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February 2015

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Dr. Philip Tally on your initiation into Fellowship in the American College of Surgeons (ACS).

Dr. Tally was among 1,640 Initiates from around the world who became Fellows of the American College of Surgeons (FACS) during the Convocation ceremony at the College's 2014 annual Clinical Congress in San Francisco, California.

In addition, the Council of State Neurosurgical Societies, a national assembly of academic and private Neurosurgeons, unanimously endorsed Dr. Tally to receive the Randall W. Smith Award for meritorious services.



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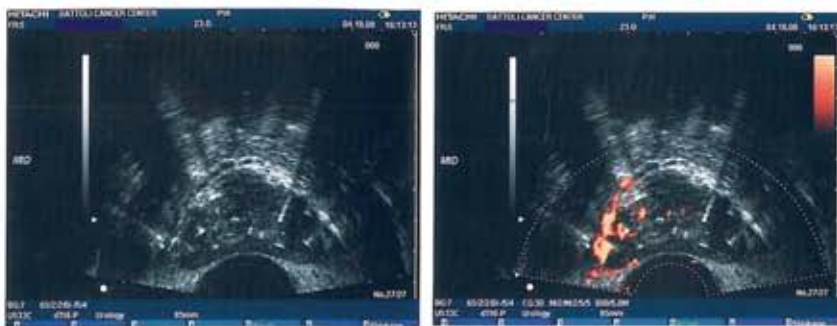
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Contents

February 2015

6 New Hope For High Risk Heart Valve Patients

8 To Mesh or Not to Mesh? A Guide to Pelvic Floor Prolapse

11 Are Stem Cells the Next Penicillin?

12 Depression in Older Americans

13 Cutting Edge Technology and Science Meet to Make You Look Years Younger!

14 Ask the Experts at The Eye Associates About Dry Eye Disease

16 Prostate Cancer - Getting to the Heart of the Matter

18 Proven Knee Arthritis Treatment

20 What is an Urgent Care Clinic?

22 Go Red For Women® 2015 Fact Sheet

23 A Fungus Among Us

24 Shoulder Instability and Its Link to Sports Injuries and Arthritis

26 Don't Overlook the Need for Insurance After Retirement

28 Limb Swelling: Medicare Approved Treatment Options

29 Hydrotherapy Key Benefits

30 Heart Healthy Foods

31 Spiritual Wellness: Stay Married to Your Sweetheart

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New Hope For High Risk Heart Valve Patients

By CardioVascular Solutions Institute

TAVR (Transcatheter Aortic Valve Replacement)

is a procedure performed in Europe for years which was recently approved by the FDA in the United States. It is a minimally invasive procedure which allows for aortic valve replacement in patients who were previously considered too high risk for conventional open heart surgery.

The procedure allows for the aortic valve to be replaced with an artificial valve by one of two ways. One method is by the trans-femoral approach. This is done through a small puncture in the groin (femoral artery) and is the least invasive of the two options. The second approach is by a trans-apical method, where a key-hole opening in the chest is made, through which the valve is replaced. Neither method requires the patient to have their sternum (breast bone) split and neither requires the patient to go on to a cardio-pulmonary bypass machine. In most cases, a two day hospital stay is required after the procedure. Most patients can expect a quick recovery time.

Who qualifies for this procedure?

Currently, only patients with severe aortic stenosis (narrowing) who are felt to be too high risk for conventional open heart surgery qualify for this procedure. Some factors that make a patient high risk patients include the following:

- Previous open heart surgery
- Severe advanced lung disease (COPD)
- Advanced age or frailty
- Weak heart muscle



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How would you benefit from the new TAVR procedure?

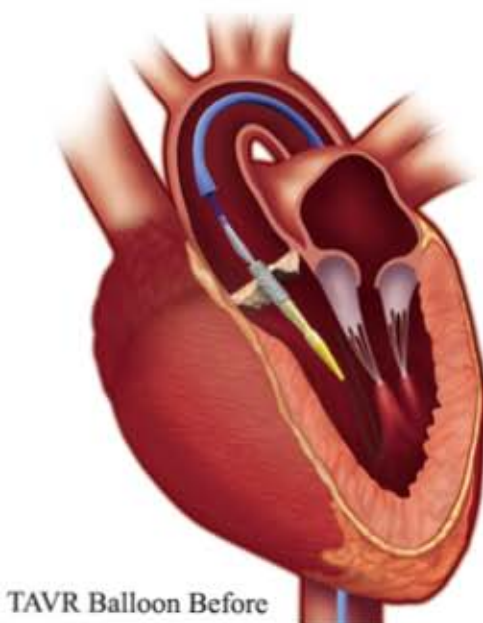
People with severe aortic stenosis often experience symptoms of shortness of breath, fatigue, dizziness etc. Many patients report feeling better and experience relief of symptoms shortly after the procedure. Most importantly, TAVR patients can live longer with a better quality of life.

How does your physician diagnose heart valve disease?

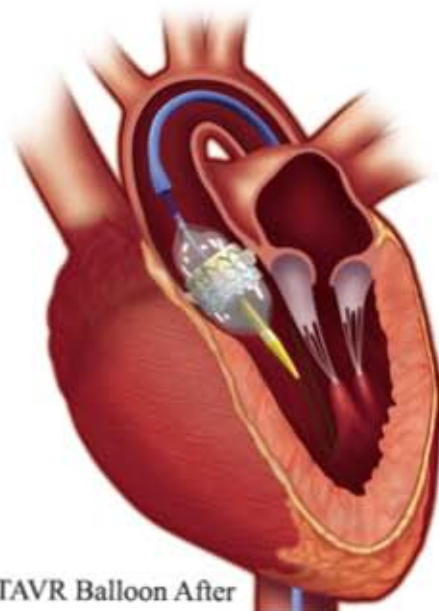
Though many people may experience no symptoms in the early stages, most patients with severe aortic stenosis experience symptoms like chest pain, tiredness, shortness of breath, light-headedness, and loss of consciousness. Some of the tools that your doctor may use to diagnose heart valve disease includes:

- **Physical exam**—your physician will take a careful and detailed history from you and will perform a thorough physical exam. During this, your doctor will listen for evidence of heart failure or a heart murmur.
- **Electrocardiography (EKG)**—an EKG can show the heart's rhythm, the heart's rate, and the strength and timing of the electrical currents. This can prove useful for doctors trying to uncover a patient's underlying symptoms that may be signs of heart disease.
- **Chest x-ray**—used to diagnose diseases of the heart and lungs as well as to evaluate placement of pacemakers, defibrillators etc.
- **Echocardiography**—a test used to evaluate the walls and valves of the heart. An echo can evaluate for heart weakness and whether the heart valves function properly.
- **Cardiac catheterization (angiography)**—used to determine if a patient has coronary artery disease or any blockages in the artery which are contributing to the patient's condition

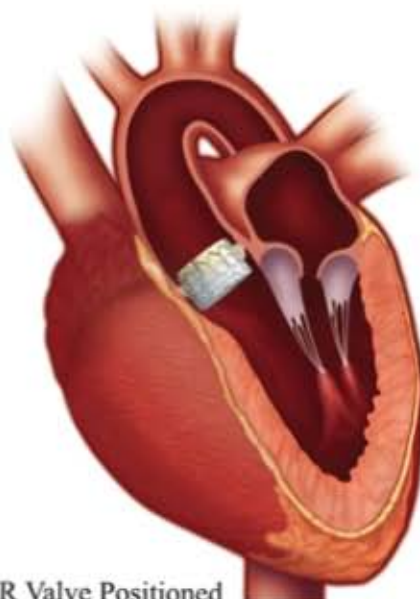
If you think that you or someone you love may be suffering from severe aortic stenosis and may benefit from this revolutionary procedure, feel free to call our office to find out more or talk to your doctor to learn more about your heart condition.



TAVR Balloon Before



TAVR Balloon After



TAVR Valve Positioned

Dr. Gino Sedillo, M.D. F.A.C.C.

Dr. Gino Sedillo, M.D. F.A.C.C. Born in Albuquerque, New Mexico, Dr. Sedillo is Board Certified in Internal Medicine, Cardiovascular Diseases and Interventional Cardiology, and has been a member of the American College



of Cardiology since 1996. He completed his residency training for Internal Medicine at the University of Texas, where he was voted Intern of the Year and was selected Chief Medical Resident. He completed his Cardiology training at the Texas Heart Institute/ St. Lukes Hospital in Houston, Texas. He was elected Chief Interventional Fellow. Dr. Sedillo received additional specialization in Coronary and Peripheral Vascular Intervention as well as Pacemaker Implantation.

After 15 years of training, Dr. Sedillo started working for the Bradenton Cardiology Center in 1995. While there he performed more than 1,000 procedures per year and he began teaching procedures and techniques to other practicing cardiologists, vascular surgeons, and interventional radiologists. He served as Director of the cardiac catheterization lab at Manatee Memorial Hospital.

Most recently, in May 2011, Dr. Sedillo founded his independent practice, CardioVascular Solutions Institute, with offices in Sarasota and Bradenton. Since then Dr. Sedillo has been named director of the Percutaneous Coronary Intervention program at Doctors Hospital in Sarasota.

When he's not seeing patients, teaching other physicians or doing clinical research, Sedillo cherishes time with his three children.

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To Mesh or Not to Mesh?

A guide to pelvic floor prolapse and the benefits of Robotic Assisted Sacrocolpopexy

By Dr. Sean Castellucci, Urology Partners

What are these ads on television about bladder slings? Did I have that done to me in the past? Should I be worried that I will have a problem from a prior surgery or even a future surgery? These are very real questions and show how powerful television and marketing can be. There are definitely potential risks and benefits to any pelvic floor repair, as there is with any surgery. Pelvic prolapse is a very common issue that women face. This can be a life altering entity, but is also very correctable. When the muscles and ligaments supporting a woman's pelvic organs weaken, the pelvic organs can slip out of place or prolapse. Pelvic organ prolapse can worsen over time, and you may need surgery to fix it. There are other less invasive options as well.

There are different types of pelvic organ prolapse. Women can have bladder, uterine, rectal or some combination of prolapse. Some women develop pelvic organ prolapse after childbirth, a hysterectomy or menopause. This can also be associated with urinary tract infections, since it can be more difficult to empty your bladder with the lack of support, or can relate to incontinence (involuntary leakage of urine). Luckily, there are ways to correct pelvic floor prolapse.

There are different ways to correct prolapse. Non-surgical methods can include use of a device to hold or support the pelvic floor with the use of a pessary. Otherwise, surgical options are also a possibility. These can be done either through the vagina (trans-vaginal approach), or through the abdomen in an approach called a sacrocolpopexy, which lifts the top of the vagina and supports the entire pelvic floor.

Depending on the type of repair that is required, surgical mesh may be of benefit. But it has undergone scrutiny in the media and in many ways misrepresented in terms of its effects. Surgical mesh is a medical device that is used to provide additional



support when repairing weakened or damaged tissue. The TV warnings that have been issued do NOT include all types of mesh and mesh still does have a very important position in pelvic floor repair. The American Urologic Association's (AUA) official position has always been that mid-urethral mesh slings, which are thin strips of polyethylene plastic that resemble window screen material, are important options for women who have stress urinary incontinence. Stress incontinence is a condition where the bladder leaks because of pressure from laughing, activity or sneezing. The AUA states: "restriction on the use of synthetic polypropylene mesh would be a disservice to women."

Additionally, this warning is not associated with other types of pelvic floor repair such as what is used in the minimally invasive robotic assisted sacrocolpopexy. Robot-assisted sacrocolpopexy is performed in order to correct prolapse and/or herniation of the vagina, uterus, and bladder (cystocele). In this procedure, mesh is used to anchor the cervix or apical portion of the vagina if no cervix is present (prior hysterectomy) to the sacral bone (a large triangular bone located in the upper back of the pelvis), thereby lifting the vagina and bladder into their normal anatomic positions. Robotic sacrocolpopexy can also be performed in women who have suffered a prolapse of the vagina (and sometimes the intestines, as well—a condition known as enterocele) following a prior hysterectomy.



Traditional open abdominal sacrocolpopexy has been shown to be a durable and successful method of repairing symptomatic prolapse while maintaining natural vaginal depth and length. We have now adapted the techniques utilized in open surgery to robotic sacrocolpopexy. Robotic surgery offers a minimally invasive approach with several technical advantages for the surgeon, including enhanced visualization with magnification, reduced blood loss, improved suturing techniques compared to laparoscopy, and reproducible surgical results. And because robotic sacrocolpopexy avoids the need for a large abdominal incision, women undergoing this procedure are able to experience a less painful recovery with a significantly quicker return to normal activities than would be possible with open surgery.

In this procedure, the patient is placed under general anesthesia and five small incisions are made in the lower abdomen, allowing introduction of a camera, three robotic instrument arms and one accessory port for passage of sutures and mesh materials. In cases of advanced uterine prolapse, a hysterectomy will then be performed with or possibly without preservation of the cervix, which would be done in conjunction with your Gynecological Surgeon. Following this, a small piece of polypropylene mesh is used to anchor the cervix, vagina and bladder to the sacral bone. Finally, tissues are sewn over the mesh to form a barrier between the mesh and surrounding pelvic organs.

The advantages of this minimally invasive procedure are reduced recovery time and hospital time. Since this procedure avoids the need for the large abdominal incision used in open surgery, most patients are able to resume normal activities within 3 to 4 weeks, compared to 6 to 8 weeks for an open sacrocolpopexy with less post-operative pain and need for pain medications. The superior precision and visualization of operative dissection offered by the da Vinci Si enhances the surgeon's ability to perform sacrocolpopexy with reduced blood loss and more accurate placement of suspension sutures. The patient is able to maintain natural vaginal length and depth, resulting in reduced vaginal scarring and maintenance of female sexual function.

We at Urology Partners have been performing this procedure in Manatee County with great success. Our physicians are trained with the knowledge and skill to help you with your medical problems. If you have any of the aforementioned issues, please do not hesitate to come in for an evaluation. We are here to help you through these intimate concerns.



Dr. Sean A. Castellucci

Dr. Sean Castellucci earned his medical degree from the Philadelphia College of Osteopathic Medicine in Philadelphia, Pennsylvania. He completed his clinical internship at Mercy Catholic Medical Center in General Surgery followed by a general surgery and urologic surgical residency at Albert Einstein Medical Center, and Hahnemann University Hospital, where he was chief resident. Dr. Castellucci has also completed a clinical externship at Memorial Sloan Kettering Oncology Center during his residency. His most recent position was at the Urology Center of Columbus in Columbus, Georgia where he served as Medical Director.



Dr. Castellucci is interested in all aspects of Urology services and research. His specialties are in: Erectile Dysfunction, Bladder Cancer, Prostate Cancer, Kidney Stones, Female Pelvic Organ Prolapse Repair, Kidney Cancer, Low Testosterone, Urinary Incontinence, and minimally invasive therapies including laparoscopic surgery and the utilization of DaVinci Robotics.


Dr. Castellucci is very involved in research which has earned him both national and international recognition, including many publications in peer reviewed journals. His investigations focused on new innovations in urologic, oncologic surgery including the first single port access laparoscopic adrenalectomy performed; as well as research in other fields of urology including prostate cancer.

He has presented at numerous, internationally recognized meetings including the American Urologic Association, the European Association of Urology, and the World Congress of Endourology. His research has also earned him various distinguished awards including the Robert C. Erwin literary award, as well as the Leonard Finkelstein award in Urology.

Dr. Castellucci's diverse professional interests and responsibilities have enhanced and complimented his role as both husband and father. He is happily married to his wife Dania and has two children; Madison and Hailey.

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Are Stem Cells the Next Penicillin?

By David Ebner, Staff Writer

Chances are that you have heard about stem cells—they have been in the news for years. But did you know that stem cells are being used right now in the United States to treat debilitating lung diseases? Sufferers of diseases like COPD, pulmonary fibrosis, emphysema and interstitial lung disease are receiving life changing stem cell treatments that just a few short years ago had not yet been thought of as possible.

With further advancements in the study of stem cells, the question is posed: are stem cells the next penicillin? Stem cells and penicillin both come from humble beginnings and accidental discovery, they are both used to treat life threatening conditions and diseases, and just like penicillin, stem cell biologists have won Nobel Prizes due to the practical uses of their discoveries.

Consider the history of penicillin. In 1939, while Poland was surrendering to Hitler's Blitzkrieg German offensive, a Scottish biologist by the name of Sir Alexander Fleming was on his 10th year of studying his accidental discovery named penicillin. While on vacation with his family for the summer, Fleming left the cultures he was working on out on his lab workstation. Upon returning, he noticed that a fungus had started to grow on one of the cultures and commented, "That's funny." After further study of the fungus, Fleming observed that the mold produced a substance that killed many disease-causing bacteria. Sir Alexander Fleming did not know the magnitude that his mold experiments would have in 1945 when the antibiotic would save thousands of lives on the French beachfront on D-Day. It wasn't until that year, that Sir Alexander Fleming was acknowledged for his service to the medical field by being awarded the Nobel Prize. In the 1950's a synthetic form of penicillin was first designed and mass production began to create the antibiotic at an amazing pace and for a relatively small expense. Since then, penicillin has been used in vast quantities around the world and has saved millions of lives.

Stem cells have also been studied extensively over time and have crept into the national dialogue as a buzz word for certain political agendas, particularly the stem cells found in fetuses. However, the actual stem cells that are now being used to treat diseases in the United States, and the same cells



The discovery of penicillin was an early example of ground breaking medical advancements changing the course of modern medicine.

that warranted the 2012 Nobel Prize in Medicine, are adult stem cells. This type of stem cell is found in fully developed individuals and flourish in all people regardless of age or health.

Most cells found in the body have developed into a specific type of cell, like a skin cell or a brain cell. At the turn of the 20th century, biologists discovered that some cells (stem cells) have not yet been assigned as a certain type of cell. They are simply blank cells standing by to meet your body's needs. Stem cells being used to treat diseases can be traced back to 1968 when the first bone marrow transplant was used to treat a patient suffering from leukemia. Placing healthy stem cells into a sick individual's body results in the creation of only healthy cells that are not infected with the disease. In turn, these cells replace the diseased ones and start to heal the patient.

Today, one clinic, the Lung Institute, is using adult stem cells harvested from the patient's own fat, blood and bone marrow to provide similar healing results for people with lung diseases. Their website, www.lunginstitute.com, states that they have treated over 500 patients to date. The physician gives the patient a growth factor that multiplies the stem cells into millions of healthy cells before extracting the stem cells from the patient, then they separate the cells and reintroduce them into the patient's body. The result is that the healthy cells replace the damaged ones found in the lungs. Not only can this slow the progression of the disease, but it also works to restore lung function.

The Lung Institute's Medical Director, Dr. Burton Feinerman, who has been treating patients with stem cells since the 1960's, said, "Stem cells are very important because they offer a different approach. Instead of just treating symptoms and making the patient a little more comfortable, stem cells target the disease and can repair the damaged tissue. It is a whole new ball game and gives people realistic hope that we can challenge the incurable."

Just as people were wary about how penicillin might help fight infections when first developed, there is some hesitation that stem cell technology can help treat diseases. However, just like penicillin was recognized by the scientific community, so have stem cell developments. If the number of people successfully treated with stem cells already is any indication, then it will undoubtedly be heralded, like penicillin, as the ground breaking medical technology of its time.

If you or a loved one suffers from a chronic lung disease, the specialists at the Lung Institute may be able to help. You can contact the Lung Institute at (855) 914-3212 or visit lunginstitute.com/health to find out if these new treatments are right for you.

Depression in Older Americans

The Untold Truth

One of the most loved comedians, actors and philanthropist, a staple in most people's living rooms is no longer with us. One who could make even the funniest comedians speechless with his animated comic relief, suffered with a dark demon that impacts nearly 1 in 10 adults in the United States, depression. Robin William's death has brought some much needed light on an epidemic that has become a silent killer to many.

According to the National Alliance on Mental Health, at least 5.6 million to 8 million Americans age 60 and older have a mental health condition, "Wellness is essential to living a full and productive life," said Jamie Seneca, Community Outreach Coordinator, Nurse On Call. "We may have different ideas about what wellness means, but it involves a set of skills and strategies to prevent the onset or shorten the duration of illness and promote recovery and well-being. It's about keeping healthy as well as getting healthy," Seneca said. "Wellness is more than absence of disease; it involves general, mental and social well-being. The fact is our overall well-being is tied to the balance that exists between our emotional, physical, spiritual and mental health."

Everyone is at risk of stress, given the demands it brings and the challenges at work and at home, but often a population that is overlooked for Mental Health is the Senior Population. Often people think that certain depressive behavior is a normal part of aging and a natural reaction to chronic illness, loss and social transition, when in fact appropriate intervention and treatment can greatly increase their overall health and quality of life.

Nurse On Call Home health Care, a Medicare Home Health Agency is committed to their Psych services, understanding that this is an integral part of an aging person's scope of care. Services that are provided to a patient to maintain well-being and help achieve



physical and mental wellness are; educating the patient on the importance of a balanced diet, a comprehensive medication management service combined with cognitive behavioral therapy, and the development of coping skills that promote resiliency and emotional awareness, through psych nursing and social workers and occupational therapist. Home Health can play an essential role in the care of older patients who have significant life crises, lack social support or lack coping skills to deal with their life situations. As a result of larger numbers of elderly people living alone, having inadequate support systems or being homebound for any reason including social anxiety, special efforts are needed to locate and identify these people to provide them with needed care.

"Just as we check our blood pressure and get cancer screenings, it's a good idea to take periodic stock of our emotional well-being. Fully

embracing the concept of wellness not only improves health in the mind, body and spirit, but also maximizes one's potential to lead a full and productive life," Seneca said.

Robin William's a man who brought so much joy to others, is now tragically gone, maybe for reasons that most won't understand, nonetheless, no matter what demands he fought, he will continue to live in American's hearts as our "what if", what if he received appropriate help? What if he didn't have to suffer silently? What if.....?



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impressive results in as little as 6-10 treatments, however, many clients notice a difference after the first treatment.

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Swan-Freeze™ treatments are non-invasive and painless, with many clients comparing the treatment to a hot-stone massage! Swan-Freeze™ treatments are effective in circumference reduction, improving the appearance of cellulite, skin tightening and reducing the appearance of wrinkles. They deliver a safe, pleasant, pain-free experience in treatments for the body including arms, belly, hands, thighs, buttocks, neck and face.



FAT REDUCTION

Let's face it. Most of us wouldn't mind losing a few inches around the belly, love handles, buttocks or arms. Swan Age Reversal Centers has the answer! They are excited to offer 2 Exclusive fat reduction options only found at Swan Centers. Swan-Lipo™ utilizes state of the art laser technology and Swan-Cavi™ is fat reduction with the use of ultrasound. They can use one or both of these exclusive devices to treat you, based on what your specific fat reduction needs are.

Swan-Lipo™ and Swan-Cavi™

Swan-Lipo™ and Swan-Cavi™ are used to reduce fat to specific targeted body parts and transforms bodies with remarkable results, with clients seeing incredible results



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with inches lost off their waist, belly, back, arms, hips and thighs. Swan-Lipo™ and Swan-Cavi™ are safe and effective way to lose inches of fat without surgery, no pain, no bruising or recovery time! Swan-Lipo™ and Swan-Cavi™ help to contour your body, lose inches and reduce stubborn body fat without having painful plastic surgery procedures! Swan-Lipo™ and Swan-Cavi™ works by painlessly creating a small pore in the wall of the fat cells to start the inch loss process. While the cells remain healthy and alive, the fat is emptied out of the cells through the open pore. Our bodies then safely and naturally eliminate the fat using the lymphatic system which causes you to lose inches in the waist, hips, arms, back and thighs.

Swan-Lipo™ and Swan-Cavi™ treatments are quick and painless. Treatments generally take 45 minutes or less and unlike other plastic surgery procedures, Swan-Lipo™ and Swan-Cavi™ allows you to continue your daily activities without any interruption.

SKIN RENEWAL

Swan Ultrasonic™

Swan Ultrasonic™ is an exclusive and unique state-of-the-art treatment system that produces amazing results on all skin types. Swan Ultrasonic™ utilizes low frequency sound waves in a two-stage process to repair skin at a cellular level regardless of skin concerns such as acne, rosacea, wrinkles, hyper pigmentation, dry skin or blemishes. Swan Ultrasonic™ can be done as a stand-alone treatment option or to achieve more dramatic results, Swan Ultrasonic™ can be combined with other treatments.

Swan Ultrasonic™ offers an easy 20 minute two step application.

1. Deep Exfoliation – Removes dead skin cells and impurities by cavitating pores with a gentle sound wave. The skin is cleaned deeply and exfoliated allowing it to receive nourishment at a cellular level.

2. Antioxidant & Serum Infusion – With the proper frequency and consistent potheyr density, antioxidants and proprietary topical collagen products deeply penetrate, instead of simply lying on top of the skin where they provide little to no benefit. This treatment will penetrate the skin to boost collagen, giving your clients a fuller and more youthful appearance.

Swan Ultrasonic™ helps to reverse the signs of aging on the face, neck, décolleté and hands with no pain or downtime!

Swan Ultrasonic™ treatment systems provide superior deep pore cleansing, gentle exfoliation, cellular Rejuvenation and deeper penetration of Serums than other skin renewal products. The benefits of Swan Ultrasonic are clear and immediate improved skin appearance that will be noticed after the first treatment.

Ask the Experts at The Eye Associates About **DRY EYE DISEASE**



THE EYE ASSOCIATES

"My eyes are scratchy, itchy, tearing and my vision is blurry."

These are the complaints that we often hear from people with Dry Eye Disease.

Exactly what is Dry Eye Disease?

Dry Eyes occur when your tears are not sufficient to keep the front surface of the eye, your cornea, well lubricated. The cornea needs constant lubrication by good quality tears to stay healthy. Tears are made up of three components: an outer layer of oil, a middle layer of water, and an inner layer of mucus. If you do not produce enough tears, or if the composition of your tears is not balanced, your eyes will not be properly lubricated. The result may be blurry vision, stinging, scratchy, itchy eyes, and pain.

How can my eyes be dry when they tear so much?

Patients often feel their problem cannot be dry eyes, because their eyes overflow with tears. It seems odd, but watery eyes are sometimes part of Dry Eyes. Dr. Richard Hector, our Fellowship Trained Dry Eye Specialist explains, "When the cornea becomes too dry, tear glands over-stimulate the production of the watery component of your eye's tears. Unfortunately, these reflex tears do not properly lubricate the eye, and may actually aggravate the problem."

Common Causes of Dry Eye Syndrome

- **Aging** is the most common cause because tear production tends to diminish as you get older.
- **Environment:** Hot, dry, and windy weather; heaters, air conditioners and ceiling fans; and high altitudes increase the evaporation of tears.
- **Electronic Use:** Computer, phone, and tablet users have a tendency to "stare" at a screen for long periods without blinking, causing dry eyes in increasingly younger people.
- **Poor Lid function:** Problems with eyelids, such as out-turning of the lids (ectropion) or an in-turning of the lids (entropion) contribute to dry eyes.



- **Contact Lenses:** Long term contact lens wear can affect your tear production.
- **Medical Conditions:** Hormonal changes, especially in women, can cause problems with dryness. Also, patients suffering from thyroid disease, rheumatoid arthritis, psoriasis, eczema, Sjogren's syndrome, lupus, scleroderma, and other systemic conditions often experience dry eye syndrome. In addition, blepharitis, an inflammation of the eyelids, may be a cause.
- **Medications:** Diuretics, allergy medication, antihistamines, and many other common medications may all produce dry eye symptoms.
- **Smoking:** Do you need still another reason to quit smoking? Recent studies have shown even second-hand smoke is harsh on the eye. There are a lot of toxic chemicals in cigarette smoke that can break down your protective tear film.
- **Alcohol:** Alcohol can dehydrate your eyes.
- **Make-up:** Waterproof eye make-up, mascara, and shadow can cause discomfort and sometimes a toxic reaction to dry eye sufferers.
- **Eye Hygiene:** It is important to maintain good, daily lid hygiene to manage chronic blepharitis, a common contributor to Dry Eye symptoms. Warm compresses help to lower the inflammatory oils & keeps your tear glands open.

What can be done about Dry Eye Disease?

Unfortunately Dry Eye Disease is usually a condition that cannot be cured, but it can be managed. The first approach to controlling mild Dry Eyes is by using over-the-counter artificial tears and ointments to lubricate the cornea and replenish natural tears. However, artificial tears only offer temporary symptom relief and do not address the underlying problem, which is often inflammation. A prescription eyedrop, Restasis™ can be prescribed to decrease inflammation.

Another common treatment is to place plugs in the upper and/or lower tear drainage canals to reduce the amount of tear drainage and help maintain better corneal lubrication.

And if you have tried these treatments with no relief, then Conjunctivochalasis (CCH) may be the problem. CCH is often mistaken for Dry Eye Disease. CCH occurs when the thin layer of tissue surrounding the white part of the eye begins to sag, causing redness and irritation. Fortunately, there are some great new treatments for this.



Tips for People with Dry Eyes

- Use artificial tears 3-4 times per day.
- Try different brands of artificial tears periodically. One may work better for you than another.
- At night, try a dry eye ointment/gel.
- Take a multivitamin with zinc and omega 3/fish oil or flaxseed oil daily. We are a big fan of the Omega Cure liquid product.
- Drink plenty of clear liquids.
- Protect your eyes with a UV protective coating on your everyday glasses as well as sunglasses.
- Always wear tinted lenses in the sun. "Wrap around" polarized sunglasses are especially effective.
- Keep your eyelids well moisturized at night with 'bland' moisturizers like Vaseline.
- Clean or replace air conditioner filter every month.
- When using electronics, take a break every 20 minutes and remember to BLINK.

The only way to know the best treatment option for you is to make an appointment for a dry eye evaluation. Call toll free 1-866-865-2020 for an appointment with one of our Dry Eye Specialists at The Eye Associates.



THE EYE ASSOCIATES



THE EYE ASSOCIATES

Richard E. Hector, MD

Robert S. Friedman, MD

Cathleen McCabe, MD

Brian Foster, MD

Scott B. Han, OD

Michael D. Camp, OD

Edwin Detweiler III, OD

Mary Jo Baize, OD

Lori Ann Long, OD

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Prostate Cancer – Getting to the *Heart* of the Matter

By Virginia Carnahan, APR, CPRC, Director of Development, Dattoli Cancer Center & Brachytherapy Research Institute

It's February – heart month, Valentine's Day and coincidentally Cancer Prevention Month. While some cancers can be prevented, such as many skin cancers and lung, throat and mouth cancers, the cancer I address has not been found to be preventable. This is prostate cancer. The only way I know to prevent this cancer is to be born female!

That said I am climbing back onto my soapbox to remind and encourage men to get screened annually for prostate cancer.

If either the PSA blood test or the digital rectal exam is "abnormal," one of two things may follow. The physician may prescribe antibiotics to rule out an infection in the prostate gland (prostatitis), or he may recommend a biopsy.

It seems that the word "biopsy" sets off a powerful reaction in men. Granted, a biopsy is not something to be taken lightly, but it is the only way to diagnose any cancer. A small sample of tissue must be removed and analyzed under a microscope by a pathologist to determine if cancer is present. Of course you cannot begin treatment to defeat the cancer until you know you have it.

I think of the biopsy as the **heart** of one's prostate cancer journey. If your doctor recommends a biopsy, more than likely you need to have one. It is this step that should give you vital information to determine your next steps.

Today the routine procedure for a prostate biopsy is a random sample procedure, where the physician removes tiny "cores" from predetermined areas within the gland. These cores are taken randomly from the top, bottom, front, back and sides of the gland, totaling 6, 8 or maybe 12 samples.

The fault with this approach is that the pathologist can only determine what is seen in those tiny cores, and not what is evident throughout the rest of the gland. This type of random sample biopsy runs a high probability of producing a false negative report - meaning simply that none of the cores contained cancer cells, while active cancer growth was occurring elsewhere in the gland.

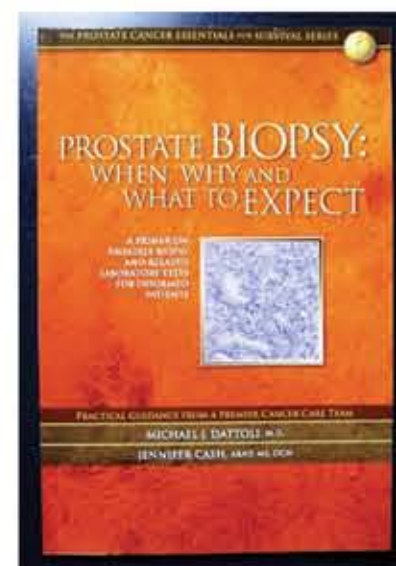
The patient will not know that this was a "false negative" until follow up PSA tests reveal a climbing PSA, or other symptoms appear. At that time the physician will most likely recommend a 2nd biopsy, usually a repeat random sample method.

Is there a better biopsy method? Yes there is, but our system of pre-emptive medicine (dictated by the insurance industry) usually requires at least two random sample negative biopsies followed by rising PSAs before they will reimburse for a different type biopsy. Unless the patient is willing to pay-out-of-pocket for the "better" biopsy, he is stuck (no pun intended!) with the usual, random sample method.

Great progress is being made with new imaging technologies that actually detect areas of suspicion within the gland prior to the biopsy that can serve as targets for the cores, rather than merely sampling at random.

One of these promising methods is the **color-flow Doppler ultrasound guided biopsy**, available at the Dattoli Cancer Center & Brachytherapy Research Institute in Sarasota, FL. Utilizing an advanced ultrasound device which converts sound waves created by abnormal blood flow into colors on the ultrasound image, this scan produces distinct targets for the biopsy physician. An abstract detailing the benefits of this type of biopsy is being presented by Dr. Michael Dattoli at the prestigious American Society for Clinical Oncology – Genitourinary Section annual meeting at the end of February.

Until there is a major shift in insurance reimbursement policy, the cost of this more accurate biopsy method is borne by the patient. The color-flow Doppler ultrasound guided biopsy is performed in the hospital, under anesthesia. The biggest portion of the cost comes from using the hospital operating room; a much smaller portion is Dr. Dattoli's fee. Readers who may be interested in learning more about this type of biopsy are invited to call us for details.



The bottom line, or "heart" of this message is that an accurate biopsy is critical for diagnosing prostate cancer early when it is most easily tackled. While giving the man a false sense of security, the abundant false negatives seen today are only prolonging the time before an accurate diagnosis, giving the cancer time to grow and escape the gland. Once this has happened, treating the cancer with intent to cure takes on a whole new, much more difficult dimension.

Advice to men who are considering a first biopsy: look your doctor in the eye and tell him you understand the possible failings of the random sample biopsy. Tell him you request at least 12 cores – *and possibly more* – in hopes that if you have prostate cancer it can be found now!

The Dattoli Cancer Foundation offers a booklet about prostate biopsies. Call 941-365-5599 to request a copy.



Michael J.
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Currently, an estimated 27 million people suffer from knee osteoarthritis making it one of the most common causes of disability in the U.S. It is estimated by the year 2030, 72 million Americans will be at high risk for osteoarthritis. Patients with chronic joint pain often think nothing can be done to help them except surgery.

A person with knee pain knows how often it gets in the way of doing the things they want and need to do in daily life. Because the knee is a weight bearing joint, knee pain affects almost everything we do that requires mobility, including those things most of us have usually taken for granted.

For many knee pain makes it hurt to walk, stand, stoop, get out of a chair, or to go up and down stairs. Additionally, routine activities of living, work, social and recreational activities are often inhibited, restricted or avoided because of knee pain.

If you have tried other treatments and experienced little to no relief, you may still be a candidate for our treatment program. Call (239) 687-2165 to schedule a no-cost, no-obligation consultation today!

At Physicians Rehabilitation, it's very important to understand we are not just addressing knee pain. Our goal is to give you the best chance we possibly can of preventing knee replacement surgery in the future, which is what knee arthritis frequently evolves into if left undetected and unaddressed. We are proud to offer a less invasive approach to relieving knee pain to avoid surgery.

For this reason, we encourage you to schedule an appointment to determine if you are a candidate for Hyalgan treatment for knee arthritis, you can always have more radical procedures performed later if necessary. However with knee replacement surgery, once done there is no turning back to a more conservative approach. Knee replacement surgery is indeed necessary for some people with extreme conditions that Hyalgan is unable to help, but as we have seen with many of our patients a total knee replacement is a very extreme measure to take without considering all your options for a condition as common as knee arthritis.

Will Insurance cover this Treatment?

Yes, most major insurances and Medicare will pay for this treatment.

What are other people saying about it?

"My knee feels great. I had already had a total knee replacement and wanted to try something rather than go through another painful surgery and difficult recovery. After completing the program, I can now dance again which I have not done in years, and my lifestyle is on its way back to normal."

-Elizabeth B.



So what are you waiting for?

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- NOT a traction device, which has not been shown to reduce disc pressures
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What is an Urgent Care Clinic?

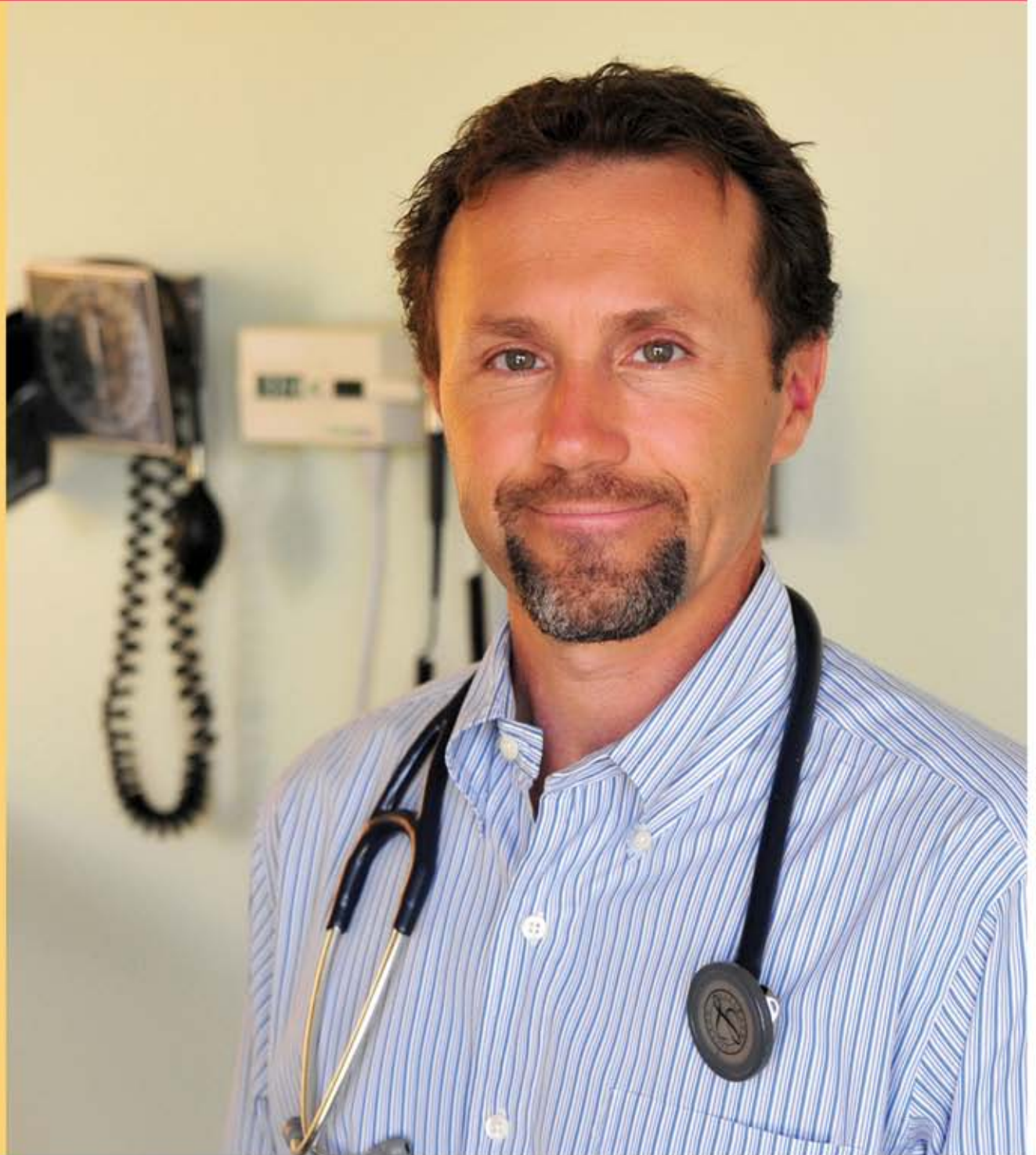
By Eric M. Folkens, M.D., Family Medicine
Bradenton/Lakewood Ranch/Sarasota Urgent Care Walk-In Clinics

Where do you go if you get sick at a time when your doctor's office is closed? What if you need medical assistance but you do not live anywhere near a hospital or your injuries are not life threatening? The answer is to find out where the closest urgent care center is to your home and to go there.

If you are sick or have hurt yourself but it is not life threatening then an urgent care clinic is a convenient place to go to be seen by a doctor as quickly as possible. You may have heard of an urgent care center but maybe you aren't aware of all the things they can help you with when you need medical attention. Here we look at what such a center is all about.

Urgent care as the name implies is medical help that can be sought right away. It is defined as being the delivery of ambulatory care in a facility dedicated to the delivery of medical care outside of a hospital emergency department, usually on an unscheduled, walk-in basis. These centers are primarily aimed at treating patients who are suffering from a sickness or injury that warrants attention immediately but it is not serious enough to require a trip to the ER. This could be everything from getting cut by your pet to developing an ear ache to an upset stomach to a fever or a sore throat.

These care centers are becoming more and more popular all of the time. Many of them were started by emergency room doctors who have responded to a need from the general public in terms of medical care that offers convenient access, does not involve long wait times and is unscheduled.





If you have developed a health issue then do not hesitate to seek treatment at an urgent care center. The back pain you are experiencing may be due to stress or a muscle strain. If you have it examined then you will be provided with a proper diagnosis and you will be able to have assurance and peace of mind that you do not have a serious medical problem on your hands.

The Urgent Care Clinics in Bradenton, Lakewood Ranch, and Sarasota can provide many medical services for the residents of these communities. These are walk-in urgent care centers that have extended operating hours and no appointment is necessary to be seen by a physician. The experienced doctors that work at the facilities provide treatment for all of the conditions that are deemed as urgent but non-life threatening. This could be a cut or it could be an infection. It could be a virus or it could be a broken finger. If you need medical attention you need to seek it out at an urgent care facility.

Digital X-rays are also conducted at these immediate care medical facilities. If you do not know whether your wrist is sprained, fractured or broken than an on-site X-ray will provide the doctor you see as well as yourself

with the answer. In fact the results of the test are interpreted during your wait. If you would like a copy of your X-ray it can be made available to you to take to either your family doctor or a specialist that you are seeing.

In short, an urgent care clinic can help with ALL of your Urgent Care needs including Sore Throats, Flu/Fever, Coughs & Colds, Urinary Infections, Nausea & Vomiting, Ear Aches, Sinus Infections, Lacerations, Sprains & Fractures, High Cholesterol, High Blood Pressure, Diabetes, Eye Injuries, Flu Shots and more.

Medicare and Many Insurance Plans are accepted at most urgent care centers. Some clinics offer lower rates for the self-pay patient which is important for those without insurance or high deductibles.

If you find yourself needing medical care but can't get an appointment with your primary care physician and you don't want to spend hours waiting in the hospital emergency room, Urgent Care Clinic offers increased convenience with in-house X-rays and EKG's and cost savings. There are three convenient locations serving the Bradenton, Lakewood Ranch, and Sarasota communities.

Now Open!!!



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GO RED FOR WOMEN® 2015 FACT SHEET

Article compliments of the American Heart Association

Women are strong. We are smart. We solve problems. **Women can do anything men can do.** And, there are some things we're even better at – dying of heart disease and stroke. Like breaking barriers? Go Red! And help break the one against heart disease.

It's not just a man's disease. Each year, 1 in 3 women die of heart disease and stroke. But we can change that because 80 percent of cardiac events can be prevented with education and lifestyle changes.

When it comes to beating heart disease and stroke, change can be the cure. Make a change at GoRedForWomen.org.

Go Red For Women is about much more than wearing red on National Wear Red Day. It's about making a change.

Here are a few ways you can make a change today:

- Go to GoRedForWomen.org to learn what you can do to reduce your risk of heart disease and stroke.
- Encourage your family and friends to take small steps toward healthy lifestyle choices to reduce their risk for heart disease and stroke, too.
- Explain "What it means to Go Red" by sharing the following acronym:

Get Your Numbers: Ask your doctor to check your blood pressure, cholesterol and glucose.

Own Your Lifestyle: Stop smoking, lose weight, be physically active and eat healthy.

Raise Your Voice: Advocate for more women-related research and education.

Educate Your Family: Make healthy food choices for you & your family. Teach your kids the importance of staying active.

Donate: Show your support with a donation of time or money.

FACTS ABOUT CARDIOVASCULAR DISEASES

FACT 1: Cardiovascular diseases cause one in three women's deaths each year, killing approximately one woman every minute.

- An estimated 43 million women in the U.S. are affected by cardiovascular diseases.
- 90% of women have one or more risk factors for heart disease or stroke.
- 80% of heart disease and stroke events could be prevented.

FACT 2: Since 1984, more women than men have died each year from heart disease & stroke.

- Fewer women than men survive their first heart attack.
- The symptoms of heart attack can be different in women vs. men, and are often misunderstood – even by some physicians.
- Women have a higher lifetime risk of stroke than men.
- Each year, about 55,000 more women than men have a stroke.



FACT 3: Heart disease and stroke affect women of all ethnicities.

- Cardiovascular diseases are the leading cause of death for African-American women, killing nearly 50,000 annually.
- Only 43% of African-American women and 44% of Hispanic women know that heart disease is their greatest health risk, compared with 60% of Caucasian women.
- Of African-American women ages 20 and older, 48.9% have cardiovascular disease. Yet, only 20% believe they are at risk.
- Only 50% of African-American women are aware of the signs and symptoms of a heart attack.
- Hispanic women are likely to develop heart disease 10 years earlier than Caucasian women.
- Only 3 in 10 Hispanic women say they have been informed that they are at a higher risk.
- Only 1 in 4 Hispanic women is aware of treatment options.

FACT 4: Women who are involved with the Go Red For Women movement live healthier lives.

- Nearly 90% have made at least one healthy behavior change.
- More than one-third has lost weight.
- More than 50% have increased their exercise.
- 6 out of 10 have changed their diets.
- More than 40% have checked their cholesterol levels.
- One third has talked with their doctors about developing heart health plans.

FACT 5: When you get involved in supporting Go Red For Women by advocating, fundraising and sharing your story, more lives are saved.

- Today, nearly 300 fewer women die from heart disease and stroke each day
- Death in women has decreased by more than 30 percent over the past 10 years.

ABOUT GO RED FOR WOMEN

Go Red For Women is the American Heart Association's national movement to end heart disease and stroke in women because it's not just a man's disease. In fact, more women than men die every year from heart disease and stroke. The good news is that 80 percent of cardiac events can be prevented with education and lifestyle changes. Go Red For Women advocates for more research and swifter action for women's heart health. The American Heart Association's Go Red For Women movement is nationally sponsored by Macy's, with additional support from our cause supporters. For more information, please visit GoRedForWomen.org or call 1-888-MY-HEART (1-888-694-3278).

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A Fungus Among Us

PinPointe® FootLaser™ is the only FDA-approved laser treatment for toenail fungus.



Stop suffering the pain and embarrassment of unsightly nail fungus. PinPointe Foot-Laser is the easy and convenient procedure that helps turn your discolored and disfigured nails into clearer, healthier looking nails.

Nail fungus can be both unattractive to look at, as well as painful to deal with. Our PinPointe laser treatment is a procedure that can make your discolored or disfigured toenails cleaner and healthier.

This in-office procedure is virtually painless, has minimal side effects, and typically takes only about 30-minutes to complete.

With this procedure, Dr. Chiu uses a laser that targets fungus living in and under the nail. The laser passes through the nail without causing any damage to it or to any of the surrounding skin. While the nail may not become clear instantaneously, results can be apparent after the nail has grown out.

Nail fungus is difficult because the infection is under and inside of the nail, which makes it hard for some products to reach and destroy the infection. Products such as medicated nail polish or oral medications may be associated with side effects or serious drug interactions. Home remedies such as using bleach, vinegar, mouthwash, or household cleaners to resolve the problem are often tried but, ultimately, fail to resolve it.

Why should I use PinPointe?

Not only is nail fungus unpleasant to look at, but it can also lead to serious health problems for patients with diabetes or immune disorders. PinPointe treats the source of the fungus under and inside the nail—an area where many other products cannot reach.

PinPointe laser treatment is:

- **Painless:** This treatment is a virtually pain-free experience for most patients.
- **Side Effect-Free:** Any side effects from PinPointe are extremely minimal.
- **Effective:** PinPointe can reach fungus in areas where other products can't.
- **Fast:** Treatments typically take only around 30 minutes to complete.

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About Us



Dr. Dawn Chiu

Dr. Chiu graduated from the University of California, Davis and the California College of Podiatric Medicine, San Francisco. She completed an externship at Atlanta Hospital in Georgia and at Fifth Avenue Hospital in Seattle, Washington. Dr. Chiu received her residency training in Podiatric Medicine and Foot Surgery at the Frankford Hospital in Philadelphia.



Dr. Arthur Clode

Dr. Clode received his undergraduate degree from Florida International University, Miami, and his podiatric degree from the California College of Podiatric Medicine. He completed externships at the Podiatry Hospital of Pittsburgh and at Southeastern Medical Center, Miami, as well as residency training in Podiatric Medicine and Foot Surgery at Golden Glades Regional Medical Center, Miami.



Sarasota
Foot & Ankle Center

Keeping your feet healthy is easier when you seek care and treatment at Sarasota Foot And Ankle Center. Doctors Dawn Chiu and Arthur Clode provide a variety of podiatry services, including comprehensive diabetic foot care, revolutionary nail fungus treatment which includes innovative laser foot care services.

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SHOULDER INSTABILITY

and its Link to Sports Injuries and Arthritis

Popular sports in south Florida, like tennis, golf, and swimming, require a delicate balance of shoulder mobility and stability in order to meet the demands of the sport. The way shoulder pain is addressed can mean the difference between a good game and a great game, or having to give up the game all together.

SHOULDER MOBILITY – HOW MUCH IS TOO MUCH?

The shoulder joint is essentially a free-floating ball suspended in a ring of ligamentous tissue. It is held into the joint by the glenoid labrum and the glenohumeral ligaments. (See Figure.) The shoulder joint is the “loosest” joint of the body and is made for movement. While joint hypermobility can be advantageous for the athlete, to have good reach and range of motion, too much laxity in the shoulder ligaments can leave it unstable. The rotator cuff muscles are the structures that move the shoulders. When the supporting ligaments around the shoulder become excessively hypermobile, the rotator cuff muscles are called upon to stabilize the shoulder, as well as move it. Eventually these structures fatigue and the person is left with a rotator cuff tear, injury, or tendinopathy. If the training schedule is not altered and the athlete continues training the same way, this can lead to shoulder subluxations, dislocations, or glenoid labral tears.

When shoulder pain and hypermobility go from physiologic to pathologic and becomes a performance problem, what is an athlete to do?

1: Stop extra activities that increase shoulder joint laxity.

Activities that include passive stretching of the shoulder should be discontinued.

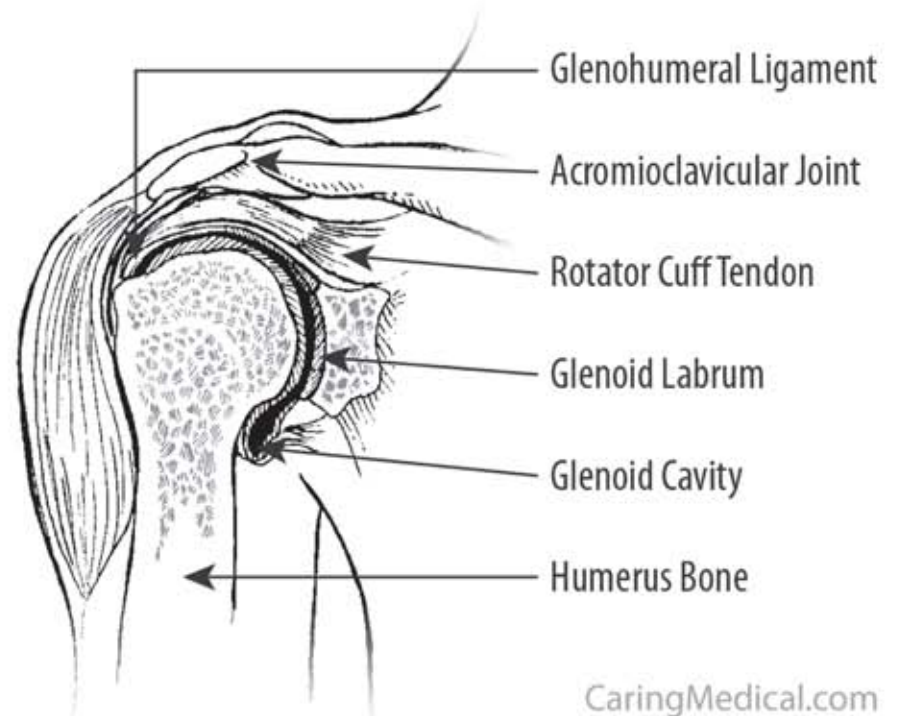
2: Allow time for ligaments to tighten after workouts.

Aggressive training exercises cause ligaments to elongate. If an athlete’s training regimen is appropriate, sufficient time will be allowed for the exercised joint structures to remodel and repair. The amount of time required for this to occur is individualized for each person. For instance, in a swimmer with shoulder hypermobility problems, swimming training hours may need to be reduced or altered so as to allow for proper rest time between workouts that focus on the same muscle groups.

3: Add appropriate strength training.

Exercises that work all the shoulder muscles within a pain-free range, including the scapula stabilizers should be incorporated. Strength training causes muscles to tighten, which can have a protective effect for the athlete with problematic hypermobility.

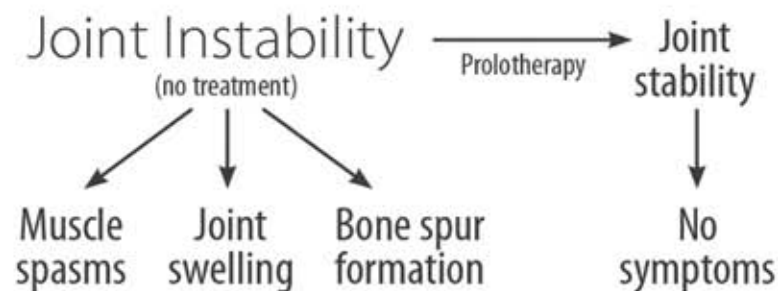
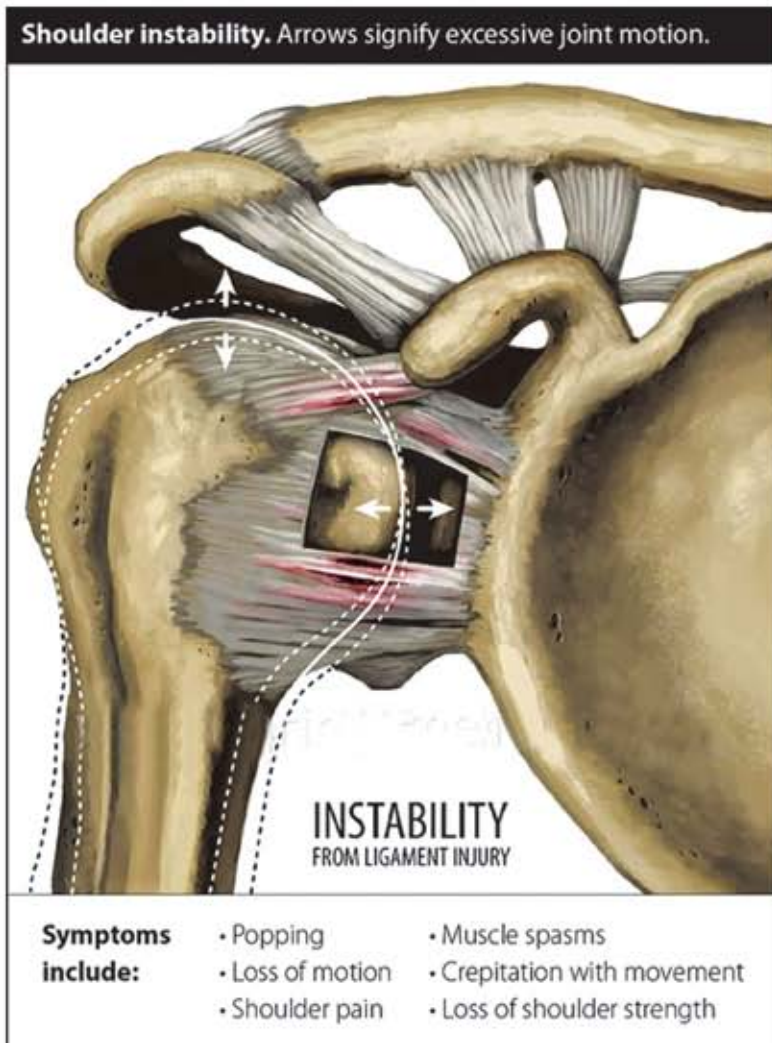
Anatomy of the shoulder.



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4: Assess technique.

For the athlete with a painful shoulder, certain techniques should be checked to ensure that excessive stress is not being placed on the shoulder during the swing or stroke.



SHOULDER CLUNKING – IS YOUR GAME SUFFERING BECAUSE OF IT?

When the shoulder becomes unstable, it can start making a clunking or clicking noise. When the shoulder clunks or clicks with every stroke or swing motion, it can indicate a more severe, multidirectional shoulder instability. (See Figure.) Symptoms

that an athlete will begin to notice can include loss of shoulder strength and motion, in addition to increased pain and muscle spasms. If this happens, the problem should be addressed at the source, not covered up with medication like ibuprofen or other NSAIDs. One of the problems with using drugs to cover up shoulder pain is that it masks the true extent of the problem, only causing more damage in the long run.

STABILIZING THE SHOULDER JOINT

The body can try to stabilize the joint in different ways: swelling, overgrowing bone (leading to arthritis), or overuse of the surround-

ing muscles (leading to muscle fatigue and spasms). Because the ligaments and tendons have a poor blood supply, they have weak healing properties. Once damaged, they often need a treatment that restarts the repair cascade. This is why shoulder instability and pain can be successfully addressed with regenerative medicine techniques like Prolotherapy. (See Figure.) This is a natural injection therapy that stimulates joint repair—specifically of the ligament, tendon, and labral tissue—and therefore creating a more stable, strong, and pain-free shoulder for the athlete to take their sport to the next level.

PROLOTHERTHERY SPECIALISTS:

Ross A. Hauser, MD.

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5. Address contributing factors to the pain

Consider possible contributing factors outside of the primary sport. For instance, athletes can aggravate shoulder pain by sleeping on the bad shoulder. Another commonly overlooked stressor is extended computer usage. If you have shoulder pain on your dominant side, simply switch which hand you use to control the computer mouse. If you are right-handed and have right shoulder pain, this means switching the mouse set up to the left side of the keyboard and using your left hand to operate it. This surely takes some getting used to. But it is a good test to see if, after a couple days, the shoulder improves.



Don't Overlook the Need for Insurance After Retirement

By Sandy Keir, CFP®, Suncoast Advisory Group

I first met my client, Susan, in 2009, when she and her husband Bill attended one of my retirement planning seminars. Susan was 65 at the time and Bill was 70. This was the second marriage for both, they each had adult children living in various parts of the country and they jointly owned and worked in their family counselling practice.

Sue and Bill liked what they heard at my seminar, told me that they had a variety of investments in many different places, weren't working with a financial advisor and were uncomfortable with their overall financial situation. We chatted briefly and they decided they wanted to sit down with me to share some of their concerns and see whether our personalities "meshed".

Prior to Sue and Bill coming to my office, I asked them to complete two online assessments to determine their Behavior DNA and Financial DNA. The results of these assessments would give all three of us an understanding of their natural behavior, which is very important to the financial planning process because it drives an investor's natural response to life and financial events. Since successful wealth creation depends on how people manage their emotional response to market changes, it was very important for them-and me-to understand their strengths and struggles when making investment decisions.

Once Sue and Bill came into the office, I told them how important my client discovery process is. I follow a purpose-based financial life planning process, where I spend a great deal of time getting to know my clients to find out what their goals, values and vision of the future are, before I even start discussing their investments. Through a series of exercises and discussions over a period of time, I get to know them very well and understand what they want out of life. I believe it's very important for my clients to have their values and priorities shape their financial plan.



We spent the remainder of our "get acquainted" meeting discussing the facets of their lives they were satisfied with and those they weren't and I told them that there were several things I was confident I could help them with. Together, we agreed that I should put together a proposal for them and meet again two weeks later.

At our next meeting, they agreed to have me develop a comprehensive financial plan and manage their investments. We discussed the life transitions they were currently experiencing or expected to experience in the future, such as when they should retire or sell their practice, whether they should relocate to be closer to their grandchildren, and how they should plan for Bill's failing health and his possible need for care.

Sue and Bill brought me their financial statements, insurance policies and tax returns and I asked them some additional questions so I could get started on their financial plan. Over the past six years, I have systematically dealt with many of their financial issues. Sadly, in 2011 Bill died after a short illness. I was there to help Sue through the grieving process and, when she was ready, through the process of distributing Bill's assets according to his wishes.

Here are some of the issues the three of us have addressed over the last few years:

1) Our top priority was to apply for a long-term-care insurance policy for Sue. Because Bill was older and in poor health, there was a high probability that Sue would have no one nearby to care for her when she needed help. Her policy will give her up to \$6,000 a month for care in her own home, assisted living facility and, if needed, a nursing home. Both Bill and Sue were very relieved to have the policy in force. Unfortunately, Bill did not have a LTC policy and it was impossible to get him one because of his health issues and age. I designated other money to pay for his care.

2) I reviewed both Bill and Sue's life insurance policies to make sure they were in force and "healthy". Many people aren't aware that insurance policies can lapse, even if they're paying their premiums on time. It's always advisable to have your advisor get an inforce illustration every couple of years to make sure the death benefit will be there when you need it most. We weren't able to improve Bill's policy because of his poor health, but Sue had \$50,000 cash value in her policy and we were able to triple her death benefit from \$100,000 to \$300,000 without increasing her monthly premium.

3) We transferred in their brokerage accounts and consolidated all of their assets in one place. I did the due diligence on several money managers and hired some strategists to manage their money. Their account is being managed by a strategic manager (who employs a buy and hold strategy) and several tactical managers (who make changes in the portfolio when needed to respond to various market changes) and we review it quarterly to make sure its growing at a steady pace.

Investment advice and advisory services offered through Suncoast Advisory Group, a Registered Investment Advisor.

4) Since Sue had just reached full retirement age and hadn't yet applied for Social Security benefits, we ran a Social Security Timing ~ report. The report showed us several different claiming strategies and we determined that Bill and Sue would receive more lifetime benefits if Sue applied for only her spousal benefit off of Bill's earnings record initially and let her own benefit grow 8% a year until the age of 70. Then, she would switch to her own, now larger benefit. There are many strategies available and it's always good to review the options before making a decision, because your decision is irreversible.

5) Sue continues to work and is now managing the family counselling practice. She plans to work as long as possible and then gradually reduce her hours over time. Sue inherited \$200,000 from Bill and I split the money in half and invested \$100,000 in two different annuities with lifetime income riders. As Sue's income from work starts to drop, we'll be able to trigger the income from one and then the second annuity as she needs the income. They'll supplement her Social Security benefits and income from her investment portfolio. That will provide her with a growing source of income for the rest of her life.

This is a good example of how I work with my clients. Sue and I have a wonderful, strong relationship and I love to get together with her over lunch every three months to catch up on what's changed in her life. We share a common life perspective and spend a lot of time talking about world issues and sharing stories about what our children are doing. I thoroughly enjoy my relationship with Sue and she never forgets to thank me for giving her a sense of financial security and peace of mind about the future.

If you can relate to any of the issues Sandy writes about in this month's article, call her at 941-201-1231 or email her at sandy@suncoastadvisorygroup.com to receive complimentary information.



Sandra "Sandy" Keir, CFP®, CRPC, CLTC

Sandy's "aha" moment came at an early age. She had a wonderful childhood in Duluth, Minnesota. Her father was a good provider. Her mother was a devoted wife and mother. But when it came to the household finances, her father was the decision-maker. Sandy made the connection that the breadwinner was the boss. Money was power. "I decided that I always wanted to be in control of my own destiny," she says.

A lifelong wealth advisor, Sandy's passion is to help other women pursue the financial independence she has gained. "As women, many of us are going to be on our own at some time in our lives," Sandy says, "so we either need to gain an understanding of money and finances or we need to partner up with a financial advisor who can guide us. Many of the decisions we make, such as when to start taking Social Security, are irrevocable. However, only about 30 percent of women currently seek advice before making those decisions."

During her 25 years in the wealth management industry, Sandy has worked for such companies as Merrill Lynch, Lincoln Financial Group and Transamerica Capital. She lived in Sarasota for 15 years before moving to Pennsylvania in 2009, to become the Regional Sales Manager of Western Pennsylvania for Kades-Margolis Corp. She returned to Sarasota in 2014 to join Suncoast Advisory Group.

In addition to being a Certified Financial Planner, of which only 23 percent are women, she holds the Chartered Retirement Planning Counselor (CRPC) and Certified in Long-Term Care (CLTC) designations. She earned her bachelor's degree in Political Science from the University of Minnesota in Minneapolis.

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“ How am I going to live today in order to create the tomorrow I'm committed to? ”
-ANTHONY ROBBINS

Limb Swelling: Medicare Approved Treatment Options

By Alyssa Parker

Pneumatic compression devices are one of the most highly recommended treatments for limb swelling and are a Medicare approved treatment option. Dating back to the 1960's pneumatic compression pumps have been used for the treatment of limb swelling due to acute and chronic conditions. In most cases compression pumps are used for swelling associated with lymphedema as well as venous insufficiency. Limb swelling left untreated without a clinical diagnosis and lack of proper treatment may lead to a variety of problems.

Patient's with Venous Insufficiency who experience severe and persistent edema overtime can lead to trapped protein-rich fluid also referred to as secondary lymphedema. The lower region of the leg becomes permanently swollen and may start to harden. Due to poor circulation and protein-rich fluid buildup wounds may become chronic and appear more frequently. Common signs and symptoms that occur are fluid accumulation in a limb, a feeling of heaviness or tightness, thickening of the skin, pain or redness, or chronic ulcers in the affected limb.

How does compression therapy work?

A compression device is used for both acute care (short term in the hospital) as well as chronic care (long term in the home). The compression pump increases blood flow and lymphatic flow. By increasing the circulation in the affected limb many painful symptoms will be alleviated. When compression treatment is used on a limb the excess fluid is removed and worked back into the lymphatic system the natural way. For patients with chronic ulcers using a compression device will help heal the wound from the inside out, by increasing the circulation in the return of the blood from the heart. The heart delivers oxygen rich blood back to the legs and the tissue.

The pneumatic sequential compression relieves the pain and pressure in the swollen area and reduces the size of the limb. The sequential inflation of the chambers, of the sleeve around the affected limb, begins distal (lower region of the limb furthest from attachment) to proximal (area of attachment to the body) naturally mimicking your bodies lymph return while stimulating the blood flow in the legs.



What causes limb swelling?

There can be many different causes for limb swelling, however, two of the most common diseases for chronic limb swelling are Lymphedema and Venous insufficiency. After having a surgical procedure cancer or non-cancer related (example hysterectomy or gallbladder removal) it may take months or years for Lymphedema to manifest because of its slow progression. It is imperative that Lymphedema is treated quick and effectively, regardless of the severity. Complications dramatically decrease when treatment is started in the earliest stage of Lymphedema.

Chronic venous insufficiency is another condition that causes swelling in the legs along with open wounds. CVI occurs when the valves in the veins that normally channel the blood to the heart become damaged which then leads to pooling of the blood in the lower extremities.

Discoloration of the skin, referred to as hemosiderin staining, is identified by a reddish staining of the lower limb. Poor circulation may cause shallow wounds to develop due to the stagnant blood that would normally return to the heart. Symptoms vary but may include swelling, aching, itching or burning, varicose veins, infection, chronic venous ulcer, and decreased mobility.

Is a Compression Device the right treatment for me? Using a compression device is a great treatment option for patients who have tried compression stocking, elevation, diuretics, and massage with little or no relief. It's also a treatment option for individuals who have chronic venous ulcers. When compression stockings get worn out or stretched over time; many patients aren't receiving the needed compression. When using a compression pump the pressure is locked in, ensuring that you're getting the appropriate amount of pressure each treatment.

Diuretics may be useless and harmful over time if your edema (swelling) is a symptom of chronic venous insufficiency or lymphedema. Diuretics draw fluid from your venous system that your body must have in order to balance the continual fluid deposit from your arterial capillaries; if the needed interstitial fluid is not present because you are taking a diuretic, this will only aggravate your lymphatic system which may lead to additional fluid retention and additional swelling. Also, using a pneumatic compression device may help the prevention of blood clotting along with deep vein thrombosis or those individuals who are at risk for it.

If you or someone you love suffers from limb swelling it is important to keep a few things in mind. If any of the following apply, seeking medical advice is recommended.

- Family history of edema, venous insufficiency, or lymphedema
- Pitting or skin hardening: push your finger into your skin and count how long it takes to return
- Hemosiderin staining: "red socks" appear from the ankles down
- Traumatic injury or surgery potentially damaging your circulatory system (knee replacement etc)
- Radiation exposure

For patients who many have Chronic venous insufficiency a test called a vascular or duplex ultrasound may be used to examine the blood circulation in your legs.

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



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- **Buoyancy** of the water reduces body weight by approximately 90% while you enjoy your deep soak, relieving pressure on joints and muscles, while creating the relaxing sensation of floating in space. It abolishes gravity, allowing the body to float amplifying the power in the muscles.

- **Massage** is the secret to effective hydrotherapy. This energized warm-water stream relaxes tight muscles and stimulates the release of endorphins, the body's natural pain killers. Jet driven massage gently eases tension directly out of your muscle groups to relieve soreness from your back, hips, legs, and the symptoms of arthritis.



The New England
Journal of Medicine

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HEART HEALTHY FOODS

Your heart is a pretty important piece of equipment, so it's in your best interest to take good care of it. February is American Heart Month, and though most of us know the basics—eat whole grains, focus on whole fruits and veggies, exercise regularly—you might be unsure which foods are the best for your heart.

Eating for a healthy heart means filling your plate with fruits and vegetables, paying attention to fiber, eating fish a couple times a week and limiting unhealthy fats like saturated and trans fats, as well as salt. And although no single food is a cure-all, certain foods have been shown to improve your heart health. Find out how these foods may help lower your risk of heart disease.

Salmon

Salmon doesn't just taste good; it helps increase your levels of high-density lipoprotein (HDL), otherwise known as "good cholesterol," which can help lower your risk for heart disease. This fish, packed with omega-3 fatty acids and plenty of protein, is highly recommended by the American Heart Association. Shoot for two servings a week.

Soy

Soy packs an impressive nutritional punch. High in fiber and low in saturated fats, soy has been proven to lower "bad cholesterol" levels and triglycerides, helping prevent heart disease. Not sure how to incorporate it into your diet? Don't worry, you don't have to swap your steak for a block of tofu. Try pouring soy milk over your morning cereal.

Oatmeal

Start your day with a steaming bowl of oats, which are full of omega-3 fatty acids, folate, and potassium. This fiber-rich superfood can lower levels of LDL (or bad) cholesterol and help keep arteries clear. Opt for coarse or steel-cut oats over instant varieties—which contain more fiber—and top your bowl off with a banana for another 4 grams of fiber.



Spinach

If it's good enough for Popeye, it's good enough for you. This superfood is packed with potassium, calcium, fiber, B-complex vitamins—a combo that not only defends your heart, but also helps fight disease and protects your eyesight.

Beans

Beans, beans, the powerful fruit. The more you eat...the healthier you are. Beans, including garbanzo, white, black, red, and navy, are naturally low in fat and contain no saturated fat, trans fats, or cholesterol. They are high in protein, fiber, iron, folic acid, and potassium. While all beans have benefits, the more colorful beans, such as red and black, may have an added bonus: eight types of flavonoids. Scientists say these plant chemicals act as antioxidants, which give you protection against heart disease and certain cancers. Studies also suggest eating beans may help manage diabetes and reduce the risk of high blood pressure and stroke.

Nuts

Walnuts are full of omega-3 fatty acids and, along with almonds and macadamia nuts, are loaded with mono- and polyunsaturated fat. Plus, nuts increase fiber in the diet and are a great source of healthy fat.

Dark chocolate

Need an excuse to break off a piece of that tempting chocolate bar? Researchers have found that eating moderate amounts of dark chocolate has a blood-thinning effect, which can help your heart health and reduce inflammation. But this doesn't mean you should give in to every chocolate urge. For maximum health benefits, just limit yourself to one ounce a day, and remember to look for labels with 70 percent or more cocoa content.

Olive oil

This heart-healthy oil is full of "good" monounsaturated fats, helping you lower "bad" LDL cholesterol levels. But remember moderation, because all types of fat are high in calories. At the grocery store, make sure to pick out extra-virgin or virgin olive oil since they're less processed and contain more polyphenols, antioxidants that can help reduce inflammation.

Green tea

Turns out one of the best "foods" for your heart is actually a drink. A steaming cup of green tea is chock-full of good-for-you catechins and flavonols. Some studies have shown that people who drink 12 or more ounces of tea a day are half as likely to have a heart attack as non-tea drinkers.

Stay Married To Your Sweetheart

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

In the 2002 movie *Cast Away*, Tom Hanks plays the character Chuck Noland, an extremely punctual FedEx executive whose plane crashes during a storm over the Pacific Ocean. He becomes the sole survivor and washes ashore on an uninhabited island. The thing that's most moving to me is his motivation to try so many failed attempts to get off the island: his wife. He remains there for four years before he is rescued. He is so lonely that he finds a volleyball, puts a face on it and names it Wilson, just to have someone to talk to. It was never God's intent for a man or a woman to be alone. That's why marriage is so awesome!

Here are a few good reasons why it is good for you to have a long marriage to your sweetheart.

I'm on my way home, honey.

The LORD God said, "It is not good for the man to be alone. I will make a companion for him..."
Genesis 2:18

It helps cure loneliness. It feels good to have someone to "belong to". Now it's usually people who have been married successfully for a while who would even say such a thing. We as individuals like our independence and want to fight for it and hang on to it for as long as we can, but independence only can take us so far and sometimes it is a lonely trip. I love the words, "Honey, I'm home." They make me feel like someone wants me (yeah, and that too).

Someone has my back.

Knowing someone has my back is very important and satisfying to me. As goofy and weird as I am, I know deep in my heart that there is one person on this planet who will fight for me when no one else will and it's my beautiful wife of twenty-eight years. You need to know someone will "have your back". Life can be too tough to be a solo act.

Two people are better off than one, for they can help each other succeed. If one person falls, the other can reach out and help. But someone who falls alone is in real trouble. Ecclesiastes 4:9-12 NLT Selected



Sex is awesome.

I read some research years ago that said that men and women spend a large percentage of their time thinking about sex. Well, I hope so, and I really don't know what they waste their other time thinking about. God wired us that way. Sex is supposed to be fun and creates emotional bonds between a man and a woman. That's also why it's pretty disastrous to have sex with someone other than your spouse, the person who has your back. Sex is one of God's greatest ideas.

Genesis 1:24-25 NLT says, "This explains why a man leaves his father and mother and is joined to his wife, and the two are united into one. Now the man and his wife were both naked, but they felt no shame."

And

"Let your wife be a fountain of blessing for you. Rejoice in the wife of your youth. Let her breasts satisfy you always. May you always be captivated by her love." Proverbs 5:18-19 NLT

Need I say more?

Finding God's Favor

If good health has ever been considered a favor of God, then being married to a good woman certainly has it merits. I have no medical training, but over thirty years of ministering to people has taught me the truth of this verse.

"Whoever finds a wife finds what is good and receives favor from the Lord."
Proverbs 18:22 ISV

I have seen many long and successful marriages (including my parents of fifty-three years) between couples who experienced generally good health. I know this article below is only about men's health, but I found it most fascinating.

"A major survey of 127,545 American adults found that married men are healthier than men who were never married or whose marriages ended in divorce or widowhood. Men who have marital partners also live longer than men without spouses; men who marry after age twenty-five get more protection than those who tie the knot at a younger age, and the longer a man stays married, the greater his survival advantage over his unmarried peers." (Health.harvard.edu)

There are many more reasons to find your sweetheart, marry and have a long marriage, but I'm out of space. So I'll close with these words from psychologist James Dobson, which I give to those who want to get married.

"Don't marry the person you think you can live with; marry the only individual you think you can't live without."

To your spiritual health,

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

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