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Health & Wellness[®] MAGAZINE

January 2015

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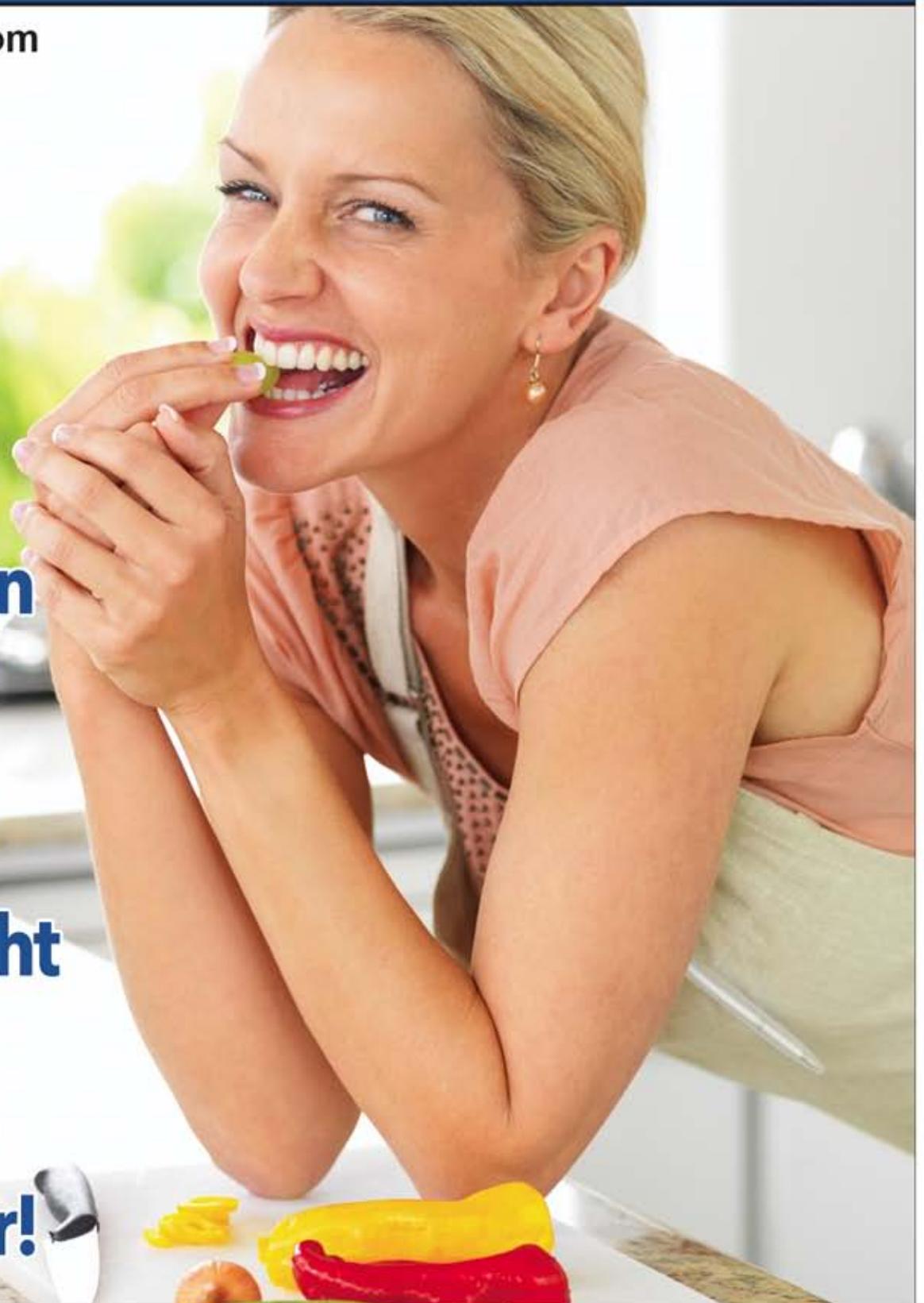
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Noël has been in the audiology field for over 25 years. Having received her doctorate in Audiology from UF, Noël has applied that knowledge to her work in many areas of hearing; including clinical, manufacturing and education.

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Dr. Debbie Marks
is now back at The Animal Clinic. Her special interests include wellness and geriatric care, internal medicine, and dentistry.

Dr. John Rand
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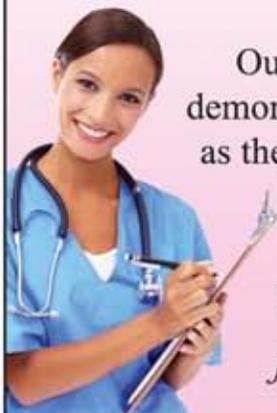
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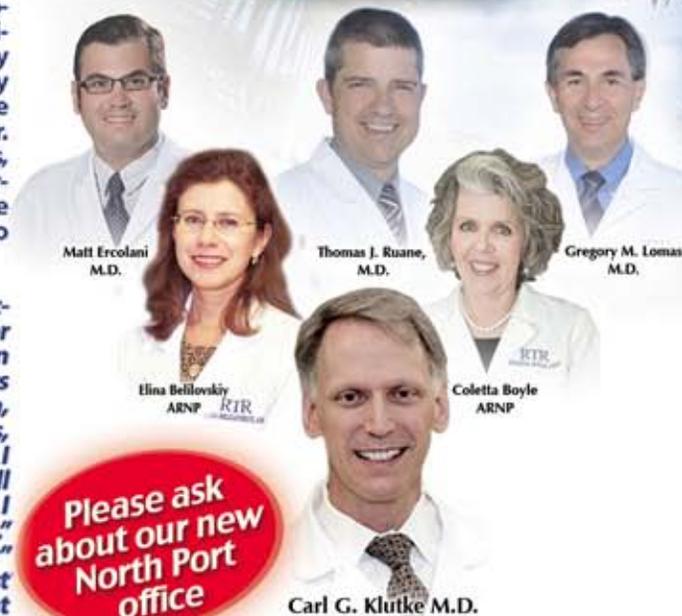
Carl G. Klutke is a Board Certified Urologic Surgeon, a member of the American Urologic Association and the International Continence Society. He received his medical education at the University of Michigan and completed his Surgical Internship and Urologic Residency at the Henry Ford Hospital in Detroit, Michigan. He subsequently completed a Fellowship in Female Urology and Urodynamics at the University of California at Los Angeles. Following Fellowship, Dr. Klutke's career brought him to Washington University in St. Louis, Missouri where he attained the academic rank of Professor of Surgery in the Division of Urology. At Washington University he was the Director of the Female Urology and Incontinence section. He also served as Chief of Staff at the Barnes West County Hospital.

Dr. Klutke has specific expertise in the field of Voiding Dysfunction, Female Urology and Urodynamics. He has published over 100 journal articles and written numerous textbook chapters on these topics as well as the surgical and non-surgical treatments of these conditions. He was listed in Best Doctors in America, 2005-2013 (Best Doctors, Inc.) and America's Top Doctors, 2003-2012 (Castle Connolly Medical Ltd.) "In medical school, I thoroughly enjoyed taking care of both urologic patients as well as gynecologic patients, ultimately I found Urology was where I wanted to be but I still liked to manage gynecologic conditions." Dr. Klutke sought out specialized training in "Female Urology" after his Urology Residency where he could combine his interest in both areas. "My Urology residency gave me the tools to treat urologic conditions ranging from cancer of the urinary tract to conditions of erectile dysfunction and benign prostate issues. The further training in fellowship has allowed me to understand and treat complex conditions that are more specific to the female patient such as incontinence and prolapse as well."

Dr. Klutke was born in Detroit and raised in Dearborn Michigan. As a youth, Dr. Klutke was heavily involved in the sport of Fencing and was Michigan state champion as well as captain of two NCAA championship winning teams. Presently, in his leisure time he enjoys cycling, tennis and spending time with his wife Britta and their three children.

Dr. Klutke will join RTR in November 2014

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An Orthopaedic Surgeon Can Make a Tremendous Difference in the Quality of Your Foot and Ankle Care!

An orthopedic surgeon specializing in foot and ankle problems can make a huge difference. I am Dr. Myles Rubin Samotin, M.D., an orthopedic surgeon fully trained in taking care of all extremities from the shoulders to the fingers, from the hips down to the toes.

In addition to a very lengthy training and specialization in orthopedics, I am subspecialty and fellowship trained in foot and ankle problems, and for the past 17 years in Southwest Florida, I have taken care of everything from the simplest to the most complex foot and ankle problems. I am originally from New York City, trained at some of the best orthopedic institutions in the world including Columbia, SUNY Downstate in Brooklyn, Maimonides Medical Center, and the Hospital for Joint Diseases, a world-renown orthopedic institution located in New York City. I am currently Board Certified, and I recently passed my recertification examination with flying colors.

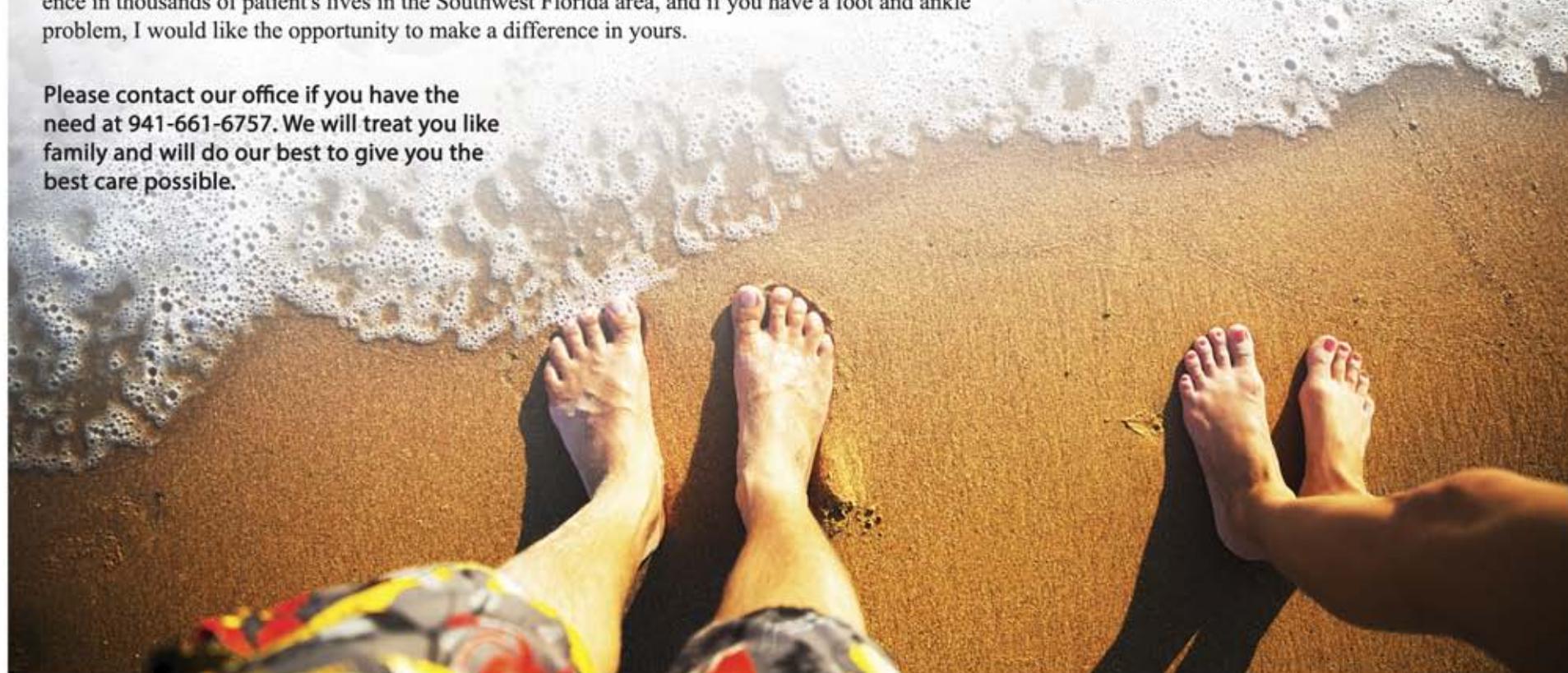
I am a member of the American Academy of Orthopedic Surgeons and I am in excellent standing. In my younger years, I attended the Julliard School of Music and have been a serious pianist for many years. Today I mostly play the piano for my private fun and relaxation, but every year I participate in the physician's talent show in Collier County and not only donate my time but also a lot of money to helping the underinsured get the health care that they need. I grew up seeing my grandmother lose both of her legs as a result of rotten care given to her by a podiatrist. This was the kernel that inspired me to specialize in foot and ankle problems, and through my orthopedic training, I have shown that there is an alternative that can do very well for patients.

More than 50% of the foot and ankle surgeries that I do are fixing the botched up surgeries that are done in this area. No surgeon's results can be perfect, but my results are excellent. My infection and complication rate have always been and continue to be extremely low. I handle everything from bunion and hammer toe correction to neuroma excision to advanced arthritis in the foot and ankle, tendon disorders, flat foot deformity, Achilles tendon problems, fracture work. I have made a difference in thousands of patient's lives in the Southwest Florida area, and if you have a foot and ankle problem, I would like the opportunity to make a difference in yours.

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What do Varicose Veins, high blood pressure, high cholesterol and diabetes mellitus have in common?

By Joseph Magnant, MD, FACS

If you have been told by your physician that your varicose veins are cosmetic or pose no immediate threat or that your swollen achy legs are just something you are going to have to live with, you might want to reconsider your options. A number of patients have presented in the past months with complications of their varicose veins including clotting off of the veins (thrombosis) with progression to DVT and or with external bleeding from their varicose veins: one patient bled on the pool deck, another bled on the floor in Walmart, and a third bled in her bathtub. What all these patients and scores of other share in common is the fact that until the specific complication occurred, they had no severe **pain** or real disability from their varicose veins. Most did complain of achy or swollen legs, itching, heaviness, throbbing and heat over the veins, although none had what they would call "**pain**". Most had physicians who knew about their vein problems and either had not made any specific recommendations or had suggested conservative therapy until real "**pain**" or other pressing complications (thrombosis, bleeding?) occurred. With the modern, minimally invasive technique of endovenous ablation available for the treatment of these patients' problems, I believe it is time to change the way we approach venous insufficiency.

Many patients have traditionally been told by their primary care physicians that as long as their swollen, discolored legs don't hurt or their varicose veins are not painful, clotted or bleeding that they should leave them alone. So, is one to conclude that active treatments should be offered only for medical conditions which are painful or have progressed to the point of complications? **Hypertension** has earned the nick name of "**the silent killer**" due to the fact that many patients with high blood pressure are unaware of their condition until a screening blood pressure reveals a high reading. Untreated or undiagnosed high blood pressure

leads to premature heart attack, kidney failure, stroke and death. Similarly, active treatment of **high cholesterol** through weight loss, dietary modification, exercise and medication when appropriate has been shown to reduce the risk of stroke, heart attack and deaths related to hardening of the arteries. Screening blood tests for high cholesterol are routinely performed a part of an annual medical evaluation after the age of 40. Physicians are **not likely** to advise their patients with high cholesterol that they should wait until their first heart attack or stroke before considering active therapy. The same can be said for the treatment of diabetes mellitus. Tighter blood sugar control with dietary modification, increased physical activity and medications when needed has been shown to slow the progression of a variety of complications of diabetes including retinopathy (eye problems), nephropathy (kidney failure), neuropathy (numbness and tingling in the feet) as well as atherosclerosis (hardening of the arteries). Logic dictates a proactive approach to patients with diabetes to reduce the chances of these complications.

Venous insufficiency

is a medical problem, much like the abovementioned conditions and I believe it is time we start treating it as such rather than wishing it away with unfilled compression hose prescriptions or compression hose still in their boxes. Earlier diagnosis and intervention where appropriate will reduce the long term consequences and complications of venous insufficiency such as thrombosis, bleeding, skin changes and ulceration. The modern, minimally invasive technique of endovenous ablation has made this possible.

Of the estimated 35-40 million adults in the U.S. who suffer from symptomatic superficial venous



insufficiency, or venous reflux disease, the majority have symptoms and signs which cause significant discomfort. Until 2000, the only treatments available for patients with significant saphenous vein insufficiency were compression hose, high ligation or high ligation and stripping. The latter two treatments were often considered too invasive for patients with symptoms other than bleeding veins or non-healing leg or ankle venous ulcers.

Thus most patients with venous insufficiency were advised to wait until the end complications occurred before considering anything more than compression hose. The landscape of venous insufficiency treatment was transformed dramatically by the introduction of endovenous ablation (sealing veins with heat rather than vein stripping) in 1999. The radiofrequency catheter system was the first system approved by the FDA in 1999 and the LASER system for endovenous ablation received FDA approval in 2001.

Over the past decade, our understanding of venous insufficiency has been greatly improved as endovenous ablation has been applied with excellent results to patients with some of the more advanced stages of venous insufficiency. Superficial veins other than the great saphenous vein, such as the small saphenous vein, intersaphenous



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The modern evaluation and treatment of venous insufficiency is the singular focus of Dr. Magnant and his professional and compassionate staff at Vein Specialists at Royal Palm Square in Fort Myers, FL. He can be contacted either by calling **239-694-8346** or through his website, **www.weknowveins.com**, where patients can submit their request for an appointment. He encourages readers to review his website which is specifically written for his patients and also take the time to view his photo gallery. Venous disease is not a laughing matter, but sometimes it is only through humor that some of us are motivated to act.

vein, anterior accessory saphenous vein and perforating veins are now treatable with endovenous ablation. Modern ultrasound evaluation of the lower extremity venous system by experienced vascular technologists accurately identifies which veins are insufficient (leaking) and stratifies the severity of reflux. Ultrasound directed sealing of the abnormal veins under local anesthesia has yielded far superior results than vein ligation or stripping. The net result has been relief for millions of patients worldwide and for hundreds of thousands of patients in the USA. Ulcers are being healed in record time, stasis dermatitis changes are being reversed and leg swelling and pain is receding in thousands of patients once thought to be untreatable.

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So the question

is when to consider getting your vein problems evaluated and whether it is wise to leave varicose veins alone until complications like superficial venous thrombosis (clotting of the varicose veins) with possible progression to deep vein thrombosis (DVT), hemorrhage (bleeding) or ulceration occur. The next time someone tells you to wait for one of the above occur before to seeking evaluation or treatment of your venous problem, reflect back on the goals of treatment in patients with other medical diseases such as high blood pressure, high cholesterol and diabetes. The common goal is quite simply prevention of long term complications, not necessarily relief of "pain". It has been 11 years since the introduction of endovenous ablation as the preferred treatment of patients with symptomatic venous insufficiency and it is time to shed the light of this safe, effective and minimally invasive treatment on the mass of patients still suffering from venous insufficiency.

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As the New Year begins, many of us will begin yet another round of healthy resolutions. Some of us will vow to exercise more, eat healthier and lose weight. As with most resolutions, the idea of getting healthier is stronger than our actual resolve to put in the required effort to achieve our goals. For many years, people have used heredity as an explanation for everything from obesity to cancer. While there certainly are genetic predispositions towards certain diseases, everyone has the potential and ability to change their lifestyle and habits in order to lead a longer, healthier life.

Quit Smoking or Chewing Tobacco

The Mayo Clinic suggests that by making minor life changes, such as eating better, exercising and maintaining a healthy weight, we can help to control our risk of cancer. The Mayo Clinic suggests that the first step toward health and wellness is to quit smoking or using chewing tobacco. Cigarette and cigar smoking have been tied to lung, bladder, cervix and kidney cancer; chewing tobacco has been tied to oral and pancreatic cancer (Mayo Clinic, 2011). Smoking is not an easy habit to break, but fortunately there are products available today that greatly increase the chance of quitting successfully.

A Healthy Diet and Regular Exercise

The importance of a healthy diet and regular exercise cannot be overstated. A diet high in fruits, vegetables and natural grains, and low in fat, especially saturated fat, aides in maintaining a healthy weight. Exercise is another area that can be overwhelming. Fortunately, an hour a day is not necessary; healthy changes can be as easy as parking further away from the store or incorporating a daily walk into your day. "Maintaining a healthy weight may lower the risk of various types of cancer, including cancer of the breast, prostate, lung, colon and kidney. Physical activity has also been shown to decrease the incidence of breast and colon cancer." (Mayo Clinic, 2011) These changes can easily be incorporated into your lifestyle and may prevent not only cancer but also high blood pressure and other physical ailments.

Sun Protection is Key

The next recommendation is especially important to those of us living in Florida. Sun protection is the best way to prevent skin cancer. Since avoiding the sun completely is not realistic, there are simple things that can be done to help to prevent skin cancer. It is important to stay out of the sun during peak hours, wear sunscreen and avoid using tanning beds or spending protracted time in the sun. Melanoma is the most serious type of skin cancer and is believed to be caused by over-exposure to the sun and the use of tanning beds. It is important to be aware of any changes to your skin as well as changes to moles and other skin growths. It is not only important to complete self-examinations, it is recommended to consult a dermatologist for a yearly skin screening. Skin cancer is more common in those living in southern climates, those who are fair skinned and those who have a familial history of the disease. However, once again lifestyle changes can also reduce the risk of acquiring skin cancer. If cancer has been diagnosed, it is important to receive early treatment and to follow up with regular appointments and health care screenings. In 2009, The National Oncology PET Registry (NOPR) approved full-body PET scans for the evaluation of recurring skin cancer.

**Mammograms Can Save Lives**

Recently, there has been some discussion on whether or not a yearly mammogram is necessary every year beginning at the age of 40. The American College of Radiology (ACR) and the Society of Breast Imaging support the updated American College of Obstetricians and Gynecologists recommendations which now correspond with those of the American Cancer Society (Medimaging.net, 2011). Research shows that mammograms save lives; one long term study indicates that mammography screening

decreased the death rate from breast cancer by 30%. Recently, there has been some argument that mammograms can safely be decreased to every other year instead of the current yearly recommendation. Considering that 75% of women who develop breast cancer do not fall into the high-risk category, screening only those who qualify as high risk would certainly set back the fight against breast cancer. Currently, it is recommended that every woman over 40 have a mammogram and those who fit the high risk criteria have a mammogram starting at the age of 30 or 35. While a mammogram is not flawless or painless, it is certainly an important diagnostic tool in the early detection of breast cancer in both women and men. Yes, men too can develop breast cancer and should be aware that any changes to the breast region should be looked at by a physician and may require further diagnostic testing.

Importance of Yearly Physicals and Diagnostic Screenings

Fortunately, there are things that can be done to improve health and increase the quality of life as we grow older. In addition to maintaining healthy eating habits, exercising regularly, not smoking, and drinking conservatively, it is also important to have yearly physicals and diagnostic screenings. Fortunately, imaging is readily available and affordable. Advanced Imaging works with area physicians to ensure that everyone has access to the highest technology and best radiological services available. Whether you need a mammogram, MRI, CAT scan or some other type of diagnostic testing, Dr. Fabian and Advanced Imaging's staff are available to make scheduling, testing and treatment as easy as possible.

Your Health Is Important to Us

Make yourself and your health a priority this New Year. For information on the state-of-the-art medical exams and other diagnostic tests Advanced Imaging conducts, please call **941-235-4646**, visit us at www.advimaging.com or stop by to view the facility.

References:

http://www.cancerpetregistry.org/pdf/nopr_opsman.pdf
http://www.medimaging.net/radiography/articles/294736485/updated_recommendations_support_yearly_mammograms_beginning_at_40.html
<http://MayoClinic.com>

**Dr. Thomas M. Fabian**

Thomas M. Fabian is truly the driving visionary behind Advanced Imaging of Port Charlotte. Dr. Fabian is a Board Certified Radiologist with more than 30 years of clinical experience, with concentration in advanced imaging modalities. Dr. Fabian is a member of our community, and has practiced here for over 20 years.

Dr. Fabian received his Medical Degree from the University of Massachusetts Medical School. He completed his medical training in California and Massachusetts with additional Fellowship training in CT and Ultrasound.

Dr. Fabian is Board Certified in Radiology and has over 30 years of clinical experience with concentration in Advanced Imaging modalities.

Dr. Fabian is a member of the Charlotte County Medical Society, the Radiological Society of North America, and the American College of Radiology.

Baby Boomers Know When It's Time to Consider Joint Replacement!

With 76 million Baby Boomers still thriving and active, many are rejecting the sedentary lifestyle of their parents' generation (remove comma) and are using advances in technology and surgical techniques that enable them to keep on running, cycling, skiing and engaging in other sports, while maintaining very active lifestyles.

The 45-64 age group accounted for more than 40% of the more than 906,000 total knee or total hip replacement surgeries in 2012, the last year for which figures were available from the American Academy of Orthopedic Surgeons. Baby Boomers will account for a majority of these joint replacements in 2014, according to a study done by Drexel University.

The study projects the 45-64 age group will account for a 17-fold increase in knee replacements alone, to 994,000 by 2030. Active Boomers often accelerate the arthritis which wears down their joints, and obesity is yet another factor.

"The majority of total hip and knee replacements are completed in patients aged 65 years and older, but the volume is increasing dramatically among 45-64 year-old patients," said Daniel Harmon, DO, of Orthopedic Center of Florida in the Lee and Collier County area. Dr. Daniel Harmon completed his five year orthopedic surgery internship and residency at The Cleveland Clinic Foundation/South Pointe Hospital in Cleveland, Ohio and then completed a fellowship in Adult Hip and Knee Reconstruction at Allegheny General Hospital in Pittsburgh, PA.

The majority of joint replacements are done for osteoarthritis, which is an arthritis that is developed over time from wear and tear. Nonetheless, Daniel Harmon claimed, "Regardless of age, the decision to pursue a total joint replacement is a decision made between the patient and physician with quality of life a determining factor. Obviously all conservative attempts at treatment must fail prior to surgical intervention. If surgery is an option, minimally invasive surgical techniques for

reconstruction of the hip and knee have improved post-operative pain and allowed for a more rapid recovery." One reason that there has been a surgical boom of joint replacements among Baby Boomers is that active Boomers have been proactive in opting to have replacement surgery sooner in order to experience less pain and a faster rehabilitation afterward.

Today's patients have greater expectations about activity and recovery," says Daniel Harmon, who specializes in minimal invasive joint replacements, and is an experienced instructor of the Anterior Total Hip Replacement procedure. "With implant companies turning their focus to longevity of the materials used, this has allowed us to consider joint replacement in younger patients in need of surgery. Current literature suggests that implants we use will last for 20 years or more." This means doctors will consider doing joint replacement on younger patients who are in otherwise good health, but suffer from pain and a decrease in function, when conservative nonsurgical methods have failed and x-rays support the surgical option.

Baby Boomers don't have to live with "Achy Breaky" parts and they are choosing not to. "It was an easy decision for me, when I learned the procedure was very likely to achieve benefits and very unlikely to have adverse effects, the decision was more about assessing the relative importance of quality of life factors," said Louis Libby, who had a hip replacement done this past July.



941.627.1650

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Pelvic Floor Health for Women

Dr. Carl Klutke

Female pelvic health is a frequent topic in both the medical and popular press these days for two reasons. First, the baby boom generation has reached an age at which pelvic floor problems are common, and female baby-boomers are certainly not satisfied suffering in silence with problems their mothers and grandmothers had to accept without much choice. Second, gynecologic knowledge has grown tremendously in this field; and, along with that knowledge, treatment options have improved in both number and success rates.

“Pelvic floor disorders” refers to a group of vaginal support problems that affect millions of women and can cause considerable discomfort. As women age, tissues that support the uterus, vagina, bladder, and rectum can accumulate damage and weakness that causes hernias or bulges to protrude from the vaginal opening. Often, the original damage occurs during childbirth, but does not manifest itself for many years. Other contributing factors include smoking, chronic coughing, straining or heavy lifting, and a family history of similar problems. Symptoms can include pelvic pressure or pain, difficulty urinating or having bowel movements, sexual dysfunction, and a noticeable bulge protruding from the vagina. Many women suffer for years before seeking treatment.

Treatment of pelvic floor disorders has come a long way in the last several years, and we now have highly successful and durable repairs for these problems. For mild problems causing minimal discomfort, pelvic floor physical therapy can be an effective, inexpensive and very safe option. Fortunately, more physical therapists are trained in this subspecialty, and the St. Louis area is lucky to have several such specialists.



842 Sunset Lake Boulevard, Suite 403
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For women whose pelvic floor disorders are more advanced and uncomfortable, surgery is sometimes required to correct the problem. There are several minimally-invasive surgical options available with high success rates and durability as well as excellent safety profiles. Of course, it is important to choose a surgeon with considerable experience and success as well as low complication rates in this specialized field of pelvic surgery. After these procedures, most patients spend a night in the hospital and resume a fairly normal schedule of activities in two weeks. Lifting, straining, and sexual activity are not allowed for at least six weeks after surgery.

With the traditional surgical techniques, many women would have a recurrence of the same problems within months or years of their first surgery. However, with the modern techniques in use for the last several years, long-term success rates are above ninety percent and the results are much better than with old-fashioned techniques. Most patients are able to resume normal (or even improved) sexual activity within a few months of surgery.

Loss of bladder control (urinary incontinence) is another common pelvic floor disorder and can present in different ways. The most common complaint is leaking urine when coughing, laughing, sneezing, jumping, or doing any other activity that puts pressure on the pelvis. This is known as “stress incontinence.” Another type of leakage, “urge incontinence,” describes the symptom of having to urinate so badly that one cannot make it to the bathroom without leaking. This condition is also known as “overactive bladder” or OAB. Some women are unfortunate enough to have both types of incontinence. Stress incontinence usually results from a loss of structural support between the urethra and upper wall of the vagina. In most cases, urge incontinence (OAB) has no known cause.

Fortunately, almost all women with these problems can be cured or at least helped with current treatments. OAB can be treated with pelvic floor physical therapy, medication, behavioral and diet



modification, or a combination of these approaches. Stress incontinence is curable with highly successful and durable repairs. Of course, not all patients require surgery. Mild stress incontinence can often be managed with pelvic muscle exercises or “Kegels.” If the problem is more severe and exercises are not successful, a minor surgical procedure is the best option. Surgical treatment of stress incontinence involves supporting the fallen urethra with an outpatient, twenty-five minute vaginal operation called a “sling.” This procedure has been established as the most successful treatment for stress incontinence and has an excellent safety profile when performed by an experienced surgeon. Postoperative discomfort is usually minimal and most patients return to work and normal activities in a few days. Long-term success rates are above ninety percent and do not decline over time.

As with most health and wellness issues, prevention is a key component of care as well. While not all pelvic prolapse and urinary incontinence problems can be prevented, women can take action to reduce the risks. Pelvic muscle exercises before, during, and after pregnancies can reduce the incidence of stress incontinence. Correct technique is important and can be taught by gynecologists or reviewed on one of many women’s health websites. Other preventive measures include: maintaining a healthy weight, avoiding smoking, controlling constipation, and avoiding heavy lifting.

For more information please contact RTR Urology | (941) 485-3351 | www.rtrurology.com

What's that Ringing.....

By Dr. Noël Crosby, Au.D.

Tinnitus comes from the Latin word tinnire (to ring) and is a perception of sound for which there is no actual external source. It is typically described as a ringing in the ears, while some may describe sounds like humming, buzzing, whistling, whooshing, clicking, hissing, squealing, roaring, or murmuring in their ears. In ancient times those people who suffered from this condition were thought to be possessed by the devil or evil spirits and were often tortured in order to drive the spirits away. It is estimated that 30 million Americans experience tinnitus. For some of those 30 million, the tinnitus can be persistent and very troubling. The noise can be present during their every waking minute. Fortunately for most, it is a sound that comes and goes, or a tone that changes throughout the day. Some people experience tinnitus that is "on" for a few days and then "off" for one. For many it can be just a brief noise heard in the quiet of night right before bed, or perhaps heard for a while after being exposed to loud noises without wearing hearing protection.

Sometimes tinnitus can be a side effect of medication. Most often, tinnitus is a symptom of an ear problem, such as an outer ear problem. These outer ear problems can be as simple as ear wax, a hair or foreign object touching the eardrum or a perforated eardrum. More serious disorders can occur in the middle ear. Some of these include negative pressure from Eustachian tube dysfunction, fluid, infection, allergies or benign tumors. Problems of the inner ear, such as sensorineural hearing loss caused by noise exposure, an inner ear infection or Meniere's disease which can often be accompanied by hearing loss and dizziness can cause tinnitus. High or low blood pressure, anemia, diabetes, thyroid dysfunction, a growth on the jugular vein, acoustic tumors and head or neck aneurysms, trauma to the head or neck and jaw disorders are just a few of the non-auditory disorders that can cause tinnitus in some people. It is important that those who suffer from tinnitus visit their physician to rule out any of these disorders as the cause of their tinnitus.



At this time, there is no available cure for tinnitus. Many types of tinnitus can be managed with treatments that address the irritation it causes. Some of these treatments include noise generators, maskers and hearing aids. Many healthcare professionals believe that the best starting point for tinnitus relief is addressing hearing loss.

Researchers in France have examined the degree of hearing loss in tinnitus patients and how they experienced their tinnitus. The results were collated with the patients' descriptions of their tinnitus so as to examine whether there was any connection between tinnitus and hearing loss. The results indicated that patients suffering from age or noise related hearing loss generally experience their tinnitus as a constant high pitched sound. Patients whose hearing loss was caused by Ménière's disease or similar syndromes experienced their tinnitus as a varied and low hum. This indicates an association between tinnitus and hearing impairment. The frequency of the tinnitus noise as described by participants in the study was for the most part, directly related to the measured frequencies of their hearing loss. The loudness of their tinnitus corresponded to the degree of their hearing loss.¹

If you are experiencing tinnitus that won't go away, you should first consult with your doctor to rule out any medical disorders or side effects of medication as being the cause of your tinnitus. If these factors are ruled out as a cause for your tinnitus, you should then see an audiologist to have your hearing tested. Tinnitus may be a symptom of overall hearing loss. If you have a hearing loss, there is a good chance that a hearing aid will both relieve your tinnitus and also help you hear better. An audiologist can assist you with the selection, fitting, and purchase of the most appropriate hearing aids for you.

If you experience ringing in the ears, please contact our office at 941-474-8393 to schedule an appointment with Dr. Crosby for a thorough diagnostic evaluation of your hearing and a recommendation for a tinnitus treatment appropriate for you.

Source:

1 Characteristics of Tinnitus and Etiology of Associated Hearing Loss: A Study of 123 Patients, International Tinnitus Journal, 2002



PROFESSIONAL BIO

Dr. Noël Crosby, Au.D., owner and audiologist at Advanced Hearing Solutions in Englewood, FL is a licensed professional whose 26 year career has been devoted to helping people of all ages hear and

understand more clearly. Dr. Crosby received her BS and MS degrees from FSU and her Doctorate in Audiology from UF. 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 is involved in creating hearing loss awareness through her jewelry and accessory company AuDBling.com. She has served and is serving on various professional boards and committees and was president of the Florida Academy of Audiology in 2000 and 2010. She has been married to Michael for 23 years and has one daughter.

For more information contact Noël's office at 941-474-8393 or you can visit her website at www.advancedhearingsolutions.net.

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The Importance of Vaccinations

The debate over vaccines has caused a bit of a firestorm lately. The controversy usually revolves around the safety of use in infants or children. Lately, however, adults and seniors have been thrust into this debate as well. It seems that everyone has an opinion on the matter without much, or any, research. Vaccines have a significant and interesting past, as well as a promising future. To understand their true benefit, you should be knowledgeable of both sides of the vaccine debate.

Why do some question Vaccinations?

A few years back, a British physician named Andrew Wakefield started what is now commonly called the "vaccine debate". While observing a dozen children that were in treatment for a bowel disease, he realized half of them were autistic and that all of those had the MMR vaccine (measles, mumps, and rubella vaccine). He drew the conclusion, strictly from this one observation, that the vaccine is what caused the autism. For parents of children with autism, this was difficult to hear. Thus, the suspicion of vaccines was created. Even after the Institute of Medicine declared through many studies and research that the MMR vaccine did not cause autism, the speculation remained. Parents are advised to speak with their physicians and become educated on the pros and cons of getting their children vaccinated. Only facts will help you decide what is best for your child.

How have Vaccinations shown their worth?

Back in the early 1950's, Polio was a terrifying epidemic. It was one of the worst outbreaks in United States history. There were over 3,000 deaths in 1952 alone and that number was only growing. Shortly after the peak of Polio, there was finally a vaccine perfected to eradicate the disease. The last known case of Polio in the United States was back in 1979. Without the vaccine, hundreds of thousands, even millions more would have been affected by the crippling disease. In those days there were no questions whether it was safe to be vaccinated or not; the fear of Polio eliminated any hesitation by parents to vaccinate their children. Those vaccines proved to do exactly what they were designed to do, prevent further polio outbreaks.

Does my Age affect which Vaccinations I should get?

As we grow older we tend to put many things behind us, some good and some bad. There is a notion that getting shots is for the younger generation. Some believe getting older means being less susceptible to diseases, when in fact it is just the opposite. There are certain diseases that seniors are actually more prone to; such as Shingles, Pneumococcal Diseases, and Influenza.



• **Shingles** is actually caused by the same virus that creates Chicken Pox. Shingles is a painful rash that triggers water blisters on top of the epidermis layer of the skin. Outbreaks from this disease can last a few months or even years. Immunization for shingles is recommended for people 60-years-old or older. Receiving the vaccine for Shingles has been shown to cut the percentage of occurrence by 50%.

• **Meningitis, Pneumonia, and Bacteremia** are all classified in the Pneumococcal Disease category. All can be very serious, and even deadly, to the elderly. PPSV (Pneumococcal Polysaccharide Vaccine) protects against 23 types of pneumococcal bacteria. This vaccination is recommended for all adults 65-years-old or older. It has a success rate against Pneumococcal Diseases of 60-80%.

• **Influenza**, or the *flu*, has also been a problem for the elderly. Getting the flu at an older age, when the immune system is not as strong, means it may last longer and have a more harmful impact. Flu Shots do not truly start to work until a few weeks from the time of immunization, when it becomes fully developed in the body. The Flu shot should be taken a few weeks, to a month, before National Flu Season, which occurs in November.

While there are always two sides to every topic, we have some of the most credible and educated physicians right here in Southwest Florida. Contact your local physician to learn your options and understand the facts about certain vaccinations. Receiving vaccines can protect you or a loved one from numerous complications.

Banyan Assisted Living wants you to be knowledgeable about vaccinations and their importance to the elderly. They are devoted to bringing the elderly a healthy, happy, quality lifestyle. For more questions regarding their upscale senior living community call (941) 412-4748. They are located near the Gulf of Mexico at 100 Base Avenue East, Venice, FL 34285.

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- Special Events: Annual Red Carpet Fashion Show



Thyroid Disease in Cats

By Dr John Rand, D.V.M.



Thyroid disease is the most common endocrine disease of cats. As in people, the thyroid paired glands usually located just below the voice box. They produce various hormones that affect essentially every cell in the body. These hormones regulate the body's metabolism of fats, carbohydrates, and proteins, heat production, and also increase the sympathetic nervous system (fight or flight response). In contrast to dogs whose thyroid levels are too low, cats with thyroid disease have excessive amounts of these hormones usually from hyperplasia or a benign tumor of the glands (70% of the time both glands are affected). While cats may present with any number of clinical signs as a result of thyroid dysfunction, many owners notice significant weight loss even though they have an excellent appetite. Weight loss with a good appetite is also commonly seen with many other equally common diseases of older cats, though (chronic kidney disease, diabetes, various cancers, etc.). Thankfully, for the majority of the time, the diagnosis is fairly straightforward with routine lab work.

Losing weight and eating a ton sounds like a dream come true for some pet owners. What is so bad about that? Many hyperthyroid cats also develop chronic vomiting and diarrhea and can become debilitated quite quickly. Sometimes, though, the unseen damages are of the biggest concern. Recalling that thyroid hormones affect virtually every cell in the body, we can see significant, varied problems arise with excess hormones in circulation – the most significant of which are high blood pressure and heart disease.





Several options exist for the treatment of hyperthyroidism in cats. The most common way that cat owners today manage the disease is with twice daily administration of a medication called methimazole. Administration can be by mouth (with pills or liquid) or by applying a small amount of gel to the skin of the ear. As with all medications, side effects can occur, but are rare and typically mild. Once the pet is started on the medication, frequent lab results and blood pressure checks are needed to assess the thyroid levels and response to therapy.

A cure can be achieved with a single dose of radiation performed at a specialty facility. Initial costs are high, but the long term benefits are clear. Side effects are extremely rare. This treatment can only be used for cats that have not already developed secondary damage to their heart and kidneys. So, early detection and action is very important. The other method for a cure is with surgery to remove the thyroid gland(s) affected. Fewer and fewer owners elect this option, as the costs and risks do not outweigh the benefits of the other treatment modalities.

The newest means of managing hyperthyroidism in cats is with dietary therapy. Since thyroid glands require iodine to make their hormones, maintaining EXTREMELY LOW levels of iodine in the diet can prevent their overproduction. Until fairly recently, the means of preparing a diet with such specific requirements had been impossible. A prescription diet exists now that can treat these cats effectively. We see the same excellent results that we can attain with the medical management of methimazole, but with none of the side effects and without twice daily medication.

Disclaimer: No article, journal, webpage, breeder, or friend of a friend can take the place of personalized, veterinary medical advice. If you have any questions, always consult with your veterinarian.

Similar, semi-regular blood pressure and blood tests are needed for monitoring purposes, as this dietary therapy will fail if the cat eats anything except for the prescription food. This means NO table scraps, no treats, no hunting bugs, lizards, frogs; the cat can eat nothing but the special diet. This can be difficult in multi-pet households or for owners who cannot stand the idea of their cat going without treats.

As with so many diseases, the combination of early detection and treatment with regular monitoring of thyroid disease should allow for a good to excellent prognosis for many pets.



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Solving the Weight Loss Puzzle

Frustrated with excess weight? Find out why your body holds on to excess fat!

Written by Carolyn Waygood, Certified Natural Health Professional

Let's shed some light on the misconception that excess weight is simply caused by too many calories and too little exercise. Most "diets" focus on calorie deprivation, while most "diet programs" are focused on restricting calorie consumption and increasing physical exercise. While improving your food choices and participating in 20 minutes of exercise each day can benefit all of us, in most cases there's other factors which lead to excess weight than diet and exercise alone. If you're one of those people who "have tried everything", and still don't see weight loss results – you're not alone.

With statistics indicating that 2 out of 3 Americans face excess weight issues, the topic of healthy eating – and everything else related to excess weight – has to be addressed. "In my opinion", notes Carolyn Waygood, Certified Natural Health Professional and Diabetes Educator, "the health and medical industries aren't doing a good job educating the public on the many causes of weight gain, and more importantly, how to solve the excess weight puzzle." There are many factors that contribute to excess body weight. While one of the main culprits is our diet, it's not the complete picture.

"Before you embark on a weight-loss program, understand that everybody's weight challenges are different" suggests Ms. Waygood. "Just because your friend lost 50 pounds following one diet program, doesn't mean you will be as successful. Your excess weight could be caused by something completely different, and your body will respond to health alterations at a different rate." No one has a crystal ball, or a tool to look inside you and determine the cause (or causes) of your weight problem. Solving your personal weight loss puzzle takes awareness, patience, and commitment. Changing the body, repairing faulty processes, and building healthy habits doesn't happen overnight.



"It usually takes at least 3 months to experience a positive health change", explains Carolyn, "and may take as long as 6 or 9 months before a person notices their health is improving". So if someone tries to tell you "it's easy", well, it's not. The weight loss puzzle is a complicated one with many facets. Finding out which piece (or pieces) you need to solve your weight challenge takes time and consideration. Take a look at some of the pieces below, and determine if any may be impacting your ability to achieve optimal weight levels.



If you, or someone you know, battles with one or more of the health concerns listed below, it could be affecting your overall health and impacting your ability to achieve optimal weight levels. Contact Carolyn Waygood, CNHP today to schedule a FREE 30-minute phone consultation to help you understand these categories better by calling (941) 713-3767 today. Carolyn is an Independent Representative of Plexus Worldwide, a U.S.-based manufacturer of natural wellness products formulated to help people address a variety of different health concerns. Ms. Waygood has helped many people achieve healthy weight loss, blood sugar control, improved energy, appetite control, improved digestive health, relief from muscle and joint soreness, and improved nutrition. Read more about the positive health benefits individuals have achieved using Plexus products.

POOR NUTRITION	SLOW METABOLISM
IRREGULAR ELIMINATION	IMBALANCED DIET
ACIDIC BODY PH	ENDOCRINE HEALTH
MUSCLE & JOINT SORENESS	LACK OF SLEEP
LACK OF EXERCISE	INCOMPLETE DIGESTION
POOR HYDRATION	LACK OF OXYGEN
IMBALANCED HORMONES	PRESCRIPTION MEDICATIONS
TOO MUCH STRESS	INTESTINAL HEALTH

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"I started taking Plexus Slim with Accelerator 4 months ago and I have lost 26 pounds. I went from a size 12 to a size 8. Even during the Holidays when the food craving was at its worst, I was able to enjoy and eat what I wanted without gaining a pound!" - Hope S.



"When I started taking the Plexus products I weighed 185 pounds and was wearing a size 14. I used Plexus for five months and lost a whopping 52 pounds. I am in a size 5 now. I feel great thanks to Plexus Slim. And the best part is that I haven't gained a single pound back. What an amazing product. I would recommend this to anyone." - Rochelle D.



"At first I was skeptical about the Plexus products. However, I went ahead and tried them and I am very blessed that I did. I have gone from a size 22 (211 pounds) to a size 14 (174 pounds). I have lost a total of 32 inches." - Brandi S.



"I decided to try Plexus on October 24, 2013. I really needed to lose a few pounds and only 10 weeks later my results far exceeded my expectations! Not only did I lose a lot of weight and inches, I am no longer sick! These Plexus products have given me my life back and I will never stop taking them, they really do work! They are changing the lives of my family and friends and for this I am so grateful!" - Sabra McCraw



"I started my Plexus journey on October 3rd, 2013. Since then, my blood pressure has gone down, I'm sleeping better, I have less weight on my bum knee, and have more energy! Within 4 months I was down 64 pounds. I went from a size 54 pants to a size 38!" - David Kempen

To read more customer testimonials, and learn more information about the health benefits associated with Plexus products, visit www.WAYGOOD.MyPlexusProducts.com.



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!



"I prayed to God for three things: get healthy, lose weight, and find a better paying job. In two and a half months I had lost 43 pounds, 39 inches! I am now in a size 8! I'm getting healthy, I'm losing weight and have a great job that I love! Plexus was the answer for all three of my prayer requests." - Rhonda Langdon

Try a 3-Day Trial Pack of Plexus Slim & BOOST for only \$11.95 (with FREE shipping & handling!), and see for yourself how you can achieve more balanced blood sugars, improved energy, and better appetite control! Order yours today at www.WAYGOOD.MyPlexusProducts.com!

Want to kick off the New Year with healthy goals? Contact Carolyn today to register for a FREE wellness seminar in your area! "Natural Health in the New Year", an informative 55-minute health seminar, is scheduled in Tampa, Saint Petersburg, Bradenton, Sarasota, North Port, and Fort Myers throughout January, 2015! This is a great opportunity to learn more about natural health alternatives, and the Plexus products in a no-pressure sales, educationally-focused environment! Call Ms. Waygood today for more information at (941) 713-3767.



Cervical Cancer Awareness Month

ROUTINE SCREENINGS PREVENT CERVICAL CANCER DEATH



Medical science has made some rapid advances in recent years and none more so than the ability to be able to prevent and treat cervical cancers in adult women.

Cervical cancer is cancer of the cervix (the lower part of the uterus that connects to the vagina). Cervical cancer usually forms slowly over many years, but occasionally it happens faster. The purpose of the Pap test is to detect abnormal cells in the cervix. When abnormal cells are found and treated early, cervical cancer can be prevented or cured. Pap test screening as recommended by your health care provider can prevent the majority of cervical cancers.

Prevention and Early Detection Thanks to widespread screening, the incidence of cervical cancer has decreased significantly. Pre-cancer lesions can be detected and removed before they become malignant.

Most cervical cancer is caused by a virus called the human papillomavirus, or HPV, which is spread through sexual contact. Abnormal cervical cells rarely cause symptoms, but detection of the earliest changes leading to cancer development is possible through the use of Pap tests.

Those who are vaccinated against HPV prior to becoming sexually active can significantly lower their risk of cervical cancer. HPV is a group of more than 100 related viruses. HPV is passed from one person to another during skin-to-skin contact. HPV can be spread during sex, making abstinence your best form of prevention.

Screening and Detection The American College of Obstetrics and Gynecologists (ACOG) recommends that women ages 21 to 30 be screened every two years using the standard Pap test or liquid-based cytology. Women age 30 or older who have had three consecutive negative test results may be screened once every three years.



Women with certain risk factors may need more frequent screening. Talk with your doctor to see when you should begin cervical cancer screening and how often you should be screened.

Those at Risk:

Infection with HPV may cause cells in the cervix to grow out of control and become cancerous. However, it is important to note that not every HPV infection is destined to become cervical cancer. Many HPV infections resolve without treatment. Smoking increases the risk of cervical cancer as well as advancing age since cervical cancer grows very slowly over time. Poverty is a risk factor for cervical cancer. Many women with low incomes do not have readily available access to adequate healthcare services, including Pap tests. This means they might not get screened or treated for pre-cancerous cervical diseases. ☒ If a mother or sister has cervical cancer, a woman's chances of developing the disease increases by two to three times.

Modifying risk factors that are within your control and vaccinating against high-risk HPV are the best ways to avoid getting cervical cancer. Pursuing and sticking to a recommended cervical cancer screening program including the use of PAP and HPV tests are important ways to detect the disease early and ultimately, to make oncologists less busy...and that's a good thing!





CONCIERGE MEDICAL SERVICES: Private Personalized Care Without Limits

By Joseph Kaminski, D.O.

Personalized health care is the keystone to any concierge medicine practice. Concierge medicine was created as an alternative to the traditional model, which leaves many doctors overwhelmed and many patients unsatisfied. Concierge doctors provide you with the time you deserve, the time to create your personal plan for a long, healthy life.

Concierge medicine may also be referred to as private medicine, membership medicine, concierge healthcare, cash only practice, direct care, direct primary care, direct practice medicine, and boutique medicine. These all share the same basic theme, advanced personalized health care. The basic elements of modern concierge medicine are personalized care, direct care, quality care, and affordable care.

Concierge medicine focuses on the whole you, with personalized preventive care programs that ensure your future health without the limitations of a third party. Traditional healthcare and concierge medicine differ dramatically in their potential effects on your overall health and the type of care you receive. Traditional healthcare provides treatment when you are sick and is often controlled by what is, or is not, covered by your healthcare insurance plan.

The Traditional Treadmill

Traditional medicine practices treat you when you are sick, addressing the symptoms as they are presenting to your doctor at the moment. Traditional medical practices often rely heavily on reimbursement from healthcare insurance companies to survive. The result is often overcrowded waiting rooms, difficulty obtaining treatment, and short office visits focused only on the illness that is presenting itself at the moment. Traditional physicians are often forced to keep turning patients over quickly to maximize the amount of patients treated each day to keep their practice afloat. Many physicians today are finding themselves suffering from burnout due to the high paced environment and low reimbursement rates, while patients are questioning the availability and quality of their care.



The Concierge Medicine Alternative

An alternative exists to the traditional model of healthcare. Concierge medicine was created to deliver the highest level of personalized care and ensure healthcare access to patients, while allowing a concierge physician to maintain a viable practice. Concierge doctors provide patients with the time they need, when they need it, allowing the concierge doctor to have a greater opportunity to catch illnesses early on and decrease the chance of future hospitalization. A concierge medicine practice is optimized to ensure the highest level of patient-centered care.

More Time For You

Concierge doctors have fewer patients than traditional practices, and therefore have more time to spend with you. An average doctor at a traditional practice may see 3,000 to 4,000 patients per year, whereas a concierge doctor manages dramatically reduced patient community. The reduction in the amount of patients allows the concierge doctor to expand the services to the concierge medicine patients, and therefore spend much more valuable time with each patient.

Freedom To Heal

Time is the key benefit to concierge medicine. The concierge doctor dedicates more time to his patients, and from time, flows benefits. This time allows the concierge physician to: allow direct access to patients, consider all the relevant factors to a patient's health, implement plans of treatment free from third party dictations, and create truly personalized care.

Concierge medicine provides concierge doctors a greater opportunity to catch illnesses, control existing conditions, and reduce the incidence of hospitalization. Let us not forget that a smaller practice also means the end of crowded waiting rooms, and the welcomed option of same day visits or phone consultations.

The Future of Healthcare

Modern concierge medicine provides affordable, personalized healthcare programs with expanded access, at affordable rates. These programs are designed to ensure the highest level of care, while making them available to more patients. Concierge doctors are now offering these affordable solutions through direct-pay or membership programs across the country.

Concierge medicine will continue to grow and gain popularity among patients that value the direct access, personal care, and patient-centered focus that a concierge doctor provides. Traditional healthcare will face many challenges as The Affordable Care Act reaches full implementation nationwide. Forecasts predict that current existing shortage of physicians will continue to grow as new patients enter the marketplace under The Affordable Care Act. Patients who find themselves dissatisfied with the access to, or quality of, their healthcare will have an alternative solution. Concierge medicine will offer them a high-quality choice for their healthcare.

Joseph
Kaminski D.O.
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Whether you're working out a few times a week to stay in shape or training for a marathon, massage therapy sessions from Massage Envy Spa should be part of your regimen. Massage Envy offers sports massage therapy geared toward athletes of every kind, from world-class professionals to weekend joggers. Each massage is tailored to the individual's specific needs, and focus on areas of the body that are overused and stressed from repetitive and often aggressive movements.

Sports massage therapy is gaining popularity as a useful component of a balanced training regimen. It can be used to enhance pre-event preparation and to reduce recovery time either during training or after an event. Many athletes have discovered that specially designed sports massage promotes flexibility, reduces fatigue, improves endurance, helps to prevent injuries and prepares the body and mind for optimal performance.

A 2010 study in the Journal of Strength & Conditioning Research found that even a 30-second massage improved hip-flexor range of motion. Another study demonstrated notable trend toward decreased soreness in athletes who received massage either before or after exercise

Some of the physical effects of massage for athletes include increased tissue permeability, which helps to open the pores in tissue membranes, improving the exchange of fluids and nutrients throughout cells. Massage also stretches tissues in ways they would not otherwise flex, helping to relieve tension. And by encouraging increased blood flow before and after exercise, massage helps to increase the absorption of nutrients and the removal of waste products from muscles and other tissues. This also leads to a reduction in pain by increasing the removal of lactic acid and stimulating the production of endorphins.



In addition to the physical effects on muscle tissue itself, massage induces a sense of relaxation. The generation of heat and increased circulation causes the nerve tissues that sense touch and pressure to be stimulated, which causes a relaxation reflex. Massage also leaves the athlete feeling much less anxious and more invigorated, ready to take on the next challenge.

Massage Envy therapists are trained to address all areas of the body, including common trouble spots such as the Achilles tendon, rotator cuff, hamstrings and lower and upper back. If you have specific areas that are particularly sore after an intense workout or training session, let your massage therapist know, and he or she will discuss some of the techniques used to address those particular spots.

For anyone participating in regular physical activity, whether casual or intense, the addition of sports massage therapy on a weekly or bi-weekly basis could be a great addition to the training regimen. The massage therapists at Massage Envy can help you find a plan that will work with your schedule, level of activity and budget. To find your nearest Massage Envy Spa location, visit www.massageenvy.com/regions/FL/Southwest-Florida. Massage Envy Spa has locations in Cape Coral, Fort Myers, Estero and Naples.

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AS WE AGE WE NEED TO MAKE CHANGES TO STAY SAFE

More than one in three seniors over age 65 fall each year, and the National Institute on Aging (NIA) says **80 percent of these falls are in the bathroom.** Due to the multitude of unforgiving and slippery surfaces, bathrooms can be very hazardous for seniors.

You see, bathrooms are very dangerous places even though most of us never really think of them that way. All you have to do is a quick internet search and you would clearly see how many slips and falls occur in a bathroom every year. This number is even more startling when you look at the number of seniors.

According to research from the Centers for Disease Control and Prevention, 1.6 million older adults seek emergency care each year for fall-related injuries, fractures or head trauma. In addition to potentially losing their independence, seniors 65 years old and up have a 25 percent chance of dying within six months to a year if they fall and break a hip. An estimated 95% of hip fractures are a result of falling

A fall can significantly change your life. If you're elderly, it can lead to disability and a loss of independence.

Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas. These injuries can make it hard to get around or live independently, and increase the risk of early death.

Fortunately, falls are a public health problem that is largely preventable. As our health changes and our risk of falling increases, we must make changes to minimize our chances of falling and potentially suffering from a serious injury.

Falls and accidents seldom "just happen." Taking care of your health by exercising and getting regular eye exams and physicals may help reduce your chance of falling. Getting rid of tripping hazards in your home and wearing nonskid shoes may also help.

Another preventative method recommended by physicians is immediately addressing any changes within the home that will help prevent falls. One of the most recommended additions to the bathroom, is a shower or tub built around the unique needs of elderly adults. There are a variety of products available that can significantly reduce the risk of falling while bathing, some of these include: walk-in shower unit with foldable chair, flexible shower wand, grab bars, and ultra-low step up.



Knowing how to get in and out of tubs and showers properly and equipping homes with necessary safety precautions can reduce senior falls, keep them out of the emergency room and possibly extend their life.

A senior living in a safe home is able to live more independently with a better quality of life. Many people who fall, even if they are not injured, develop a fear of falling. This fear may cause them to limit their activities, which leads to reduced mobility and loss of physical fitness, and in turn increases their actual risk of falling.

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Strong Colleges, Strong Communities...

By Dr. Patricia Land

In this day and age, most students coming out of high school go directly into college, and there are so many colleges, degrees and programs to choose from. With so many options for advanced education, many graduates stay and settle in the areas in which they studied to build stronger and better communities. I had the opportunity to be impacted by students who have made our community better and stronger.

One beautiful summer afternoon in late July of this year, my life changed dramatically. I was trying a new marinade and had food on the grill for a delicious dinner. As I worked in the kitchen, I pivoted to leave the room and check the progress of my dinner on the grill, my ankle froze but my leg did not. That incident caused me to snap three bones in my ankle, where I then fell directly on my knee, fracturing it in many pieces.



Student in Class



Nursing Simulation Training at Florida SouthWestern State College

It was quickly apparent that I wasn't going to be able to get up on my own, and I was not able to locate my cell phone. Fortunately, I was able to slide over and reach the land line to call 911, and then was able to slide over to unlock the front door as I waited for help.

When the medics arrived, they not only addressed my injuries, but also helped me locate my cell phone and extinguished my grill before taking me to the hospital. They were kind and skilled in managing my discomfort as much as possible. Since the college I work with, Florida SouthWestern State College (FSW), offers such a wide variety of health science degrees, I have developed a routine to always ask what college various individuals

attended. I wasn't surprised to hear that these kind medics were FSW graduates. I know the rigorous training FSW paramedics are put through at our institution, and I felt very secure that I was in good hands.

Upon reaching the emergency room at Fawcett Hospital, I felt as if I had joined a health professions reunion. A number of FSW nurse graduates and current students assisted me, again with the highest demonstration of professionalism and competence. I know that our institution, as well as others in our region, help students to advance in their careers and their personal goals, and it was such a treat to see the results of that, however, I would have preferred to visit under more positive circumstances.

During the subsequent two months, I encountered still more students in home health positions or in businesses as my wheelchair and I navigated a retail store. I'm in the home stretch now, going to physical therapy 3 times each week and seeing former students accomplishing their goals. With continued progress, I hope to shed my walker for a cane in the very near future.

Supporting our local colleges and universities is important to mold the decision makers of tomorrow, but it is even more important to have them choose our community as their home. The skills and expertise they learn here then benefit the local area, and help to build a stronger community now and in the future.

Dr. Patricia Land is the Charlotte Campus President/Regional Vice President Economic and Community Development at the FSW Charlotte Campus. She can be reached at (941) 637-5682 or by email at pland@fsw.edu.



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KNOWING RISKS OF GLAUCOMA CAN STOP SNEAK THIEF OF SIGHT

African Americans, Hispanics, and others with a family history of glaucoma are particularly vulnerable

By Jonathan M. Frantz, MD, FACS

Glaucoma is a silent illness; most people have no early symptoms or warning signs as their peripheral vision diminishes or blind spots occur. It affects more than 2.7 million Americans age 40 and older. Another 2 million do not know they have the disease. January is Glaucoma Awareness Month, and Frantz EyeCare Medical Director Dr. Jonathan Frantz wants to remind people that knowing your risk for the disease can save your sight. If untreated, glaucoma ultimately results in blindness.

“Glaucoma can be a ‘sneak thief’ illness, and currently there is no treatment to restore vision once it’s lost,” said Dr. Frantz. “But when we catch glaucoma early and closely monitor and treat people, we can significantly slow its progression and minimize vision loss.”

Among Americans, higher-risk groups include those of African or Hispanic heritage and others with a family history of the illness. Elderly individuals with African ancestry are five times more likely to develop glaucoma and 14 to 17 times more likely to become blind than similar-aged individuals with European ancestry. The risk for Hispanic Americans rises markedly after age 60. Those of any ethnicity who have a family history of the illness are four to nine times more susceptible.



Other glaucoma risk factors include aging, near-sightedness, previous eye injuries, steroid use and health conditions including cardiovascular disorders and migraine headache.

For individuals with symptoms of or at risk for eye diseases like glaucoma, the American Academy of Ophthalmology recommends that they see their ophthalmologist to determine how frequently their eyes should be examined. The Academy recommends that those with no symptoms or risk factors

for eye disease get a baseline screening at age 40, when the signs of disease and change in vision may start to occur.

About Glaucoma

Glaucoma damages the optic nerve, the part of the eye that carries the images we see to the brain. As glaucoma worsens, cells die in the retina — a special, light-sensitive area of the eye — reducing the optic nerve’s ability to relay visual information to the brain. In the most common form of the disease, open-angle glaucoma, peripheral vision usually narrows, then other blank spots occur in the visual field. Symptoms of the less-common form of the disease, angle closure glaucoma, include blurred vision, severe eye pain and headache, rainbow-colored halos around lights and nausea and vomiting.

.....
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 surgery, treatment of eye diseases, bladeless LASIK laser vision correction, and eyelid surgery with office locations in Fort Myers, Cape Coral, Punta Gorda, Lehigh Acres, and Naples.

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THE IMPORTANCE OF THE RESIDUARY CLAUSE IN A WILL OR TRUST

By James W. Mallonee

Suppose you have a Will that devises specific property you own to an individual, but does not include a residuary paragraph directing your personal representative to gift your remaining property to others or entities. What happens to your remaining property not specifically given away to an individual.

Under Florida's probate law, a person's Last Will and Testament will be construed as to the intention of its maker. Therefore, if your Last Will and Testament indicates a desire that certain people are devisees of specific property, the law may interpret that intent to include all the rest of your property to be gifted to the individuals receiving specific property even if you did not want that to happen.

In one particular case, the maker of a Will devised specific items of their property (e.g. jewelry) to an individual person. At the time, the property being specifically devised, it was the maker's only property. However, following the signing of the maker's Will, the maker obtained additional property that was not listed as being bequeathed to anyone. In essence, the maker's Will lacked a residuary clause that gave any and all remaining property not specifically devised to another person or entity. There were only two options available under the law: 1) gift the newly acquired property to the persons who were being devised specific property; or, 2) devise the newly acquired property via Florida's intestate statutes which would by-pass the individuals who were already receiving specific property.

A Court of law elected to pass the property via option 1 (to the persons who were being devised specific property) and not option 2. The reasoning for such decision was that the maker's Will did not specifically state that the estate consisted only of the items listed and there was no showing that the maker's intent was to consider any other persons as devisees of the estate. As a result, the newly acquired property passed to the persons who were also being devised specific property.



The turning point in this situation is found in Florida Statute 732.6005, which states in pertinent part that the intention of a testator as expressed in a Will controls the legal effect of the disposition of a testator's property. The statute goes on to state that a Will is construed to devise all property of a decedent including property acquired after the signing of a Will. The legal effect in this situation was that no other persons were mentioned; therefore, the maker's intent was to devise all of the maker's property to the person who was receiving the specifically identified property – regardless of when the property was acquired.

The message to be learned is to make certain that you have a residuary clause in your Last Will and Testament (or Trust instrument). It is also a wise idea to consider the possibility of where you want your property to go in the event all of your residuary devisees should predecease you. For example, you might consider as a last resort to gift your property to a charity. This is especially true if there is a specific descendant in your family tree that you absolutely do not want any part of your estate to go too.

The alternative to preventing the possibility of an heir within your family tree becoming a beneficiary is to specifically state in your Will that such person is intentionally left out and that nothing shall pass to him or her. By inserting such language will show the Court your exact intention and how it is to be construed under Florida Statute 732.6005.

If you are uncertain as to the distribution of your assets following your death, seek out an attorney and ask the "what if question" concerning where your property will end up. Make sure you discuss any situation involving a descendant that is not to become

a beneficiary of your estate. Even more important, pull out your Last Will and Testament or Trust instrument and read it to make sure it distributes your estate the way you intend it. If you are not sure it meets your intended result, then in such event, seek out an attorney and have a frank discussion about your Will or Trust's resulting descent and distribution of your assets. Do not limit the discussion to only one asset or descendant. Your ultimate goal should be to prevent any surprise results following death.

About the Author:

James W. Mallonee (Jim Mallonee) is a graduate with a B.A. degree from the University of South Florida and a Master of Science degree from Rollins College in Winter Park, Florida. He obtained his Juris Doctorate from the University of the Pacific, McGeorge School of Law in Sacramento, California. Prior to returning to Florida to practice law, Mr. Mallonee was employed by Intel Corporation for 22 years in such locations as New Jersey, Florida and California.

In addition to being a member of the Florida Bar since 2003, Mr. Mallonee serves on the Charlotte Community Foundation Committee for asset allocation and teaches Business Law at State College of Florida. Mr. Mallonee is also on the Board of Directors for the Military Heritage Museum located in Charlotte County, Florida.

His firm practices law in the following areas: Probate, Wills & Trusts, Guardianships, and Litigation in the areas of Real Estate, Guardianships and Estates. The firm has two locations in Venice and Port Charlotte, Florida.

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Prepare for a Healthy New Year!

For many people, the approach of a new year often means a renewed focus on how to make things healthier for their families. Eating a healthy diet, getting enough sleep, and practicing other healthy habits are an important part of keeping your family healthy and happy in the coming year.

As 2014 comes to an end and 2015 beckons you forward, take the time to review and look back at the year that has passed.

Are you at a healthy weight?

Do you exercise enough each week?

Do you select healthy food choices?

Do you spend quality time with your family and friends?

Have you met the career goals you set for yourself?

Do you have a positive, optimistic attitude about life?

Are you financially stable and secure?

Once you evaluate where you stand now, look toward the new year and make plans now for what you want.

Here are several helpful tips on how you can have a healthier, more positive New Year:

Get a checkup with your doctor. Find out how you're doing health-wise so you can set goals to improve your health with proper diet and exercise.

Set some personal health goals. Write your goals into a notebook and keep it handy. Track your progress of reaching your goals.



Get moving. Exercise is vital at any age. Explore local health clubs, gyms, personal trainers as well as at-home equipment to help you get fit and healthy.

Quit smoking. Smoking is connected to many chronic diseases and you can save a lot of money over the next year if you quit smoking.

Reduce the stress in your life. Stress includes daily events like deadlines at work, long drive times with excess traffic, and more activities.

The New Year has long been a time for reflection on the personal changes we want to make as we look forward to a year of healthy possibilities. Health-related goals are popular New Year's resolutions, but sometimes we may not know where to begin. By following the above tips, you will be well prepared to successfully achieve your health resolutions for 2015

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Defeat Gum Disease

There is a silent oral disease affecting more than 80% of adults. Chances are you either have had or are currently battling periodontal (gum) disease. Unfortunately, in many cases, the disease goes undetected until painful symptoms begin occurring. At which time the disease and any adverse conditions have already set in. Because there are no early signs of periodontal disease, it often goes untreated until the physical symptoms surface and by then the concern is treatment not prevention. It is extremely important for everyone to have regular dental check ups at the recommended six month interval. Without these check ups and proper oral care, periodontal disease can silently cause not only oral health problems but can also contribute to other major health concerns.

Periodontal disease, also known as gum disease, is the chronic infection of the soft tissue around the teeth caused by plaque producing bacteria. The gums hold the teeth in place. As the gums become infected, they loosen their hold on the teeth and pockets are formed. These pockets collect debris and cause more infection and bone loss to the tooth. Gum disease is infectious and contagious. It can spread from tooth to tooth in the mouth and from one person's mouth to another through saliva.

As with other diseases, prevention is key to good oral health. It is important for everyone to practice diligent, thorough, and proper oral care by scheduling check ups every six months. At which time, your dentist will be able to detect and treat any signs of periodontal disease before symptoms begin to show and the damage is done. As mentioned earlier, most people do not know they have periodontal disease until they begin suffering from any combination of the following signs:

- Chronic bad breath
- Red or swollen gums
- Bleeding gums especially after tooth brushing
- Tender or sore gums
- Loose or shifting teeth
- Receding gums
- Sensitive teeth



If you have been diagnosed with periodontal disease, there are various treatment plans your dentist may recommend depending on the severity of your case. The most important action is meticulous at home daily oral care. Teeth must be brushed twice or more times each day for at least two minutes and flossed at least once per day. Other treatments include oral rinses, periodontal cleanings, and sometimes surgery.

Traditional periodontal surgery involves cutting and suturing of the gums and recovery time can be long and painful. With the advancement of modern laser technology, there is an alternative. Joseph H. Farag, DMD offers a better alternative for patients battling periodontal disease. Dr. Farag offers patients laser-assisted new attachment procedure (LANAP™) which is a no-cut, no-sew procedure to treat mild to advanced periodontal disease. The advancements in laser surgery techniques, have made treating periodontal faster and less painful. LANAP™ is much less invasive than traditional surgery, allowing patients to return to work the next day if desired.

Even with the benefits of LANAP™ it is obviously best to practice good oral care. The most important preventative measure to avoid the insidious gum disease is to take excellent care of your teeth. Proper cleaning at least twice a day is imperative. The goal is to keep the bacteria that cause the plaque at very low levels.

If your gums are painful, red, or swollen don't ignore the signs; make an appointment today that may save your teeth and gums. Treating periodontal disease sooner is always better than later.

Benefits of LANAP™

EASY - LANAP™ is about as EASY as erasing a blackboard - unlike older techniques, there is no cutting and no suturing of the gums.

MINIMAL DISCOMFORT - Both during and post procedure, the patient experiences very minimal discomfort with LANAP™ than with prior standard surgery techniques.

SHORTER PROCEDURE TIME - It takes less time to complete LANAP™ than traditional surgery. Typically it takes is two 2-hour visits to the office and two follow up visits. Traditional surgery requires four sessions of about one hour each, with subsequent visits for suture removal and additional check-ups.

LESS GUM LOSS - LANAP™ minimizes the loss of gum tissue, traditional surgery often involves removing a significant amount of gum tissue. This tissue loss can lead to sensitive teeth since your roots are exposed. Also, if the treatment needs to be performed again in the future, you have not removed the bone and gums during the first LANAP™ treatment. Typically with LANAP™, any gum tissue shrinkage is actually due to reduced swelling of the area that was previously diseased and inflamed.

SHORT RECOVERY - Many patients fully recover from LANAP™ within 24 hours. In most cases, patients feel just fine post surgery and daily activities are not interrupted. On the other hand, recovery after traditional surgery can take up to 4 weeks during which patients can experience considerable pain and swelling.

SAFE - LANAP™ with the PeriOse is SAFE for patients with health concerns such as diabetes, heart disease, high blood pressure or those taking medications such as Coumadin or Cyclosporine.

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Put Out the Smoke and Heal Your Wounds

It's that time of year again. The time to make resolutions and try our best to keep them. Many people set personal goals of losing weight, spending more time with family, or eating better. Another popular New Year resolution for many is to quit smoking. Keeping resolutions is oftentimes difficult for many people, life gets busy and we resort back to our old ways. We all know there are numerous health risks of smoking, but did you realize that if you are a smoker and you have chronic wounds you could be prolonging the healing process. Make this year, the year you finally stop smoking for good!

Today in 2015, there should be no question that tobacco use is one of the worst things you can do to your body. There have been hundreds of scientific studies. This subject is extremely well documented.

From the Centers for Disease Control and Prevention (CDC) alone:

- Smoking harms nearly every organ of the body.
- Smoking causes many diseases and reduces the health of smokers in general.
- Smoking causes more than 480,000 deaths each year in the U.S. That's about one in five deaths.
- Cigarette smoking causes most cases of lung cancer.
- Blockages caused by smoking can also reduce blood flow to your legs and skin.
- Smoking damages blood vessels and can make them thicken and grow narrower. This makes your heart beat faster and your blood pressure go up. Clots also form.

The bullet points go on, but we can already see the connection between smoking and poor wound healing.

healing. Essentially, healing depends on the body's ability to transport freshly oxygenated blood and nutrients to and from a wound site. If you're smoking, you are basically de-oxygenating your blood and robbing the wound site of the oxygen it needs to heal. Worse, you're replacing the fresh oxygen you would normally be breathing with a deadly mix of more than 7,000 chemicals, of which hundreds are toxic and about 70 can cause cancer.

How Smoking Impairs the Body's Ability to Heal Wounds

Nutritionally, smokers tend to eat less healthfully, do fewer physical activities and consume more alcohol. All of these have an adverse effect on wound healing.

First, the body needs tremendous amounts of energy/calories to heal wounds. But since nicotine is a proven appetite suppressant, smokers have an increased potential to take in fewer calories, resulting in delayed or impaired wound healing.

The full physical effects from the newer e-cigarettes are not known, though the liquid nicotine they feature is certainly a poison and can be lethal. It can be harmful when inhaled and it can also be harmful when ingested or absorbed through the skin. In fact, less than one tablespoon of the e-cigarette liquid on the market may be enough to kill an adult, and as little as a teaspoon could kill a child.

And although liquid nicotine's effects on wound healing are unclear at this time, the CDC is clear about nicotine dependence. Nicotine is the drug in tobacco products that produces dependence and most smokers are dependent on nicotine.



As wound care professionals, we must continue to educate our patients about the connection between smoking and poor wound healing. Smoking can either cause or exacerbate the five underlying conditions that inhibit wounds from healing: poor circulation, infection, edema, poor nutrition and repetitive trauma.

Are you suffering from a wound, or have you recently had a surgical procedure and require specialized wound care? Proper wound care supplies and techniques are essential to reduce the chance of infection and improve healing. With Acute Wound Care, your treatment plan will include the best clinical practices, supplies and equipment for successful wound cleaning, management, dressing, and healing. Having support, someone to encourage you to quit smoking and who can reinforce the benefits of stopping is important and can make a big difference in your wound healing and your overall health. Call today for a free consultation.

ACUTE WOUND CARE

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CARING FOR THE CAREGIVER

How Does Caregiving Put Caregivers at Risk?

By Lynn Schneider, Director of Community Relations, Park Royal Hospital

Having a spouse who is battling a serious illness can bring about a multitude of emotions. Estimates have shown that families provide 80% of the long-term care for chronically ill individuals in the United States. When someone has a spouse who is suffering from a serious illness, he or she often finds him or herself taking on the role of primary caregiver. These people want to be there for their loved ones in their time of need, but they do not always realize the immense amount of physical and psychological stress that they are imposing on themselves by doing so.

Studies have shown that caregivers consistently report experiencing greater feelings of depression and other mental health conditions than do individuals who are not providing care for loved ones. Additionally, research has shown that between 40% and 70% of caregivers display clinically significant symptoms of depression, with approximately half of those individuals meeting diagnostic criteria for a clinical diagnosis of depression. When caregivers are suffering from depression, they are highly susceptible to experiencing other emotional and behavioral disturbances. These individuals are more likely to experience the onset of coexisting mental health conditions, such as an anxiety disorder. Additionally, people who are depressed and who are responsible for providing care to their spouse may find that they can experience a sense relief from their own symptoms by using drugs and/or alcohol.

Caregivers also consistently report feeling extreme levels of stress as a direct result of having to provide ongoing care for their loved ones. In many cases, in addition to caring for their spouses, these individuals are also responsible for financially supporting their loved ones. These people often have to maintain steady, full-time employment in order to keep their families financially afloat. In such instances, these people have no choice but to work full-time, only to then come home and once again take on the role of caregiver. The amount of

pressure that these individuals are under can understandably elicit ever-increasing levels of stress. They ultimately find that they do not have any time to relax, which leads to their feeling overwhelmed and exhausted. Not only does this affect them psychologically, often increasing their feelings of depression and anxiety, but it can also begin to negatively impact them physically. The presence of chronic stress, in addition to lacking the ability to rest, can ultimately result in the onset of physical illnesses. Yet, despite becoming physically ill, the responsibilities that these individuals have placed on them do not cease, meaning that they continue to provide care for their loved one. The physical strain of continuing to provide care despite being sick can further perpetuate the feelings of stress, depression, and anxiety.

Another trial that caregivers face is that they often begin to question their own ability to provide care to for their loved one. When they are consistently caring for their spouse and do not see any positive results from that caregiving, they can easily begin to feel as though they are failing their loved one. Now, in addition to the stress, depression, and anxiety that these individuals experience from the actual task of caregiving, they are faced with decreasing feelings of self-worth and uncertainty as they doubt their own effectiveness at helping their spouse. Such feelings ultimately exacerbate the already present feelings of emotional distress.



Additionally, as caregivers witness the suffering that their loved one is going through, their own level of distress is heightened. They may begin to blame themselves that they are unable to relieve their loved one's suffering.

So what can be done to help alleviate some of the pressure that caregivers are under? Perhaps the biggest thing for these individuals to remember is that there is no shame in asking for help. Because they are caring for their spouse, they may feel as though it is solely their responsibility. However, seeking out support from other family members or other individuals in your loved one's life can make a monumental difference in regards to alleviating some of the stress that they are under. Additionally, it is imperative that caregivers take care of themselves. If symptoms of anxiety and depression are present, seeking treatment from a mental health professional is the most beneficial way of addressing such concerns.

Park Royal Hospital, a premier provider of behavioral healthcare services, offers a number of treatment options for individuals who may be suffering from the distressing emotional symptoms that may arise as a result of being a loved one's primary caregiver. With a holistic approach to treatment, the highly trained and qualified staff at Park Royal can help these individuals address their concerns, find relief from their distress, and ultimately work towards rebuilding their sense of self-worth, allowing them to be the best help, support, and source of caregiving for their loved one.



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The Scariest Thing I Have Ever Done

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

I want to share a recent email from a friend. I warn you it may cause some spiritual discomfort.

Hi Pastor Alex,

I was thinking today of how amazing it is that you just sent a *Dangerous Prayers* email lesson on this subject.

My husband and I have led a small group based on your book, *Dangerous Prayers* and it was awesome! I am excited for your new book, *Prayer Killers*, because it is so important that we look in our heart to see if we are holding on to anything that could be a prayer killer! I pray a lot for the people God places on my heart. I usually ask God to show me anything in my heart that is not pleasing to Him: Pride, Judgment, Bitterness, anything that is not right as King David did in Psalm 51:10.

Well, many months ago God placed someone I personally knew on my heart to pray for. Someone from back home, a former boss' husband; a police officer that had done things that landed him on the wrong side of the law and went to prison. He was released a few years later and his wife faithfully stuck by his side. So for some odd reason I got up that morning and I felt like I needed to Google his name, "weird," I thought, but proceeded to do it and his story was there. It was an amazing story of how God had helped him and I thanked God for the encouraging story.

Around two months later he was back on my heart, but this time as an urgent prayer for him. I didn't know why, so I Googled him again, and he had been arrested again for very similar charges as before. What he did was so wrong and I personally knew some of the people he hurt, including his family. This time I struggled, but I decided to pray for him and his family.

As I prayed, I felt something cold in my heart. Something foul was in my soul. I was unsure of what it was, but knew that holding on to something crummy would not be good. And it seemed like my prayer was being smothered. I wondered if it was something towards the man. I asked God, "What's wrong? Am



I just mad at this guy? I mean you asked me to pray for him, but something feels disconnected... I know he is your son and you love him no matter what." God was clear, "You are holding on to bitterness and judgment towards someone else." I was? Who? As I asked another person's face started materialize in my mind. And it was not one person, but two faces! Ugh! I realized then that I had started my prayer by asking God to cleanse my heart, and so He was.

Buried bitterness toward these two people was inside of me... so deep that I had even convinced myself that it was not there. "God forgive me for holding on to this foul selfishness for so long and help me forgive myself."

After that I thought, "Great, all is well, right?" NOT! God said, "You need to speak to these people and let them know that you have been judging them and ask them to forgive you." What? I can't do that. I knew God was stretching my love towards Him and others. But can I be honest Pastor, it was very scary.... probably the scariest thing I had ever done.

I decided to seek counsel and they said I really needed to confront this. So with some God-given courage, I was transparent with them about our past painful interactions that caused my buried hatred for them. I was afraid...but I experienced an amazing life-lesson.

I felt like a piece of me that was not good just left; like a dead branch of my life had been trimmed! I knew inside of my heart that now I had room...room for more life and more fruit!

You see Pastor, I have an issue and it's my mouth. I can be very direct, and though my words are honest, they can be biting and well... not very life-giving. God has been working on that. I am glad that I did follow through with the confrontation because I learned that I was bitter over something that I was partially responsible for with my own tongue. Now I am learning to speak life, and to confront things, with an "I am seeking to understand attitude." What an eye-opening experience!

I'm very sorry for the long email, but I wanted to share this after reading your last email lesson, *Prayer Killer*.

Thanks again Pastor, Kerri.

To your spiritual health,
Alex E. Anderson
 Author of the book, *Dangerous Prayers*
www.dangerous-prayers.com

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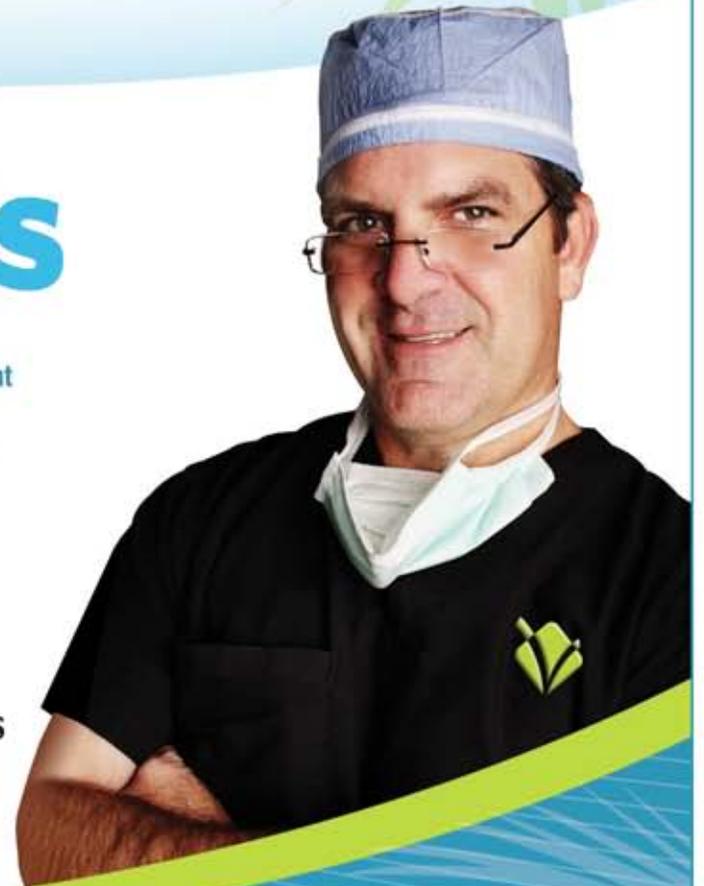
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