higher, greater power, with the majority having a very personalized relationship with God. There is incredible beauty found in each individual as their faith grows, and their spirit and life begin to flourish with profound discoveries and meaning, regardless of what their body might be doing.

Upon receiving that phone call from my doctor to confirm my cancer diagnosis, I wasn't quite sure how to feel. My immediate prayer was that God would bring to me the right people who would support me in the way that He wanted for me. He answered that prayer immediately that very night with a dear friend. I knew in my heart that I wanted to take a different direction than the standard medical protocol, and she was my first cheerleader, offering the beginning of what would be a long road of research and education that continues even today. I set my heart and eyes on my ultimate Healer, my Creator, my Heavenly Father, for this direction. And the intimacy with Him grew exponentially as He offered comfort and guidance.

Sunday morning following the diagnosis, I was on my way to church at a very early hour. During the quiet, 20 minute drive during sunrise, I was asking Him how will I know which protocol He wanted me to do. His voice was so clear that it was nearly audible with my human ears, "I've got this, Paula. I've got you". Okay, okay, I get it, Lord. One step at a time it will be. From then on, those words were



repeated countless times throughout my healing and the more I allowed the time and space to listen, the more I heard His voice and the more I recognized when His Spirit was moving me. It became very clear that the path He was leading me on was for the sole purpose of serving Him and serving others.

Reflecting on my healing experience and life since, the joy and peace that have filled my soul exceeds all I've ever known prior. The intimacy with my Heavenly Father continues to grow closer in ways that my heart had yearned for throughout my lifetime as a believer. When focus continues to be with Him, fear does not prevail and pain has purpose. It is because of all He continues to teach me, and His overflowing unconditional love, that I am able to live my life serving

others seeking whole healing of their body and spirit. Healing comes in many ways and sometimes it is not on this side of heaven. But healing the spirit is eternal, and we recognize that our days in this body are temporary, it sets our sights to what is forever. And that is where the adventure really begins!

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