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February 2014

Charlotte/South Sarasota Edition - Monthly

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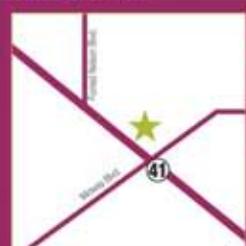
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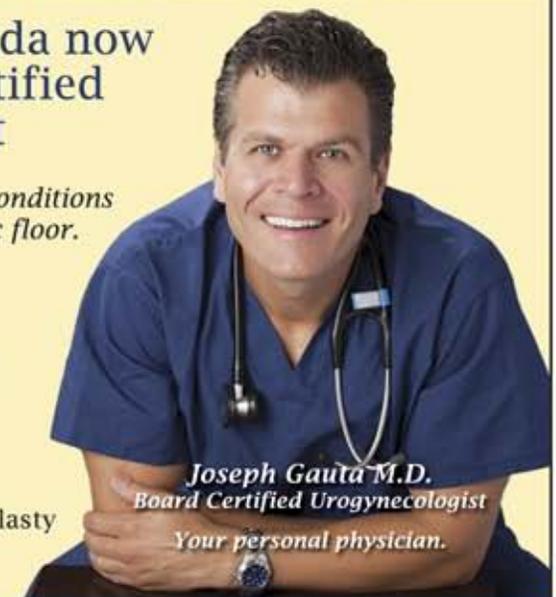
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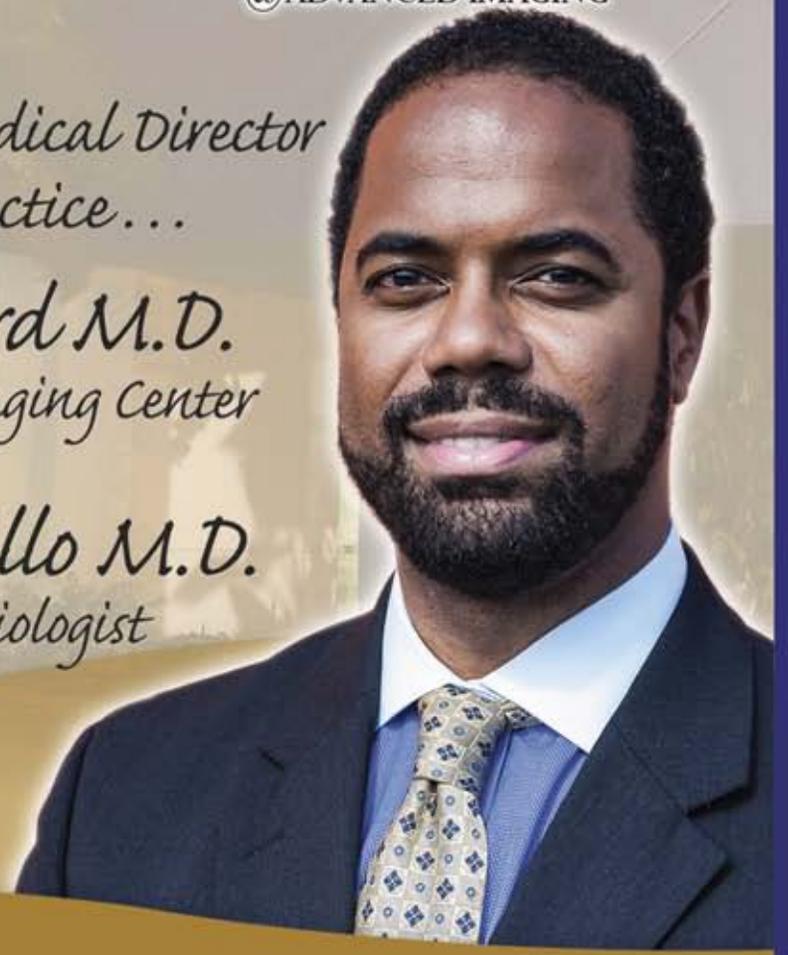
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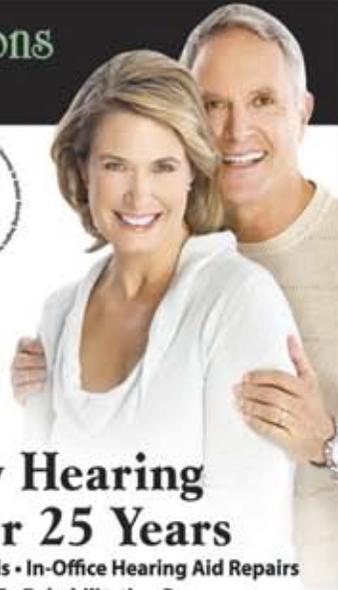
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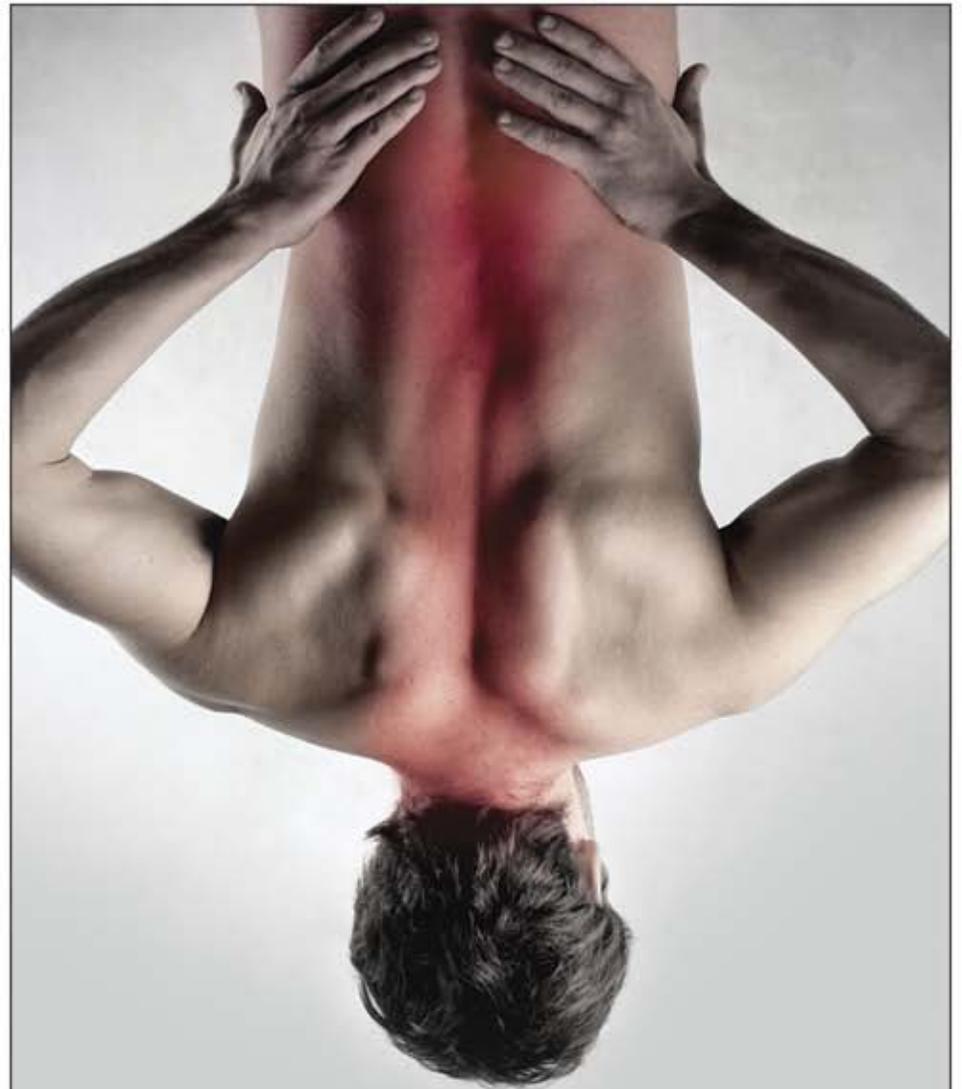


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THE FRACTURE THAT MAY CAUSE YOU STRESS!

By Myles Rubin Samotin, MD - Board Certified Orthopaedic Surgeon, Fellowship Trained in Foot and Ankle

You may have heard the term stress fracture, but just what is it and how does one get it? A stress fracture is exactly what it states it is, a fracture of the bone caused by “stress” to the bone. It is a “microfracture” of the bone, similar to a crack in the concrete of your driveway. It occurs due to several causes, but most of the time due to the muscles that support the body become overly fatigued and the stress transfers to the bone, sometimes resulting in a fracture.

The people who get this fracture are people who either do repetitive exercises, (people who constantly are running, or doing consistent exercises that over-exert the muscles) or people who have problems with bone quality or density, due to medical problems, poor nutrition, or osteoporosis. The muscles are not strong enough and the bone fractures. As you can imagine, these stress fractures rarely involve upper extremities, since we don't put pressure on these bones on a consistent basis. These fractures almost always involve the tibia (shinbone) or one of the many bones of the foot, many times involving a metatarsal bone.

Women are much more likely to suffer these, since estrogen, which helps support bones, tends to decrease as women age. Long distance runners, tri-athletes are very susceptible to these fractures, **BUT**, many “snow-birds” will suffer from these when they first come down to Florida, since they will start a strong exercise program without properly building up the supportive muscles.

The symptoms of stress fractures are relatively simple: PAIN. This pain will increase as you continue putting pressure and stress on the affected bone, and will subside when the bone can rest.

The first thing in proper diagnosis is to see the proper specialist who can give a correct diagnosis. Since the bones associated with stress fractures involve mainly the foot and ankle, then a foot and ankle specialist, with

orthopedic experience is the proper medical person to see. He will order the proper tests, to diagnose the stress fracture. Most normal X-Rays will NOT show any fracture, and a person may be misdiagnosed because of this. Special tests such as bone scans and MRI's can make the proper diagnosis.

When you see your orthopedic foot and ankle specialist, he will order the proper tests and will make the diagnosis of a stress fracture. He will rest your leg by placing it into a walking boot to give it the chance to heal. The most important thing to remember during this time of rest is that you **MUST** give it enough time for the fracture to heal. Several weeks of rest may be necessary. If you start to use the bone too early, the fracture may not have totally healed and another stress fracture may result. Therefore, care must be given to properly let the stress fracture mend. All patients must remember that the **BONE IS FRACTURED**. Give it time to heal.

Anytime that a lower extremity has been consistently painful over a period of time, the diagnosis of stress fracture cannot be ruled out. You should seek your orthopedic foot and ankle specialist. I am the only fellowship trained orthopaedic foot and ankle specialist, with clinical experience of over 12 years in the Naples area. I believe my combination of extensive education and clinical experience along with willingness to use new techniques in a state-of-the-art office allows me to give the best possible care to **ALL** your foot and ankle needs. I know that I can give you the orthopaedic foot and ankle distinction.



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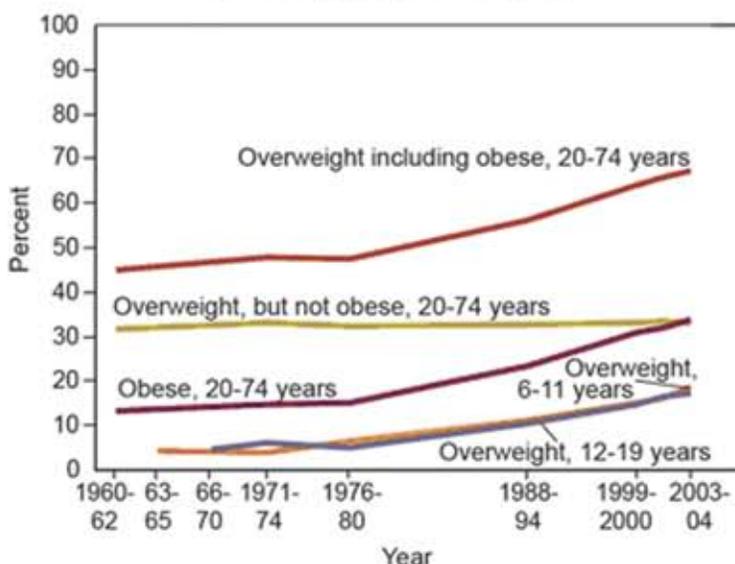
RE: VEIN PROBLEMS IN THE OVERWEIGHT & OBESE

By Joseph Magnant, MD, FACS

Approximately 40 Million adults in the USA are affected with severe superficial venous insufficiency, and many of these patients may have edema or swelling based on increased venous pressure in the legs caused by their leaky veins. Heredity has been firmly established as the primary cause of venous insufficiency although there are a number of other factors which contribute to worsening of the signs and severity of venous insufficiency. Pregnancy, overweight and obesity, sedentary occupations, advanced age, and any other conditions which increase intra-abdominal pressure are some of these factors. Many patients have been told that their swollen painful legs are related directly to their obesity and that weight loss alone will remedy their problem. Unfortunately, the symptoms of painful legs related to severe swelling often prevent these patients from performing the very exercises prescribed to lose their excess weight. The cycle becomes an impossible one for the overweight patient to break out of. The graph below reviews the increase in the prevalence of overweight and obesity in the general adult population. As is quite evident the prevalence of overweight and obesity is on the rise and as this trend continues it is expected that a greater percentage of patients with familial venous insufficiency and varicose veins will likely present with more advanced signs and symptoms of the disease. One in five adult Americans has significant superficial venous insufficiency and in women over the age of 50, one in three is affected. When the prevalence of insufficiency in these populations are crossed with obesity and overweight statistics, it becomes clear that there are many overweight and obese adults with severe venous insufficiency, many of whom have been told their leg symptoms are primarily a weight induced problem and have likely given up on any hope of remedy of their leg discomfort and leg vein problems.

1. IF I LOSE 50-100 POUNDS MY VEIN PROBLEMS WILL RESOLVE.	FICTION
2. MY SWOLLEN LEGS ARE DIRECTLY DUE TO MY OBESITY.	FICTION
3. I HAVE TO LOSE ALL MY WEIGHT BEFORE I FIX MY VEINS.	FICTION
4. THE MAIN CAUSE OF VARICOSE VEINS IS OBESITY.	FICTION
5. I DON'T HAVE VISIBLE VARICOSE VEINS, SO MY PAINFUL RED LEGS ARE NOT RELATED TO LEAKY VEINS.	FICTION
6. I AM TALL AND THIN, SO I CAN'T HAVE VEIN PROBLEMS.	FICTION
7. I CAN'T EXERCISE BECAUSE OF MY PAINFUL, SWOLLEN LEGS; IS IT POSSIBLE THAT FIXING MY VEINS WILL IMPROVE MY ABILITY TO EXERCISE AND HELP ME LOSE MY EXCESS WEIGHT?	TRUTH
8. THE MAIN CAUSE OF VENOUS INSUFFICIENCY IS HEREDITY.	TRUTH
9. EXCESS WEIGHT, PREGNANCY, AGE, SEDENTARY OCCUPATIONS ARE ALL EXACERBATING FACTORS WHICH ADVERSELY INFLUENCE MY VEIN PROBLEMS, BUT FAMILY HISTORY IS THE MAIN CAUSE OF MY VEIN PROBLEMS!	TRUTH

Overweight and obesity



SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, Health, United States, 2006, Figure 13. Data from the National Health and Nutrition Examination Survey

Although it cannot be denied that overweight and obesity play an important role in exacerbating the condition of venous insufficiency, the underlying cause is HEREDITY. Rather than insist on weight loss alone as the primary treatment of the symptoms and signs of venous insufficiency, we must insist on venous insufficiency evaluation and diagnostic examination with modern ultrasound techniques in overweight and obese patients who present with significant symptoms. These may include but are not necessarily limited to swollen, painful legs, reddened and inflamed legs, varicose veins, discolored skin or ulcerations in the ankle regions or lower legs, nighttime leg

Before



After



cramps or restless legs syndrome. Patients with weight problems and any of the above symptoms should be encouraged that there may be a minimally invasive treatment for their vein problems which may give them the freedom to live without pain in their legs and begin a more meaningful journey to weight reduction through active exercise. Take control of your life now, empower yourself to seek a thorough evaluation of your lower extremity venous system for leakiness, not just for clots in the veins, rather than resigning yourself to accepting the dismissive explanation that your weight or obesity is the sole cause of your leg symptoms.

Until the year 2000, the only treatments for venous insufficiency (manifest as large varicose veins, skin ulcerations or bleeding varicose veins) were compression hose or vein stripping. Due to the invasive and painful nature of vein stripping, surgical treatment for venous insufficiency was limited to patients with recurrent ulcerations around the ankles or varicose vein related bleeding episodes. Endovenous closure was introduced in 2000 and has significantly changed the landscape for patients with venous insufficiency. Since introduced, endovenous closure (sealing of the leaky veins with a small catheter) has been used successfully to treat many different patients. Overweight and obese patients have been able to have successful treatment of their venous insufficiency and relief from their disabling

symptoms prior to developing the end result complications of venous ulceration or hemorrhage and can be safely treated for the less advanced yet still painful presentations of severe swelling and redness of the legs, bulging varicose veins and complaints of nighttime leg cramps and urination. The availability of this minimally invasive and very effective procedure to this previously ignored population of patients with symptomatic venous insufficiency has resulted in a surge in the number of patients being referred either through their physicians or directly for venous evaluation. Since the superficial venous system (rather than the deep system) is responsible for the majority of patients' problems with the advanced signs and symptoms of venous insufficiency, it seems only appropriate to offer patients a scientific evaluation and a more definitive therapy when appropriate, earlier in the course of disease process rather than making them suffer the pain and discomfort of venous hypertension indefinitely. Complications such as bleeding, ulceration and cellulitis require frequent emergency room visits and hospitalizations and the goal should be the avoidance of these serious complications.

Untreated venous insufficiency in the overweight or obese patient makes it nearly impossible for them to lose their weight, which further complicates their medical conditions such as diabetes, hypertension, high cholesterol and overall cardiovascular health.

They often also report higher incidences of depression, anxiety and other psychological disorders which often are improved after treatment of their venous disorders as their chronic pain resolves and their self esteem improves as they are able to begin their exercise programs in earnest and turn their lives around.

The photos above demonstrate the before and after photos of a patient who lost 120# and still had large varicose veins which were more noticeable after weight loss due to the loss of fat around the veins. He underwent successful treatment with endovenous ablation and the photo on the top right shows the final result with complete resolution of the large varicose veins. Weight loss is a great goal, but overweight or obese patients with vein disease should not be mandated to lose their weight before having their vein evaluation and possible treatments.

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National Eating Disorder Awareness Week

February 23-March 1 is designated as **National Eating Disorder Week** to shed light on the seriousness of eating disorders and improve education about the warning signs and how to help those struggling. Education and direction to resources can lead to earlier detection, intervention, and help.

Anorexia and Bulimia are two of the most common eating disorders and have been researched and written about for decades. Binge Eating Disorder (BED) has since joined the ranks of anorexia and bulimia as an official eating disorder. Binge Eating Disorder is in fact a distinct entity – not just the extreme overeating that plagues many Americans.

Although eating disorders are typically twice as common in women, BED seems to be an “equal opportunity” disorder, with 40% occurrence in men. Data also indicates the BED does not discriminate against race. BED is as common in African American women as it is in Caucasian and Hispanic women.

Binge Eating is characterized by insatiable cravings that can occur any time of the day or night, usually secretive, and filled with shame. Bingeing is often rooted in poor body image, use of food to deal with stress, low self-esteem and tied to dysfunctional thoughts.

No one knows for sure what causes BED. With the association of BED and obesity, this disorder becomes a major public health issue that presents both medical and psychiatric issues that impair the quality of life.



What does BED look like?

This vicious cycle of recurrent bingeing without purging brings feelings of despair, disgust, and a sense of loss of control. Despite popular beliefs, someone suffering from an eating disorder can be of any weight and are often adept at hiding their illness.

Distinguishing between overeating and binge eating is sometimes difficult. Compulsive eating, emotional eating are terms that have been around for years. BED is not merely the occasional craving, over-eating when you are hungry, or the overindulgence during the holidays.

The National Association of Anorexia Nervosa and Associated Disorders outlines the following criteria for a diagnosis of BED:

- Marked distress over binge episode
- Occurs at least 1x per week for 3 months

And, THREE or more of the following:

- Eating more rapidly than normal (i.e. 2 hr period)
- Eating until feeling uncomfortably full
- Eating large amounts of food when not feeling physically hungry
- Eating alone because of being embarrassed by how much one is eating
- Feeling disgusted with oneself, depressed or very guilty over after overeating

Detection

Unfortunately, many people with BED go under the radar. The pain of struggling with BED is often hidden from family, friends and even doctors.

Some questions to ask:

- Are there any problems with your eating?
- Are there “binge” foods that you know will be a problem?
- Is life built around food and eating?
- Do you feel compelled to binge?
- Do you eat rapidly and continue to eat, despite feeling uncomfortable?
- Once you start eating, can you stop?
- Do you lie about the amount of food consumed?
- Do you want to eat alone?
- Do you stash food around the house, car, or desk at work?
- Do you have feelings of remorse, shame, guilt, disgust or loss of self-esteem after overeating?

Education, early intervention, and access to care are critical.

Early diagnosis and intervention significantly enhance recovery. If not identified or treated in their early stages, eating disorders can become chronic, debilitating, and even life-threatening conditions. A review of nearly fifty years of research confirms that anorexia nervosa has the highest mortality rate of any psychiatric disorder. As a culture, it is time for all communities to talk about eating disorders, address their contributing factors, advocate for access to treatment and take action for early intervention.

While eating disorders are serious, potentially life-threatening illnesses, help is available and recovery is possible. It is important for those affected, and their loved ones, to remember that they are not alone in their struggle. If binge eating is affecting you or someone you love, please call **239-561-0009** to discuss available clinical study programs.

We are currently researching breakthrough medications and treatments that could reduce or stop the behaviors altogether. Previous results of these trials have shown positive outcomes.

*If you would like help, please contact us today, and begin the process of getting better. You do not have to do it alone, call **239-561-0009** today!

*<http://www.reuters.com/article/2013/11/05/us-shire-idUSBRE9A409N20131105>

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To increase awareness and encourage eating disorder treatment, throughout the month of February, *Gulfcoast Clinical Research Center, in conjunction with The Screenings for Mental Health*, is offering complimentary evaluations. Call (239) 561-0009 today to schedule an appointment.

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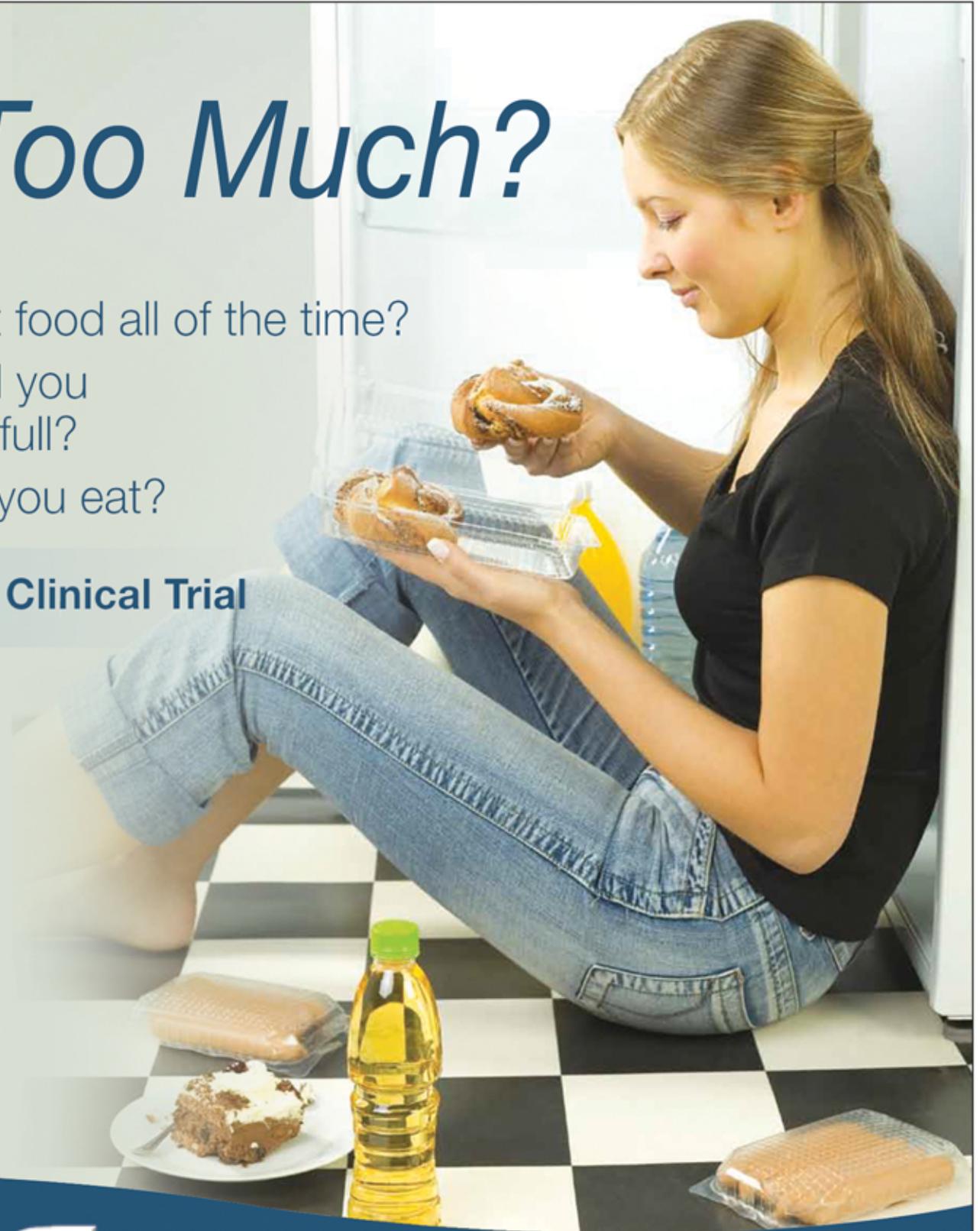
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Communication Strategies for the Hearing Aid Wearer, Part 4: Making a Commitment to Lifelong Better Hearing; Using Body Language as a Communication Tool

By Dr. Noël Crosby, Au.D.

Note: This article is Part 4 of a series of articles that began in the October issue of SouthWest Florida's Health and Wellness Magazine.

Deciding to purchase a pair of hearing aids can take a great deal of thought. Studies show that some people wait as many as seven years after becoming aware of their hearing difficulty to finally seek help from an audiologist or hearing instrument specialist. Combine the stress of making such a difficult decision with the fact that a hearing aid purchase represents a major investment of money, and the importance of ensuring a successful fit and user experience becomes even greater.

The truth is that wearing hearing aids, just like wearing contact lenses or eye glasses, can take some getting used to. But you can improve your ability to adapt to them quickly and gain maximum benefit by making a serious commitment to wearing them every day during the hours you are awake. Step #4 in our list of Communication Strategies for the Listener with Hearing Loss addresses the importance of commitment.



Communication Strategies for the LISTENER with Hearing Loss

Step #4: Make an unwavering commitment to wearing hearing aids or using assistive listening devices.

Webster's dictionary defines "commitment" as "an agreement or pledge to do something." Simply put, when it comes to wearing hearing aids, it means you must be willing to do whatever it takes to be a successful hearing aid user, in spite of any setbacks that may occur during an adjustment period that can take up to 90 days.

To help keep yourself on track and to ensure you keep the promise you made to yourself, remember the following:

1. Your commitment to improving your ability to hear will not only improve the quality of your life, but also the life quality of those around you. Remember, struggling to hear is frustrating...for you, as well as your friends and family.
2. Ask for help. Share your commitment to wearing hearing aids with others. Let them help you keep your promise by reminding you to wear your hearing aids, if necessary, and to remind you to see your audiologist with any questions or concerns you have about your new hearing aids.

Communication Strategies for the Listener with Hearing Loss

Step #1:

Recognize and understand the signs and symptoms of hearing loss.

Step #2:

Understand treatment options.

Step #3:

Have realistic expectations while implementing strategies for successful adaptation

Step #4:

Make an unwavering commitment to wearing hearing aids or using assistive listening devices.

Step #5:

Develop listening and speech reading skills.

Step #6:

Be assertive. Take responsibility for speech comprehension by taking steps for controlling the listening environment and giving honest and direct feedback to the speaker.

Communication Strategies the Speaker

Step #1:

Stop enabling the hearing impaired listener.

Step #2:

Support and encourage all efforts to get treatment.

Step #3:

Develop strategies for clear speech. (voice intensity, projection, rate and clarity)

Step #4:

Learn to understand and use body language.

Step #5:

Remove physical barriers to speech.

Step #6:

Learn to make the message interesting.



3. Develop a detailed action plan to help you form a new habit. Consider putting your commitment in writing and posting it on the refrigerator. Create a "to do" list reminding you to clean them and keep track of the hours you wear them. But no matter what, never give up and put your hearing aids in a drawer.

4. Reward yourself with a small gift or activity for achieving small goals.

Communication Strategies for the SPEAKER:

Step #4: Learn to understand and use body language

Body language is a form of human non-verbal communication consisting of eye movements, facial expressions, hand gestures and posture. Hearing aid users frequently rely upon body language more so than those with normal hearing, so pay attention to the message you are sending with your eyes, hands and posture.

1. Before speaking, make eye contact with the person wearing hearing aids. You can initiate this by calling the person's name, through a simple tap on the shoulder or a wave to attract attention.

2. Do not turn away while speaking.

3. Maintain eye contact to aid in communication. Your facial expressions help convey the emotion behind the words you are speaking.

4. Use pantomime if necessary.

5. If making a presentation before a group, be cognizant of the fact that talking while your back is turned to write on a chalkboard or while your face is hidden behind a computer screen makes it difficult to speech read.

Next month: Step #5-Develop Listening and Speech Reading Skills/Remove Physical Barriers to Speech



PROFESSIONAL BIO

Dr. Noël Crosby, Au.D., owner and practicing audiologist at Advanced Hearing Solutions in Englewood, FL is an experienced professional whose career has been devoted to helping people understand more clearly.

With over 23 years of experience, Dr. Crosby's career path is marked by the pursuit of advanced education. After completing her undergraduate requirements, she received her Bachelor and Master of Science degrees from Florida State University and her Doctorate in Audiology from the University of Florida.

Her credibility as an authority grew during her tenure as the Director of Audiology at the Silverstein Institute in Sarasota, FL from 1991-1998. Today, in addition to managing a successful audiology practice, Dr. Crosby just completed her second term as president of The Florida Academy of Audiology.

941-474-8393 | www.drnoelcrosby.com

UNDERSTANDING COPD

By Saligrama Bhat, MD, FACP, FCCP, Member AASM

What is COPD?

Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that can limit your airflow. When some people hear "COPD," they are not sure what to think. It may be confusing because Chronic Obstructive Pulmonary Disease is only one of a group of closely related chronic lung diseases.

COPD may include chronic bronchitis, emphysema, asthma, asthmatic bronchitis and other conditions. A high percentage of people who suffer from COPD are, or were, tobacco users. There is no cure for COPD. But proper medications and lifestyle changes can control symptoms and reduce the progression of damage to your lungs.

First and foremost, if you smoke, stop!

COPD is an extremely common condition affecting about 5% of Americans; meaning approximately 13.5 million people in the USA have COPD. 15 million people are thought to have undiagnosed COPD. More than 125,000 deaths occur annually due to COPD.

Emphysema is a disease that damages the terminal air sacs in the lungs and chronic bronchitis affects the smallest breathing tubes in the lungs.

Common day-to-day COPD symptoms include coughing up mucus or phlegm, difficult breathing and shortness of breath, wheezing and chest tightness. Some people may think they simply have a "smoker's cough" or that breathlessness is just a part of getting older. It may be nothing serious or it may be an early sign of COPD. Either way, it is always recommended to seek medical attention if these symptoms persist. COPD is a very progressive disease that gets worse over time, especially with continued smoking. By the time many patients are diagnosed with COPD, they have lost some of their lung function. The earlier COPD is diagnosed, the sooner you and your doctor can start managing it.

A diagnosis of COPD may be delayed or missed because symptoms of COPD generally develop slowly over years and may not be noticed initially.



Some symptoms, such as fatigue, weakness, and dizziness can be vague and attributed to other conditions, such as aging. Other symptoms, like shortness of breath, cough, and chest pain may be confused for symptoms of a heart attack, pneumonia, heart failure, or influenza.

Many COPD patients suffer from cardiovascular disease, likewise many COPD patients die of heart failure or stroke. Why you might ask? Unfortunately, disease often does not stay tucked neatly into one part of the body. Our lungs enable us to breathe. More specifically, the lungs bring oxygen to the blood, and the heart transports this oxygenated blood to the rest of the body. If the lungs fail to oxygenate the blood sufficiently, as occurs in a COPD patient, blood vessels may become brittle or constricted. Before long, the heart pumps too weakly to do its job

well, leading to further health problems. COPD makes the heart work harder, especially the right side, which pumps blood into the lungs.

Even mild COPD can harm the heart; sometimes even before COPD symptoms even occur. The heart receives blood from the body, pumps it into the lungs, receives it fully oxygenated from the lungs and pumps it back into the body. If you have COPD, this process is not as efficient as it should be.

When you are diagnosed with COPD, you may have many questions and the answers may not always be clear at first. Many people think that the symptoms of COPD are just a part of getting older and not a sign of something more serious. For this reason, they may have COPD for a long time before the symptoms become enough of a problem that they see a doctor.

Here are some questions to ask yourself to help determine if you may have COPD:

- Are you a smoker?
- Do you have a nagging cough that goes on for weeks or months?
- Do you have a cold that never seems to clear?
- Do you often feel like you have trouble breathing?
- Are you unable to take a deep breath?
- Do you get winded during mild activity?
- Are you always tired and exhausted?
- Do you have trouble gaining weight despite eating adequately?

If you answered yes to any of these questions, you may want to consult your doctor immediately.

It is important that COPD be diagnosed in its early stages. The sooner a person quits smoking and avoids other risk factors that can make COPD worse, the better the chances of slowing the damage to the lungs.

Most doctors can make a tentative diagnosis of COPD by asking about your symptoms during a physical exam. Other tests used to confirm a diagnosis of COPD may include:

- Chest x-rays, which are used to rule out other conditions that have the same symptoms as COPD.
- Blood tests, which tell doctors how much oxygen is in the bloodstream.
- Electrocardiography (EKG or ECG) and echocardiography, which are used to rule out any heart problems that may be causing your symptoms.
- Breathing test [PFT] to evaluate the nature and severity of the COPD.

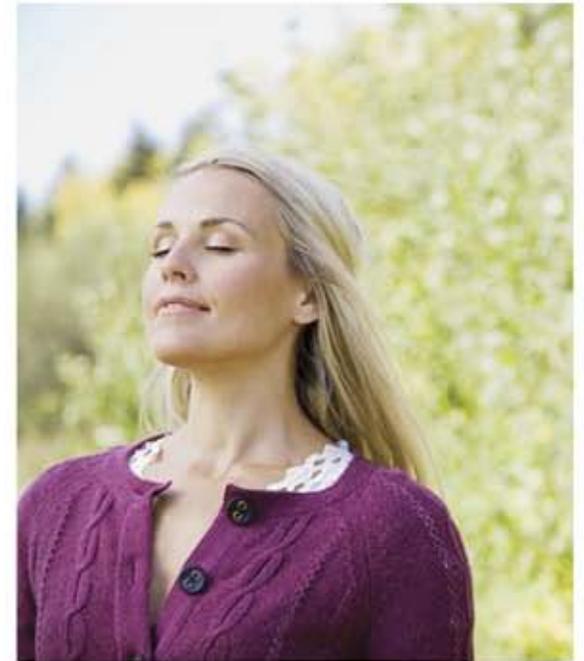
Although COPD cannot be cured, it can be managed. The goals of treatment are to:

- Slow down the disease by avoiding tobacco smoke and air pollution.
- Limit your symptoms, such as shortness of breath. Increase your activity level.
- Improve your overall health and quality of daily living.
- Prevent and treat flare-ups. A flare-up is when your symptoms quickly get worse and stay worse.

Medications, Oxygen Therapy, Pulmonary Rehabilitation programs, Lung Volume Reduction Surgery are all options for treatments that are available to treat patients suffering from COPD.

Many people are able to manage their COPD well enough to take part in their usual daily activities, hobbies, and family events. It is important to talk to your doctor about all of your concerns and to ask lots of questions. Something that you may not think is relevant may be useful in pinpointing the problem.

Dr. Bhat specializes in pulmonary diseases and can help anyone who is suffering with COPD. Schedule a consultation today and get back your life and start breathing easier again, the act of breathing is living!



ADVANCED IMAGING ANNOUNCES BREAK-THROUGH CORONARY ARTERY DISEASE DETECTION METHOD

Advanced Imaging is pleased announced the introduction of PET/CT (Positron Emission Tomography combined with Computed Tomography) imaging services to Charlotte County and surrounding areas. State-of-the-art diagnostic services are critical to effectively diagnose and treat patients with heart disease.

Heart disease is still a leading cause of death for both men and women. In 2010 (most recent statistics available), 1 in 3 deaths in the United States was due to cardiovascular disease and 785,000 people per year will have their first heart attack. With the odds being 1 in 3, you are almost assured that a friend or family member will be effected.

PET/CT is a non-invasive procedure that combines CT's fine anatomical detail with PET's ability to detect biochemical abnormalities in the cell. This combination allows for more accurate detection of coronary artery disease than either CT or PET alone. A PET/CT scan helps your physician diagnose a problem, determine the best approach to treatment and monitor your progress.



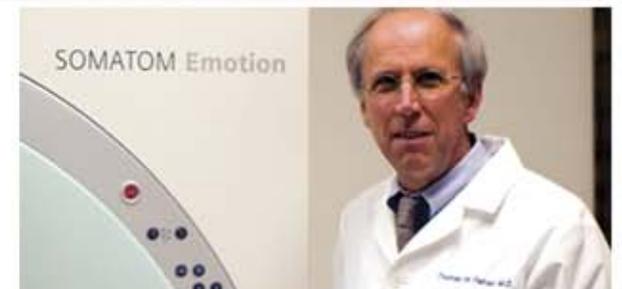


“PET/CT is changing the way many doctors are managing cardiac patients nationwide” said Thomas M. Fabian M.D. of Advanced Imaging. PET imaging can accurately identify areas of abnormal myocardial perfusion; determine the functional capacity of your heart muscle, and separate viable (living) from non-viable (irreversibly damaged) tissue. This helps enable physicians to develop an effective treatment plan.

According to Dr. Fabian, “Combining CT with PET imaging gives us the best of both worlds. We not only have a very strong ability to identify the presence or extent of heart disease using PET imaging, we have the CT to help pinpoint exactly where a defect is located, the severity of the defect and what follow-up therapy or intervention is needed.” There are also distinct advantages of PET versus other diagnostic tools. The results from a PET/CT scan demonstrate improved image quality with greater contrast and resolution, allowing for more accurate diagnosis.

Due to the clinical value of PET imaging, the government and many private payors provide coverage based on the specific factors such as diabetics, patients who might not be able to do the stress test because of low back, knee, or hip pain or arthritis, and patients with inconclusive SPECT studies.

PET/CT offers important information for patients and physicians, and it’s now available in our community. Interested physicians should reach out to Dr. Fabian at Advanced Imaging to learn more about this important diagnostic tool. Patients who would like to know more about PET/CT should contact their physician, or call our center directly at 941-235-4646 for additional information. Our center can help assess whether it is appropriate to consider a PET/CT scan in their situation.



Advanced Imaging is the area’s premier imaging facility. Founded by Dr. Fabian in 2005, Advanced Imaging continues to provide the Port Charlotte and surrounding communities with the most advanced technology, most sophisticated exams in a warm and friendly atmosphere. It is our privilege to provide you and your family with the exceptional medical care that you deserve. For your convenience Advanced Imaging is open Monday through Saturday from 7 a.m. until 7 p.m. For further information or to schedule an appointment, please call 941-235-4646 or visit our website at advimaging.com.



What You Need to Know About Inflammation

How Chronic Inflammation May Be Affecting Your Health

By Carolyn Waygood, CNHP and Plexus Ambassador

When you sprain an ankle, break an arm, or even scrape your knee something very common happens; the body's automatic inflammatory response is initiated and jumps into action to protect you and help you heal. It's a miraculous little response system that occurs when tissues are injured by bacteria, trauma, toxins, heat, or other causes. Your damaged cells release specific chemicals that cause blood vessels to leak fluid into the tissues, causing swelling. These chemicals also attract white blood cells called *phagocytes* (literally translated as "expert eating cells") that "eat" germs and dead or damaged cells like a Pac-Man game. The swelling – or *inflammation* – is designed to help you heal by isolating any foreign substance(s) from further contact with body tissues, or stabilizing broken bones and injured joints. You can think of the sudden inflammation as a "medical brace" applied to an area in order to stabilize and isolate it so no further injury can occur.



Chronic Inflammation and Disease

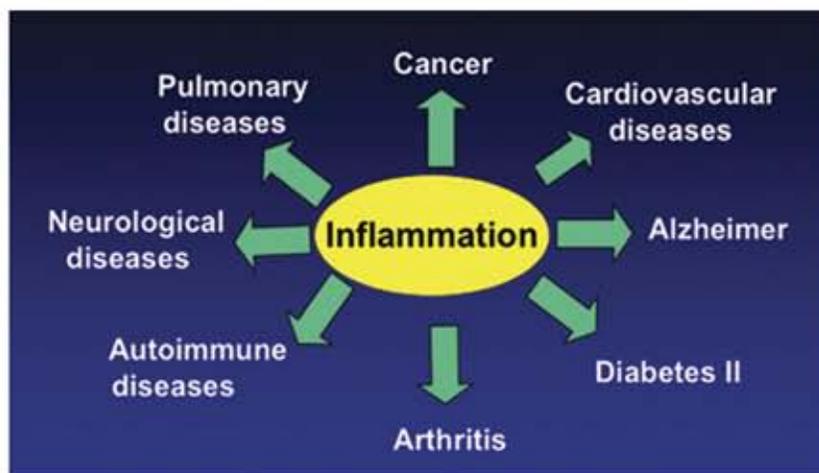
According to the University of California at Berkeley, "some researchers believe that low-grade inflammation is associated with everything from heart disease and diabetes to Alzheimer's and arthritis, and may even be the cause of most chronic diseases." This is not an entirely new theory. Inflammation was implicated in cancer many years ago. In 2008, scientists at MIT linked chronic inflammation to an increased cancer risk. Scientists now know our otherwise "healthy" inflammatory response designed to aid in the

repair and regrowth of healthy cells, contributes to an increased risk of uncontrolled growth and replication of cancer cells and other diseases. Simply put, chronic inflammation damages the body, and can lead to serious health issues.

Chronic inflammatory conditions are hallmarks of an aging population.

Relief from chronic inflammation has presented some challenges over the years. As Baby Boomers continue to age, medical and pharmaceutical communities are being bombarded by inflammatory conditions as simple as 'generalized pain' to life threatening diseases. Current prescription medications, such as Vioxx, have risk of adverse cardiovascular side effects, while non-steroidal anti-inflammatory drugs (NSAIDs) are linked to gastrointestinal problems.

So how do you combat chronic inflammation and avoid further complications from adverse side effects? "I strive to help my clients identify the root cause of their inflammatory issues" suggests Carolyn Waygood, Certified Natural Health Professional and Certified Pilates Instructor. "Improving a person's inflammatory condition depends upon understanding the mechanisms that are responsible for their personal chronic inflammation, and becoming educated in natural ways to counteract those mechanisms. It may be caused by something in their diet, such as a gluten sensitivity, or may require building the body's reserves of anti-inflammatory compounds, such as Omega-3 fatty acids. Every person is different, and their pain can be associated to different causes."



What are Some of the Natural Ways we can Relieve Chronic Inflammation?

In an article written by Dr. Robert Kornfeld for The Huffington Post entitled "Five Ways to Reduce Inflammation Naturally," Dr. Kornfeld offers these simple suggestions for naturally reducing inflammation:

1. **Increase** your intake of *Omega 3 fatty acids*.
2. **Eat** foods rich in *plant enzymes* such as *bromelain*.
3. **Strengthen** your immune system by improving *the health of your intestines*. A whopping 70% of the cells of our immune system are found in the gastrointestinal tract. It is essential for anyone suffering with inflammation to take an ample supply of probiotics on a daily basis.
4. **Consume a diet low in Omega 6-rich foods** like meat, dairy, baked goods, flour products, and grains (basically the standard American diet).
5. **Drink more water!** Since we require water to serve as the vehicle for all chemical reactions in the body as well as to flush out toxins, proper hydration becomes paramount when fighting inflammation.

The Plexus Arsenal Against Inflammation

"Strengthening one's immune system by supporting the healthy functioning of the GI tract is critical in fighting any disease," Ms. Waygood notes, "whether it involves inflammation or not." Plexus Worldwide provides an excellent probiotic blend, **Plexus ProBio5** (\$34.95), that includes helpful digestive enzymes as well as healthy probiotics which together aid in the digestive process, help the absorption of nutrients, and assist in balancing both "good" intestinal flora and "bad" bacteria. "I tell my clients their first and last line of defense against disease lies in the gut," Ms. Waygood says. "Keeping the intestines healthy is the first step to improving overall health, and critical to relieving chronic inflammation."



New to Plexus's arsenal against inflammation is their **Fast-Relief Pain System** (\$79.95), a pair of products comprised of a topical cream (which fights inflammation from the outside for \$39.95) and a daily supplement (that attacks inflammation from the inside for \$44.95). As with all other Plexus products, both



contain only all-natural ingredients. What distinguishes the Fast-Relief products from other anti-inflammatory products on the market is that they contain Lyprinol, an extract of the New Zealand Green Lipped Mussel, known to contain natural substances that help decrease inflammation. Lyprinol has been used for centuries in Europe to treat symptoms of rheumatoid arthritis, osteoarthritis, asthma, and other diseases with inflammatory components. However, because Lyprinol is a compound extracted from a member of the Shellfish Family, those who are allergic to shellfish cannot use the Plexus Fast-Relief products.

Lyprinol is known to be rich in omega-3 fatty acids, the amino acids glutamine and methionine, vitamins E and C, and minerals zinc, copper, and manganese – all powerful natural antioxidants and anti-inflammatory agents. Lyprinol is also known to be a 5-LOX inhibitor in patients with arthritis. In a study conducted with 60 patients suffering

from osteoarthritis, after a 4- and 8-week treatment period, it was noted that Lyprinol treatment led to significant improvement of the signs and symptoms of osteoarthritis. After the completion of the study, 53% and 80% (respectively) of patients experienced significant pain relief, and improvement of joint function. There

was no reported adverse effect during this clinical trial. It was concluded that Lyprinol was very effective and is a promising anti-inflammatory product that relieves the signs and symptoms of inflammatory conditions, without adverse effects.¹

"I have personally worked with two clients in Bradenton previously diagnosed with RA," notes Ms. Waygood, "and both have expressed a substantial reduction in inflammation and pain after using the Plexus Fast-Relief products."

Free Health Education Seminars

For more information on the Fast-Relief System, or other Plexus products, contact Carolyn Waygood, CNHP, at (941) 713-3767 or email her at Carolyn@BeSmartGetHealthy.com. You can also visit www.MyPlexusProducts.com/WAYGOOD where you can learn more about Plexus products - All Natural Products for your Health and Well-Being! Ms. Waygood provides FREE health education seminars to groups of all sizes. Contact her today to schedule a health seminar for your organization, church, or office!

NEW PLEXUS CUSTOMERS & DISTRIBUTORS WELCOME!

To schedule a **FREE** consultation to determine if the natural Plexus products may help you achieve greater health this year, contact Carolyn at **(941) 713-1767!**

If you are interested in becoming a distributor of Plexus products, and help your friends and family become healthier, contact Carolyn to further discuss the Plexus Health Ambassador Program!

NO MEDICAL BACKGROUND NECESSARY! You'll receive FREE health education, product literature, and business building tips! Earn additional income helping others be healthier – naturally!!

Disclaimer: All information provided in this article, particularly any information relating to specific medical conditions, health care, preventive care, and healthy lifestyles, is presented for general informational purposes only. It should not be considered complete or exhaustive and does not cover all disorders or conditions or their treatment. The information provided is not intended as a substitute for the advice provided by your own physician or health care provider, and may not necessarily take your individual health situation into account. The author assumes no liability or responsibility for any errors or omissions in the content of this article. The statements regarding any products included in this article have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

¹ Clinical efficacy and safety of Lyprinol in patients with osteoarthritis of the hip and knee: a multicenter 2-month clinical trial. *Allerg Immunol.* 2003.

Renee S., 49 years old
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Carolyn Waygood
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Hope PACE Helps To Empower The Elderly And Their Caregivers

For high school sophomore Lindsey Skaf, afternoons following school are synonymous with time to spend with her grandmother Christine - playing cards and sharing stories. During one of their card games, Lindsey started noticing her grandmother's memory lapses. It wasn't long afterwards that the family found out Christine had Alzheimer's.

After a first paying for help at an adult day care center, Christine's daughter Lois discovered the Hope PACE program through a friend.

"I looked into it. I have to say, it was like angels came into our life when we got Mom into the program," said Lois. No longer did Lois have to worry about driving her mother to a center, nor did she have to pack meals. But, the real kicker was that Lois' insurance covered the cost completely, with no out-of-pocket expense whatsoever.

"My mother is with people her own age, and is stimulated," Lois says, still breathing a loud sigh of relief. "I mean, it took so much stress and worrying away."



Christine enjoys riding the bus in the morning and arriving for breakfast with people who she has come to know over the last four years. "We have a good time," she says. "We play cards, we do some exercise, and we do a lot of talking. It's a good program. We play bingo all the time and we have a music man. They keep us busy."

For Lois, the Hope PACE program also centralized all of her mother's medical care, and it provides ongoing support and dialogue with a social worker regarding emotional, medical, and social concerns. "I'll call the social worker to express an issue and a need. They're good at trying to help and accommodate," she says.

In terms of assessing the value of Hope PACE, Lois considers the alternative. "PACE took the big stress away. Without it, I probably would have burnt out and she wouldn't have been able to stay at home. She can stay here as long as it's safe here for her," she says.

The caregiving experience of the Skaf family is not unique. If you are the spouse, son or daughter of an aging loved one, you may find yourself needing special support as well. Through Hope PACE, older adults can stay safely in their own homes and enjoy a greater level of independence.

How does it work? Upon enrollment, PACE participants receive all of their health care through the program, including:

- Primary medical and nursing care, including specialists
- Dental care
- Medications and medical equipment
- Lab services
- Occupational, physical and speech therapy
- All necessary prescription drugs
- Skilled home care and personal care aides
- Hospitalization, skilled nursing facility care, and end-of-life care

With an established network of professional support, caregivers can manage the needs of their aging parent or spouse. Through Hope PACE, caregivers can enjoy peace of mind, knowing that their loved ones are receiving state-of-the-art medical care and other supportive services like nutritious meals and transportation.

To be eligible for Hope PACE, individuals must be 55 years of age or older and reside in Charlotte, Collier or Lee County. They must have health problems that would normally qualify them for nursing home care; however, they must be able to live safely in the community with the assistance of Hope PACE.



The PACE Care Centers are conveniently located in Port Charlotte, Fort Myers, Lehigh Acres, and Naples:

Port Charlotte Center
3280 Tamiami Trail, Suite 46
Port Charlotte, FL 33952

Fort Myers Center
2668 Winkler Avenue
Fort Myers, FL 33901

Lehigh Acres Center
1201 Wings Way
Lehigh Acres, FL 33936

Naples Center
13020 Livingston Road
Naples, FL 34109

Hope PACE is free of charge for those who have both Medicare and Medicaid. For those who are Medicare eligible only, there is a fee. Private pay is also accepted.

For more information, call 855-454-3102 and ask about the Hope PACE program or visit HopePACE.org



1-855-454-3102
WWW.HOPEPACE.ORG

What is a Neuroma of the Foot?

By Brian K. Doerr, DPM, Fellow of the American College of Foot & Ankle Surgeons

Some who suffer from this painful foot condition might say "it is a real pain in the foot". This condition is often referred to as a pinched nerve. Simply put a foot neuroma is a swollen (inflamed) nerve in the ball of the foot, commonly between the base of the second and third toes. A foot neuroma is a benign growth of nerve tissue. "Pins and needles" is often a phrase used when patients try to put into words the pain they are feeling.

It brings on pain, a burning sensation, tingling, or numbness between the toes and in the ball of the foot. Some people who suffer from this foot condition just need simple treatments including modification of their footwear. Sometimes surgery is needed for long-standing (chronic) symptoms.

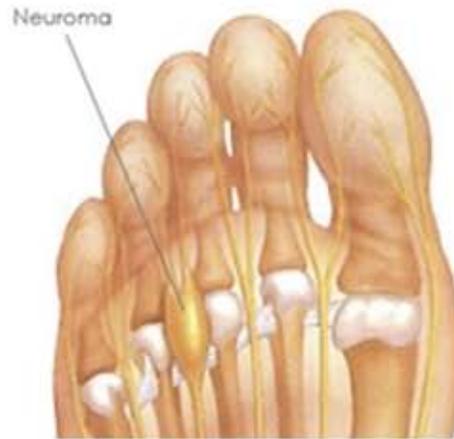
It is more common in women who habitually wear high-heeled shoes or in men who are required to wear tight (constrictive) footwear. It may also be more common in ballet dancers. The symptoms can vary and may come and go over a number of years. For example, some people may experience one or two attacks of pain in a week and then nothing for a year. Others may have regular and persistent (chronic) pain.

Podiatric medical care should be sought at the first sign of pain or discomfort. If left untreated, neuroma tends to get worse.

Symptoms

The most obvious symptom associated with a neuroma is pain between the toes while walking. Those suffering from this condition often find relief by stopping their walk, taking off their shoe, and rubbing the affected area. At times, people who suffer from neuroma will describe the pain as similar to having a stone in his or her shoe. A feeling that you are stepping on something or that something is in your shoe are often usual complaints.

- Pain in the forefoot and between the toes
- Tingling and numbness in the ball of the foot.
- Swelling between the toes as well as pain in the ball of the foot when weight is placed on it are all symptoms of a neuroma.



A number of factors can contribute to the formation of a neuroma. High arc or flat foot can lead to a formation of a neuroma. Trauma can also cause nerve damage causing inflammation. Improper footwear that causes the toes to be squeezed together can cause a neuroma. repeated stress that is related to your job can cause or aggravate a neuroma. Some high-impact sporting activities - including running, karate, and court sports. Any sport that places undue pressure on the feet.

There are surgical as well as non surgical treatments for people who suffer with a foot neuroma.

Non Surgical treatment options:

Footwear adjustments: including avoidance of high-heeled and narrow shoes and having special orthotic pads and devices fitted into your shoes.

Calf-stretching exercises: may also be taught to help relieve the pressure on your foot.

Steroid injections: into the affected area of the foot may be needed if the simple footwear changes do not fully relieve symptoms. However, the footwear modification measures should still be continued.

Alcohol sclerosis injections: Is a special alcohol solution that can be injected over the nerve that is damaged. This solution will target only the nerve

tissue. It will slowly over several injections, deaden the nerve. The loss of the nerve can then leave the patient symptom free. Treatment is customized to the patients individual needs.

Surgical treatment options: If the non-surgical measures do not work, surgery is sometimes needed. Surgery normally involves a small incision being made on either the top, or the sole, of the foot between the affected toes. Usually, the surgeon will then either create more space around the affected nerve or will cut out the affected nerve. You will usually have to wear a special shoe for a short time after surgery until the wound has healed and normal footwear can be used again.

If you suspect neuroma, it is essential that you confirm your suspicions by consulting with a podiatric physician. Dr. Brian Doerr believes when you have problems with your feet, you need to turn to a podiatrist who listens and responds he is an experienced Doctor who knows the field and can effectively diagnose and treat your needs.

Don't wait for the symptoms to go away for good (even if they tend to come and go). Also, remember that many conditions have similar symptoms, and only a professional can tell the difference. Assist them by describing your condition as well as you can.

Keep track of when the symptoms started and how, any changes you've noted (whether the pain has gotten worse, or whether other symptoms have appeared as well, etc.). If you've noticed that certain activities or footwear make things worse or bring about additional symptoms, be sure to mention that. If you work in specific footwear discuss that as well. Put your feet first. Dancing is the poetry of the foot so call today to set up your consultation with Dr. Doerr if you are experiencing any symptoms of neuroma so your path to healing can begin.



BRIAN K. DOERR, DPM

239.931.3668

www.docdoerr.com

PATIENT PROTECTION AND AFFORDABLE CARE ACT-2014 Part II

By Frank D. DeMarco

In my last article published in December 2013, I wrote of the new healthcare law which has been implemented and is now effective as of January 1, 2014.

As the result of that article I received a great deal of negative comments from readers. The negative comments included we are becoming a socialistic nation, it will be expensive for the country, it will not work, medical providers will not accept it..but the one that I loved was from a 54 year old who said that I was " a ***** Communist." I did receive one call from a 42 year old woman who is employed in a professional position and has no health insurance. She is an insulin dependent diabetic and as of January 1, 2014, she has health insurance which will cover her medication and medical consultations. She qualifies for a subsidy and having the subsidy paid to the insurance carrier each month by the United States Government, her insurance premium is \$ 19.00 per month.

STRATEGIES

All of the health plans have deductibles and maximum out of pocket costs. Once the deductible is reached in many plans, the program may have a co-insurance which may be a percentage of cost usually 5%-10%. Once the deductible reaches the maximum out of pocket costs, all health care costs are covered by the insurance carrier.

There are numerous strategies that one can utilize to offset the high cost of deductibles and maximum out of pocket expenses.

Example 1

Health Care Cost	\$ 500.00 per month
Subsidy	\$ 250.00
Actual Cost	\$ 250.00
Deductible is \$ 2000.00	
Maximum out of pocket is \$ 6350	

Co Insurance is 10% meaning that the individual must pay 10% of all health care costs until the deductible is met at \$6,350.00.



Critical care and accidental care reimbursement of \$10,000.00 will cost approximately \$75.00 each month. Thus the total cost is \$325.00.

Example 2

Health Care Cost	\$ 600.00 per month
Subsidy	\$0.00
Actual Cost	\$600.00 per month
Deductible is \$ 2000.00	
Maximum out of pocket is \$6,350.00	
Again, co-insurance is 10%.	

Recommendation is to obtain a program with a higher deductible and if qualified purchase critical care programs to offset the cost of the high deductibles.

Example 3

Health Care Cost	\$600.00 per month
Subsidy	\$0.00 per month
Deductible is \$2,000.00	

Recommendation is to increase the deductible to minimize the premium cost, create an approved Health Savings Account plan and explore obtaining critical care plans for reimbursement in the event of catastrophic illness and hospitalization.

Actual cost would be the following:

Health Care Cost	\$600.00 per month
HSA contribution	\$275.00 per month
<small>(credit for income taxes)</small>	
Total out of pocket	\$325.00

The Health Savings Account is a tax credit from income and grows tax deferred. It may be rolled over each year, and funds from the plan must be used to pay for all types of medical expenses, i.e....medical co pays, prescriptions, dental, eyeglasses.

In various published articles pertaining to extended care, statistics reflect that approximately 70% of the population will incur a short or long term extended care scenario after a prolonged illness or accident. Of the population currently in extended care settings, approximately 40% are under the age of 65.

No healthcare program either through private insurance, the marketplace or Medicare will encompass the costs for an extended period of time.

With our everchanging society, including the change of the family dynamics, this is an area that is often overlooked by the individual and/or financial professionals.

My parents both experienced Alzheimer's disease which was diagnosed when they were in their late 60's. in their mid 70's they moved into an extended care setting. The total cost was in excess of \$ 500,000.00 for both. Fortunately, they both planned for the event and had a plan in place to offset the cost.

When I meet with prospects, I approach each case with the aforementioned strategies in mind to ensure that the client and his or her family's assets are insulated and protected through various programs offered by the insurance industry.

Please feel free to contact me for a complimentary interview through the telephone numbers listed in this publication.

The premise for the entire Patient Protection and Affordable Care act include the following:

A. No health insurance carrier may exclude individuals or persons from coverage based upon pre existing conditions, and the same premium price is to be offered to all applicants by the insurer regardless of gender or pre-existing conditions excluding tobacco use.

B. Minimum Standards for health insurance policies are established.

C. All individuals are to secure an approved private insurance policy or pay a penalty, unless the individual is covered by an employer sponsored health plan, Medicare, Medicaid, or other public insurance program. If the individual does not have an exemption, or not a member of a protected status, a penalty may be levied for failure to comply with the mandate. The mandate also provides for individuals with low incomes for subsidies to offset the expense of the insurance.

D. Businesses do not have to comply with the law until 2015.

All health insurance policies with an effective action date of January 1, 2014 and subsequent dates thereafter, there are no health insurance qualifiers required to be approved for a plan.

Each individual health insurance program must have 10 Essential Health Benefits included in the plan. These benefits include and are not limited to the following: prescription coverage, mental health coverage, well being programs which include preventive care, dental care for children, and routine medical diagnostic tests.

Individuals who do not select a program in compliance with the Act after March 31, 2014, will be penalized monetarily as little as \$ 95.00 or 1% of gross household income. The penalties will increase each year for a maximum of 3 years.

Based upon the subsidy levels, individuals should inquire of the Affordable Care Marketplace to determine subsidy eligibility. However, the computer program has not functioned since its implementation and has been under increased criticism since its implementation.

Another manner to determine subsidy eligibility is to complete an approved paper application. I have found this to be an easy and more effective manner to expedite the process. Once the subsidy is approved, then the applicant will be able to determine which health care program will benefit them and the premium cost.

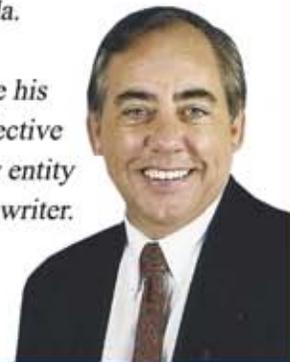
The subsidy work in two ways.

1. The insured can elect to use the subsidy as a Tax Credit at the end of the tax year. or
2. Can elect to have the subsidy remitted to the insurance carrier as part of the premium payment.

At the time of this writing, I have received no clarification or information as to how the subsidy payments will be remitted to the insurance carrier. One of the most equitable benefits of the law is that each health insurance carrier must spend at least 80% of all premiums on the insured's' health care. Otherwise, excess premiums must be returned to the premium payer.

Frank D. DeMarco, is an independent licensed life, health and annuity agent in the State of Florida, with 12 years of experience serving the community for their personal insurance needs. In addition to this experience, Mr. DeMarco possesses a Graduate Degree in Management with experience as a Part Time faculty member for a major Catholic University lecturing in course subjects to include Management, Financial Management, Government and Business Ethics, and Public Policy Administration. Mr. DeMarco is currently certified by the Department of Health and Human Services, Centers for Medicare and Medicaid Services to market, and enroll eligible persons into all approved Medicare and Affordable Care Act Programs within the State of Florida.

The referenced article are his opinions and are not reflective of this publication or any entity that is affiliated with the writer.

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As an Independent Representative dealing in the Health Care arena, I am capable of aiding in the explanation and research of an individuals' subsidy level, assisting in the completion of appropriate paperwork at this significant point in our society.

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Edison State College Dental Hygiene Program Addressing the Dental Divide in Southwest Florida

By Marie A. Collins, RDH, MS, EdD, Dean, School of Health Professions - Edison State College

February is National Dental Health Month! The American Dental Association (ADA) has identified a major dental health crisis in America, especially for adults and children with lower incomes. The Affordable Care Act will offer little to no relief for these Americans who do not have dental insurance. When surveyed, 40% of lower-income adults stated that they believe that health care reform will help them obtain dental care. This healthcare reform myth will further escalate the dental divide in America. Please see the ADA web site for more information on their proposed Action for Dental Health and results of other surveys that illustrate the scope of America's dental health crisis.

The Dental Hygiene Program at Edison State College School of Health Professions is doing its part to address the dental divide by serving the communities of Southwest Florida in a state-of-the-art Dental Hygiene Clinic on the Lee campus. The clinic offers added comfort to the patients we serve and also provides the most modern technology for our education program.



The Naples Children and Education Foundation (NCEF) Pediatric Dental Center is on Edison State's Collier Campus. There, the focus is a full scope of routine and specialty dental care for children up to age 21. University of Florida College of Dentistry students and faculty provide care for children in this top-notch pediatric residency training program. Edison's ongoing investment in the dental hygiene education program, strong community support from NCEF, and intercollegiate partnerships with University of Florida places Southwest Florida front and center in conquering the dental divide for adults and children.

Edison's Dental Hygiene Clinic opened in December 2000 and serves 3,000 patients annually. The Clinic is equipped with 16 dental suites, including dental radiographic units and an instrument sterilization center. The clinic incorporated electronic (paperless) patient records in 2004. Faculty, staff and students in the program also service the local community through participation in several projects. The Edison State College Dental Hygiene program is fully accredited by the Commission on Dental Accreditation. For 18 consecutive years, graduates have earned a 100% pass rate on the National Board Dental Hygiene Examination. The Program



boasts a 90% completion rate among students accepted into the program, with 258 graduates since 1995.

Each class is diverse with students of various age and ethnic backgrounds. English is a second language for 30% of the students enrolled in the program. The Dental Hygiene program also partners with the Continuing Education Department to offer an injectable dental anesthesia course for Florida's Registered Dental Hygienists. This is a result of a recent legislative change that expanded the scope of skills performed by dental hygienists. The NCEF Pediatric Dental Center has 15 operatories and two sedation suites equipped for nitrous oxide sedation, IV sedation, and interceptive orthodontics. The center is one of a select few in the state that is able to provide such specialized dental care.

"The Dental Hygiene Clinic is not only a great resource for providing clinical education for our students, but also a tremendous asset for our community members who may not have access to dental care," said Karen Molumby, Program Director of Dental Hygiene. "Patients receive outstanding preventive dental care at

an affordable price while students obtain valuable hands-on experience, supervised by our talented and experienced faculty who are licensed Dental Hygienists and Dentists," added Dr. Marie Collins, Dean, School of Health Professions.

Edison State College Events

January 24 through March 29, 2014 - Yoko Ono "Imagine Peace" Art Exhibit
(call 239.489.9313 or visit RauschenbergGallery.com with questions)

February 15, 2014 - 'Give Kids a Smile Day' - 9am to 3pm - Free dental cleaning and exam for children ages 3 to 17, Dental Clinic on the Fort Myers Campus

March 3 to 9, 2014 - Spring Break

March 22, 2014 - GreenFest will take place from 10 a.m.-3 p.m. on the Collier Campus on the green behind Building M

April 10, 2014 - Edison State College Symphony Orchestra and Edison State College Choir, 7:30pm in the Barbara B. Mann Performing Arts Hall

April 15, 2014 - Job Fair from 12pm to 2pm on Fort Myers Campus

April 17, 2014 - Edison State College Jazz Ensembles, 7:30pm in the Barbara B. Mann Performing Arts Hall

April 24, 2014 - Edison State College Band and Wind Ensemble, 7:30pm in the Barbara B. Mann Performing Arts Hall

May 2, 2014 - Commencement



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Prostate Enlargement

By Harry Tsai, M.D.

Prostate enlargement is known as BPH (benign prostatic hyperplasia). This simply means that the cells of the prostate gland have increased in size and urination becomes difficult with frequency, urgency, getting up at night, difficulty emptying, and occasionally blood.

Cause

BPH occurs as the gland enlarges and begin to constrict the urethra. The noncancerous cells begin to grow as men age and some men will notice symptoms in their 40's and 50's.

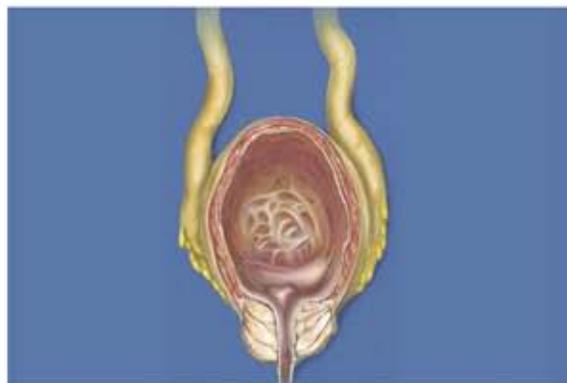
Symptoms

Symptoms usually start gradually and can include weak urinary stream, trouble starting the flow of urine, stopping and starting, incomplete emptying, urinating at night, sudden urges to urinate, leaking or dribbling after urinating, and straining to urinate.

Detection

Detection is usually based on the degree of severity of the symptoms. Once the patient is referred to or sees a urologist, several tests are performed. First a careful history and physical exam is performed including a digital prostate exam. Urinalysis is performed to look for blood, infection, or cancer. We then perform a cystoscopy which is a fiberoptic scope that is passed into the

urethra. Careful inspection of the prostate gland and bladder is then performed. Another test is the uroflow and post void residual. Patients report to the office with a full bladder and are asked to void into a special machine. This uroflow machine can measure the volume of urine, force of urine, and then the residual is measured with a bladder scanner.



Prevention

It is important to urinate when the urge is present and not to delay until the bladder is full. Eating healthy is also very important. It is essential to avoid alcohol and caffeine at night. Certain medications especially antihistamines can tighten the muscles and make urination more difficult.

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Treatment

If the symptoms are mild, most men choose not to be treated. However, if the symptoms are bothersome, men can choose from medications, office procedures, and surgical procedures to manage their BPH symptoms.

There are many supplements that men can take such as saw palmetto, herbal extracts which can help. Medications include alpha blockers (tamsulosin, rapaflo) which help relax the prostate muscles to improve urine flow.

5-alpha reductase inhibitors such as finasteride and dutasteride block a hormone related to testosterone and can shrink the prostate gland.

Nonsurgical options include two office procedures which are performed in the office.

1. Cooled thermotherapy (CTT); www.urologix.com
This is a 30 minute procedure which is performed through a special catheter

2. Transurethral needle ablation (Prostiva); www.urologix.com
This is a shorter procedure which is performed with a special probe that is inserted into the urethra and radiofrequency energy is employed.

Surgical procedures includes the traditional transurethral resection of the prostate (TURP), green-light laser photovaporization (PVP), and the plasma button procedure.

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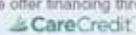
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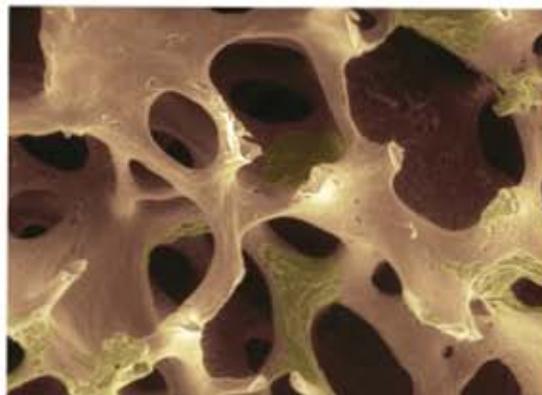
Dental Implications of Bisphosphonate Therapy

By Dr. Joseph Farag

In recent years some attention has been given to the osteoporosis medications called bisphosphonates and their complications with dental surgery, namely extractions and implants. Some recent research is helping doctors understand the relationship between some of these drugs and the dental complications that may be a result of taking them.

Osteoporosis is the result of a net decrease in bone density in both men and more commonly, women. This weakening of the bone increases the risk of unexpected fracture and slower healing time. Osteoporosis is referred to as a "silent disease," many women do not have any pain or symptoms until a fracture occurs. Caucasian and Asian-American women may be at a higher risk for developing osteoporosis. Asian-American women more so due to the fact that about 9 out of 10 are lactose intolerant and may not be consuming adequate amounts of calcium. Hispanic women are twice as likely to develop diabetes as white women, which increases their risk for osteoporosis. African-American women have more bone mineral density but 75% are lactose intolerant which may contribute to low calcium intake as well. Generally, in women after menopause, the lack of or decrease in estrogen hormone levels has a direct relationship with the development of osteoporosis. For women who choose not to undergo hormone replacement therapy, this is especially true.

There are two main types of cells that contribute to bone development, growth, and maintenance. Osteoblasts are the bone depositing cells, these cells lay down new bone and contribute to an increase in bone density. Osteoclasts are bone dissolving cells, they are useful for the turnover and resorption of old bone. When the subtractive activity of these cells is not matched with new bone formation by the osteoblasts, a net decrease in bone density will develop, and if this continues in the absence of adequate amounts of Calcium and



Vitamin D for a prolonged period or in conjunction with other systemic risk factors, osteoporosis may develop. It is this direct relationship between these two types of cells that may cause complications in dentistry for patients taking certain types of osteoporosis medications.

Bisphosphonates are medicines which stop or slow down the osteoclast cells that dissolve or resorb bone tissue. By doing this, these medicines help increase bone density and strength and slow down the rate of bone thinning due to osteoporosis. Some common names of these drugs are Fosamax®, Actonel®, Boniva®, and Reclast®. The last two drugs listed may be given intravenously (IV) once a year or every three months. Currently, research studies show that bisphosphonates increase bone density and lower the risk of fractures.

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Immediately after dental surgery such as tooth extractions, bone grafting and implant placement, a process known as bone remodeling begins to occur. During this remodeling, both types of bone cells are highly active. Initially, the bone dissolving cells remove existing layers of bone that once held the teeth in place that are no longer needed. Bone depositing cells then form new bone in a smooth pattern along the jaw. If there is a disruption in this remodeling process due to the decreased activity of the bone dissolving cells, a painful and often difficult to treat condition known as osteonecrosis can occur. Osteonecrosis of the jaw (ONJ) is an incomplete healing of the jawbone after dental surgery in which the affected area of bone is not covered by the gums. These areas are extremely painful and may never heal on their own.

Patients who have been taking bisphosphonates for more than three years, and/or who have been given the intravenous (IV) form of the drug should be especially aware of ONJ prior to any dental surgery. ONJ develops most often after dental extractions. The risk of ONJ increases with the length of bisphosphonate therapy and has been reported in patients who have taken bisphosphonates for as little as 12 months. Risk factors that may also increase the chance of developing ONJ are cancer, age, steroid use, diabetes, gum disease and smoking.

Patients who are on oral bisphosphonates are at low risk, but not without risk. Patients who are in need of periodontal or invasive oral surgery should consult with their dentist and may need a risk/benefit evaluation before undergoing these procedures in order to evaluate the risk of ONJ. Even when bisphosphonate therapy cannot be stopped due to the high risk of bone fracture, dental surgery may still be performed if certain blood tests such as a Collagen Type 1 C-Telopeptide or (CTX) show adequate activity of the bone resorption cells. The risk of developing ONJ may also be reduced after surgery by quitting smoking and keeping good oral hygiene. As always consult with the prescribing physician prior to stopping any medications.

Cataracts: Third Leading Cause of Blindness in the United States

By Jonathan M. Frantz, MD, FACS

Studies suggest that everyone who lives long enough will get cataracts, although there may be some reduced risk for individuals who eat properly, avoid sun exposure and do not smoke.

A cataract is not a disease but an aging process similar to graying hair. As the eye ages, the normal lens inside the eye becomes cloudy. The lens focuses light rays on the retina at the back of the eye to produce a sharp image of what we see. When the lens becomes cloudy, the light rays cannot pass easily through it, and the image becomes blurry. It can be compared to a window that is frosted or "fogged" with steam.

What causes a cataract? Cataracts usually develop as part of the aging process. Other causes include:

- Family history
- Medical problems, such as diabetes
- Injury to the eye
- Medications, such as steroids
- Long-term, unprotected exposure to sunlight
- Previous eye surgery

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The amount and pattern of cloudiness within the lens can vary. If the cloudiness is not near the center of the lens, you may not be aware that a cataract is present. However, many people experience common symptoms, which include:

- A painless blurring of vision
- Glare or light sensitivity
- Frequent eyeglass prescription changes
- Double vision in one eye
- Needing brighter light to read
- Fading or yellowing of colors

In May 2012, Dr. Frantz introduced Bladeless Laser Cataract Surgery to southwest Florida, the biggest advancement in 20 years. He continues to lead the way with ORA with VerifEye, which provides an in-depth analysis of the patient's eye during surgery. The combination of the most advanced technology, a wide choice of intraocular lenses, and Dr. Frantz's vast surgical experience offers area residents the opportunity to experience unparalleled cataract surgery.

A thorough eye examination can detect the presence and extent of a cataract, as well as other conditions that may be causing blurred vision or discomfort.

To make an appointment for your cataract evaluation online, visit www.bettervision.net or call the Punta Gorda office of Frantz EyeCare at 941-505-2020.



Jonathan M. Frantz, MD, FACS, is named in The Guide to America's Top Ophthalmologists. He and his team of doctors at Frantz EyeCare offer a broad spectrum of patient-focused comprehensive care from eye exams and eyewear to bladeless laser cataract removal, treatment of eye diseases, bladeless iLASIK laser vision correction, and eyelid surgery with office locations in Fort Myers, Cape Coral, Punta Gorda, Lehigh Acres, and Naples.

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Leg/Limb Swelling Causes and Treatments

By Alyssa Parker

Does your limb swelling start the day out as painless swelling that progresses throughout the day leading to a sensation of heaviness in the limb notably in hot weather or in the evening time? If so, your limb swelling may be a symptom of an underlying medical condition. Some of the most common conditions where swelling in the limb is a symptom include venous insufficiency, post operative trauma, infection, and lymphedema. Some physicians may overlook the cause of your swelling and treat it with a diuretic. Swelling also known as edema in a limb is due to the excessive amount of fluid in your cells tissues or organs. Finding the origin of the edema is vital to getting the proper medical care. Diuretics may be useless and harmful over time if your edema is a symptom of chronic venous insufficiency or lymphedema. Diuretics draw fluid from your venous system that your body must have in order to balance the continual fluid deposit from your arterial capillaries; if the needed interstitial fluid is not present because you are taking a diuretic this will only aggravate your lymphatic system which may lead to additional fluid retention.

The Role of Your Circulatory System

One of the main roles of your circulatory system is balancing the fluids in your body also known as homeostasis. Interruption to your circulatory system that causes inflammation can be from a minor surgery, injury, infection, cancer radiation, or hereditary. Many patients with minor symptoms of swelling, inflammation, pain, or a feeling of heaviness overlook this as temporary and will reside with time. Lymphedema is a degenerative condition which means it will worsen over time. Lymphedema can occur in any region of the body where your lymphatic system has been interrupted. The most common areas are in the legs and arms.

Feet with Lymphedema



Lymphedema and Chronic Venous Insufficiency

After having a surgical procedure cancer or non-cancer related (example hysterectomy or gallbladder removal) it may take months or years



for Lymphedema to manifest because of its slow progression. It is imperative that Lymphedema is treated quick and effectively, regardless of the severity. Complications dramatically decrease when treatment is started in the earliest stage of Lymphedema. When left untreated common complications include cellulitis or lymphangitis, skin changes such as skin thickening, restricted movement of a limb, or chronic wounds. Aside from surgical procedures and radiotherapy for cancer other known triggers include vein stripping, peripheral vascular surgery, trauma, inflammation, infection, and insect bites.

Chronic venous insufficiency is another condition that causes swelling in the legs along with open wounds. CVI occurs when the valves in the veins that normally channel the blood to the heart become damaged which then leads to pooling of the blood in the lower extremities. Discoloration of the skin, referred to as hemosiderin staining, is identified by a reddish staining of the lower limb. From poor circulation shallow wounds may develop due to the stagnant blood that would normally return to the heart. Symptoms vary but may include swelling, aching, itching or burning, varicose veins, infection, chronic venous ulcer, and decreased mobility.

Treatment

There is no cure for Lymphedema or Chronic Venous Insufficiency. When your circulatory system has been damaged leading to one of these conditions, you must seek treatment to prevent further complications. Lymphedema is a degenerative condition which means it will only get worse over time without treatment. A widely recognized

and highly effective treatment is using a compression pump. This is a safe and effective way to assist your body's circulatory system in moving the excess fluid which has accumulated in the limb and can cause painful swelling, non-healing wounds, heaviness, and discomfort decreasing your mobility. The compression pump is a gentle massaging technique that compresses in a rhythmic cycle, similar to that of a normally functioning lymphatic system that has not been damaged. This is a great treatment option for patients who have tried compression stocking, elevation, diuretics, or massage with little or no relief.

This is where choosing a physician experienced in recognizing and treating Lymphedema or CVI is critical. Some good questions to ask your physician include:

- Does my family have a history of swelling (Hereditary Lymphedema)?
- Stemmer's sign present?
- Pitting (push your finger into your skin and count how long it takes to return) or skin hardening?
- Hemosiderin staining (port wine skin stains or "red socks") appear from the ankles down
- Traumatic injury or surgery potentially damaging Lymph nodes (Hip replacements, etc)?
- Radiation to Lymph areas?

Remember ANY swelling is an indication of an overloaded Lymphatic system.

The compression pump is approved by Medicare and covered by many commercial insurers; Actual coverage varies with individual plans. Acute Wound Care, LLC is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed in this condition.

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Estate Planning during the Month of Love?

It's February again and the Hallmark people will tell us that Valentine's Day is coming and we should be celebrating our love!

For a lot of people that will mean an engagement to marry! Hurray!!!

Time to pick your venue, your dress, the members of the wedding party...absolutely!

But wait! What about a prenuptial agreement? No, I am not kidding.

Prenuptial agreements are not simply about protecting assets in case of a divorce – indeed, divorce is only one element of what a prenuptial agreement should address.

While a prenuptial agreement is very important when you want to set the parameters for who gets what in a divorce, many people are marrying later in life and have accumulated substantial assets prior to entering into marriage. For those people, the prenuptial agreement identifies each spouse's separate assets and can assure that those assets remain separate for estate planning purposes.

Putting a prenuptial agreement in place can assure that assets acquired prior to the marriage (i) remain separate from the new spouse's assets; and (ii) are

inherited as that spouse intended in the event of the death of that spouse during the marriage – rather than getting intermingled with the surviving spouse's assets and estate.

Indeed, inasmuch as many marriages today are not first marriages, there may be children from a previous relationship who the spouse wishes to succeed to that spouse's assets – the prenuptial agreement can assure issues of inheritance are properly addressed and a child is not inadvertently disinherited.

Recognizing that the prenuptial agreement can address so much more than the potential for divorce is just the start of your process.

The single most important thing is to assure that you have coordinated your intentions with your estate planning documents once you put your prenuptial agreement in place.

Your estate planning documents should make reference to your prenuptial agreement and its provisions and the provisions of your estate planning documents should not conflict with your prenuptial agreement.

So, when you are celebrating the month of love, remember, It's not just about you!



Barbara M. Pizzolato, Esq.

After obtaining her J.D. from New York Law School in 1987, Ms. Pizzolato obtained her license to practice law in New Jersey (1987), New York (1988), Connecticut (1988) and Florida (2002).

Since moving to Fort Myers, FL in 2002, Ms. Pizzolato has maintained her license to practice law in NJ, NY, CT and FL and actively practices law in NY, NJ and FL.

Ms. Pizzolato is a member of:

- The Florida Bar (Real Property, Probate & Trusts and Business Law Sections)
- The Lee County Bar Association;
- The American Bar Association (Litigation, Practice Management and Tax Sections);
- The New York State Bar Association; and
- The Suffolk County Bar Association.

Ms. Pizzolato has represented thousands of clients in generating and implementing their estate plans since opening her own practice in 1994 and accepts invitations to speak on trusts and estates topics.



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This article does not constitute legal advice and may not be relied upon as such. Each individual's facts and circumstances are different. If you have any questions regarding your particular situation, please consult with legal counsel.

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Valentine's Day Bible Verses: 20 Great Quotes

By Pamela Rose Williams

Valentine's Day is all about love. I remember it was something that we celebrated as young children. We would get "valentines" (little love note cards) and sign our name to the back and then distribute them to all of our classmates. It was at times special and awkward to receive a valentine from a secret admirer. As an adult, I no longer really observe the day, but many Christians and non-Christians do. Since it is about love, it is very easy to find Bible verses that relate.

What do you know about Valentine's Day?

Even today it is all about love notes, hearts, candy and even red roses. But did you know that originally it was about celebrating bird's mating season? It's true, mid-February is when the bird mating season happens in European countries and so they decided lovers should celebrate love along with the birds! I found a little history of Valentine's Day over at Christianity Today at <http://www.christianitytoday.com/ct/topics/v/valentines-day/>.



... so they decided lovers should celebrate love along with the birds!

Take a look at these Bible Quotes that you can meditate upon as Valentine's Day approaches.

God's Love is Steadfast, Unselfish & Enduring

2 Chronicles 1:8 *And Solomon said to God, "You have shown great and steadfast love to David my father, and have made me king in his place.*

Psalms 52:8 *But I am like a green olive tree in the house of God. I trust in the steadfast love of God forever and ever.*

Daniel 9:4 *I prayed to the LORD my God and made confession, saying, "O Lord, the great and awesome God, who keeps covenant and steadfast love with those who love Him and keep His commandments..."*

Micah 7:18 *Who is a God like you, pardoning iniquity and passing over transgression for the remnant of His inheritance? He does not retain His anger forever, because He delights in steadfast love.*

John 3:16-17 *For God so loved the world, that He gave His only Son, that whoever believes in Him should not perish but have eternal life. For God did not send His Son into the world to condemn the world, but in order that the world might be saved through Him.*

1 John 4:16 *So we have come to know and to believe the love that God has for us. God is love, and whoever abides in love abides in God, and God abides in him.*

1 John 4:19 *We love because He first loved us.*

Romans 5:7-8 *For one will scarcely die for a righteous person—though perhaps for a good person one would dare even to die—but God shows His love for us in that while we were still sinners, Christ died for us.*

Bible Characters Who Loved

Jacob loved

Genesis 29:20 *So Jacob served seven years for Rachel, and they seemed to him but a few days because of the love he had for her.*

Solomon loved

Song of Solomon 1:2 *Let him kiss me with the kisses of his mouth! For your love is better than wine.*

Jesus Encouraged the Disciples to love

Matthew 22:37-40 *And He said to him, "You shall love the Lord your God with all your heart and with all your soul and with all your mind. This is the great and first commandment. And a second is like it: You shall love your neighbor as yourself. On these two commandments depend all the Law and the Prophets."*

Paul encouraged the Colossians to Love

Colossians 3:14 *And above all these put on love, which binds everything together in perfect harmony.*

Jesus loved

1 John 3:16 *By this we know love, that He laid down His life for us, and we ought to lay down our lives for the brothers.*

John encouraged the Church to Love

1 John 3:18 *Little children, let us not love in word or talk but in deed and in truth.*

Love: Better, Stronger, Greater & Perfect

Proverbs 10:12 (KJV) *Hatred stirreth up strifes: but love covereth all sins.*

Proverbs 13:24 *Whoever spares the rod hates his son, but he who loves him is diligent to discipline him.*

Proverbs 15:17 *Better is a dinner of herbs where love is than a fattened ox and hatred with it.*

Proverbs 17:17 *A friend loves at all times, and a brother is born for adversity.*

1 Corinthians 13:13 *So now faith, hope, and love abide, these three; but the greatest of these is love.*

1 John 4:18 *There is no fear in love, but perfect love casts out fear. For fear has to do with punishment, and whoever fears has not been perfected in love.*

Read more:

<http://www.whatchristianswanttoknow.com/valentines-day-bible-verses-20-great-quotes/#ixzz2qVE21bUw>



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