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Health & Wellness[®] MAGAZINE

August 2022

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Anxiety of GAD**
And Medical Cannabis

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CONTENTS AUGUST 2022

- | | |
|---|---|
| <p>6 A Close-Up Look at Macular Degeneration</p> <p>7 Coronary Artery Disease: Putting The Pieces Together</p> <p>8 Alzheimer's Disease & Brain Health</p> <p>9 Prostate Cancer: An Advanced Technique Saves Lives</p> <p>10 Here's To Happiness</p> <p>11 It's National Immunization Awareness Month</p> <p>12 The Anxious Anxiety of GAD And Medical Cannabis</p> <p>13 How to Choose an Orthopedic Surgeon for Hip/Knee Replacement</p> <p>14 Investing in Real Estate</p> <p>16 Ultraslim Fat-Reduction Device</p> <p>17 The Promise of Immunotherapy</p> <p>18 Benefits of IV Therapy</p> <p>19 Obstructive Sleep Apnea & Oral Appliances</p> | <p>20 LP(A), The Hidden Heart Attack Risk Factor Finally Comes of Age!</p> <p>22 Is Your Swing Hurting Your Back or is Your Back Hurting Your Swing?</p> <p>23 Oh, The Promises We Make</p> <p>24 Kidney Cancer Facts and Treatment Options</p> <p>25 Why You Should Be In Total Control of Your Estate Planning</p> <p>26 Developing Social Communication in Children</p> <p>27 Common Foot and Ankle Injuries In Pickleball</p> <p>28 Arthritic Knee Pain: Do You Really Need Surgery?</p> <p>29 Who Is On Your Wound Care Team?</p> <p>30 Spiritual Wellness: Dealing With Life's Painful Situations</p> |
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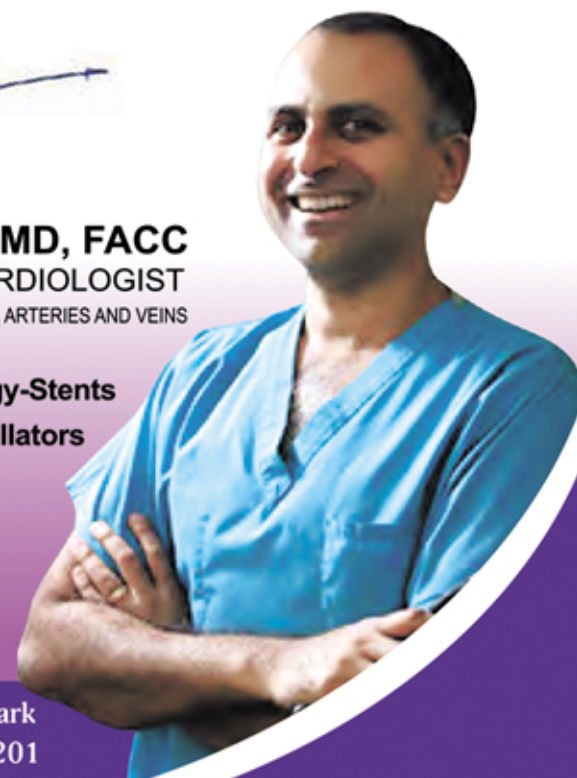
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A CLOSE-UP LOOK AT MACULAR DEGENERATION

Macular Degeneration is the deterioration of the macula, a tiny area near the center of the retina that enables you to focus on the fine details of close-up tasks like reading and distant tasks like driving. Macular degeneration commonly develops in people ages 50 and older, a condition known as Age-related Macular Degeneration (AMD), which is the most common form of the disease and the number one cause of serious vision loss among older Caucasians.

Over time, oxidation within the body can lead to the production of atom-damaging elements known as free radicals. The macula is particularly vulnerable to the oxidative stress caused by free radicals, especially as we age; this susceptibility is enhanced by certain actions and conditions, including smoking cigarettes, high cholesterol levels, a family history of AMD, and being of European ancestry.

While most AMD cases progress slowly, some come on rapidly and worsen quickly. Because AMD usually affects central vision only, it doesn't typically cause total blindness – but left untreated, it can make everyday tasks like reading, watching TV or seeing faces difficult or impossible. As macular degeneration begins to develop, a person may begin to rely more on his or her peripheral vision as central vision begins to blur, or dark or blank spots appear, or straight lines begin to look curved, wavy or skewed. Patients also often report being unable to adjust appropriately to rapid changes in light, as with switching a light on or off.

There are two types of AMD, dry and wet. Roughly 90% of cases are Dry AMD, which is caused by oxidative stress thinning out the macula. With Dry AMD, vision loss is typically slow.

The remaining 10% suffer from Wet AMD, which is caused by the formation of abnormal blood vessels beneath the retina that leak fluid or blood, distorting vision. Wet AMD can cause serious and rapid vision loss.

Diagnosing Macular Degeneration

The vision loss associated with macular degeneration is most often permanent, making an early diagnosis vitally important to sight preservation. A simple test by your ophthalmologist allows him or her to inspect the macula using a specialized lens that provides great detail of the eye's structures.



Your doctor may also take highly sophisticated digital photographs to aid in diagnosis. There is also an easy test called the Amsler Grid, on which you focus your eyes one at a time and report what you see. Your doctor will provide an Amsler Grid for home use so you can easily catch degeneration early, when treatments and medication can be employed to help protect vision from further damage.

Treating and Managing AMD

Some Dry AMD patients may be able to help reduce the risk of disease advancement by taking specific potencies of certain nutritional supplements recommended by your ophthalmologist.

The more serious form, Wet AMD, can be treated using several protocols, depending on factors assessed by your doctor. Although there is no cure for Wet AMD, these treatments may help improve vision or at least help slow or prevent further vision loss.

- **VEGF Blockers** – VEGF Blockers are specialized drugs that your ophthalmologist injects into the eye to help arrest the growth of abnormal blood vessels beneath the retina by blocking the body's Vascular Endothelial Growth Factor, or VEGF. This is the most common treatment for Wet AMD and may improve vision in some patients.

- **Laser Surgery** – Some types of Wet AMD respond to a quick outpatient laser surgery, in which a beam of light is directed at leaking blood vessels to help slow or stop fluid from further damaging the macula. It may be used in conjunction with a drug designed specifically for this purpose.

When to See Your Doctor

Because most people with AMD don't know they have it until their vision becomes noticeably affected, early diagnosis is key in helping to prevent and arrest vision loss. You should get regular comprehensive eye exams from your Lake Eye ophthalmologist, especially if you're over 50 or have other risk factors. Ask your doctor how often he or she recommends that you get a full comprehensive eye exam. With AMD, a little preparation can go a long way toward preserving your vision.

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Coronary Artery Disease:

PUTTING THE PIECES TOGETHER

Feeling short of breath, heart palpitations, chest pain and tightness? Do you know the signs of Coronary Artery Disease (CAD)? And if you're experiencing them, are you taking steps to see your cardiologist to find out what's the cause?

For many people, that have CAD symptoms, they, unfortunately, ignore their signs. Ignoring heart irregularities can be fatal! And if you are experiencing any, the best time to have diagnostic testing is when these indicators are acting up.

What Diagnostics are available?

In today's modern medical world, we have so many tests that can pinpoint exactly what's wrong with our hearts; if only more patients would take advantage of getting tested to know where their risk factors and cardiac health fall, they would give themselves a jump start on living a much healthier life with greater longevity.

An electrocardiogram (EKG or ECG) measures the electrical activity of the heartbeat. If you are experiencing heart symptoms, this is usually the first test that will be administered in an office setting or in the ER. If symptoms persist, more testing will follow to eliminate issues, or in many cases, put the pieces together to find out what's causing your warning signs.

Stress tests are one of the most common methods to detect heart function during exercise and at rest. If you are unable to exercise, there are nuclear stress test options that utilize an injectable contrast to mimic the heart rate elevation of exercise, while you lie or sit down.

Sometimes stress tests are not enough, and further testing like an angiogram is required to see how the inside (lumen) of the blood vessels, arteries, and heart chambers are working. An angiogram can show blockages and other blood flow abnormalities. Stents can be placed if needed during the procedure.

Many times cardiologists will ask patients to wear a Holter Monitor for anywhere from 24 hours to several days depending on your specific situation and risk factors. The monitor is a portable electrocardiography device that continuously monitors the rhythm and the heart's activity.



An echocardiogram is an ultrasound of the heart that can detect how the blood is pumping and it can also identify the size and thickness of the valves, chambers, and arteries.

There is also another vital test called a calcium score. This test measures the amount of plaque in your arteries. CT coronary angiogram is a technique to evaluate the coronary arteries in select patients.

CAD Symptoms

- Chest Pain and tightness
- Lightheaded
- Dizzy
- Tired/Fatigue
- Shortness of breath
- Fainting
- Rapid heart rate
- Sweating
- Gray color to the skin
- Arm/Shoulder Pain
- Abnormal heart palpitations
- Cardiac arrest

Depending on your diagnosis and indicators, the treatment can vary from merely taking medications to having a non-invasive procedure, or angiography/stents. The best advice any cardiologist will give you is, "Don't ignore your symptoms!" If you have any heart irregularities or discomfort, seeking medical attention fast is imperative.

If you believe you are having a heart attack or stroke, call 911! If you're having initial symptoms that come and go, contact your cardiologist immediately.

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If you believe you are having a heart attack or stroke, call 911! If you're having initial symptoms that come and go, contact your cardiologist immediately.

Alzheimer's Disease & Brain Health

At this point, most of us know someone that is affected by Alzheimer's disease. Numerous studies and statistics show Alzheimer's and other related dementias are on the rise. According to the Alzheimer's Association's latest figures, nearly 6.2 million Americans have Alzheimer's disease, and that number is expected to triple by 2050. Experts estimate that an Alzheimer's diagnosis will affect close to 15 million people by mid-century. Currently, every 66 seconds, someone develops dementia in the United States.

What are the risk factors and causes of Alzheimer's and dementia?

For years, medical professionals and researchers have been trying to find the exact cause of Alzheimer's disease (AD). Even with the top three speculative triggers, it's still unclear as to what is causing this devastating disease to rob so many people of their cognition.

The main characteristics of the disease are attributed to amyloid plaques, cerebral amyloid angiopathy, and neurofibrillary tangles. While these pathological markers are evident in many individuals with Alzheimer's disease, they are not always present in all; consequently, they cannot entirely account for the umbrella of cognitive disorders.

In a recent study, top neurologists and researchers went a few steps further, to shed light on a new discovery in the causes of Alzheimer's. The study looked at the cerebrovascular pathologies, cardiovascular health, and microvascular disorders. Almost all individuals with dementia show signs of some vascular impairment on various levels.

What are the signs?

The signs and symptoms of dementia are different throughout the various stages of the disease, but common indicators are as follows:

- Forgetfulness, especially short-term memory
- Change in personality
- Agitation/Frustration
- Difficulty with daily tasks
- Social withdraw
- Aphasia (speech disorders)
- Sundowning (confusion and sleeplessness in the evening)



What are the treatment options?

Some medications can slow the progression of the disease, but these are unfortunately not a curative treatment method. However, we do know that following helps patients stave off the disorder:

- Dietary guidance
- Physical activity
- Cognitive training and socialization
- Intensive monitoring and management of metabolic and vascular risk factors

Staying active and social is also a useful method for maintaining optimal brain health.

Along with socialization, staying physically active is imperative in the production of oxygen-rich blood flow and can decrease your risk of Alzheimer's and dementia.

A few years ago, there was a cognitive study performed, the first of its kind, which incorporated an interventional methodology to take a multi-domain approach to dementia prevention. The trial called the *FINGER Study* was conducted over a two-year period in Finland by a team of healthcare providers.

The trial called the *FINGER Study* was conducted over a two-year period in Finland by a team of healthcare providers.

With over 1200 participants, the randomized tests were done on a control group and a multi-domain intervention group. The control group was given regular health advice on a weekly basis, while the intervention group was given tactical exercise, diets and performance studies three to four times per week.

The multi-domain intervention group's protocol consisted of:

- Dietary guidance
- Physical activity
- Cognitive training and socialization
- Intensive monitoring and management of metabolic and vascular risk factors

The conclusion of the study showed that it is possible to prevent cognitive decline through physical exercise, diet, cognitive training and socialization, and by lower metabolic risk factors.

If caught early, this progressive disease can be delayed through specifically advanced treatment options like diet, exercise and refining memory skills. Primary Care Doctors, Neurologists and other professionally trained practitioners are essential in putting the pieces back together.

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Prostate Cancer: An Advanced Technique Saves Lives

One of the leading health concerns for men is prostate cancer. Over the last thirty years, the way most medical practitioners check for prostate cancer hasn't changed very much, and unfortunately, this has led to higher statistics of men being underdiagnosed. There are approximately 2.9 million men in the U.S diagnosed with prostate cancer. Second, behind skin cancer, prostate cancer is the leading malignancy in men.

The prostate gland is a tiny plum sized organ that lies just beneath the bladder; the urethra runs through the prostate releasing urine from the bladder. As men age, it can become enlarged, infected and cancerous. It is often referred to as a silent killer, as it rarely shows signs or symptoms until it has developed maturely and even metastasized into other areas of the body. This year alone, it will take over 27,000 men's lives. But it doesn't have to be this way.

Standard Exams Often Miss Prostate Cancer

Traditional rectal exams miss the smaller tumors that are progressively growing, and although the level of a man's PSA (prostate-specific antigen) is an essential marker in detecting issues with the prostate, unfortunately, this test alone is not always detailed enough. In some cases, men with completely normal PSA levels will regrettably have prostate cancer. And on the contrary, high PSA levels can sometimes coincide with a healthy normal prostate. For men in their mid to later life, it is beneficial to have additional forms of diagnostic tests.

Through the years there have been many different variants of testing and imaging for the prostate. One of those is ultrasound. Conversely, with ultrasound many times the transrectal imaging is not clearly visible. In some cases, cancer and lesions can go undetected. If a transrectal biopsy is being performed with ultrasound, it sometimes is done blindly, meaning that the physician is "sightlessly" aspirating tissue, and may inadvertently miss the actual cancer within the prostate.

Cutting-Edge Technology for Diagnosis and Treatment

There is a better test. The most advanced MRI (Magnetic Resonance Imaging) is done with an MRI fusion biopsy. This technology blends ultrasound and MRI biopsy to assure correct location,



aspiration, and treatment take place. The unique MRI unit, shows detailed prostate anatomy, revealing the tiniest lesions that would otherwise go unnoticed, enabling the physicians to visualize the prostate like never before. With the MRI fusion biopsy, physicians are also able to map out intricate treatment options for each patient individually on a case-by-case basis.

This year alone, over 700,000 men will undergo repeat prostate biopsies, with MRI Fusion, the difference in the intricate details is beyond comparison, and that's ideal for both the patient and the physician. In addition to the scientific advancements

in locating and treating prostate cancer, the comfort and reduced anxiety to the patient is also advantageous.

Advanced Urology Institute has the latest technology. Their machine is an advanced MRI fusion biopsy image that merges with the ultrasound during the biopsy. This targets a lesion with immense accuracy that can then be biopsied.

The key to the best outcome when dealing with the prostate is to get a proper diagnosis early. The MRI fusion biopsy is the best chance men have for detailed imaging, early detection, and a healthy life. This technology has helped increase the accuracy of biopsy upwards of 90%.

Advanced Urology Institute provides excellence and distinction in urological care. Comprised of a partnership of the best board-certified urologists working in the state of Florida, Advanced Urology Institute specializes in all phases and conditions of urology including prostate cancer, and they make your health their top priority.

If you or someone you know needs urological care, please contact the Advanced Urology Institute today.



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HERE'S TO HAPPINESS

National Friendship Day encourages people across the globe to connect with friends—new and old—on the first Sunday in August. From a very young age, we start developing relationships—points of connection—that evolve over time. We move through the world with our neighbors, classmates, teammates, and colleagues. With each new friendship, our world expands, our culture changes, and our joint experiences contribute new meaning to our lives. It is through these friendships that we find comfort, joy, and a sense of fulfillment. Maybe that's why August is known as Happiness Happens Month.

Joy can be found almost anywhere, but happiness is not simply a choice or destination; it's a life-long pursuit. As we grow and mature, it's important to remember a foundational pillar of happiness is friendship. And friendships can begin at any age. Which is why, at Sumter Senior Living, you can feel at home in a community where you feel valued—with abundant opportunities to connect with others, explore interests, and nurture a healthy lifestyle.

Conveniently located in The Villages® community of the Sunshine State, Sumter Senior Living provides you with all the amenities necessary to live up to your potential—from fitness lessons to therapeutic programs, daily activities, and much more—so you can live life to the fullest.

The Science of Friendship

While exercise and nutrition play a major role in longevity, the importance of friendships is often understated when we talk about the necessary components for living a long and happy life. Research by the American Association for the Advancement of Science confirms socializing improves overall happiness, and it helps you deal with stress. According to some experts, socializing is one of the most positive everyday activities.

Socializing with friends—aside from being fun—also helps us stave off loneliness and depression as we age. A report from Psychology Today states that friendships are “vital to your physical and mental health—and your longevity.” The report goes on to say, “Human beings need relationships to survive...the elderly experience an increased risk of mortality without social interactions. Isolation and loneliness are major factors in depression and negatively affect mental, physical, and cognitive health.” Our friendships are more than just emotionally necessary; they play an integral role in our complete wellness.



A clinical review of 150 studies published in PLOS Medicine found people with strong social connections had a 50% better chance of survival—regardless of age, sex, health status, and cause of death—than those with weaker social ties. The data is unanimous; when it comes to living long and living well, friendships are key.

Connect Through Community

At Sumter Senior Living, we understand the importance of friendship. Along with a variety of living options, we offer daily wellness, cultural, and educational programs, so there are endless opportunities for connection.

Whether you're spending time with friends new or old, our beautiful community welcomes you to live life to the fullest. Spend time with friends in our community rooms. Take care of your health in our Fitness Center and indoor, heated therapy pool. Explore enriching interests at the Library, Theater, and Arts and Crafts Studio. From exercise and wellness to adventures in the larger community, we provide great sources for laughter, connection, and friendship—and include those ideals in everything we do.

Even food brings us together. Whether sharing an intimate meal with a best friend or celebrating a special occasion with all your loved ones, Sumter Senior Living will satisfy your appetite for connection with others and for the most delicious flavors.

And when you and your friends want to go out on the town, we welcome you to explore nearby attractions and events at your leisure—ensuring your travel is safe and convenient. Whether it's to attend medical appointments or enjoy the local flavors and shops, we connect you with transportation you can count on.

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For more information, or to schedule a personalized visit, please call (352) 674-3600 or visit www.SumterSeniorLiving.com.



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It's National Immunization Awareness Month.

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Just as you did when you were younger, adults — especially older adults — may need certain vaccines. As we age, we're at risk for different diseases than when we were as children. And our immunity from childhood vaccines can wear off.

According to the Centers for Disease Control and Prevention (CDC), vaccinations are one of the easiest and safest ways to prevent disease. Your doctor may suggest the flu, pneumonia and Tdap (which includes protection from whooping cough) vaccines, as well as shingles.

Here's some information about some key vaccines important for older adults:

- **Flu:** The flu can be deadly, especially if you're older than 65. The High-Dose Flu Vaccine is made for people 65+. It provides a stronger immune response and offers four times the amount of antigen as a regular flu shot.
- **Pneumonia:** Pneumonia can be very dangerous for seniors. There are two types of vaccines to protect against pneumonia. Your doctor can help you decide which one is right for you.
- **Tdap (Tetanus, Diphtheria and Pertussis):** This vaccine is the same shot children receive. With one shot, you'll get protection against pertussis (whooping cough), tetanus (lockjaw) and diphtheria.
- **Shingles:** If you've had chickenpox, the virus that causes shingles is still in your body. It could become active and cause shingles, a condition often marked by debilitating chronic pain. Even if you've already had shingles or don't remember having the chickenpox, adults 50+ should consider getting this vaccine.

You'll find a list of vaccinations recommended by the CDC at [cdc.gov/vaccines/adults](https://www.cdc.gov/vaccines/adults). Based on your health history, your doctor will talk to you about which vaccines are best for you. And remember, many of these vaccinations are covered in most insurance plans, including Florida Blue Medicare.



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Source: www.cdc.gov/vaccines/adults

By Dr. Miguel J. De Puigdorfil, DOM

“Snap out of it, get it together.”- are common ‘friendly recommendations’ when we suffer anxiety. –“Seriously!? That’s your best?!”

From Greek *ánkhō*, ‘to choke’, *anxiety* comes from Latin *anxiētās*, and *anxious*; synonyms to distressed, disquieted, troubled.

Anxiety is the autonomous sympathetic nervous system (ASNS) response to perceived or real threats. These are physical, emotional and/or environmental. Adrenaline is secreted for 'fight or flight': tachycardia, tachypnea, muscle tension, muscle blood concentration, etc. Once the threat ends, the parasympathetic system (PNS) relaxes back to 'rest and ruminate'.

When Anxiety becomes permanent -no 'rest-ruminate', the unending "waiting for the other shoe to drop" ensues. That is General Anxiety Disorder (GAD); a physiological-neurological condition, NOT something whence one snaps out. It's a domino of endocrine issues. 6.8 million Americans suffer from Anxiety and 40 M from GAD.

The sympathetic and parasympathetic phases are the gas and brake pedals. Try and push the gas and the brake at the same time: we crave sleep but can't, we get hungry but food repulses, "stay with me but leave me alone". GAD destroys the balance and we get a neurological storm.

GAD signs and symptoms include insomnia, extreme worry, irrational fears, physical stress, GIT-GUT disturbances, PTSD, crippling “wudda/coudda/shoudda” flashbacks, self-doubt, self-deprecation, compulsive behaviors, etc. Why?

Anxiety's constant adrenaline affects the cardiorespiratory system: the sinoatrial node: heart volume/rate/pressure, lung connections. It affects the cardio-renal connection: RAAS: renin-angiotensin-aldosterone essential for circulation and fluids. It destroys HCl-a/gastric secretions, we don't eat and digest properly, our colon doesn't absorb electrolytes, no stomach/colonic peristalsis, no bowel movements. Then come chime fermentation, chronic constipation, diarrhea, leaky gut and colonic conditions. Electrolyte absorption depletes, nutrition collapses, so thyroid and heart rate/volume/pressure are affected: HBP, hyper/hypothyroidism. Fluid balance is affected: constant micturition, more electrolyte depletion at glomerular level, trophism collapse. Then the pH imbalance: to keep the blood



a steady 7.34pH we deplete our bones and muscles from calcium, our metabolism goes hyperacid: musculoskeletal chronic pains: TMJ, joints, inflammations. Such generalized crisis imbalance goes straight against the master gland: the hypothalamus. Mood is 'done' (dopamine, serotonin, endorphins, cortisol, pituitary) and we maelstrom into depression. Untreated GAD maelstroms drag into simultaneous depression and panic attacks. In extremis, lunacy and suicide. Why?

There is no vacuum in the subconscious. Mind-body medicine states that whenever there is a neurological secretion, our subconscious will identify a library catalogue of concomitant thoughts/emotions/memories. Stress secretions will bring stressful thoughts/memories hurtling us into the maelstrom. Maelstrom memories will endure as long as secretions endure.

Talk therapy doesn't help. Every time we 'tell' we resuscitate trauma reactivating secretions. In one week, it's an amino acid; in 3 weeks it's a transmissible gene: GAD becomes a programmed tissular Pavlovian response.

Traditional Chinese medicine (TMC) does not separate mind and body. We are multidimensional and multifaceted. I don't cease to be a son when I become a father. I'm all at the same time, depending on time and function. The Liver system manages anger, resentment, frustration, but also goals, performance, foresight, blood movement and some endocrine secretions. The Kidney manages fear, fright, shock, also the genitourinary, energy levels and connects to the Heart. Spleen is pensiveness, rumination and obfuscation, also digestion, blood and lymph. The cycle always goes back to the Heart.

5000 years of ongoing TCM clinical experience give us the body relay with 2500 points, 2000 herbs and formulas addressing all imbalances. By going to the higher aspects of Mind, housed in the several body organ systems dynamics, we enter the GAD vicious maelstrom at any point and stop the spinning. Known as *huomá*, TCM has used hemp and cannabis for millennia. It relaxes the adrenals so the hypothalamus can rebalance the metabolism. It uses similar neuro-pathways and endocannabinoids.

Pills and herbs will help for a while. We do not cure a miner from Black Lung Disease only to send him back down. With GAD, combining endocannabinoids and acupuncture, we must strengthen patients to, in as much as possible, change and face their exterior environment (Feng Shui), and glandular metabolism. When a good movie ends, we disconnect from its projection. In TCM we disconnect the trauma projection from the patient by stopping the spinning maelstrom and deprogramming the gene tissues.

Easy? No. Effective? Yes. Satisfactory? Indeed. Changes in patients are visible: complexion, voice, skin perfusion; we hear words of gratitude: "Thanks doctor, I FEEL fine".

Good; "I am my brother's keeper".

*The Author, is a FL and NM licensed Doctor of Oriental Medicine, Master in Naturopathy, Master Feng Shui, Board Certified Iridologist, with practice by appointment at Miracle Leaf 13271 N US HWY 13721 US Hwy 441, Unit 2, Lady Lake FL 32159; 352-254-5544; 505- 900-1476; mjpedom009@yahoo.com
www.100physiciansmedicine.com*

Source:
1 Anxiety and Depression Association of America:
www.adaa.org

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How to Choose an Orthopedic Surgeon for Hip/Knee Replacement

Hip/knee replacement surgery can help you enjoy an active lifestyle, move more freely, and have less day-to-day pain. Your choice of surgeon can have a big impact on the success of both your surgery and recovery. These tips can help you find the right surgeon and feel confident in your choice.

Gather Information

Gathering as much information as possible will help you make an informed decision.

Check your health plan – Review your insurance policy to make sure you know what's covered and which surgeons are part of your health plan. It's also helpful to gather documents about your condition and medical history, which will help your surgeon review your case.

Ask for referrals – the number of total knee replacement surgeries is growing every year, which means there are more and more people who can provide advice. Speak to friends, family members, and acquaintances about their own experiences, and develop a short list of potential surgeons.

Review the surgeons' backgrounds – Do some research on each surgeon and their credentials.

1. How many years have they been practicing?
2. Are they board certified?
3. How many hip/knee replacement surgeries do they do annually? The best surgeons often perform hundreds of procedures each year.



Meet & Greet

An initial consultation can help you fast-track your choice of surgeon. To get the most out of the meeting, go in with a list of prepared questions, such as:

1. Could you talk about your success rate? How many surgeries have needed a revision, and why?
2. What's your experience with cases like mine?
3. What's your surgical plan prior to a procedure?
4. Do you use advanced technologies?
5. Do I have other options besides total hip/knee replacement?
6. Can you outline all the benefits and risks associated with this type of procedure?
7. Could you explain the device/implant, and what happens during the procedure itself?
8. What kind of care program does your team provide after the surgery?

Trust Your Instincts

Facts are important and referrals can help you understand what people liked/didn't like about their own experiences. You can also listen to your gut. When reviewing your options, ask yourself questions such as:

1. Did the surgeon listen to me and respect my questions and concerns?
2. Did we develop an initial rapport?
3. Was the surgeon's bedside manner a match for me?

The more comfortable and confident you feel when going into surgery, the likelier you are to have a successful procedure and smooth recovery.

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INVESTING IN REAL ESTATE

By Sharon A. Bassett

When investing in real estate, the goal is to put your money to work today so you have more money in the future. The profit, or return, you make on your investments must be enough to cover the risk you take and the taxes you pay. There are other costs of owning real estate, such as utilities, maintenance, and insurance. Real estate investing can be quite simple once you understand the basic factors of investment, economics, and risk. You buy properties, avoid going bankrupt, and earn money through rent, all so that you can buy even more properties.

Keep in mind that "simple" doesn't mean "easy." If you make a mistake, the consequences can range from minor inconveniences to major disasters. To manage risk and protect yourself, consider holding real estate investments through special types of legal entities rather than in your name. These include limited liability companies or limited partnerships. You should consult with a lawyer to decide which method is best for you. If the investment goes bust, or someone slips and falls, resulting in a lawsuit, these legal entities can protect your assets. That means the worst that could happen is that you would lose the money you've invested. You will have peace of mind knowing that your retirement accounts and other assets should be out of reach.

Real Estate Investment Groups (REIGs)

Real estate investment groups (REIGs) are ideal for people who want to own rental real estate without the hassles of running it. Investing in REIGs requires a capital cushion and access to financing. REIGs are like small mutual funds that invest in rental properties. In a typical real estate investment group, a company buys or builds a set of apartment blocks or condos, then allows investors to purchase them through the company, thereby joining the group.

A single investor can own one or multiple units of self-contained living space, but the company operating the investment group collectively manages all the units, handling maintenance, advertising vacancies, and interviewing tenants. In exchange for conducting these management tasks, the company takes a percentage of the monthly rent.

A standard real estate investment group lease is in the investor's name, and all the units pool a portion of the rent to guard against occasional vacancies. To this end, you'll receive some income even if your unit is empty. If the vacancy rate for the pooled units doesn't spike too high, there should be enough to cover costs.



Pros of REIGs

- More hands-off than owning rentals
- Provides income and appreciation

Cons of REIGs

- Vacancy risks
- Fees like those associated with mutual funds
- Susceptible to unscrupulous managers

Real Estate Investment Trusts (REITs)

A real estate investment trust (REIT) is best for investors who want portfolio exposure to real estate without a traditional real estate transaction.

A REIT is created when a corporation (or trust) uses investors' money to purchase and operate income properties. REITs are bought and sold on the major exchanges, like any other stock.

A corporation must pay out 90% of its taxable profits in the form of dividends to maintain its REIT status. By doing this, REITs avoid paying corporate income tax, whereas a regular company would be taxed on its profits and then must decide whether to distribute its after-tax profits as dividends.

Like regular dividend-paying stocks, REITs are a solid investment for stock market investors who desire regular income. In comparison to the types of real estate investment, REITs afford investors entry into nonresidential investments, such as malls or office buildings, that are generally not feasible for individual investors to purchase directly.

More importantly, REITs are highly liquid because they are exchange-traded trusts. In other words, you won't need a real estate agent and a title transfer to help you cash out your investment. In practice, REITs are a more formalized version of a real estate investment group. Finally, when looking at REITs, investors should distinguish between equity REITs that own buildings and mortgage REITs that provide financing for real estate and dabble in mortgage-backed securities (MBS). Both offer exposure to real estate, but the nature of the exposure is different. An equity REIT is more traditional in that it represents ownership in real estate, whereas the mortgage REITs focus on the income from real estate mortgage financing.

Pros of REITs

- Essentially dividend-paying stocks
- Core holdings tend to be long-term, cash-producing leases

Cons of REITs

- Leverage associated with traditional rental real estate does not apply

Buying and owning real estate is an investment strategy that can be both satisfying and lucrative. Unlike stock and bond investors, prospective real estate owners can use leverage to buy a property by paying a portion of the total cost upfront, then paying off the balance, plus interest, over time.

Contact Sharon Bassett at Premier Realty, INC for more information today!

Bassett
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ULTRASLIM FAT-REDUCTION DEVICE

By Vojae Body Imaging

Trying to lose excess body fat can be frustrating. Even with diet and exercise, people often struggle to lose pockets of body fat on the face and body. A survey by the American Dermatological Society reports that more than four out of five people admit that extra body weight bothers them more than any other cosmetic concern.

While there are various surgical procedures designed to remove fat from the body, UltraSlim, the ONLY device FDA-Cleared for Immediate Fat Loss, is now available in the Villages and neighboring communities. UltraSlim is a non-invasive safe treatment for targeted fat reduction. UltraSlim, which uses photonic red-light energy, is being embraced by professional providers around the nation.

UltraSlim, approved by the U.S. Food and Drug Administration, has been producing dramatic results. In multi-site clinical trials, clients lost an average of 3.5 inches and 1.6 liters (about 54 ounces) of fat combined thru the waist, hips, and thighs. With 98 percent of clients losing at least two inches of fat immediately. Just one 32-minute treatment session produces results!

"With UltraSlim the patient will see and feel immediate results without any pain or down time." said Larry Butler, owner of the new lifestyle clinic Vojae' Body Imaging, LLC.

"LED light is used in the UltraSlim treatments. Red-light energy is used to provide immediate fat reduction. As the light painlessly passes through the skin layer into the fat layer, the cells respond by releasing fat through the pores." Butler explains. "At Vojae' we do a consultation with the client to assess their goals, then begin meeting those goals starting THAT DAY." Butler, who has a long history as an innovator in the business spanning 40+ years, gets excited when talking about these treatments.

"Our service is so effective; we back it up with a 100% money-back guarantee. No other provider in the healthcare industry that I am aware of, stands behind their services like we do. In fact, our guarantee is that the client will lose no less than 2 inches of fat cumulatively by the end of just one 32-minute treatment!"



"UltraSlim works well with all body types, ranging from petite to obese. After a series of six treatments, clients typically achieve a full-body transformation." Butler added, "UltraSlim is not just for women. Men have problems with their weight as well and UltraSlim is great for targeting beer bellies and love handles."

While some benefits should be visible after the first treatment, most clients opt to receive a multi-treatment package to achieve their desired outcome. "Clients usually start with a package of six treatments. A treatment can be done every 72 hours because the pore of the fat cell stays open for 48 to 72 hours," said Butler.

UltraSlim uses advanced technology to encourage the leakage of fat from fat cells, which can then be excreted out by the body's natural metabolism process. A specific wavelength of visible "red light" opens the pores on the fat-cell wall, allowing the fat to leak out of the cells.

Healthcare providers can diagnose obesity based on body-mass index, (BMI), waist-circumference measurements and other indicators. BMI factors in

height, body weight, age group and sex. A BMI of 30 or higher often indicates obesity. Moreover, a waist measurement of over 35 inches for women and 40 inches for men may also indicate obesity. Some other common symptoms of obesity include tiredness, joint or back pain, snoring, and increased sweating. Don't let those extra pounds get you down! Vojae' wants to address your total health and wellness.

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THE PROMISE OF IMMUNOTHERAPY

One of the most promising and successful new treatments for cancer is immunotherapy, which uses the body's own immune system to find, target and fight many forms of the disease, even at advanced stages.

The immune system is a complex collection of organs, including the spleen, thymus and bone marrow, white blood cells, tissues and proteins. These special substances travel through the body, protecting it from germs that cause infection. When it encounters a new substance that it doesn't recognize, it signals an alarm and works to destroy anything containing the foreign substance.

A closer look at immunotherapy

Cancer starts when normal, healthy cells become changed or altered and begin to grow out of control. Immunotherapies boost or change the immune system to work harder and smarter to find, target and attack cancer cells.

Chemotherapy and radiation have been widely used for decades, and directly target cancer cells. While effective, these treatments can also destroy healthy blood cells and harm the body's production of new cells.

Immunotherapy may be used alone or in combination with chemotherapy, radiation and/or surgery. While side effects can occur with immunotherapy, a key difference is that they are often less severe than those encountered with conventional therapies.

How immunotherapy works

Immunotherapies work to stimulate or boost the immune system's natural defenses to work harder to fight cancer. They can be injected directly into a vein, swallowed in pill or capsule form or applied topically through a cream that is rubbed onto the skin.

Some of the most common types of immunotherapies used to treat cancer include:

- **Immune checkpoint inhibitors:** These are drugs that block immune checkpoints, which are a normal part of the immune system, and allow cells to respond more strongly to cancer.
- **CarT-cell therapy:** Sometimes talked about as a type of cell-based gene therapy, this involves altering immune cells called T cells (a type of white



blood cell) in a laboratory so that they are better able to find and destroy cancer cells. They are placed back into the body intravenously, through a needle in a vein.

- **Monoclonal antibodies:** These immune system proteins are created in a lab and designed to bind to specific targets on cancer cells. They are then marked so that they will be better seen and destroyed by the immune system.

- **Vaccines:** These treatments are different than vaccines that help prevent disease; they work against cancer by boosting the body's response to cancer cells.

In the last few decades Immunotherapy has been approved for the treatment of many cancers, including bladder, cervical, breast, colorectal, lymphoma and melanoma, among others. Patients may receive immunotherapy in a doctor's office, an oncology clinic or, in some cases, in a hospital setting.

More promise on the horizon

Thanks to ongoing rapid advancements, the outlook for those diagnosed with cancer is becoming brighter all the time. Increasingly, many patients are living with cancer more like a chronic disease than a dim prognosis.

Even though immunotherapy can prevent or slow cancer growth, cancer cells do have ways to avoid destruction by the immune system. New ways of working with the immune system and new immunotherapy treatments are being discovered at a very fast pace.

Researchers are focusing on several major areas to improve immunotherapy. Increased understanding of how cancer cells get around the immune system could lead to the development of new drugs that

block those processes. Other areas of focus include finding ways to overcome the body's resistance to immunotherapy, finding ways to predict which patients will respond best to this form of treatment and ways to reduce the side effects of treatment.

Every person and every cancer is unique. Medical oncologists work with each patient and their entire healthcare team to devise a personalized treatment plan using every resource available to achieve the best possible outcome.

Immunotherapy and other exciting new advancements are leading to the development of truly targeted therapies individualized for each patient's unique genetic profile. Increasing numbers of cancer survivors are living longer than ever and enjoying all the special moments in life.

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Recognized by the American Society of Clinical Oncology (ASCO) with a national Clinical Trials Participation Award, Florida Cancer Specialists & Research Institute (FCSI) offers patients access to more clinical trials than any private oncology practice in Florida. The majority of new cancer drugs recently approved for use in the U.S. were studied in clinical trials with Florida Cancer Specialists participation.*Trained in prestigious medical schools and research institutes, our physicians are consistently ranked nationally as Top Doctors by U.S. News & World Report.

Founded in 1984, Florida Cancer Specialists has built a national reputation for excellence that is reflected in exceptional and compassionate patient care, driven by innovative clinical research, cutting-edge technologies and advanced treatments, including targeted therapies, genomic-based treatment, and immunotherapy. Our highest values are embodied by our outstanding team of highly trained and dedicated physicians, clinicians and staff.

For more information, visit FLCancer.com

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BENEFITS OF IV THERAPY

If you've ever gone to the hospital or emergency room you know that one of the first things to happen is getting an IV. This is done because getting fluids, vitamins, medications, nutrients, etc through an IV is the quickest, most efficient way to get these essential materials into your body because they are delivered directly into your circulation and allow for quicker and more complete absorption. IV therapy is not limited to the hospital though and can be done on an elective basis which can bring many benefits but at a much lower cost while also helping to prevent the need to be seen in the ER by helping to resolve small illnesses, boost your immune system, and provide specific medications in some cases.

What is IV therapy?

IV therapy offers a fast, effective way to replace vitamins, minerals, and nutrients that may be lacking as well as administer certain medications for quick relief of ailments such as stomach flu, cold, food poisoning, hangover, and migraine headaches to name a few. This can help improve many health concerns, combat illness, boost immunity, and improve overall wellness.

IVs are placed by a medical professional into a peripheral vein and can have predetermined mixtures of nutrients, minerals, vitamins, amino acids, and/or medications or can be customized individually. These get placed in a bag of IV fluid that is pH balanced to match our bodies natural fluids and is administered slowly with most treatments taking 60-90 minutes although some medications require a slower infusion and can therefore last 2-4 hours.

Why IV therapy?

- Allows you to bypass your GI system by providing direct administration to the bloodstream making nutrients instantly available without any loss through absorption.
- Allows medications/liquids/electrolytes to be given/replaced when unable to tolerate anything orally.
- Provides nutrients that are lacking in our diets. Soils are often depleted of many nutrients now days so even the best efforts at healthy diets can still leave us deficient.
- Provides body with what it needs to stay in tip top shape allowing for decreased illness, improved mental clarity, and overall improved energy and well-being.
- Our daily needs vary from day to day based on environmental factors, stress, diet, and other health conditions. IV therapy allows you to easily get all the nutrients your body needs with 100%

absorption so you can conveniently give your body all the building blocks it needs to help you feel your best every day.

Is IV therapy safe?

IV therapy is a safe procedure when performed by a licensed medical professional who monitors the infusions.

What are possible side effects?

Typically, there are no significant side effects, however, some people may experience a feeling of being cold/chilled while others report feeling sleepy; these feelings are typically based on the specific nutrients being given. Occasionally people report a sensation of tasting the vitamin or mineral in their mouth during treatment; this is normal and nothing to be concerned about.

How often can I get an IV?

Time between IV treatments vary by individual but typically no more often than once a week although there are a few exceptions that will be discussed at your appointment.

At Total Nutrition & Therapeutics, our IV therapy menu addresses most concerns and can also be customized depending on your needs. If you are wondering if IV therapy could be helpful for you look at the benefits you can get through IV therapy:

- Immediate rehydration
- Energy boost
- Increased mental clarity
- Migraine headache relief
- PMS relief
- Quicker recovery from illness (cold/flu, food poisoning, etc.)
- Improved athletic performance and recovery
- Guaranteed vitamin absorption
- Immunity boost/illness prevention; improved overall wellness
- Decreased stress/fatigue
- Rapid results
- Eliminate toxin build up
- Improved mood/decreased anxiety and depression
- Improved overall wellness
- Hangover recovery
- Weight loss
- Skin Improvement, hair and nail growth, anti-aging support
- Replenished nutrients that are lacking in our diets



Who is a candidate?

Most people are candidates for IV therapy but the nutrients, vitamins, minerals, and medications given will vary from person to person. Every patient meets with our team and reviews their medical history before determining if they are a candidate and what formula would be most beneficial.

Who should not get IV therapy?

There are some health issues that can exclude you from getting an IV treatment. Common conditions that may limit being able to receive IV therapy include kidney disease, heart disease and high blood pressure. While these do not exclude being treated with IV therapy you should have a full medical history review with a physician who can determine if you are a candidate for IV therapy and what formulations are safe for you and which aren't.

How do I get started?

Contact Total Nutrition and Therapeutics at 352-259-5190 or go online to www.TNT4ME.com to schedule your appointment today. Initial consultations are always complimentary.

Total Nutrition & Therapeutics

At TNT, their goal is to empower you to achieve your optimal state of health. Their vision is to create a wellness mindset momentum that is infectious—leaving obesity, illness, and disease behind—for lives that are truly healthy. Looking better, feeling better and functioning optimally is the key to a life of vitality! Let them help you achieve wellness for life!



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Obstructive Sleep Apnea & Oral Appliances: A Solution for a Good Night's Sleep

By Richard W. Rozensky, DDS, D.ABDSM

Sleep apnea affects more than 25 million people in the United States. It is a progressive condition that interrupts breathing patterns throughout a person's sleep. People that suffer from Obstructive Sleep Apnea (OSA) may have episodes of stopping breathing up to hundreds of times per night for 10 seconds or longer, and along with this disruption comes many adverse side effects and morbidities.

What Causes Sleep Apnea?

The Short answer to sleep apnea's cause is that the airway collapses during sleep due to one or more of the following conditions, obesity, drinking alcohol, smoking, stress, lung disease like COPD, emphysema or asthma, drugs, and various ailments. Once the sleep pattern is disrupted, the lack of oxygen to the brain and heart can cause serious health concerns and implications.

What are the Side Effects and Complications Associated with Sleep Apnea?

- High blood pressure
- Cardiovascular disorders
- Chronic disease
- Diabetes
- Depression
- Behavioral issues
- Stroke
- Brain health impairment

If not treated, over time, OSA can lead to heart attacks, stroke, diabetes, and other serious complications.

What are the symptoms of Sleep Apnea?

- Snoring
- Gasping
- Dry mouth
- Choking
- Cognitive decline or brain fog
- Restless sleeping
- Depression and irritability

Obstructive Sleep Apnea & Oral Appliances:

Have you tried CPAP therapy and failed?

The customary first line of treatment for sleep apnea is a PAP device. However, many patients are unable to tolerate the use of a PAP, and therefore are not achieving optimum treatment results. Those patients are candidates for Oral Appliance Therapy, or OAT. Research shows that a custom-fit oral appliance is an effective therapeutic treatment option for Obstructive Sleep Apnea and can also help to eliminate snoring. A custom oral appliance is similar to a nightguard or retainer and is designed to assist in opening the airway. By opening the airway, you increase your oxygen intake, as well as improve your sleep, and your over-all health. The American Medical Association, The American Academy of Sleep Medicine and the American Board of Dental Sleep Medicine; all recommend OAT to be prescribed by a Sleep Physician and fabricated by an ABDSM qualified dentist.

The negative effects of poor sleep are numerous. We all know the short term results of not sleeping well and feeling terrible but what about the more serious health concerns? If left untreated, people may experience poor memory, decreased cognitive function leading to dementia and Alzheimer's disease, cardiovascular disease including high blood pressure, insulin resistance, obesity and worsening symptoms of asthma and COPD due to lack of oxygen to the brain during sleeping hours. The good news is that if properly diagnosed and treated early, the effects of Sleep Apnea can be reversed over time.

COVID-19 and Sleep Apnea

It is the position of the American Academy of Dental Sleep Medicine (AADSMD) that oral appliance therapy (OAT) should be prescribed as a first-line therapy for the treatment of obstructive sleep apnea (OSA) during the COVID-19 pandemic.

Village Sleep Dentistry
352.430.1710
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The Villages, Florida 32162

This recommendation is being made based on the following information:

- The American Academy of Sleep Medicine (AASM) has indicated that PAP therapy potentially exposes individuals, especially those in proximity to the patient, to increased risk of transmission of COVID-19.
- A number of studies have found evidence that COVID-19 can remain suspended in the air in aerosol particles
- It is unknown whether it is possible for patients to be re-infected from re-using PAP tubing, filters, and/or masks.
- There have been reported shortages of distilled water and other supplies necessary for optimal use of PAP machines.
- Oral appliances do not generate aerosols and can be easily disinfected by patients to kill the COVID-19 virus

Best of all, Village Sleep Dentistry provides CDC recommended, single use WatchPAT™ ONE contactless, first and only disposable Home Sleep Apnea Test.

At Village Sleep Dentistry, we not only have the qualifications, but we are also a Medicare approved provider as well. If you have Sleep Apnea, consider improving your health and your quality of life. Your body and mind will thank you.

Meet Dr. Rozensky

As a Diplomate of the American Academy of Dental Sleep Medicine and recognized as a qualified dentist by the American Board of Dental Sleep Medicine. Dr. Rozensky earned his Doctorate of Dental Surgery degree from University of New York at Buffalo and then went on to serve our country in the United States Air Force, after which he enjoyed private practice in General Dentistry for over 20 years. Dr. Rozensky now includes his passion for Sleep Dentistry in his practice and finds true joy in the life changing care he is providing.

Village Sleep Dentistry

At Village Sleep Dentistry, our dentist Dr. Richard Rozensky and the entire dental team will work closely with you so that you can make informed decisions about your health. In addition to sleep dentistry, we offer all aspects of dental care and treatment including restorative, general, cosmetic dentistry and more.

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LP(A), THE HIDDEN HEART ATTACK RISK FACTOR FINALLY COMES OF AGE!

By Dr. Robert Superko

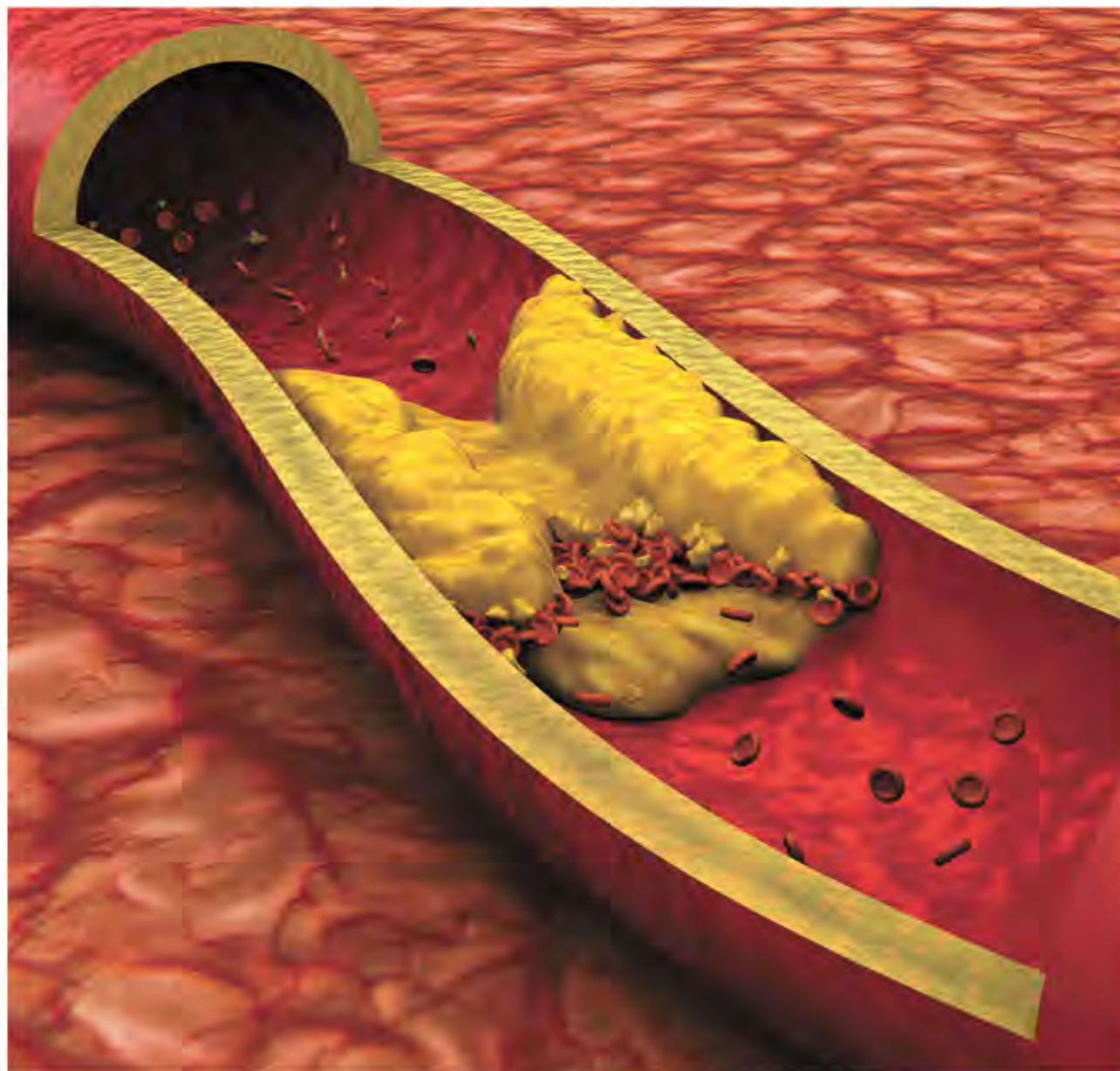
The Problem. Heart disease is often an inherited disease. It is also a complex poly-genic disease, which means that there are several inherited factors that can contribute to your risk of heart disease. But most often when someone speaks about heart disease, we think about 'cholesterol'.

Over the past decade, there have been numerous direct to consumer TV ads, which have publicized that by 'lowering your LDL cholesterol'; you will reduce your risk of a heart attack. What is NOT communicated in these ads is that despite all the progress with blood cholesterol reduction, there still remains a very large group of people who are at very high risk for having a heart attack even with normal or low blood cholesterol. This is not a small group of people. As we published in the medical journal *Circulation* in 2008, the 25% Relative Risk Reduction with statin therapy that is often communicated to patients is only a 3.4% Absolute Risk Reduction. What this means is that if 25% of the control group had a heart attack, 21.6%, or (25%-3.4%), of the group treated with the drug, also had a heart attack! This surprises some people, but it remains true in study after study.

What is important to understand from these clinical studies is that there are other important and significant contributing factors to heart attacks other than cholesterol. These factors contribute to this large group of people still suffering a heart attack despite good cholesterol levels and/or taking a cholesterol lowering medication.

One of the really important factors that explains heart attacks, despite well controlled blood cholesterol, is a particle that circulates in your blood called Lipoprotein (a) or Lp(a) – (pronounced: *ell p little a*). Lp(a) is inherited and NOT affected by your cholesterol.

Lp(a) has been scientifically studied for over 50 years. Although not as often mentioned as cholesterol particle, this odd-sounding particle contributes significantly to Coronary Artery Disease (CAD) risk and is independent of blood cholesterol, blood pressure, and diabetes. This means that if your blood cholesterol is totally normal, but you have high levels of Lp(a) in your blood, your risk of having



a heart attack is 2 to 3 times higher than other people and it has nothing to do with traditional CAD risk factors. The famous JUPITER study has shown that even with low LDL-Cholesterol of only 54 mg/dl, people with elevated Lp(a) had a significant risk of residual heart attack. Until recently the treatment of elevated Lp(a) was limited to high dose niacin therapy and a physical device treatment known as apheresis.

Family Ties. It is true that families are the ties that bind and nowhere is that more evident, and clear, than in the Lp(a) story. Lp(a) is passed on in families in what is termed a dominant fashion. This means

that if you have this problem, you inherited it from either your mother or father, and each of your brothers and sisters, and children, have a 50/50 chance of having it as well. This means it is really important to screen family members if it is discovered that one of them has elevated Lp(a).

What's NEW? While cutting edge physicians and clinics have measured Lp(a) in their patients for many years, the general medical community has tended to walk a more conservative line and await additional research results and recommendations by well-established professional medical organizations.

In **2003**, Sandra Tremulis experienced angina while on a routine run which eventually resulted in the diagnosis of elevated Lp(a) as the cause. Along with a family history of premature heart disease, this episode prompted her to create the Lipoprotein (a) Foundation dedicated to informing the public of the risk associated with elevated Lp(a).

In **2010**, the European Atherosclerosis Society reviewed the scientific data and published their recommendations on who should have Lp(a) testing. They recommend five groups of people which clearly should have Lp(a) determined.

1. Patients with premature cardiovascular disease
2. Patients with very high blood cholesterol known as Familial Hypercholesterolemia
3. Patients with a family history of premature cardiovascular disease and/or elevated Lp(a)
4. Patients with recurrent cardiovascular disease despite statin treatment
5. Patients with elevated cardiovascular disease risk by standard risk assessment.

In **2016**, the Canadian Guidelines concluded that a continuous increase in cardiovascular risk is evident in 30% of the population with Lp(a) levels > 30 mg/dl.

In **2018**, the National Heart Lung and Blood Institute concluded that Lp(a) is a highly prevalent genetic risk factor for cardiovascular disease (CVD) and also calcific aortic valve disease. They recommended several areas for future research.

In **2018**, the American Heart Association, the American College of Cardiology, and 10 other medical organizations updated the cholesterol

guidelines and agreed that an elevation of Lp(a) is considered to be a risk-enhancing factor and contributor to premature coronary disease.

In **2019**, the National Lipid Association concluded that there is overwhelming support of elevated Lp(a) levels as an independent risk factor for cardiovascular disease.

In the past 10 years the pendulum has swung in the direction of accepting elevated Lp(a) as an independent risk factor for heart disease as well as aortic valve disease. It is now acknowledged as a major contributor to coronary heart disease by all the major medical organizations that work in the heart disease field. Specific types of people who should be tested are now defined. Treatment of elevated Lp(a) has been a difficult problem in the past and was restricted to high doses of niacin and sometimes apheresis of the blood. There is now much excitement about a new genetic treatment that may lower Lp(a) by as much as 80% with an injection every 2-4 weeks. This new treatment is an antisense oligonucleotide (ASO) that has been championed by Dr. Sam Tsimikas, a cardiologist at the University of California, San Diego. If successful, this new treatment offers a whole new approach to Lp(a) reduction and reduced heart attack risk.

Know your risk. The key to preventing heart attacks is accurately knowing your complete risk so you can make lifestyle changes before a more serious condition develops. The standard testing performed as a part of your annual physical isn't enough. The Prevé membership now includes Lp(a) as a part of the Ultimate Health Check, which all members receive annually.



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Is Your Swing Hurting Your Back or is Your Back Hurting Your Swing?

By Daniel Taylor, DC

It's a beautiful Sunday afternoon on the golf course; the greens are freshly cut and the sun shining. You drive up to the tee box for the first shot of the day. You bend over to put the tee in the ground and out of nowhere the stabbing, knife-like low back pain hits you hard.

If the above scenario sounds familiar, know that you are not alone; studies reported that 50 percent of those who golf regularly suffer from chronic low back problems. Whether this pain is caused from placing the tee into the ground, riding in the golf cart or hitting the golf ball, know that there are options to eliminate this pain.

There are three fundamental causes of golf injuries: poor posture, lack of flexibility and lack of balanced functioning muscles. Golf is a game of repetitive motion that places torque on one side of the body. This is hard on the body and worse for amateurs because of improper swing mechanics that cause a greater load of stress on the low back. Imagine going to the gym and only working out one side of your body for years while neglecting the opposite side. Now picture yourself bent over in your golfing stance while hitting the ball a hundred times during a period of three to four hours. It's easy to see how golfers set themselves up for injuries.

Another aspect of your golf game that chiropractic can improve is your swing. Every golfer can agree that it is essential that the body is balanced from head to toe in order to have the perfect golf swing. In order to perform your best, you need to have unrestricted, fluid motion throughout the spine and pelvis. An improper stance will have a profound effect on your golf swing. Think of the body as a machine that stores and uses energy. Angular momentum only exists through fixed axis rotation (your spine). Your arms, hands and golf club all rotate around the spine. When the spine turns, the body creates a centrifugal motion for the club to follow. In order for there to be a fluid motion there must be a healthy, freely moveable spine and proper balanced muscles. Still unsure if chiropractic could help your game? Ask one of golf's greatest about chiropractic.



"I've been going to chiropractors for as long as I can remember. It's as important to my training as practicing my swing" - Tiger Woods.

Common golf related diagnosis include:

- **Sacro-iliac (SI) joint dysfunction:** This basically means that the SI joint has lost its normal fluid motion due to a fixation. Typically 2-4 visits can solve this complaint.
- **Facet Syndrome:** Facets are the name for the joints in the spine. At times these joints can experience abnormal motion (commonly from a golf swing) and become fixated. Very similar to SI joint dysfunction and often the two conditions exist concurrently. Again 2-4 visits usually.
- **Sprain/Strain injuries:** Very common with any athletic event. Typically minor conditions can self-resolve. However proper stretching, support and in office rehabilitation are always recommended.
- **Sciatica:** Often the most misdiagnosed disorder on the golf course. Everyone thinks pain down the leg is sciatica. However, there are actually many causes for

pain down the leg and a proper diagnosis is essential in order to properly treat the symptoms. This complaint is a large part of our practice. Call today to learn more.

The next time you are on the golf course focus on these things:

1. Are your feet balanced and comfortable at address?
2. Do your feet have to flare out in order to turn on the backswing?
3. Do you find yourself walking slightly crooked the day after a round of golf?
4. Do you find it difficult to get out of bed for a few days?
5. Is it painful to play the game?

If you answered yes to any of these questions, then contact us so we can address these issues. As avid golfers ourselves, we understand how easy it is to hurt yourself trying to hit that 300-yard drive.

At Compton Chiropractic, we offer spinal adjustments, decompression, preventive swing advice, rehabilitation exercises, physical therapy and nutrition in order to reduce pain and improve spinal posture and mobility. We treat a wide variety of village athletes including those who participate in pickle ball, tennis, softball and swimming.

So the next time you are on the greens ask yourself, 'is your swing hurting your back or is your back hurting your swing?'

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OH, THE PROMISES WE MAKE

By Janice Martin, Senior Advisor / Family Liaison

If you have an elderly parent or spouse, you may be noticing that there are signs that they are no longer safe or thriving at home. Even if you have care coming in several days a week, they may need more attention. Making the decision to broach the subject of assisted living is often difficult. Even if you are confident it's the right thing to do, it's stressful and can be very sad.

Many older people may have had a bad experience with a nursing home and swore they would never go to one. Your parent may have had their mother or sibling in a place 15-20 years ago and had an awful experience. Because of that, they may have made you promise to never put them "in one of those places."

I remember a conversation I had with my mother before she moved to a senior living community. She was a very social, well-dressed proud woman who had increasing memory impairment and was becoming weaker. One day, she asked me to make that very promise. I took a deep breath and told her, "Mom, I can't do that. If you ever get to the point where you never leave the house, you spend all day sitting and sleeping in your chair that is soiled from incontinency, if you can't remember how to use the remote control, and are no longer eating well, I will help you make a move to assisted living. I love you too much to accept that awful quality of life when I know it doesn't have to be that way."

You may be the full-time caregiver for a spouse and feel bound by the promise of "in sickness and in health." It is perfectly understandable that you want to keep your loved one home with you as long as possible. The idea of recognizing that's no longer realistic can bring feelings of guilt and perhaps failure.

If you did make one of these promises, there is the likelihood that it was made when things were very different. Perhaps at that time, neither of you realized the burden and sacrifices you would have to make. You may be sacrificing time and possibly your relationship with your spouse, children, or career to provide care for a parent. Being the full-time caregiver for a spouse, even with help, means that you are always on duty 24/7. Arranging for outside help can be exhausting and stressful if there are last-minute cancellations or frequent staffing changes.

Ask yourself, is this truly what they would have wanted for you?

Understandably, there is also the fear that they are moving to "heaven's waiting room." If they agree, they are afraid they are "giving up" and acknowledging that they will die, and that can be very frightening. Help them to understand there are many ways to be active and productive in a place that will provide them care, safety, and new friends.

Everyone wants to spend their final years in their own home. But if it's been a few years – or even decades – since they've visited an assisted living community, they may be very surprised! Today's communities are filled with wonderful amenities and activities in beautiful surroundings. There are many different types ranging from comfortable and cozy to big and glitzy. There are activities every day for socialization and delicious food to provide good nutrition.

Visit communities with your loved one and ask what they like and don't like. Help them to feel that they are part of the decision and that they have choices. Many people who believe they must go to a nursing home are surprised to learn that they can receive the care they need in today's assisted living.

Allow yourself to return to the role of husband, wife, or adult child, rather than caregiver. Know that you will always be the primary decision maker. By releasing the daily responsibilities, you can allow yourself to become part of a team that is experienced and professional. Remain visible and involved and communicate with the assisted living staff your expectations and thoughts. This will ensure better care and feelings of control. Take time to care for yourself so that you can be healthy, patient, and loving. Find a good support group to share your experience with others who understand and support you.

Working with a senior living specialist can help to narrow the search to find a reputable community that could be a good fit. We at Senior Liaison of Central Florida can be your advocate during the process of how to approach the subject, what to look for in a community, and help you every step of the way, allowing you confidence in your decision.

Allow Senior Liaison of Central Florida to be "Your Guide Through the Chaos!"

For more information, call Janice Martin at 352-477-1866 or visit www.SeniorLiaisonCFL.com

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Kidney Cancer Facts and Treatment Options

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the kidney, it is called kidney and renal pelvis cancer. It can also be called renal cell cancer as that is the most common type of kidney and renal pelvis cancer. The body has two kidneys, one on each side of the body, located behind the liver and stomach. The kidneys make urine, which is how the body washes liquid waste out of the body. The kidneys also play a role in controlling blood pressure and stimulating the bone marrow to make red blood cells.

Every year, more than 43,000 men and 25,000 women get kidney and renal pelvis cancers, and about 9,000 men and 5,000 women die from these diseases. A person with kidney or renal pelvis cancer may or may not have one or more of the symptoms listed here. The same symptoms can also come from other causes. If you have any of these symptoms, talk to your doctor.

- Blood in the urine.
- A lump or swelling in the kidney area or abdomen.
- Lower back pain or pain in the side that doesn't go away.
- Feeling tired often.
- Fever that keeps coming back.
- Not feeling like eating.
- Losing weight for no reason that you know of.
- Something blocking your bowels.
- A general feeling of poor health.

Kidney cancer can develop in adults and children. The main types of kidney cancer are renal cell cancer, transitional cell cancer, and Wilms tumor. Certain inherited conditions increase the risk of kidney cancer. Risk factors for kidney and renal pelvis cancers include—

- Being overweight or having obesity.
- Smoking.
- Having high blood pressure. It is not known whether the increased risk is due to high blood pressure itself or the medicines used to treat it.
- Taking certain pain medicines for a long time.
- Having certain genetic conditions.
- Having a long-lasting infection with Hepatitis C.
- Having kidney stones.
- Having sickle cell trait, which is associated with a very rare form of kidney cancer (renal medullary carcinoma).
- Being exposed to a chemical called trichloroethylene, which is used to remove grease from metal.

Different types of treatments are available for patients with renal cell cancer. Some treatments are standard (the currently used treatment), and some are being tested in clinical trials. A treatment clinical trial is a research study meant to help improve current treatments or obtain information on new treatments for patients with cancer. When clinical trials show that a new treatment is better than the standard treatment, the new treatment may become the standard treatment. Patients may want to think about taking part in a clinical trial. Some clinical trials are open only to patients who have not started treatment.

SURGERY

Surgery to remove part or all the kidney is often used to treat renal cell cancer. The following types of surgery may be used:

Partial nephrectomy: A surgical procedure to remove the cancer within the kidney and some of the tissue around it. A partial nephrectomy may be done to prevent loss of kidney function when the other kidney is damaged or has already been removed.

Simple nephrectomy: A surgical procedure to remove the kidney only.

Radical nephrectomy: A surgical procedure to remove the kidney, the adrenal gland, surrounding tissue, and, usually, nearby lymph nodes.

A person can live with part of 1 working kidney, but if both kidneys are removed or not working, the person will need dialysis (a procedure to clean the blood using a machine outside of the body) or a kidney transplant (replacement with a healthy donated kidney). A kidney transplant may be done when the disease is in the kidney only and a donated kidney can be found. If the patient must wait for a donated kidney, other treatment is given as needed.

When surgery to remove the cancer is not possible, a treatment called arterial embolization may be used to shrink the tumor. A small incision is made, and a catheter (thin tube) is inserted into the main blood vessel that flows to the kidney. Small pieces of a special gelatin sponge are injected through the catheter into the blood vessel. The sponges block the blood flow to the kidney and prevent the cancer cells from getting oxygen and other substances they need to grow.

After the doctor removes all the cancer that can be seen at the time of the surgery, some patients may be given chemotherapy or radiation therapy after surgery to kill any cancer cells that are left. Treatment given after the surgery, to lower the risk that the cancer will come back, is called adjuvant therapy.

RADIATION THERAPY

Radiation therapy is a cancer treatment that uses high-energy x-rays or other types of radiation to kill cancer cells or keep them from growing. External radiation therapy uses a machine outside the body to send radiation toward the area of the body with cancer. External radiation therapy is used to treat renal cell cancer and may also be used as palliative therapy to relieve symptoms and improve quality of life.

CHEMOTHERAPY

Chemotherapy is a cancer treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing. When chemotherapy is taken by mouth or injected into a vein or muscle, the drugs enter the bloodstream and can reach cancer cells throughout the body (systemic chemotherapy).

IMMUNOTHERAPY

Immunotherapy is a treatment that uses the patient's immune system to fight cancer. Substances made by the body or made in a laboratory are used to boost, direct, or restore the body's natural defenses against cancer. This cancer treatment is a type of biologic therapy. The following types of immunotherapies are being used in the treatment of renal cell cancer:

Immune checkpoint inhibitor therapy: Some types of immune cells, such as T cells, and some cancer cells have certain proteins, called checkpoint proteins, on their surface that keep immune responses in check. When cancer cells have large amounts of these proteins, they will not be attacked and killed by T cells. Immune checkpoint inhibitors block these proteins and the ability of T cells to kill cancer cells is increased. They are used to treat some patients with advanced renal cell cancer that cannot be removed by surgery.

Interferon: Interferon affects the division of cancer cells and can slow tumor growth.

Interleukin-2 (IL-2): IL-2 boosts the growth and activity of many immune cells, especially lymphocytes (a type of white blood cell). Lymphocytes can attack and kill cancer cells.

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WHY YOU SHOULD BE IN TOTAL CONTROL OF YOUR ESTATE PLANNING

Estate planning services include living wills, drafting of wills, trusts, and powers of attorney. Estate planning customizes the documents to match the needs of the clients, and to prepare provisions for their children, dependents and intended beneficiaries, and to also reduce the impact of estate taxes.

Many people are intimidated or afraid of hidden fees and high costs associated with estate planning, but Attorney Patrick L. Smith does things differently. Many attorneys bill their clients by the hour to handle their planning—Attorney Smith offers a complimentary consultation and has instituted a flat-fee system for his services. For example, a basic Will is a flat charge of \$75.00 and a Non-Tax Trust Package is \$695.00. This allows clients to know their costs from the start of planning and to determine their estate planning needs without surprises. Although Attorney Smith primarily practices in estate planning and asset protection, he regularly works to connect his clients with a network of attorneys to provide them with complete, affordable legal advice.

If you are putting off estate planning, here are few reasons you might want to take action now as opposed to later:



Health and Mental Capacity

In Florida, the state no longer recognizes Springing POAs (Power of Attorney). *Springing POAs* were able to “spring” into effect and make decisions after a loved one was incapacitated. These are no longer accepted. Instead, the State now requires a permanent POA that goes into effect at the moment of signing the document. If you or a loved one are being proactive about your estate planning or medical decisions, it’s critical to speak to an attorney to help guide you through the process and make the appropriate choices that are specific to your situation.

It’s essential to implement a power of attorney (POA) while someone is capable and competent of signing paperwork and evaluating needs.

If your loved one is unable to make sound judgments and decisions, it can be costly to navigate

the court systems to try and retroactively gain control of assets and to make important financial and health-related decisions.

Unfortunately, neurodegenerative disorders are escalating in our country. It’s not uncommon that individuals need 24-hour care and nursing to help with daily tasks due to conditions such as Alzheimer’s and Parkinson’s disease, or other debilitating disorders like COVID, cancers, coma, and those on life-support, to name a few. When there is no power of attorney in place to make decisions, such as hiring a caregiver, transitioning into a memory care facility, or implementing a hospice plan, these important decisions can turn into a challenging legal process.

Estate Planning Should be Under Your Control

Making decisions now is proactive. It should not be thought of as premature; it should rather be thought of as a wise decision for your family and those left behind that you wish to care for or donate to.

You DO NOT have to disclose all details of your assets to your family, but it is very important that they know where to find the information when they need it. Preparing and organizing your estate planning is critical.

Law Offices of Patrick L. Smith, PLLC

For your **free consultation** or to have Attorney Smith speak at your event or group, you may reach him at his Fruitland Park office by calling **352-204-0305** or visit: www.attorneypatricksmith.com.

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Developing Social Communication in Children

Innovative Therapies Group

A child's expressive vocabulary grows rapidly from the time of his first word at approximately 12 months, through first grade. Did you know that the average 2 year old uses over 200 words growing to 1000 words by age 3 years to over 1600 words by age 4? Your child's words may only be understood 50% of the time by age 2 but should be 90% understandable between 4-5 years.

There are many strategies that parents and caregivers can use to improve a child's communication:

Follow the child's lead

- Let the child choose the activity
- Join in the child's activity
- Comment on the child's play/talk about what he/she is doing
- Be face to face

Make it interactive – Create an opportunity for your child to communicate

- Keep toys/needed items in sight and out of reach to elicit requesting
- Provide inadequate portions so child requests more
- Create silly situations/be animated
- Playfully obstruct activity so child must request you "move", "go", etc.

Model and Expand the child's language

- Model gestures and words
- Simplify your language
- Speak slowly
- Be repetitive
- Provide choices (even when you already know what the child wants)
- Add one more element to your child's language (i.e.: if child uses one word utterances, model two word phrases, "go" becomes "car go")

Try some of these fun outdoor activities to help develop language skills.

Nature Walk: Whether at your local park or in your own backyard, now's the perfect time to get outside. While you are there, take the time to talk about what you are seeing:

- Label items (grass, leaf, flower, tree, dirt, stick). Collect items in a bag and encourage your child to show others what they found. Model language ("Look, I see, I found")



- Talk about the colors and sizes (big/little, short/tall) of the flowers, bugs, rocks and plants
- Discuss what you hear (model silly sounds and animal sounds)
- Talk about what people/animals are doing (who is running, sliding, throwing, swinging or what is crawling, flying, hiding). This is a great activity to practice verbs!

Water/sand play: Enjoy a hot day with water and/or sand play! Fill up a small pool or even a bucket with water/sand. You can use cups, big spoons and strainers while discussing the different steps throughout the activity:

- Talk about actions (splash, pour, fill, dump, scoop, dig)
- Label items (boats, spoons, cups). Children love to find items buried in the sand (hide, find and label them)!
- Talk about body parts (splash/scoop with your hands, splash with/bury your feet, do little splashes/dig with your fingers)

Follow the Leader/Simon Says: Both activities are great for toddlers and school-age children. Use Follow the Leader to work on identifying body parts and actions, as well as following directions. Younger children can participate by following visual instructions.

- Make sure you talk about what you're doing (model words), model actions and assist them with hand over hand assistance if necessary! ("Clap hands, stomp feet, arms up", "touch your eyes/nose/toes" and "Walk, run, jump, hop")
- Work on opposites (up/down, stop/go, loud/soft, high/low)

- Make instructions harder if the children are older (have them follow two "clap your hands then stomp your feet" or "touch your nose then touch your toes")
- Take turns being the leader and being "Simon". Encourage your child to tell you what to do!

Caregiver involvement can have a positive impact on improving a child's language skills. However, there are red flags which may indicate that a child may need professional intervention.

Red Flags

18 months:

- Does not point to objects
- Does not use gestures such as waving or shaking head
- Does not respond to "no" and "bye-bye"
- Does not use at least six to ten words consistently
- Does not hear well or discriminate between sounds

24 months:

- Does not use at least six consonant sounds
- Does not follow simple directions
- Has a vocabulary of less than 50 words
- Has decreased interest in social interactions

36 months:

- Strangers have difficulty understanding what the child is saying
- Does not use simple sentences

Innovative Therapies Group understands that family education is critical to improve a child's development of language skills. Coupled with family participation, direct therapy for a variety of communication disorders and delays can promote independent function and improved communication.

Speech therapy can help with improving a child's ability to understand and use language; and their ability to produce intelligible speech. We have experience treating children with a variety of disorders including Autism Spectrum Disorder.

To find out more or to schedule your appointment, please contact Innovative Therapies Group today.

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COMMON FOOT AND ANKLE INJURIES IN PICKLEBALL

1. Ankle strain/sprain – Pickleball involves sudden movements of the feet and ankles forward, backward, and side-to-side. These movements place stress on the ligaments surrounding the ankle joint. Moving side to side can cause the most common ankle injury in Pickleball – the inversion ankle injury. This is an injury where the foot rolls under the ankle and turns under. It produces a strain/sprain to the outside ankle ligaments. The ligaments can become stretched or torn. Repetitive ankle strain/sprains can weaken the normal stability of the outside of the ankle making you prone to repetitive ankle injury. The use of a functional ankle brace that allows full natural ankle range of motion while providing support and stability to the ankle joint is helpful to use for players experiencing ankle strain/sprain. Also, it is extremely important to warm up before every game or practice. Schedule time at least 5 to 10 minutes for warm-up. Start with some easy cardio (i.e., a fast walk, jog, or bike ride) to get your core temperature up. Then, do some light stretching. After play, be sure to cool down by taking a slow walk and doing a bit of stretching too.

2. Achilles tendonitis – Achilles tendinitis occurs from repetitive stress to the Achilles tendon. Pain can appear anywhere along the tendon, from the calf muscle to tendon's attachment at the back of the heel bone. Risk factors associated with Achilles tendonitis are tight calf muscles and suddenly doing activities that put extra stress on the Achilles tendon. With the physical maneuverings of pickleball, this certainly stresses the Achilles tendon. Symptoms include pain and stiffness along the Achilles tendon in the morning or after periods of sitting or rest. The pain at the back of the heel worsens with activity and swelling can occur. Treatment of Achilles tendon strains includes rest, focused stretching of the tendon before/after activities, and eccentric loading exercises.



3. Achilles tendon tear – Achilles tendon rupture can be a complete or partial tear. This happens when the tendon is stretched beyond its ability. This can occur with a forceful and abrupt downward (plantarflexion) movement of the ankle. The Achilles tendon can also be torn when there is sudden forceful pivoting or sudden acceleration in running. This may occur during falling or tripping which, is quite common in “weekend warrior” pickleball players. Many patients describe a snapping sensation with a sudden pain in the back of the ankle or calf. Pain is severe in the back of the ankle and usually there is difficulty to bear weight on the affected foot/ankle. With a complete rupture of the tendon, most cannot flex their foot downward from the ankle. This type of injury will often require surgical repair. Prompt evaluation is imperative for optimal long-term outcome.

4. Plantar fasciitis/heel bruise – Plantar fasciitis and heel bruising will result from overuse or repetitive pounding on the hard playing surface. Pain can be in the arch area or bottom of the heel. Often, it is in both areas. Pain is sharp in nature to the bottom of the heel and often more painful after inactivity or rest. This is often treated with activity modification, rest, stretching, intrinsic foot exercises, and potentially shoe orthotics or heel cups.

5. Blisters – Blistering of the foot is usually associated with prolonged use of improper footwear and socks. Wear anti-friction socks. Make sure your shoes fit properly. You should NOT be using regular walking or running shoes on a pickleball court. These types of shoes only provide traction when you are moving in a straight line. Pickleball involves fast and frequent side to side movements. Wearing these types of shoes can cause the foot to “stick” and an injury will likely occur. Court shoes are made with a smoother and rounder sole. They do not have deep treads on their sole. The treads are also smaller and closer together than other types of shoes. These court shoe modifications allow you to move and glide on the court.

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Lakeside Foot & Ankle Center offers a full array of podiatric services to help you maintain healthy feet.

Disclaimer: This content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health care provider with any questions you may have regarding a medical condition.

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ARTHRITIC KNEE PAIN: DO YOU REALLY NEED SURGERY?

By Physicians Rehabilitation

Walking, standing and exercising put a lot of strain on our knees. For example, a person that weighs 150 lbs. walking up a flight of stairs will put approximately 500 lbs. of pressure on their knees with each step. Not only is the knee one of the most intricate of all the joints in the body, but they are also the most susceptible to arthritis. Multiple types of arthritis affect the knees, but osteoarthritis is by far the number one type that surpasses all others.

What is Osteoarthritis (OA) of the Knee?

Positioned between the three bones of the knee (the femur, tibia, and patella) the articular cartilage provides a smooth gliding surface and acts as a shock absorber. This cartilage is smooth and resilient but susceptible to wear and tear. Once the cartilage begins to break down it is difficult to stop and often the cartilage breaks down completely and wears away. This can cause soreness, swelling, and stiffness, and it is the beginning stages of osteoarthritis, or bone rubbing against bone, which in turn causes bone spurs and a great deal of discomfort.

Articular cartilage has no blood supply. The cells that make the cartilage are nourished by the synovial fluid, and hydrostatic pressure of the joint influences the health and pathological condition of arthritis. The wear and tear process can be slowed often by weight reduction, strengthening the muscles surrounding the joints, and by minimizing or reducing activities that put excessive weight on the knee joints. However, there are well-known non-invasive treatments that have helped numerous people regenerate knee joint function and tissue.

Osteoarthritis develops slowly, and the often the pain becomes worse with time. This type of arthritis is also known as degenerative joint disease, because it is often associated with the aging process. But occasionally, this process can also affect younger people too. The pain can be debilitating and interfere with daily activities, affect your ability to work and create limited range of motion in your life.

MANY PHYSICIANS WILL RECOMMEND SURGERY, BUT DO YOU REALLY NEED IT?



Knee Replacement Surgery is Permanent

Starting with a more conservative approach is a better choice. Knee replacement is a very extreme measure to take without considering all of your options for a condition as common as knee arthritis. Physicians Rehabilitation has an effective knee program that entails several non-invasive treatments that can alleviate pain, increase weight bearing and strength, and regenerate tissue.

Physicians Rehabilitation's Knee Therapy Program Includes:

- PRP (Platelet Rich Plasma)
- Physical therapy
- Bracing
- Rehabilitation
- Supplementation and more



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Viscosupplementation

Viscosupplementation is an FDA approved, guided, hyaluronic acid injection. It is a gel like substance that is very similar to the synovial fluid in our joints, which reduces inflammation and increases cushioning and lubrication of your knees immediately. This treatment protocol is used to treat the symptoms associated with arthritis.

Viscosupplementation (also known as hyaluronic acid injection) involves injecting a lubricating fluid into the knee joint to promote more comfortable knee movement, reduce friction in the joint, and slow the progression of arthritis. This treatment is also commonly paired with physical therapy to help strengthen the joint and improve range of motion. At Physicians Rehabilitation, we perform viscosupplementation with the guidance of advanced fluoroscopic technology to achieve enhanced precision and provide our patients with optimal results. Viscosupplementation is considered to be a safe procedure, and is covered by Medicare and most insurances.

PRP (Platelet-Rich Plasma)

Fortunately for our patients today, advances in science have allowed us to find new and targeted approaches to treating degeneration and injuries. Platelet-rich plasma or PRP is an "autologous blood therapy" that uses a patient's own blood components to stimulate a healing response in damaged tissues. PRP provides an alternative to surgery by promoting safe and natural healing.

Research studies and clinical practice have shown PRP therapy is very effective at relieving pain and returning patients to their normal lives. Both ultrasound and MRI images have shown definitive tissue repair after PRP therapy, confirming the healing process. The need for surgery can also be greatly reduced by treating injured tissues before the damage progresses and the condition is irreversible.

Physicians Rehabilitation

We are a leading provider of nonsurgical orthopedic solutions in the Florida. We cater to patients of all ages and lifestyles who are at their wit's end with symptoms of osteoarthritis and other debilitating joint conditions. If you're ready to find meaningful relief from your knee pain, we encourage you to consult with our board-certified physicians about your non-surgical treatment options – even if other doctors have told you that surgery is the only answer.

WHO IS ON YOUR WOUND CARE TEAM?

Wound Care Specialist are health care professionals and technicians with specialty training in restoring skin and infection control. After successfully completing the basic courses for a career in the health care field, a wound care specialist accrues at least three years of experience in wound care before sitting for a written examination to prove their specialized knowledge and competence. To maintain their wound care specialist status, continuing education credits and periodic re-certification testing is required.

Nurses, a variety of specialty physicians, physical therapists, and medical technicians all work together as a multidisciplinary team to deliver care to patients with acute, chronic and non-healing wounds of all types. They work in acute care hospitals, emergency rooms, nursing homes, home health agencies, clinics, and other health care facilities.

Nurses clean, treat and dress wounds as well as teach patients and their families how to care for the wound at home. Educating the patient and family is important to not only promote healing but to help watch for signs of infection that can delay healing and extend the need for professional care. Nurses are instrumental in developing and executing a formal plan of care for the patient.

Physicians caring for wounds may come from several different disciplines including general surgery, vascular surgery, podiatry, and dermatology, among others. Other medical specialists may become involved in patient care, depending upon the origin, location and extent of the wound. Plastic surgery may be another involved discipline. Doctors also attain certification through the American Academy of Wound Management to become a Certified Wound Specialist Physician (CWSP).

A primary care physician is often the referring doctor and is instrumental in coordinating communication and therapy among the team of wound care specialists.

Physical therapists in some health care facilities work with patients requiring wound care. They specialize in treatment modalities such as ultrasound, electrical stimulation, whirlpool and compression therapy, among others.

Wound care specialists deliver cutting-edge health care. As a multidisciplinary team, the combined expertise and diverse clinical knowledge may cover a wide range of modalities to improve the patient's wound healing and thus, improve their quality of life.

Some wounds the health care team treats may include:

- **Acute wounds in an emergency room:** Acute wounds are often precipitated by trauma, such as burns, lacerations, or abrasions. As the historical and clinical features surrounding the cutaneous injury process differ, wounds must be evaluated and treated individually. Without proper cleansing and wound care, these acute wounds can lead to complications, such as poor healing and infection. Optimizing wound healing through proper acute wound management involves removal of harmful debris/necrotic tissue, exploration for underlying injuries, control of bacterial burden and appropriate closure.

- **Post-operative wounds:** Post-operative wounds are those wounds acquired during surgical procedures. Postoperative wound healing occurs after surgery and normally follows distinct bodily reactions: the inflammatory response, the proliferation of cells and tissues that initiate healing, and the final remodeling. Postoperative wounds are different from other wounds in that they are anticipated and treatment is usually standardized depending on the type of surgery performed. Since the wounds are 'predicted', actions can be taken beforehand and after surgery that can reduce complications and promote healing.

- **Pressure wounds and bed sores:** A pressure ulcer, also known as a bedsore or decubitus ulcer, is a wound of the skin caused by prolonged, unrelieved pressure to that area. Pressure ulcers occur most frequently around bony prominences such as the tailbone, hips, heels, ankles and elbows. Many factors can contribute to the formation of pressure ulcers. The main cause is unrelieved pressure to a location of skin on the body. This constant pressure inflicts damage by decreasing the area's blood supply and traumatizing the skin. When this pressurized spot rubs against other surfaces (such as bed sheets or wheel chairs), the tissue is further damaged. Other contributing factors are excess moisture (fecal or urinary incontinence), poor nutrition and/or hydration, and generally poor health.

- **Diabetic ulcers:** A neurogenic ulcer is also known as a diabetic ulcer. Diabetic ulcers are generally found on the bottom of the foot and can occur on either or both feet. Other areas that can be affected include the legs, hands, and even in the folds of skin, around or on the stomach. Diabetic ulcers can be painful. Many people feel embarrassed by their appearance, in addition to the physical pain they experience. A typical diabetic ulcer on the foot looks like a red sore that manifests

in the surface of the skin and can form in a variety of areas. However, sores can occur deeper in the skin. A deep foot ulcer can extend to the tendons and bones of the feet and must be treated quickly. If the condition worsens, the diabetic ulcer will likely become infected.

- **Vascular ulcers:** Vascular ulcers are chronic, or long term, breaches in the skin caused by problems with the vascular system, also known as the circulatory system. Vascular ulcers have the potential to be dangerous. They may not heal normally and can lead to an increased risk of infection. Due to related medical problems, patients with vascular ulcers may have little or no sensation in the ulcer area. Therefore, you may not notice a vascular ulcer until it has progressed to the point of becoming large and/or infected.

- **Radiation wounds:** Radiation therapy is a powerful treatment that slows or kills the growth of cancer cells. It's recommended for half of all cancer patients, many of whom owe their lives to radiation treatment. However, such a potent treatment doesn't harm cancer cells in isolation; it also injures healthy cells and tissues as a result.

A patient with a wound that has not healed after one month of conventional therapy is often referred to a wound care specialist for further evaluation and treatment. The wound specialist may add new therapies such as a specialized treatment like the hyperbaric oxygen chamber to improve the healing process. Hyperbaric treatments provide 100% oxygen inside a pressurized chamber to aid healing.

A key role of a wound specialist lies in patient and family education. Wounds heal differently for everyone, and improvements are not seen overnight. Wound specialists need to demonstrate patience and compassion to their patients as they navigate the long road to recovery.

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Dealing With Life's Painful Situations

By Pastor Timothy Neptune

On Father's Day in 2005 my dad came to my office to visit and talk about how things were going. In the course of our discussion he mentioned that he experienced a terrible night's sleep because his back was causing him so much pain. I told him that it was time to go to the ER and get checked out to find out what was causing all of his pain. He did, and that started a two-year battle with pancreatic cancer. My dad fought an incredible fight with this terrible cancer but passed away in August of 2007.

Many people have faced the pain of having to bury a loved one. The question is, "How do I deal with the pain?" We may have confidence that our loved one is in a better place, but do we do with the pain that we still feel?

As you read this, maybe your pain is not in the loss associated with death, but rather you have faced the end of a relationship, or perhaps have received bad news regarding your own health. The question still remains, "what are we to do with these painful situations?"

As we turn through the pages of Scripture, we find that the thoughts and writings of the Psalmist David bring comfort and hope to those in pain. David understood painful situations for he faced many of them in his own life. He too, buried many loved ones and faced enormous family problems. How did he get through these challenges? He turned to God for help.

David tells us in the book of Psalms, *¹⁸The LORD is close to the brokenhearted and saves those who are crushed in spirit. Psalms 34:18*

You are never closer to God than when you are hurting. David knew that from personal experience. David took his pain and his problems to the Lord and asked for His help. In Psalm 142:1-2 David wrote, *"I cry aloud to the LORD; I lift up my voice to the LORD for mercy.*

I pour out my complaint before him; before him I tell my trouble."



Our natural tendency is to suffer in silence. We put on a smile and pretend that everything is fine in our lives. Yet in reality, we know that ignoring our pain does not bring relief. We hope that time will heal all wounds but we know it does not. In fact, time often makes matters even worse.

Pain is our body's way of letting us know that we need to deal with something. Whether it is physical, emotional, or relational, pain should not be ignored. And yet still, we try to run from it.

It is human nature to run from painful situations. By law, all doors in public buildings swing out. When people panic, they run. They try to escape. When we face pain, loss and hurt, we look for ways to escape. We dream of running away from reality in hopes of finding peace and comfort over the next rainbow. Sometimes people try to escape by turning to alcohol, drugs, food, or even inappropriate relationships. Running from your problems never brings resolution.

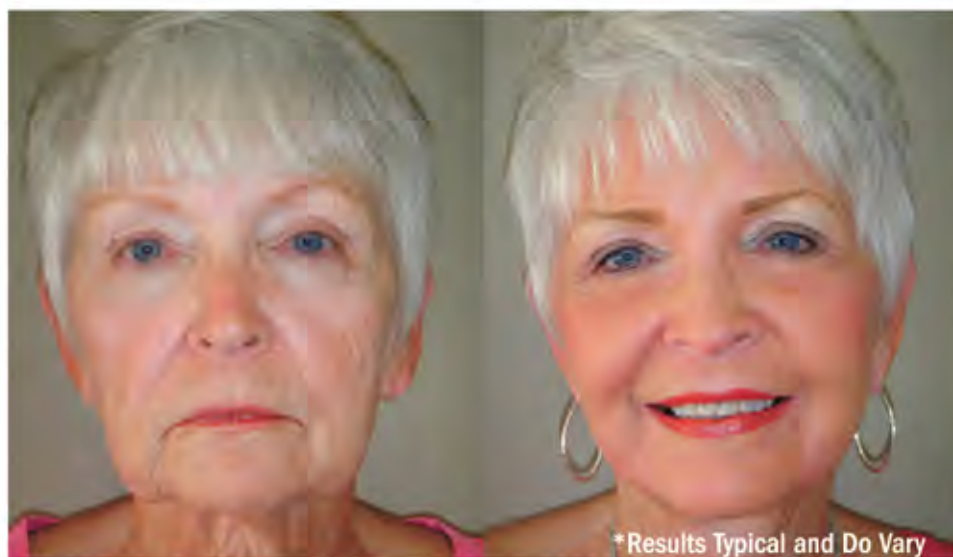
David went on to say in Psalm 142:3 that *³"When my spirit grows faint within me, it is you who knows my way..."* God knows the pain we feel and He wants us to run to Him with our troubles.

As you read his Psalms, you will quickly notice that David was very open about what he was going through. And yet, through it all, he learned to trust and depend on God.

When dealing with the pressures and strains of life and the emotional challenges we face, we can learn much from David's example. Stop pretending that you can handle everything in your own strength and turn to God who loves you and cares about you. He specializes in mending broken hearts.

Tim Neptune is the lead pastor of Venture Church Naples, a new church located on the campus of Florida SouthWestern State College in Naples, FL. For more information, visit www.venturenaples.com.

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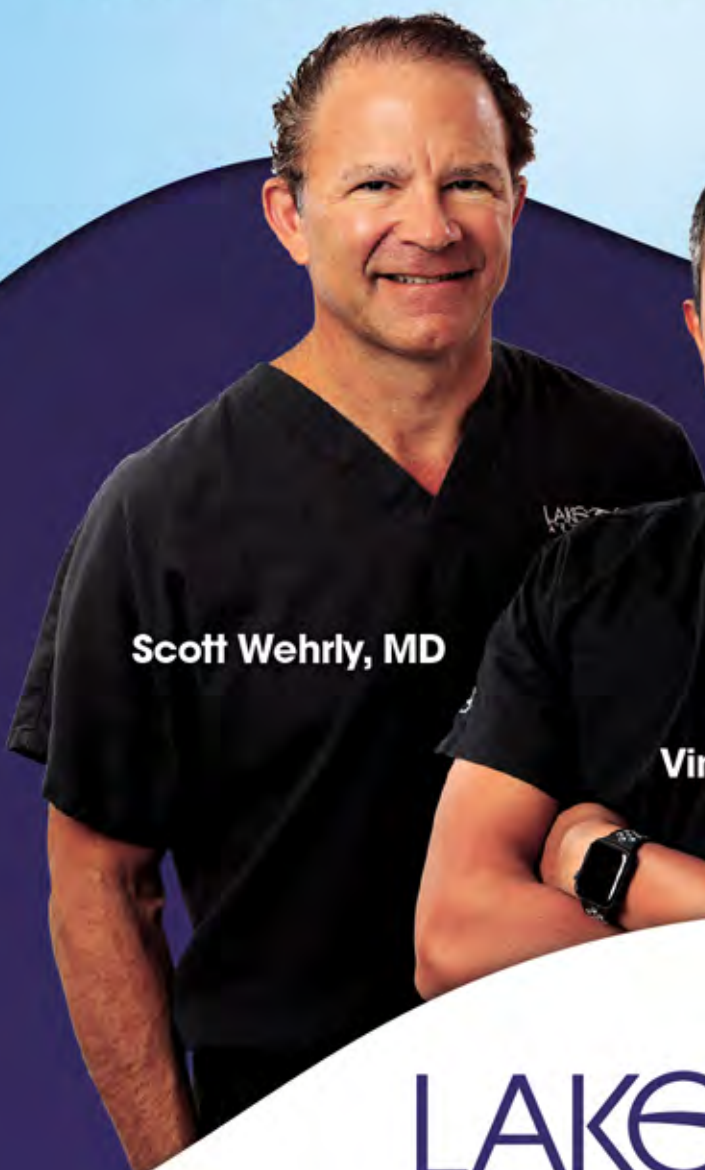
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