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Health & Wellness[®] MAGAZINE

April 2015

Charlotte/South Sarasota Edition - Monthly

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Dr. Greg Fluharty
Owner and founder of The Animal Clinic, an active and contributing community leader who believes in the "TEAM" concept.

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
is a Punta Gorda native and UF graduate. His special interests include clinical pathology, exotic animal medicine, and diagnostic imaging.

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The screenshot shows the homepage of the Health & Wellness Magazine website. At the top, there is a search bar and navigation links for Charlotte Edition, Collier Edition, Lee Edition, Advertise with Us, H&W Archives, and Contact Us. The main content area features a large image of a woman wearing a sun hat, with the headline "Skincancer" and a sub-headline "By Janet Sperry, MD, Board-Certified Dermatologist... Skin cancer is the most commonly diagnosed cancer in the United States...". Below this, there are three smaller magazine covers for Charlotte County, Collier County, and Lee County, each with a "Flip Book" and "PDF" option. A "Featured Article" section highlights "The Other Side of Parkinson's Disease" by Dr. Ramon A. Gil, M.D., Medical Director of the Parkinson's Disease Treatment Center at SDF Florida. On the right side, there is a "SIGN UP FOR OUR NEWSLETTER" form with fields for Name and Email, and a "Subscribe" button. Below the form, there is a "Recent" section with links to various articles like "Living with Diabetes", "Why Wellness Works", and "Is It My Memory... or Is It My Hearing?".

RTR Urology welcomes Dr. Carl G. Klutke Board Certified Urologist-Fellowship trained in Female Urology, Female Urologic Surgery and Voiding Dysfunction for Males and Females

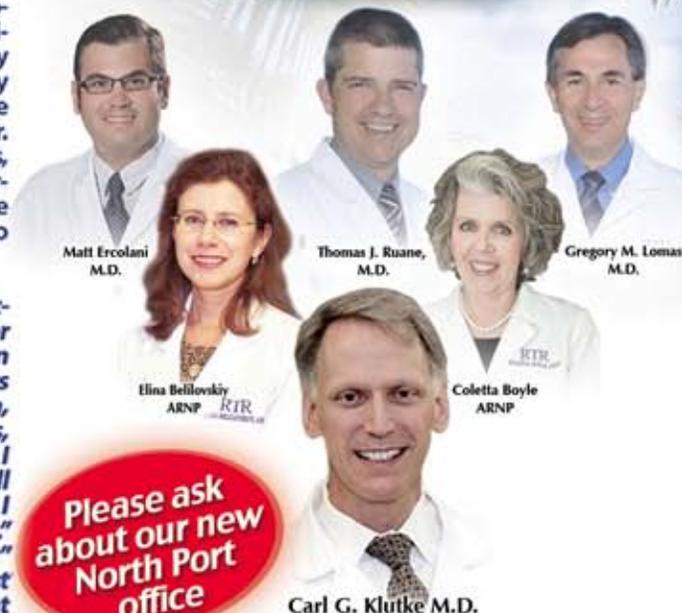
Carl G. Klutke is a Board Certified Urologic Surgeon, a member of the American Urologic Association and the International Continence Society. He received his medical education at the University of Michigan and completed his Surgical Internship and Urologic Residency at the Henry Ford Hospital in Detroit, 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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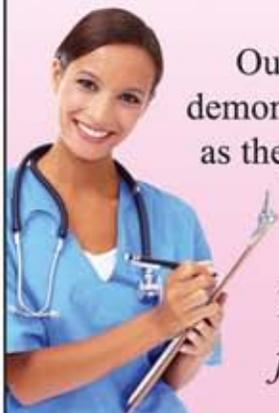
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- 6 Did You Know: 80% of Shoulder Problems Do Not Require Surgery!
- 8 How to Find the Right Specialist
- 9 Challenging the Status Quo with Stem Cells
- 10 Occupational Therapy Helps Individuals Live Life to its Fullest
- 11 Prolapse - It's Not Something You Have to Live With
- 12 Prostate Cancer: PSA Screening - The Controversy
- 13 Concierge Medical Services: Private Personalized Care Without Limits
- 14 Living with Cataracts
- 15 Dangers in the Home
- 16 Is It Worth It? The Dermapen® & Food for the Face
- 18 Hearing Aid Features & Styles...
- 20 Your Pet's Most Common Allergy
- 21 Physical Activity Benefits More Than Your Body
- 22 Compression Devices for Limb Swelling
- 23 Stop Diabetes
- 24 To Bridge or Not to Bridge, That is the Question!
- 25 Hydrotherapy Key Benefits
- 26 Ladies, Find Out What the New Subspecialty "Urogynecology" Means to You
- 28 Asset Protection and Your Revocable Trust
- 30 Autism Awareness Month
- 31 Spiritual Wellness Ginny Gave Out, but She Never Gave Up

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Did You Know: Eighty Percent of Shoulder Problems Do Not Require Surgery!

I have been in practice for seventeen years as a general orthopaedic surgeon with a sub-specialty in foot and ankle. As a general orthopaedic surgeon, I take care of all types of injuries ranging from fractures to degenerative joint disease, acute traumatic injuries sustained in accidents from slips and falls to car crashes, chronic problems in feet, ankles, knees, knee replacements, hips, hip replacements, elbows, wrists, hands, shoulders, crush injuries, sports injuries, and nerve damage in extremities just to name a few. In the last several years as my practice has continued to diversify I have been taking care of a greater number of people who have shoulder problems. I have had literally hundreds of patients come to me with surgical recommendations. I have treated most of these people conservatively back to great shoulder health without surgery.

Often I am scratching my head trying to figure out why surgery was recommended in the first place because these people have minor problems that 80% of the time could get better with a cortisone shot, physical therapy, and activity modification. In fact over the years I have kept a log of these patients who were strongly recommended for surgery who were very intrigued to hear there were conservative measures that could work. With the list several hundred patients and growing; simple conservative remedies have gotten them completely better. No surgery had to be entertained and no surgeries were performed.

I can only remember the teachings of Dr. Hubert Pearlman my mentor and the chairman of my orthopaedic surgery residency. He was a guru of all things orthopaedic in Brooklyn, NY. In fact he was the doctor that brought joint replacements to Brooklyn, NY. He always lectured us that sleazy, shady, unnecessary selling is something that fits in very well with owning a used car lot. If that's what you want to do when you grow up, it's your right to do it, but then you should work or own a used car lot. He always told us as physicians and surgeons to do the right thing. We did take a Hippocratic Oath to attempt never to do harm, to always be on the right side of medical treatment, to do your best. Even in spite of your best, sometimes bad things happen to people. And at least if you tried to do your best you can feel good about your treatment. He warned us that even in a busy practice there could be weeks or months where our offices could be near empty and we would be wondering if we would ever get a new patient again. With a reputation for doing the right thing, trying your hardest and best for patients, patients will continue to come.



To err is human. But, I have always tried to live by those words of wisdom from my old chairman, may he rest in peace, and those words have never failed me. Do the right thing, do only the treatments that are necessary. There will always be enough people with real medical problems that you don't have to make them up and do unnecessary things. Treat each patient the same way you would treat a family member. These are words to live by and I try my best.

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How to Find the **RIGHT SPECIALIST**

By Joseph Magnant, MD, FACS

Julian had seen half a dozen physicians of different specialty backgrounds over the course of 10 years searching for the answer to his question of why his right leg was swelling. He never thought he had received a logical explanation and had resigned himself to live with the problem. Fortunately, he had a friend who had come across an article regarding venous insufficiency as a potential cause of limb swelling. Since he did not have any external bulging varicose veins, he and others had concluded that his leg swelling was not in any way related to a vein problem. He read the article in a local medical newspaper and then went to the internet to delve further into the possible mechanism of this.

Self Education and Self Advocacy

In addition to his complaint of leg swelling, his vein evaluation unearthed other symptoms of achiness and night time leg cramps, right worse than left, symptoms of restless legs and frequent night time urination. His symptoms had been minimally improved by compression hose therapy over the course of years. Ultrasound evaluation subsequently revealed severe bilateral great saphenous vein insufficiency and he soon thereafter underwent staged endovenous ablation (sealing) of the great saphenous veins with immediate and near complete resolution of his original symptoms. His 15 year quest for a cause and solution to his symptoms came to a successful conclusion as a result of self education and self advocacy.

Today, more than ever, it is important for patients to take an active role in researching their medical care. Fortunately, the internet has provided the means by which to perform research on individual health care providers, health conditions as well as available treatment options.

Lost in the Maze of Provider Choices?

"In this day of advances in medical treatments with improvement and refinement in technology, patients have almost unlimited access to health-related information in print media, on television networks, and through the internet," observes Dr. Magnant. "However, because of this plethora of information, patients can, at times, find themselves lost in the maze of provider choices. Rather than remaining frustrated by dead-end answers or the absence of diagnosis for their physical complaints, patients are taking to their own research."



Primary Care Physicians Can Provide Specialist Referrals

Dr. Magnant confirms that primary care physician recommendations may be useful in choosing the right specialist: "Even references from physicians other than your own, such as a friend's primary care physician, may prove helpful. Primary care physicians have a broad exposure to patient problems and are probably the best source for specialist referrals."

Practice Websites Provide Depth of Content and Physician Training Record

Another good starting place when researching specialty providers is their practice website, says Dr. Magnant. "Its depth of content and the completeness of each physician's training record are important aspects to review. From a good website, patients should be able to determine what percentage of the practice is dedicated to the physician's area of specialty training and whether that area is applicable to the patient's own health issues."

Take Advantage of Free In-Office Screenings

"But perhaps the most important piece of homework patients can do is to take advantage of free in-office screenings when offered or take advantage of online health screenings, such as that offered by our practice on our website weknowveins.com and through our screening site eveinscreening.com. These enable patients to meet the doctor and the staff, and to gather information regarding the treatments they offer and any literature regarding the physician's practice and training. Any other information they glean regarding their specific condition and treatment options should be considered a bonus."

Dr. Magnant is a board certified vascular surgeon who specializes 100% on vein evaluation and modern treatments for the entire spectrum of vein problems. Many of his patients have a family history of venous insufficiency or varicose veins. Mothers of children of any age, nurses, teachers, hairstylists, police officers, dancers, athletes, pharmacists, students, and people from every other imaginable walk of life may have vein problems. Many of these patients were once considered untreatable since the stripping procedure was so invasive and "dangerous."

Since stripping no longer is performed, and the techniques Dr. Magnant has to offer can be performed in the office under local anesthesia with minimal downtime, many of these patients are great candidates for endovenous closure as the definitive cure for their vein problems. So whether you suffer from the most common presenting symptoms of venous insufficiency which is painful bulging varicose veins, or you are one of the other millions of patients in the USA with more obscure presenting complaints such as swollen & achy legs, discolored skin in the lower leg, non-healing leg ulcers, history of varicose vein bleeding, or nighttime symptoms such as Charlie horses, cramps, restless legs or frequent urination, you deserve a risk free diagnostic leg vein ultrasound to rule out correctable venous insufficiency.

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Dr. Joseph Magnant is a board certified vascular surgeon and vein expert and is singularly focused on the modern evaluation and treatment of venous insufficiency. He offers state of the art, noninvasive venous duplex ultrasound evaluations as well as laser and radiofrequency endovenous closure treatments for venous insufficiency. Vein Specialists can be reached at 239-694-8346 or on the web at www.weknowveins.com.

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Challenging the Status Quo with Stem Cells

By Cara Tompot, Staff Writer

Looking back on history, we remember a time when women didn't have the rights that they do now. Prior to 1919, women didn't have any way to express their thoughts and desires through public policy. Thanks to first-wave feminists questioning the status quo, 1920 marked the first year that women could vote. This social change marked a moment in history when women finally had the right to take control of their own life. In many ways, the history of women's suffrage is similar to the road to regenerative medicine advancements.

Much like women fighting for equality, patients have been fighting for a new way to treat their chronic lung disease. Now, with the advancement of stem cell therapy, sufferers of chronic lung disease are no longer limited to the confines of traditional medicine—which involve managing symptoms rather than the disease. Stem cell therapy, like women's voting rights, helps people take control of their life by giving them a voice.

For years, people accepted the status quo, and for people suffering from chronic lung diseases like COPD, the status quo meant a constant struggle for oxygen. As an incurable disease, most sufferers felt that they didn't have any options. But now, everything has changed.

One state-of-the-art clinic, the Lung Institute, developed an alternative. Stem cell therapy helps sufferers finally breathe easier. People are no longer forced to accept the fate of continual disease progression or an invasive lung procedure. Stem cell therapy harnesses the healing power of a patient's own stem cells to help regenerate damaged lung tissue.

Today, lung disease can be treated with adult stem cells harvested from the patient's own fat, blood or bone marrow to replace damaged lung cells with healthy ones. According to the clinic's website, www.lunginstitute.com, this innovative procedure slows the progression of the disease, in addition to, restoring lung function and reducing inflammation. The result is the ability to breathe easier.

Similar to the fight for women's rights, doctors and patients have been diligently looking for a new way to treat lung disease. Now, with the advancement of stem cell therapy, patients can finally combat disease progression. As with any change, some physicians and patients may be slower to adopt new ideas while clinging to traditional approaches; however, just as social change made it possible for women to have a voice in the government, clinical advancements like stem cell therapy make it possible for patients to have a voice in their healthcare. If the fight for equality is any sign of the future of stem cell therapy, there is no doubt that stem cells will become the status quo for treating lung disease.

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.



OCCUPATIONAL THERAPY HELPS INDIVIDUALS LIVE LIFE TO ITS FULLEST



April is a month designated to celebrating Occupational Therapist. Occupational therapy enables people of all ages live life to its fullest by helping them promote health, prevent—or live better with—injury, illness, or disability. It is a practice deeply rooted in science and is evidence-based, meaning that the plan designed for each individual is supported by data, experience, and “best practices” that have been developed and proven over time.

Occupational therapists and occupational therapy assistants focus on “doing” whatever occupations or activities are meaningful to the individual. It is occupational therapy’s purpose to get beyond problems to the solutions that assure living life to its fullest. These solutions may be adaptations for how to do a task, changes to the surroundings, or helping individuals to alter their own behaviors.

When working with an occupational therapy practitioner, strategies and modifications are customized for each individual to resolve problems, improve function, and support everyday living activities. The goal is to maximize potential. Through these therapeutic approaches, occupational therapy helps individuals design their lives, develop needed skills, adjust their environments (e.g., home, assisted living facilities, or work) and build health-promoting habits and routines that will allow them to thrive.

By taking the full picture into account—a person’s psychological, physical, emotional, and social makeup as well as their environment—occupational therapy assists clients to do the following:

- Achieve goals
- Function at the highest possible level
- Concentrate on what matters most to them
- Maintain or rebuild their independence
- Participate in daily activities that they need or want to do.

Qualifying Medicare recipients can qualify for an occupational therapist to come into the home to evaluate, educate, provide rehabilitation treatments, and modalities to improve functional independence. This service may be appropriate for but not limited to seniors that are deconditioned, secondary to acute or chronic orthopedic and/or neurologic disorders, have memory or cognitive impairment or suffer from low vision. Each patient is evaluated to determine their condition and an appropriate care plan is designed to meet that patients goals. If you have questions about occupational therapy and specialty services please contact Nurse On Call at (941) 627-1650.

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ladies



By Dr. Carl Klutke

Prolapse—It's not something you have to live with.

Have you ever felt like there is an unusual “fullness” in your vagina or pelvis, or felt a fleshy mass where you have never seen one before? Some women describe this feeling as “sitting on a ball”! You may have a pelvic prolapse. This is nothing to be alarmed about as you can overcome pelvic prolapse.

It is difficult to talk about intimate health problems but this condition affects millions of women. Many women delay or never ask their PCP or Urologist what treatments are available to help!

As we age, our pelvic muscles, and ligaments, are weakened (not necessarily by childbirth), making us unable to hold the pelvic organs in place. When this happens, the organs may fall or shift down creating the heaviness or bulge that you will feel.

Pelvic prolapse occurs when the vaginal wall, or the uterus descends (prolapses) below its natural position. In severe cases, it may cause the vaginal wall or the cervix to push beyond the vaginal opening, leading to bladder and bowel problems, painful intercourse, and other complications. Don't lose hope, however, because help is available.

“Pelvic prolapse is more than a cosmetic problem. It has a functional impact that can be overwhelming,” says Carl G. Klutke, MD, board-certified Urologist on staff at Venice Regional Bayfront Hospital. “It's also very common, affecting 50 percent of all women over age 50 to some degree. One in ten women will have at least one surgery for the prolapse sometime in their lives. By offering the right treatment, we can make a difference in many women's lives.”

Treatment Options

Over the years, a number of treatments have emerged and proven to be effective ways to manage or overcome pelvic prolapse. Here are the options available at RTR Urology.

Watchful waiting—Women who don't experience symptoms may prefer to leave pelvic prolapse untreated until it begins to interfere with their lives.

Pessary—A silicone device (pessary) is inserted into the vagina to support the vaginal walls. It requires no surgical intervention, but must be changed, and cleaned, frequently. The pessary can usually be easily inserted and removed by the patient themselves.

Surgery—A variety of surgical interventions are available to treat pelvic prolapse. Starting with securing the vagina within the pelvis, to repositioning the urethra, bladder and rectum. These surgical options can meet a variety of needs, often through minimally invasive techniques.

“Following the successful treatment of pelvic prolapse, patients are thrilled with their improved quality of life and their ability to return to their everyday activities,” Dr. Klutke says. “As treatment methods continue to evolve, RTR Urology will be on the cutting edge of these advancements.”

Dr. Carl Klutke is a Board Certified Urologist who is Fellowship trained in Female Urology, Voiding Dysfunction and Urodynamics for males and females. RTR Urology is proud to add his decades of experience to their leading edge treatments with a caring touch.



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If you would like a brochure on pelvic prolapse, please call (941) 684-3216 and we will be happy to mail you one!

PROSTATE CANCER: PSA Screening – The Controversy

By Virginia Carnahan, APR, CPRC
Director of Development

For more than 20 years (the “PSA Era”) physicians (family practitioners, GPs, urologists, etc.) have encouraged men to have an annual prostate cancer screening exam starting around age 50. The exam includes two simple tests – a PSA blood test and digital rectal exam (not pleasant but of short duration). Over these two decades, prostate cancer deaths have been reduced tremendously.

Now the tide has turned – we are saving many thousands of men from the painful, lingering death that untreated prostate cancer promises. Screening and early detection has done the same for many other major cancer killers ... breast cancer, colon cancer, skin cancer.

So why does the Federal government now recommend that men STOP having these life-saving screening tests? It makes no sense – except to the statisticians who gathered the data used by the U.S. Preventive Services Task Force. The USPSTF published their 2012 recommendation based on the fact that abnormal findings from the screening exams lead to biopsies, and biopsies bring a level of “risk” with them. Often the typical random sample biopsy will miss a cancerous tumor, and the “negative” result is really a false negative. The patient will think he is in the clear until his next screening exam results in the same abnormal levels, triggering another biopsy.

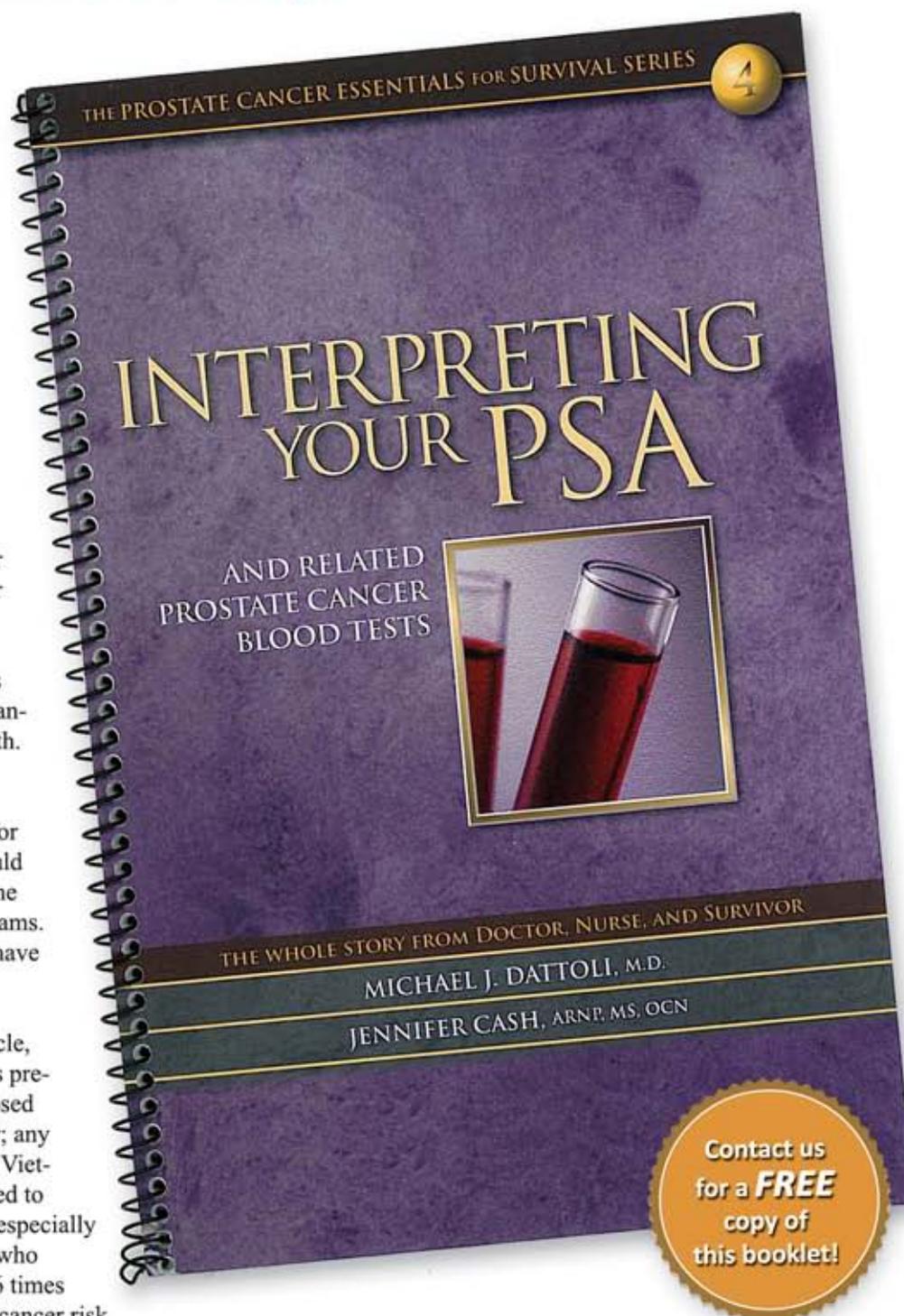
All these biopsies are costly and bear a small risk of infection – even a very small risk of death! (Maybe one man in 500,000 suffers a heart attack while having a biopsy – and the biopsy is labeled the cause.)

By eliminating screening exams, the task force succeeds in “throwing the baby out with bath water.” What should really happen is that the task force should make recommendations that men having abnormal results at screening be counseled about the risk of going forward with a biopsy versus the risk of developing advanced prostate cancer down the road.

Wouldn't you rather know you have the disease when it is in its early stages and potentially curable, rather than finding out when it is difficult or too late to stop it? If your doctor refuses to order the screening exams for you, look for another doctor who will. Or watch the papers for FREE screening events scheduled in September, which is National Prostate Cancer Awareness Month.

Those men who are particularly at risk for prostate cancer should seriously consider the annual screening exams. They are men who have a family history of prostate cancer ... a father, brother, uncle, grandfather who has previously been diagnosed with prostate cancer; any man who served in Vietnam and was exposed to Agent Orange; and especially African Americans who genetically stand a 6 times increase in prostate cancer risk.

Until there is a better way – we say “PSA is the Only Way!” Be safe – get screened. And in the meantime, adopt a heart-healthy diet, maintain your recommended weight, get regular exercise, get enough rest and reduce stress!



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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.

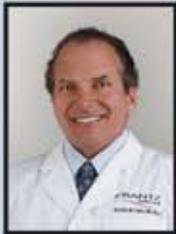
Concierge medicine will continue to grow and gain popularity among patients that value the direct access, personal care, and patient-centered focus that a concierge doctor provides. Traditional healthcare will face many challenges as The Affordable Care Act reaches full implementation nationwide. Forecasts 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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LIVING WITH CATARACTS

By Jonathan M. Frantz, MD, FACS

Many of us feel that our eyesight is the most precious of all of our senses. How beautiful is it to look into the eyes of a child, to see the sunrise or sunset in brilliant color. Watching plays, movies, TV or simply reading a book are all things we value greatly. When a cataract develops, it interferes with our ability to enjoy these things. Even more devastating, vision loss from cataracts or other causes can take away our independence, making it impossible to drive to work, the grocery store, or to visit a friend or family member.

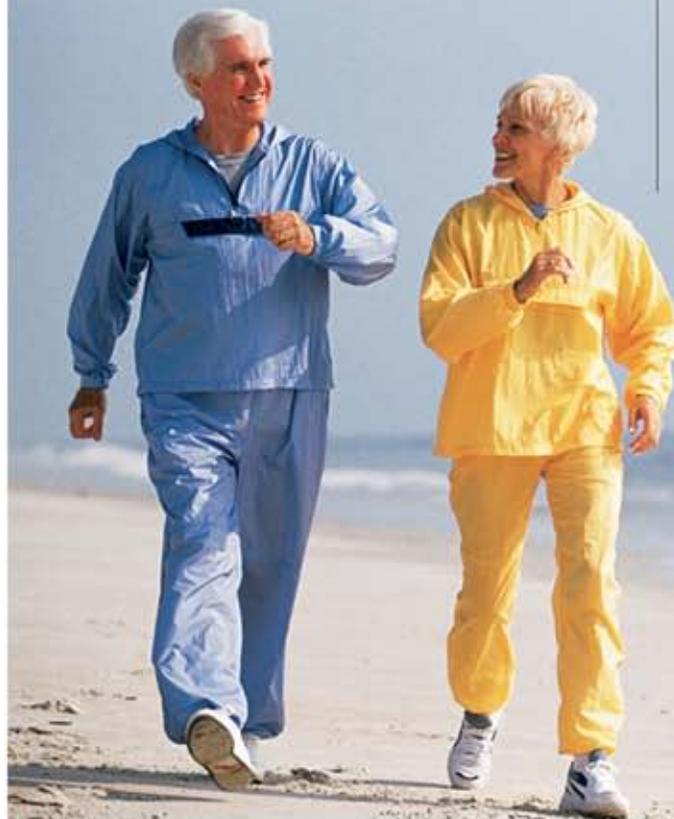
Cataracts are a major cause of preventable blindness, and yet many people aren't sure what a cataract is or how it is treated. When surgery is needed, keep in mind that not all cataract surgeons possess the same skill, nor do they have the same success rate. Modern technology is critical to successful cataract surgery and lasers have superseded blades as the safest and preferred method for cataract surgery.

Technology, and surgeon skill are incredibly important factors in surgical outcomes. Think back to the technology that we had 20 years ago. I remember back then, my cell phone came with a suitcase to house all of the required electronics. Now, cell phones are compact and possess such great advances in capabilities. One would never think about going back to the technology of 20 years ago, when there was no Internet!

Yet, many surgeons continue to perform cataract surgery with the same old techniques and technology that is 20 years old. We now have the capability with skillful microsurgical techniques, lasers, advanced measuring devices and the latest technology in intraocular lenses to not just remove a cataract, but to do it in such a way as to minimize one's need for glasses. Our Cataract Refractive Suite incorporates the Bladeless Laser Cataract surgical technique into a system of highly advanced measuring and surgical planning devices such as VERION, ORA with VerifEye, along with the Centurion system that has the most advanced fluidics in the world to make cataract surgery even more safe.

Our commitment to you at Frantz EyeCare is to stay on the cutting edge of technology to provide you the best possible results with care and compassion. It is very gratifying to me that I can restore people's sight every day. It is a gift that has been given to me to be able to do these wonderful things and offer these revolutionary technologies to the people of Southwest Florida. We are honored by the trust and confidence that people have in us.

Eyesight is truly a precious commodity and there are more sunsets, and a life full of beautiful pictures and memories waiting. So, if you have been diagnosed or think you may have cataracts, call our office for a cataract evaluation to learn about the difference between traditional cataract surgery and Bladeless Laser Cataract Surgery, as well as the various intraocular lens options that are available to you. We also host informative seminars throughout the year. These are listed on our website at www.BetterVision.net where you can also schedule your appointment. You may also call our Punta Gorda office at 941.505.2020.



Jonathan M. Frantz, MD, FACS, is named in The Guide to America's Top Ophthalmologists. He and his team of doctors at Frantz EyeCare offer a broad spectrum of patient-focused comprehensive care from eye exams and eyewear to bladeless laser cataract removal, treatment of eye diseases, bladeless WaveLight 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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Dangers in the Home

Oftentimes, living alone can prove to be dangerous for seniors. Senior citizens, like all of us, wish to stay in their home as long as possible and maintain their independence. According to an AARP survey conducted in 2011, 90% of seniors agreed. When someone is having difficulty with day to day tasks, it may seem like an easy choice to move into an assisted living facility. By doing so, seniors can live in a safe environment, maintain a social life and have their health continuously monitored. Still, looking at it from the individual's perspective, this decision can be a very difficult and emotionally draining. However, there has been a move away from the institutional feel of traditional assisted living centers. In fact, a local senior residence, Banyan Residence Assistant Living has designed their entire facility to provide safety and assistance without losing the sense of home.

First, what are some of the hazards that an aging population might experience?

1. Stairs. Climbing stairs can become very problematic for seniors. 30% of people over the age of 65, and 50% over the age of 80 will fall down at least once in the next year (Aging Parents Authority). Many times when a senior falls down the stairs, they suffer with a hip fracture. 25% of seniors with a hip fracture will lose their life within one year.

2. Shower/Bathtub. Something as simple as getting in and out of the shower/bathtub can be a challenging task for seniors. Roughly 33% of people sixty and older have trouble doing this, even with safety equipment installed (University of Michigan Health System). Many will trip, fall, and harm themselves in the process. A study has shown that bathroom injuries treated in emergency rooms rapidly increase after the age of 65 (New York Times).

3. Throw Rugs/Carpeting. Though, only meant for a house decoration, throw rugs can become dangerous to seniors. Without the rugs being secured safely to the floor, it is easy to catch your foot on one and trip. Falling is a leading cause of unintentional injury for seniors over the age of 65. Research has shown that throw rugs and carpeting is one of the most common environmental hazards in senior's homes. There are unsecured throw rugs in 78% of all homes. These homes will average eleven rugs that do not have nonslip backing.

While these are all hazards, being alone is the greatest danger of all. If any of these accidents were to happen, the senior would not have anyone there to help him or her. Recently, a former paramedic relayed an incident in which his crew had found a senior in her home that had been lying on the floor for three days. She had no way to contact anyone for help. Living in a residence that was staffed by trained professionals would have made all the difference. Situations like this occur more often than most of us are aware. To avoid these risks, and any concerns about safety, it may be time to consider a change in living arrangements.



Banyan Residence Assisted Living Resort was created with the principals of safety and security in mind. However, it was important to the designers to accomplish this without losing the senior's sense of freedom and mobility. To avoid the "caged in" feeling, all of the apartments are located in a one story building. Also, beautiful gardens are scattered throughout the courtyard. Residents are free to experience the free flowing layout; while knowing that there is always assistance nearby if it is ever needed.

If you have any questions about this new approach to assisted living, please contact Banyan Residence at (941) 412-4748 to schedule a visit.

Banyan's residents enjoy a sense of both community and independence. This home is located at 100 Base Avenue East in Venice, FL.



www.abanyanresidence.com

A Banyan Residence has the following features to do so:

- Custom Shuttle
- Monthly Newsletter
- Spa Day
- Walking Club
- Physical Therapy Room
- TV satellite service
- Movie theatre popcorn
- Family & Friends BBQ
- Tropical Garden
- Fruits & Vegetable Garden
- Walking Club
- Waterfall
- Physical fitness activities
- Salon Room
- Custom Shuttle Bus
- Koi Fish & Duck Pond
- Butterfly Garden
- Special Events: Annual Red Carpet Fashion Show

Is it worth it?

The Dermapen & Food for the Face

By Yollo Wellness

That moment when we wake up and look at ourselves in the mirror and realize "I'm beyond a dapple of this and that on my face." The fact that I'm in my late 40's is showing on my face.

It's not so much that I've got deep wrinkles, I don't feel like the Grand Canyon quite yet. It's more a combination of pigmentation from my pregnancies and my skin's texture. Everything is starting to drop. I'm noticing the crows feet from squinting.

Is there anything that can be done about this? Something that will even out the surface so my face feels less like train tracks, more like a smooth pond. I need something more hard-core than a facial but nothing "invasive". Just the word makes me shudder, and I want the results to last longer than a movie marathon.

Beauty industry, are you listening?

Apparently, they are. Here's what I tried.



THIS WEEK: I walked into YOLLO Wellness, which promises "the most technologically advanced and innovative non-surgical Pure PRP Skin Rejuvenation Therapy." That sounds exactly like what I'm after. After a thorough consultation, it's decided I'll start with a Dermapen treatment using my own Pure Platelet Rich Plasma.

...an automated-micro needling therapy that vertically pierces the skin to naturally stimulate collagen and elastin with minimal epidermal damage."



Dermapen

WHAT IS IT: Essentially, it's a pen with tiny, super-fine needles on the end of it. The needles roll over your skin, pinning holes in it as they go. They can penetrate the skin up to 2 millimetres. This definitely sounds more hard-core than a facial. The PRP part was really cool. They did a simple blood draw and spun it out a couple of times in a really high tech centrifuge.

WHAT THE HECK FOR? Apparently, causing controlled damage to your skin will prompt it to produce a bunch of collagen, which is the building block of skin. The more collagen you have, the more elastic, less wrinkled and better textured your skin will be.

WHO IS IT GOOD FOR? Anyone with sagging skin, fine lines, wrinkles, scarring.

WHY I'M GETTING IT: To improve the texture of my skin and try and get its bounce back. I've got a few fine lines, but my skin is definitely starting to slacken. Also as I mentioned before after my two pregnancies I can see some pigment changes going on.

WHAT THEY DID: First, they sanitized my face with saline and alcohol solution. I was laying down, relaxing on a table when Debbie painted my face with my own Pure Platelet Rich Plasma. The next step happened so fast I couldn't believe it was over. Wendy used the Derma Pen on my forehead, side of my eyes, under my eyes, my cheeks, side of my face, upper lip, on my lips, chin, neck decolletage. Virtually every nook and cranny of my face, neck and chest. It was over in 10 minutes! I couldn't believe it. I kept asking if they were sure they got it all. Wendy explains there will be some bleeding as she is basically pinning holes in my face. She moves the pen all over, working on it section by section, checking in every now and then to see if it's painful. Next, Debbie painted a layer of my Plasma Poor Protein all over the controlled injured areas to allow more proteins to penetrate my skin to help build even more collagen.



HOW DOES IT FEEL? Surprisingly, fine. Kind of like a mixture of a sunburn and the shower water hitting it.

AFTERWARDS: My face feels very hot and a bit stinging. My skin is quite red and sensitive. They applied a layer of vitamins onto my skin which I immediately felt my skin begin to cool and be soothed. Then they applied a collagen cool gel mask I relaxed on the table under a warm snuggly blanket for 15 minutes. I had the option of going into their oxygen anti-aging chambers. They are supposed to take the collagen building to the next level. I didn't have time to get my doctor's note to do it so I will the next time around. I like to take things slow at first anyways when I don't quite know what to expect. I was told to not wash my face tonight but I could apply any of the anti-aging products I purchased from them. The next morning I'm quite tight and dry and still very red, like I've sat with my face in the sun for a whole day. I washed my face as usual and I slather on sunscreen because one thing I've learned after visiting anti-aging salons to research this piece, is that it's really our only defense against aging. It is not recommended to put makeup on for a couple of days and only use the collagen building creams and serums they recommended because it will all be soaked up into my skin and could alter my results. By day three however I can go back to my routine of a little tinted foundation.

DID IT WORK? After a couple of hours from leaving YOLLO Wellness I noticed my fine lines were filled in. My skin is clearer after a week. The pigmentation I have around my lips from my pregnancies has already almost disappeared. I'm feeling more confident without make-up. They tell me my face will continue to improve up to three months!

CAN I GET THIS RESULT AT HOME? There's no equivalent product at home to a Dermapen as it's essentially damaging your skin to encourage it to produce collagen.



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LOWER EYELID REJUVENATION

MID-FACE LIFT AND CHEEK REJUVENATION

LOWER FACE AND JAW LINE REJUVENATION

NASOLABIAL GROOVE AND UPPER LIP REJUVENATION



HOW MUCH IS IT: \$799 per treatment.

TIME TAKEN: 50 minutes.

IS IT WORTH IT? Absolutely. I can imagine that after the suggested four treatments my skin would look pretty amazing. Besides I keep getting asked if I did something to my face because I look radiant even after one treatment!

Only you can decide whether you want to go beyond a regular facial treatment. At \$799 it's not cheap, but there is no downtime and it's less invasive than a laser, plus the results will last longer. I'm looking at it like an expensive coat, which is an investment in looking good. And I've decided my face is more important than a coat!

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11:00 am -1:00 pm

Demonstrations - Watch the collagen grow before your very eyes!

1:00 – 2:00pm - Anti-Aging: Repair and Proactive Approach

Top 10 Collagen building vitamins, serums and creams.

How do you know what vitamins and how much you should take each day?

Do the foods you eat make you age faster?
ALCAT – Because True Beauty starts from the INSIDE.



Space is limited to 10 people. If you would like to take advantage of being part of the demo and receive \$300.00 off (regularly \$799) that day please call (239)275-0039. RSVP to attend the event.

Hearing Aid Features & Styles....

WHAT DOES IT ALL MEAN???

By Dr. Noël Crosby, Au.D.

There are hundreds of different hearing aids and hearing aid terminology can be confusing. I am going to define some of the most common hearing aid features and hearing aid styles to help you better understand your options when choosing hearing aids that are correct for you. Sometimes those of us that work with hearing aids can forget just how foreign the terminology can sound to you.

Directional Microphones are more sensitive to sounds approaching from one direction, such as the front, while reducing unwanted sounds from other directions. This feature can make it easier to understand speech when there is background noise.

Adaptive Directional Microphones can follow moving sounds or reduce several different sounds at the same time.

Bluetooth Compatibility allows hands-free use of compatible wireless devices like cell phones. Sometimes additional devices and or accessories may be required.

Direct Audio Input enables the hearing aid to receive input from another device such as a TV or personal entertainment system.

Feedback Suppression reduces feedback (whistling) which is the number one complaint people have about hearing aids. Most hearing aid wearers experience feedback when they put their hand over their ear or use the phone.

Impulse Sound Management provides protection from sudden loud sounds.

Noise Reduction automatically reduces the level of noise to give you a more comfortable listening experience in noisy environments

Programs are different settings or memories for different situations such as quiet places, noisy places, and telephone use. Some hearing aids can have memories that adjust automatically or a combination of both manual and automatic adjustment.



Remote Control is an optional accessory with some hearing aids that allows the wearer to make adjustments to their hearing aids.

Speech Enhancement technology allows hearing aids to detect certain frequencies within each sound of speech and provide extra amplification to those frequencies.

Telecoil amplifies sound from the telephone or loop amplification system without picking up background noise, which helps prevent feedback on the phone and improves the signal to noise ratio in a large public venue.

Toggle/Button control allows the hearing aid wearer to manually change programs for different listening environments.

Bands and Channels are the features that refer to the ability to adjust hearing aid settings to best fit individual hearing loss needs. In most cases, the more bands and channels a hearing aid has, the better it can be programmed to perform for the user.

Wind Noise Manager is the feature within a digital processor that reduces the sound of wind noise on the microphone.

There are five primary styles of hearing aids: ITE, ITC, CIC, RITE, Open fit and BTE

In the Ear (ITE) hearing aids are the largest custom style of hearing aid, filling the entire bowl of the ear or a portion of the bowl of your ear, and can have the most power and features available for in the ear hearing aids.

In the Canal (ITC) is the next smallest size custom hearing aid. It is less visible than the larger hearing aids, but also not able to have as much power or as many features.

Completely in the Canal (CIC) or (IIC) are the smallest custom, in the ear hearing aids, and are quite popular due to their cosmetic appeal and ease of use. There are usually no manual controls on these hearing aids. Telephone usage is often better because they are less likely to whistle. Lack of power is the main reason people cannot use this style of hearing aid, although a small ear canal may also prevent some people from being able to wear this style.

Open Fit (OE) and Behind the Ear (BTE) hearing aids sit behind your ear and are connected to your ear by a tube with an earmold attached. These hearing aids have the most power and features available. An open fit hearing aid is connected to your ear by a very thin tube with an earbud attached to the tube. They are called open ear because they leave the ear canal less blocked than other style of hearing aid.

Receiver in the Ear (RITE) or Receiver in Canal (RIC) hearing aids are a fairly new style which has become available in recent years and are much smaller than a traditional BTE. They are meant primarily for high frequency hearing loss. The hearing aid is connected to the receiver by a very thin tube with a wire. The receiver is positioned in the ear canal with a small ear bud attached to it or an earmold.

You should consult with your hearing health care professional to determine which of these features or styles could benefit you the most. The smaller the hearing aid the smaller the battery that can be used. This can result in shorter battery life. Another thing of importance is that some styles of hearing aids require more manual dexterity. The more challenging the listening environment, the more these features or styles can better assist you with your hearing and understanding. After all, the goal is for you to hear and understand better!



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.

Advanced Hearing Solutions
Where Better Hearing Happens





Your pet's most common allergy.

By Dr John Rand, D.V.M.

Probably the most common complaint from owners this time of year involves trying to solve their pets' itch-related issues. Owners and pets are often equally miserable from the sometimes incessant scratching, biting, and licking. They are looking for help and looking for answers. They have very often (mis)diagnosed their pet either with some rare and obscure disease, or with everyone's newest favorite, food allergies from grains and by-products. After careful examination nose to tail, along with a detailed history, we can often readily determine, or at least highly suspect, an allergy to fleas.

Flea Allergy Dermatitis (FAD), is a hypersensitivity to flea bites. When fleas feed on animals they inject small amounts of saliva into the skin. In normal dogs and cats the presence of this saliva elicits a mild itch response. In pets with FAD, however, their immune systems respond with a tremendous amount of inflammation and an intense itch that persists for some time, leaving the dog or cat scratching, biting, and licking for long after the flea is gone. The biting and scratching is often so intense that the pets damage their skin badly enough to allow normal bacterial and fungal organisms to invade the skin, causing a skin infection. The secondary skin infection not only adds to and perpetuates the itchiness, but also tacks on another problem atop the flea situation that started the whole mess.

Although flea bites can occur essentially anywhere on the body, dogs are most commonly affected near the tail base, rear, and groin areas. Cats can show up with a similar pattern of disease, but can also show signs around their neck and head.

The prevalence of flea allergy is extremely widespread. Nationally, FAD can account for up to 50% of all canine and feline skin cases – in this part of the



country, and at this time of year, the percentages are surely higher. In some sense, when any itchy pet comes in, they have FAD until proven otherwise.

“Not my pet, doc. I have never seen a SINGLE flea.”

- A combination of dark fur or skin, thick coats, and excessive biting and grooming rids many of these very itchy pets of their fleas. Once bitten, though, the saliva is in the skin, and the biting and scratching will continue.

“But my other pets aren't biting and scratching at all.”

- Your other pets (and the house itself) are probably the bulk of the problem. Pets that are not allergic are largely unaffected by the presence of even large numbers of

fleas. They do, however, constantly shed hundreds of thousands of flea eggs all over your house. If you are not treating all of your pets and their environment, you will never win this battle. You can count on that.

With so many flea products on the market today, which product should you choose? Most flea medications can work for most pets most of the time. Animals with flea allergy, though, require very strong and very religious use of these products. Not all flea medications are created equal! Frequency, potency, safety, mechanism(s) of action, etc. are very important to understand when trying to get this problem solved. Please always consult with your veterinarian on which product or products are recommended for your specific situation.



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By Carl McAloose

PHYSICAL ACTIVITY

Benefits More Than Your Body

For our kids, playing sports means they are eight times more likely to still be active at the age of 24 compared to those who don't participate in sports. (*Perkins study*). The benefits extend to academics. Several studies have concluded that physical activity helps improve academic achievement, from grades to standardized test scores. Think about it. Don't you feel more relaxed and focused after physical activity? It's easier to concentrate and learn.

Additionally, studies have shown that physical activity can also positively impact our youth in the areas of self-esteem, goal-setting and leadership. As a parent, just spending some time with your kids playing catch, shooting baskets or any other sport or game gives you quality time with them in a fun setting. It also sets a good example of the importance of physical activity.

Kids who participate in sports learn to manage their time better. They get an extra sense of confidence because they can balance the demands of school and sports. Playing a sport also teaches them the value of teamwork, cooperation and leadership.

The benefits of sports are more than physical. They are also mental. Studies show physical activity can help with things like improving your mood. Whether you like to play sports, work out in the

gym, or take your dog for a brisk walk, physical activity helps stimulate brain chemicals that make you feel more positive.

We all have some level of stress in our lives. Too much of that can lead to many problems, both mental and physical. When you're exercising, you help reduce your levels of stress hormones – namely adrenaline and cortisol. Physical activity helps distract your mind from negative thoughts, which allows you to think more creatively. Simultaneously while exercising, your body produces endorphins, which naturally make you feel happier and relaxed.

Studies have also shown that regular physical activity helps improve your level of concentration. Mental skills such as thinking, using good judgment and learning stay sharp as you age if you do a mix of aerobic and muscle-strengthening activities. And those types of activities are common in sports!

I know that when I exercise, I sleep better. We know that exercise helps you relax and get rid of stress and tension, so it makes sense that would help you get a good night's sleep.

As a parent, all three of my children have been involved in sports in some form. I have seen how it has helped them not only physically, but also academically, mentally and socially.

Not every child participating in sports will go on to be a professional athlete, but they will all treasure the memories of family time together and the friendships they made along the way. Most importantly, they have learned that physical activity is lifelong fun!

We all remember having PE in school. I dare say that when asked what your favorite part of the school day was, many of us said "PE." And why not? PE was fun. You got to play games, jump, run and best of all, you weren't sitting at your desk. You got to burn off that extra energy, and that made being in the classroom easier. Study after study shows the correlation of physical activity, whether it's PE, sports or just riding your bike around your neighborhood, helps improve your overall health. These studies also show that physical activity helps you mentally.

The annual *Sports & Fitness Industry Association* survey found that over 21 million youth ages 6-17 play team sports on a regular basis, with an additional five million occasionally involved in sports. We all know that regular physical activity provides many benefits, like maintaining healthy muscles, bones and joints, not to mention helping with your weight. Your doctor tells you this and more each year when you have your physical.



Carl McAloose is the Athletic Director at Florida SouthWestern State College. The Buccaneers will debut their softball and baseball teams in the fall 2015, followed by men's and women's basketball in fall 2016. More information is available at www.FSW.edu/athletics.

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Compression Devices for Limb Swelling

By Alyssa Parker

A common challenge faced in the medical field is finding the cause of an individual's limb swelling. Any limb swelling may be your body's way of letting you know there is a potential underlying condition that can cause even more damage if left untreated. When swelling in a limb becomes chronic, pinpointing the origin is vital to getting proper treatment. Some of the most common diagnosis are venous insufficiency and lymphedema.



Fluid accumulation can cause painful swelling, non-healing wounds, heaviness, and discomfort decreasing your mobility. Recent studies show that nearly 7 million people in the United States suffer from venous disease. While 2 to 3 Americans suffer from secondary lymphedema.

Chronic venous insufficiency (CVI) is when blood is unable to circulate from the lower limbs back to the heart. CVI is caused by incompetent valves and venous hypertension, in both parts of your venous system. The venous system is comprised of two parts, deep circulation and superficial circulation which are interconnected by perforating veins. Your venous system is an important component to delivering blood to the heart, then passing it through the lungs to obtain oxygen. The oxygenated blood is then delivered to the lower limbs.

Venous hypertension leads to secondary Lymphedema from the lymphatic system's inability to keep up with an abnormally high demand of protein rich fluid. Lymphedema is chronic swelling from protein-rich fluid accumulation in the tissue. Lymphedema occurs secondary to CVI when the lymphatic system is obstructed causing damage, blockage, or abnormal development. Primary Lymphedema can be hereditary or congenital, where an individual is born with a compromised lymphatic system.

Risk Factors

Once your circulatory system has been obstructed leading to venous insufficiency or lymphedema this may lead to an interruption in the venous and lymphatic flow. Both diseases are manageable and treatable however there is no cure for either one.

Risk factors may include:

- Unknown swelling of a limb
- Family history
- Invasive surgical procedure i.e. radical cancer surgery
- Chronic open wounds
- Decreased mobility
- Infections such as cellulitis/ lymphangitis
- Skin changes such as discoloration or hardening



Management: Compression Pump

Understanding the ongoing management of both venous insufficiency and lymphedema are important in preventing irreversible damage to the body. Compression therapy along with proper nutrition a healthy diet and exercise are the foundation of a treatment plan. Compression stockings are often difficult to get on with little results for chronic swelling. Diuretics may be harmful for long-term treatment. Compression devices are widely recognized and highly effective treatment. This is a safe and effective way to assist your body's circulatory system in moving the excess fluid which has accumulated in the limb.

A pneumatic compression device mimics the muscle contraction that naturally occurs when performing a cardiovascular activity. 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 speeding the recovery time.

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 treating swollen limbs and chronic wounds.

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For more information and articles on this topic, Google "Acute Wound Care" or visit www.AcuteWoundCare.com or call

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STOP DIABETES

Provided by The American Diabetes Association

Diabetes is a serious disease, and you probably know someone who is affected by it. Nearly 30 million* children and adults in the U.S. are living with diabetes. About eight million of those people don't know they have it, which means they're not getting the care they need to stay healthy.

About 5% of people in the U.S. with diabetes have type 1 diabetes, in which the body attacks and destroys its insulin-producing cells. There is no way to prevent or cure type 1 diabetes at this time.

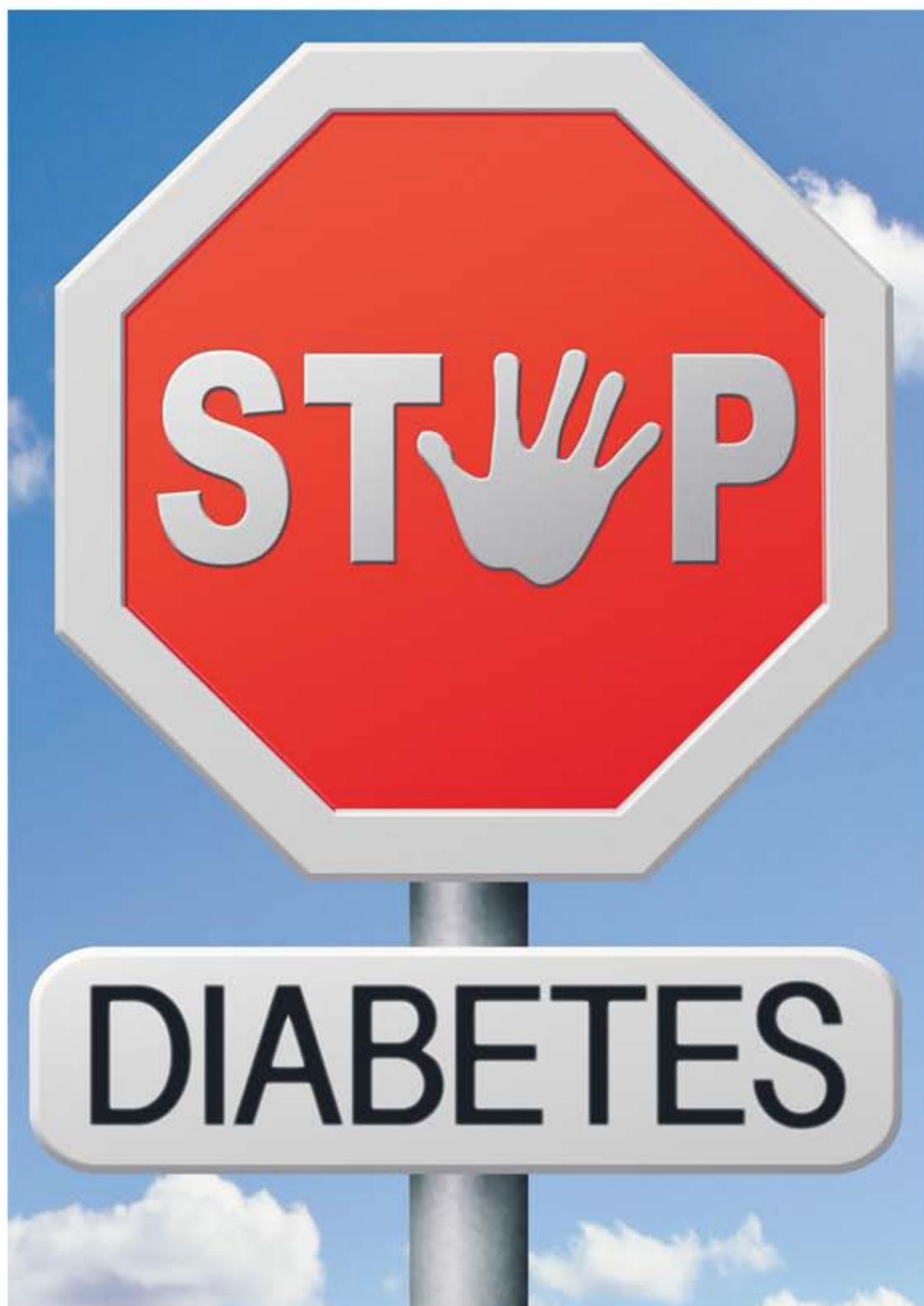
With type 2 diabetes, which represents 90-95% of all diabetes cases, diagnosis often comes 7 to 10 years after the onset of the disease, after disabling and deadly complications have had time to develop. Therefore, early diagnosis is critical to successful treatment and delaying or preventing complications such as heart disease, blindness, kidney disease, stroke, amputation and early death.

Everyone should be aware of the risk factors for type 2 diabetes. People who are overweight, under active and over the age of 45 should consider themselves at risk. African Americans, Hispanics/Latinos, Native Americans, Asian Americans, Pacific Islanders, people who have a family history of the disease, and people who have prediabetes also are at an increased risk for developing type 2 diabetes.

There are steps you can take to help prevent the onset of type 2 diabetes. Studies indicate that it can be prevented or delayed by losing just 7 percent of body weight through regular physical activity (30 minutes a day, five days a week) and healthy eating.

To learn more about your risk for type 2 diabetes, take the American Diabetes Association's diabetes risk test at diabetes.org/risktest2015. It's free, quick and easy to share with friends and family who may also be at risk.

*That's more than the entire populations of Alaska, Delaware, District of Columbia, Hawaii, Idaho, Kansas, Maine, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Rhode Island, Utah, Vermont, West Virginia and Wyoming combined.



To Bridge or Not to Bridge, That is the Question!

You don't need a three tooth solution for a single tooth problem.

By Dr. Joseph Farag

There is no doubt that when a tooth is lost due to infection, decay or trauma, many factors of oral health are affected. In addition to those factors, cosmetics may also be affected if a front tooth is lost. Common causes of tooth loss are decay, periodontal disease, failed root canal therapy, and traumatic injury. Modern dentistry has improved the chances of restoring these teeth to function but there are many cases when an extraction is the only option.

Options for the Loss of One or More Teeth

When a patient is faced with the loss of one or more teeth, modern dentistry can offer two options of non-removable "fixed" replacement. The first option is a fixed or cemented bridge; the second non-removable option would be a dental implant. Of course, the removable dentures and partial dentures remain as options, but these removable appliances are the least desirable by most patients. For the purposes of this article, we will only compare the differences between the non-removable options.

A Dental Bridge

The first most common replacement for a missing tooth or teeth is the dental bridge. A bridge can be made of metal, porcelain or a combination of the two. Bridges are designed from two main components, retainers (supporting teeth), and pontics (replacement teeth). The typical lifespan for a dental bridge ranges from 5 years on the low end to over 15 years on the higher end. Factors that can affect the life of a bridge are recurrent decay, periodontal disease (bone loss), and porcelain fracture. A bridge requires the reduction or reshaping of the

supporting teeth which may not be such a problem for teeth that may already have a large filling or fracture. Although, when the adjacent teeth have never had a filling or do not have decay or fracture, a more conservative solution may be worth looking at.

Dental Implants

Dental implant therapy has improved dramatically since it was first offered to patients. Unfortunately, patients have a perception of dramatically higher cost and painful procedures when discussing dental implants. These perceptions need to be changed; in many cases the dental implant option to replace a single missing tooth is less expensive, less painful, and less complicated than an alternative three-unit bridge. Some of the advantages of placing a dental implant as opposed to a bridge are; no need to alter the remaining teeth, ease of flossing between teeth, preservation of remaining bone, and a more natural sensation of function.

The typical lifespan of a dental implant is longer than that of a bridge, since they are not vulnerable to decay which is the leading cause of dental bridge failure. When replacing a single missing tooth, a dental implant can add new support and restore complete function, whereas a bridge would use the existing dentition to support the replacement tooth.

To learn more or to schedule an appointment, please call Dr. Joseph Farag at Port Charlotte Dentalcare, 941-764-9555.



Missing tooth prior to implant placement, adjacent teeth are not affected.



After dental implant placement, the final tooth is a separate unit and can be flossed normally.



Missing tooth prior to bridge



Preparation of adjacent teeth and fabrication of a three-unit bridge.



Final fitting of three-unit bridge. The end result appears as three teeth fused together.



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- **Heat** from the warm water increases blood flow producing a healing effect on sore or damaged tissue and relaxes tired muscles and joints. Immersion in hot water causes the blood vessels to dilate, resulting in increased circulation, including circulation of the immune system's white blood cells. This helps to open airways and help white blood cells circulate to the affected areas promoting healing.

- **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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Ladies, Find Out What the New Subspecialty “Urogynecology” Means to You



Incontinence and pelvic floor problems are remarkably common but many women are reluctant to receive help because of the embarrassment associated with these conditions. Until recently, when women would seek help for these conditions there were few good options to treat them. Due to the tremendous advancements made in the last decade in the diagnosis and treatment of these conditions a new subspecialty of OB/Gyn was created called Female Pelvic Medicine and Reconstructive Surgery (A.K.A. Urogynecology).

What is Urogynecology?

Many women experience problems that overlap between the fields of gynecology and urology and they often bounce back and forth between the two specialties. Urogynecology bridges that gap and allows for both of these issues to be addressed by one physician. The field of Urogynecology is a subspecialty within Obstetrics and Gynecology and is dedicated to the study and treatment of pelvic floor disorders in women. If you suffer from any of the following symptoms, you may benefit from a consultation with a Urogynecologist.

Expert Treatment for the Following Symptoms:

- **Incontinence:** Loss of bladder or bowel control.
- **Prolapse:** Displacement of the pelvic organs (uterus, bladder and rectum) beyond the normal position of the vaginal walls. Symptoms include a visible bulge and pelvic pressure. This condition is sometimes referred to as a "dropped bladder."
- **Overactive bladder symptoms:** Frequent need to urinate, urgency, incontinence and nighttime frequency.
- **Emptying Disorders:** Difficulty urinating or moving bowels.
- **Pelvic (or bladder) Pain:** Discomfort, burning or spasm within the bladder, urethra or vagina. May also manifest as pain with sexual intercourse.
- **Bowel Control Conditions:** Constipation and bowel control issues/incontinence.

Board certification means that a Urogynecologist has obtained training and experience beyond that of a general

Joseph Gauta M.D. Board Certified Urogynecologist

Dr. Gauta is now the first physician in S.W. Florida dual board certified in Urogynecology and Obstetrics and Gynecology. Dr. Gauta's practice, The Florida Bladder Institute, is solely dedicated to Urogynecology. One out of every six women suffers from overactive bladder and half of all women will suffer from pelvic organ prolapse. A challenge for women seeking treatment is that they would go to a urologist for one problem, a gynecologist for another and a gastroenterologist for another. Dr. Gauta explains "A Urogynecologist has the skill and experience to assess the entire pelvic region including the uterus, bladder, vagina, rectum as well as the muscles, ligaments, connective tissue and nerves that support those systems. Evaluating your pelvic system as a whole ensures the best treatment and outcome". Some of the newer treatment options include bio-feedback, electrical stimulation, Botox, and minimally invasive outpatient surgery. In addition to providing the most advanced medical care for his patients, Dr. Gauta is a preceptor for Boston Scientific, Medtronic and Olympus and trains other physicians from around the world on how to do the most advanced Urogynecology procedures. He is the recipient of the prestigious Castle Connolly's Top Doctors award, and is amongst the top 1% of physicians in the country who are honored with the Patient's Choice Award for 5 years in a row. Dr. Gauta received his training at Tulane University in New Orleans mentored by world renowned Urogynecologists David Herbert M.D. and Thomas Elkins M.D.





OB/Gyn or Urologist. Urogynecologist deal only with the evaluation and treatment of conditions that affect the female pelvic organs, muscles and connective tissue that support these organs. The additional training focuses on the surgical and non-surgical treatment of non-cancerous gynecologic problems.

When Should I See a Urogynecologist?

If you're struggling with pelvic floor dysfunction, pain, or incontinence, you should seek treatment immediately. Consulting with a Urogynecologist can help to achieve an accurate diagnosis of your condition and provide information on the full spectrum of treatment options available. Specialized training enables a Urogynecologist to blend elements of gynecology, urology and gastroenterology to treat the entire pelvic floor.

Treatments may include conservative (non-surgical) or outpatient surgical therapy to cure or relieve your symptoms. While your primary care physician, Urologist or OB/Gyn may have knowledge about these problems, a Urogynecologist can manage all these pelvic floor conditions comprehensively.

Urogynecology Treatment Options

A Urogynecologist can recommend a variety of therapies to cure or relieve symptoms of prolapse, urinary, gas or fecal incontinence, or other pelvic floor dysfunction symptoms. He may advise conservative (non-surgical) or surgical therapy depending on your wishes, the severity of your condition and your general health. Conservative options include medications, pelvic exercises, behavioral and/or dietary modifications and vaginal devices (also called pessaries).

Biofeedback and Electric Stimulation are two newer treatment modalities that your Urogynecologist may recommend. Safe and effective outpatient surgical procedures are also utilized by the Urogynecologist to treat incontinence and prolapse. A Urogynecologist will discuss all of the options that are available to treat your specific problem(s) before you are asked to make any treatment decisions.

It's easy to become embarrassed by pelvic and bladder disorders, but you do not have to suffer with these problems or associated pain. Florida Bladder Institute provides compassionate, thorough urogynecological care for all women. Whether you face pelvic issues as a result of aging, delivering babies, illness, or trauma, we can provide proper treatment and counseling so you can enjoy an active, healthy lifestyle.

Call **239-449-7979** today to schedule an appointment with Joseph Gauta M.D. to learn how proper urogynecological care can benefit you. Don't suffer in silence any longer; there is help available.

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ASSET PROTECTION AND YOUR REVOCABLE TRUST

By James W. Mallonee

Lawyers are frequently asked if a client's non-exempt assets are protected from creditors when placed into an individual's revocable trust. Sadly, the answer is no. The only means by which a person could have their non-exempt assets protected from creditors when placed into an individual revocable trust is to have a spendthrift clause coupled with a Qualified Terminable Interest Property trust ("QTIP"). QTIP trusts are usually created for the benefit of a spouse.

When property is titled jointly between spouses, it is presumed to be titled as Tenants by the Entireties ("TBE"). Under Florida law, if one spouse has a judgment or debt charged against them individually, the TBE property is protected from the creditor claim because it is considered a single unit of both spouses. As a result, a husband and wife's joint assets are protected from being claimed by a creditor (except for defaults on a mortgage, claims of lien, and taxes on a particular piece of property).

As a family's assets approach or exceed the Federal Government's estate tax threshold, spouses will often split their non-exempt TBE assets into two equal portions. Once split, each spouse takes one of the split portions and places it into their individual revocable trust. When assets are split out individually to fund one spouse's revocable trust, they become vulnerable to that spouse's creditor claims.

Florida's legislature has passed a law that creates a mechanism by which a trust can be created to get both the protection from creditors and reduce estate tax exposure. The statute is Section 736.0505, Fla. Stat. The new statute treats a deceased spouse's QTIP trust as having its funding come from the deceased spouse, even if the funds were contributed by the surviving spouse. This is also true if the QTIP trust reverts back to the surviving spouse as a separate trust.



Its sounds complicated but the means by which a QTIP trust can be constructed is fairly simple. The basics are these, a husband funds a QTIP trust for his wife. The wife will have access to the trust income and principal during her lifetime. In the event the wife dies before the husband, the wife's QTIP trust contains a provision that passes her QTIP funds to a Residuary Trust for the husband. Both the QTIP and Residuary Trust utilize a spendthrift clause which has the power to protect the principal from creditors. In essence, a creditor cannot levy the non-exempt property until the beneficiary takes possession of the income or principal from either the QTIP or Residuary Trust.

When a couple elects to consider a QTIP trust, the assets placed into it usually equal the amount of the current applicable exclusion for Federal Estate Tax with the balance passing to the surviving spouse. The result being that the deceased spouse's estate passes tax free to the surviving spouse and maintains protection from creditors.

Although a QTIP trust may sound simple, there are some issues that you must be aware of prior to running out to your attorney of choice to have one prepared.

Recent research by Barry A. Nelson and Richard R. Gans suggests that to take advantage of the creditor protection, it must appear as if the preparation of the husband and wife's QTIP trusts were done independent of each other. This suggests that a husband and wife QTIP trust cannot look and feel the same. Some ideas on making a separate Husband and Wife QTIP trust appear dissimilar are different trustees, different compensation, different powers of appointment, different residual beneficiaries or even having each trust prepared on different dates.

The other issue to consider is the beneficiary of the QTIP trust. Once this trust is funded, it becomes irrevocable. Thus, if the bonds of marriage break-down and a divorce occurs the funds will lose its entitlement as a marital deduction and will revert back to the original spouse creating a possible loss of creditor protection and worse, an estate or gift tax problem.

In addition, a QTIP trust may not be ideal for you if a spouse has an outstanding debt or judgment against them because such debt or judgment will take priority if you make an attempt to fund the judgment spouse's trust. As a result, if you elect to go forward with a QTIP trust, consider satisfying any and all debts or judgments prior to funding separate Husband and Wife QTIP trusts.

Lastly, be aware that there are certain creditors that can circumvent a spendthrift clause such as IRS levy's, child support and alimony payments.

In any event, the message is that Florida's legislature has created tools to create a trust to protect your non-exempt assets from creditors while at the same time giving pause to managing your assets in an effort to avoid Federal Estate Tax. If you believe that your estate exceeds the present \$5 million individual (\$10 million for married couples) estate tax exclusion, it may be worth while to talk to your attorney to get a feel of whether a QTIP trust is best for you and your spouse. It could save you substantial dollars in Federal estate tax dollars and protect your non-exempt assets from creditors.

The above information is not to be construed as advice creating an attorney client relationship. This article is for general information purposes only.

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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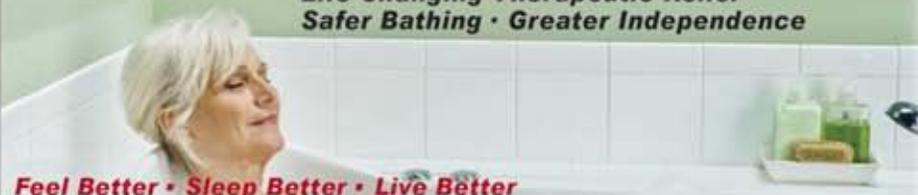
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April is Autism Awareness Month



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What is Autism?

- Autism is a bio-neurological developmental disability that generally appears before the age of 3.
- Autism impacts the normal development of the brain in the areas of social interaction, communication skills, and cognitive function. Individuals with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.
- Individuals with autism often suffer from numerous co-morbid medical conditions which may include: allergies, asthma, epilepsy, digestive disorders, persistent viral infections, feeding disorders, sensory integration dysfunction, sleeping disorders, and more.
- Autism is diagnosed four times more often in boys than girls. Its prevalence is not affected by race, region, or socio-economic status. Since autism was first diagnosed in the U.S., the incidence has climbed to an alarming one in 68 children in the U.S.
- Autism itself does not affect life expectancy, however, research has shown that the mortality risk among individuals with autism is twice as high as the general population, in large part due to drowning and other accidents.
- Currently, there is no cure for autism, though with early intervention and treatment, the diverse symptoms related to autism can be greatly improved and in some cases completely overcome.



Autism Facts & Stats

- Autism now affects 1 in 68 children.
- Boys are four times more likely to have autism than girls.
- About 40% of children with autism do not speak. About 25%–30% of children with autism have some words at 12 to 18 months of age and then lose them. Others might speak, but not until later in childhood.
- Autism greatly varies from person to person (no two people with autism are alike).
- The rate of autism has steadily grown over the last twenty years.
- Co-morbid conditions often associated with autism include Fragile X, allergies, asthma, epilepsy, bowel disease, gastrointestinal/digestive disorders, persistent viral infections, PANDAS, feeding disorders, anxiety disorder, bipolar disorder, ADHD, Tourette Syndrome, OCD, sensory integration dysfunction, sleeping disorders, immune disorders, autoimmune disorders, and neuroinflammation.
- Autism is the fastest growing developmental disorder, yet most underfunded.
- A 2008 Danish Study found that the mortality risk among those with autism was nearly twice that of the general population.
- Children with autism do progress – early intervention is key.
- Autism is treatable, not a hopeless condition.

For more information on Autism, go to our website at <http://nationalautismassociation.org/>.

Article Source: National Autism Association

Ginny Gave Out, but She Never Gave Up

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

While I sat with the family in the surgical waiting area, I saw the elevator doors open. It was the surgeon. As he walked the twenty-five feet or so from the elevator to the waiting room, he was looking at the floor as though he was searching for something, maybe the next words to say. When he came into the waiting area, all eyes were on him. He was an older gentleman with many years of saving lives. He immediately sat down in one of the chairs and began to describe in layman's terms the very difficult and tedious aspects of the surgery.

"The aneurism had grown to the size of her stomach and was simply impossible to repair in the few precious moments we had to work with her," he said sadly. In addition, he said that she had apparently suffered a heart attack.

Then I heard it. What the gentle surgeon said next stood out to me like a hammer striking a large bell. He said, "*She never gave up the fight; she just simply gave out.*" As these words rang through our ears, we all knew she had gone on to be with her Lord and Savior, Jesus Christ.

It took only a few moments for the reality of that statement, "*She never gave up the fight; she just simply gave out,*" to sink into me like warm rays of sunshine breaking through on a cold and snowy day. This lady's life was a living testimony of that statement. She was an eighty-year-old grandmother with a love for God and for her family, who compelled her family who compelled her to be a "force to be reckoned with." I watched as her children and grandchildren began to weigh out the tremendous loss and the impact to their daily lives.

She had recently had cataract surgery so she could continue to drive herself and be present in the lives of those God had entrusted to her care.

She had been the spiritual matriarch to this large family.



I watched two very big, strong grandsons begin to weep as they felt the loss of her presence in their lives. She was in their hearts at such a deep level that it could only be expressed with tears. I said to these young men as I hugged them that they needed to "let it go" and cry. I told them she was watching them from Heaven now and needed to see if all her hard work and prayers for their lives would continue to pay off, and that it would bring her joy to see them miss her. I asked them never to forget all the life-giving, Godly advice she poured into their ears and hearts over the last twenty years.

As I drove home from the hospital, I wondered about my life. I wondered if it would be said of me one day, "He never gave up the fight; he just simply gave out." I realized that the "never give up" was about love and commitment, a sometimes rare commodity today. And that "simply giving out" was only about resources and not heart.

As I prayed, traveling east on Manatee Avenue, I recognized how she was able to stay so strong all those eighty years, even up until the end of her life. Her secret is found in the Bible, the book of *Hebrews in chapter 12 verse 2*. It states:

"We do this by keeping our eyes on Jesus, the champion who initiates and perfects our faith.

Because of the joy awaiting him, he endured the cross, disregarding its shame. Now he is seated in the place of honor beside God's throne."

It's the ongoing daily relationship with Jesus who died, but is not dead now. As the verse states, He is sitting in Heaven at God the Father's right hand. Why is Jesus there and not here? He is praying for us. He is there to ensure *we do not give up the fight*.

My prayer and hope for you this Easter is that you will find a great church (there are many in Sarasota and Manatee counties including my own, Bayside Community Church) and go. Not for a religious activity, but to have an authentic experience with the God of the universe. I know it may feel a little scary, (it was for me when I first went for that purpose) but do it. God is real. He is nothing but pure love and wants a long-term, even eternal relationship with you. And if you do decide to have that relationship with Him, I hope it will be said one day that you "never gave up; you only gave out."

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

Dedicated to Virginia (Ginny) Cognac

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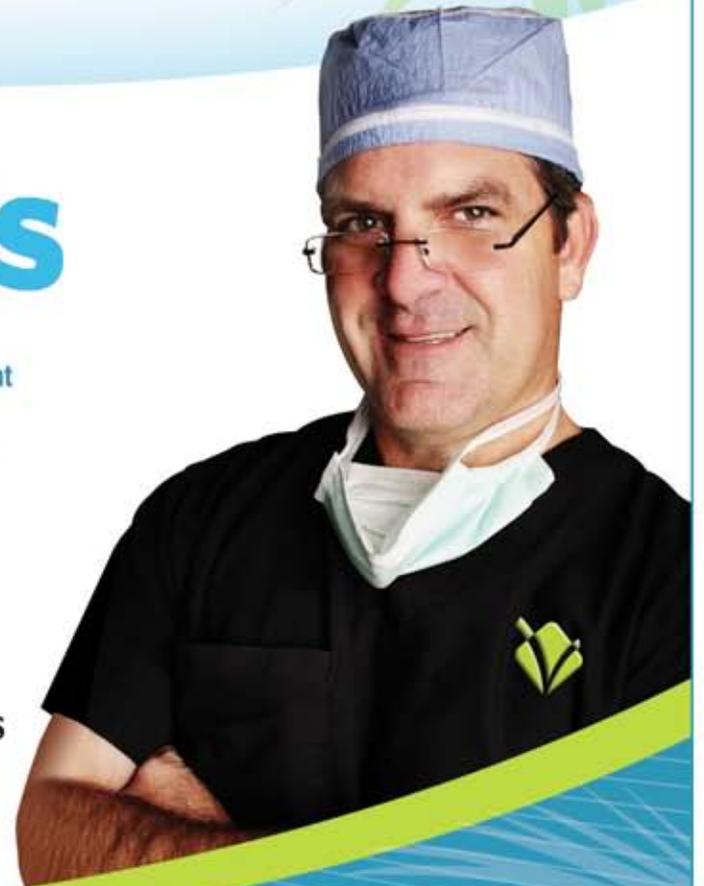
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