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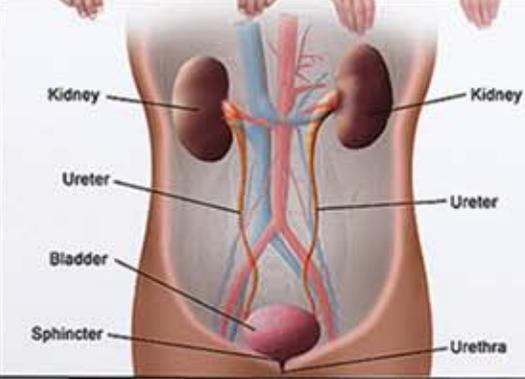
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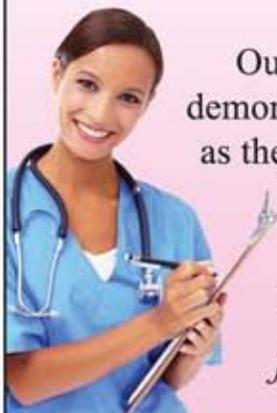
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THE FRACTURE THAT MAY CAUSE YOU STRESS!

By Myles Rubin Samotin, MD - Board Certified Orthopaedic Surgeon, Fellow Foot and Ankle

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

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

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

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

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

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

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

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



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Leg Cramps Can Mean Venous Disease

By Joseph Magnant, MD, FACS, RPVI

Venous insufficiency, or leaky veins, is often the underlying cause of many seemingly unrelated symptoms such as night time leg cramps, Charley horses, restless legs syndrome and night time urination.

Manuel Avalos, Jr. confided that his nighttime leg cramping had become very severe.

“Years ago, I noticed that I was developing varicose veins in my right leg,” admits the 61 year old farmer. “My mother had varicose veins and throughout the years, she had numerous operations to try and resolve them.”

Historically, until the year 2000, the only treatment available to offer patients with venous insufficiency was surgical vein excisions, or vein stripping, which often required hospitalization and general anesthesia along with an extended recovery period.

“However,” continued Manuel, “I normally don’t like to go to doctors, so I just let it go.”

He says that his most recent job required extensive, long-distance driving: “As time went on, the veins in my leg were getting very big, very bulgy. My right ankle began swelling up. It looked black, red, and dark purple from my ankle up my leg for about six inches. Then I developed nighttime leg cramping. Friends recommended I try drinking a bit of vinegar, but it didn’t cure anything. I continued with my normal activities, but the cramping got worse. It was very painful. I would get out of bed and try to walk and stretch my leg, and eventually the pain would diminish, but the following day my muscles would be aching. I was having cramps at least twice a week and because of it I was in a lot of pain and couldn’t sleep. I finally said to my wife, I need to take care of this.”



Manuel says his daughter accompanied him to see Joseph G. Magnant, MD, FACS, RPVI, a board-certified vascular surgeon who specializes in vein treatment. His practice, Vein Specialists at Royal Palm Square in Fort Myers, is 100% dedicated to the modern evaluation and treatment of leg vein disorders.

“Manuel presented with extensive problems in his right leg,” remembers Dr. Magnant. “In his case, his venous insufficiency was visually obvious, with bulging veins and his swollen, discolored ankle. However, patients with venous insufficiency don’t always have external signs. They may present with night time leg cramps or heavy, tired, or fatigued legs, but no obvious visual signs of venous disease like varicose veins.”



What is Venous Insufficiency?

Healthy leg veins typically have a series of valves that open in one direction, allowing for flow in a segmental fashion from the feet up toward the heart. When the valves no longer close tightly, venous blood refluxes back down toward the feet, resulting in increased pressure in the leg veins, which can lead to many symptoms including leg swelling and aching, skin discoloration, leg ulcerations, and excessive nighttime urination. If not treated, the skin can become so thinned out, or effaced, over time that even exposure to hot water may cause the skin to begin bleeding. Venous insufficiency can also lead to thrombosis, or clotting of the veins, which can progress to potentially life-threatening DVT and pulmonary embolism.”

The doctor explains that diagnostic ultrasound is a very accurate, conservative, and noninvasive diagnostic tool that is the gold standard in making the diagnosis of venous insufficiency: "We rely heavily on ultrasound evaluation of our patients' veins."

"With ultrasound, which is usually covered by patients' health insurance, we can determine the exact source of the problem," assures the doctor. "We can see exactly which veins are leaking, and then design a game plan to solve the problem."

Manuel's ultrasound confirmed that he had venous insufficiency in his right leg.

"Unlike in the past, today, leaky superficial veins can be treated with a choice of minimally invasive, in-office procedures," assures Dr. Magnant. "In 1999, the first FDA-approved system was the radiofrequency-based closure system designed by VNUS Medical Technologies."

"It was really a game changer in terms of treating patients with venous disease."

Inserting a small caliber, sophisticated catheter into the vein through a small IV, Radiofrequency or LASER energy is transmitted through the device, heating the vein to seal the vein walls with little discomfort to the patient, informs Dr. Magnant: "Once the ablation takes place, which, on average, takes approximately fifteen to twenty minutes, the catheter is removed. Subsequently, the body re-routes blood through healthier leg veins, restoring normal circulation."

"We offer both the Venefit™ procedure [formerly called the VNUS Closure procedure using radiofrequency energy] and the Cooltouch LASER for our patients because each system has its place in the treatment of patients with venous disease. Both the Venefit and LASER systems allow us to treat patients in the office without anesthesia risks, and patients can return to normal activities almost immediately."

For Manuel, Dr. Magnant performed laser endovenous ablation of the right great saphenous vein on December 12, 2012.



Successful Outcome

According to Manuel, he has not had any leg cramps since his procedure.

The doctor explains that when veins are leaking significantly, the normal pressure in the veins around the ankles can escalate from a normal 10 to 15 mmHg to as high as 80 mmHg: "Once the pressure is relieved, the cramping stops."

"I love Dr. Magnant," states Manuel. "I feel very good now. I went bicycling this morning wearing shorts. There is a huge comparison between how my leg looked before and after the procedure. I don't see any varicose veins."

Don't Wait if You Have These Symptoms

Patients with any of the following symptoms might benefit from a thorough venous insufficiency evaluation, including a diagnostic ultrasound. Go to www.eveinscreening.com and take your confidential vein screening NOW!

- Swollen, achy legs
- Restless Leg Syndrome
- Bulging varicose veins
- Bleeding from spider or varicose veins
- Urination frequency at night
- Impending or open leg ulcers
- Nighttime leg cramps
- Thickening and discoloration of skin of the ankles or legs

Risk Factors for Venous Insufficiency

- **Heredity** – Risks for venous insufficiency are higher if other family members have venous insufficiency or varicose veins. Genetics is the primary cause.
- **Gender** – Women are more likely to have venous insufficiency than men. Female hormones tend to relax vein walls, and hormonal changes during pregnancy, premenstruation, or menopause may be a significant factor.
- **Occupation** – Standing or sitting continuously for long periods of time, such as careers in hair-dressing or computer programming may require, can have an adverse effect on venous circulation.
- **Obesity** – Extra weight places more pressure on veins.
- **Age** – Aging places more wear and tear on vein valves, increasing the probability of leaky veins.

Take your **FREE** vein screening NOW from the comfort and privacy of your home.



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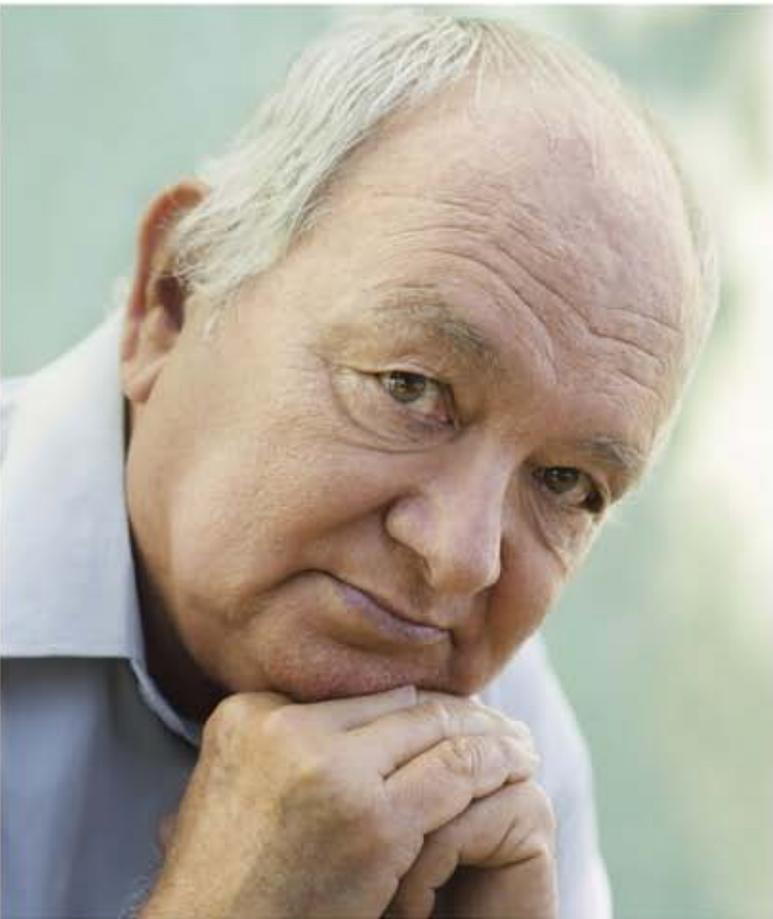
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Help For The Depressed

According to NAMI (National Institute of Mental Illness) one in 10 Americans experience depression at some point in their lives yet only about 20 percent seek professional medical help—even though the condition is completely treatable.

“May is National Mental Health Month,” says Jamie Seneca, Community Outreach Director for Nurse On Call. “Why not take this month to reflect on your own mental health by answering a few simple questions? Like an annual physical, ones mental check ups are equally as important. The following are a few questions that you can answer to evaluate your mental and emotional well being.

- Have you lost interest in doing things you used to enjoy?
- Are you more sad or crying more than usual?
- Do you have low energy, motivation and drive?
- Are you sleeping more or less than usual?
- Do you feel hopeless, helpless and worthless?
- Do you have suicidal thoughts or recurring thoughts of death?



NAMI, claims that if one answered yes to any of the previous questions they may be susceptible to depression. The scary thing is that many people who suffer from depression never seek out help for a very treatable prognosis. The first step in treatment is meet with ones primary care physician to rule out any other medical conditions and if depression is the diagnosis, it can be treated in a multitude of ways, but the two most common being medication and psychotherapy. Another option for those of Medicare age and meet the requirements is psychiatric nursing services through home health. These services are provided by experienced psychiatric nurses and are designed to:

- Prevent hospitalizations
- Increase access to mental health services
- Provide follow-up treatment
- Assist families in maintaining community living and improving their quality of life

Psychiatric nurses work with your primary care physician and/or psychiatrist in planning care and also work closely with other care team members or involved community providers. Those who are most likely to benefit from Home health services are individuals who have one or more of the following conditions:

- Serious and persistent mental illness as well as risk for repeated hospitalizations
- Exacerbations of chronic schizophrenia and/or affective disorders, including major depression
- A recent release from hospital care and need of follow-up to prevent relapse
- A need for monitoring of a new psychotropic medication
- Alzheimer's Disease and other types of dementia
- Confusion following surgery, strokes, cancer treatment, or related to medications
- Chronic pain and related depression
- Anxiety and/or panic attacks
- Character/personality disorders experiencing a crisis
- Families/caregivers in need of psychosocial support and education

Nurse On Call Homecare has certified psychiatric nursing, psychiatric occupational therapy and licensed social workers that can provide a comprehensive physical, psychological, mental, cognitive, family and environmental assessment of a patient within an in-home environment. Although each individual is screened according to their need for care, some typical criteria to consider in for these services are the following: The patient needs to be home bound, under the care of a physician, and needs a skill of a registered nurse. If all the above criteria is met and you are more interested in homecare Psychiatric services contact your physician to inquire about the benefits of this service.



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Vaccines and Stem Cells: WEAPONS AGAINST LUNG DISEASE

By David Ebner, Staff Writer

Every fall, the billboards and television commercials urging you to get a flu shot start to creep into the national narrative. Many people have reservations about the flu vaccine; some state it causes headaches and even engages flu-like symptoms. However, the statistics strongly support the flu vaccination over trying to tough it out, especially for the elderly. The CDC estimates that, in people over 50, there is a 77 percent reduction in hospitalization for flu symptoms when vaccinated.

Why not give yourself the best possible chance to be healthy? During flu season, most people agree with this logic and get a flu shot. The benefits are even more compelling for those suffering from a lung disease like COPD. The coughing, shortness of breath and fatigue that come along with the flu are everyday symptoms for those with lung disease, and the possibility of contracting the flu can turn these already harsh symptoms into something potentially fatal like pneumonia or respiratory failure. That's why the CDC recommends that people with these conditions get the flu shot yearly.

Most pulmonologists will also urge their patients with lung disease to get a flu shot, but this has led patients to ask about other options to protect and improve their lung function. If a shot can vaccinate them from the flu, what can be done about lung disease? New options are emerging, and some have discovered stem cells as the answer. Just like the flu vaccine, stem cell therapy offers the possibility of improving lives through effective management and treatment of debilitating conditions.

Stem cells have become a buzzword in the news over the past few years. However, much of the talk is about fetal stem cells; few people are talking about adult, autologous stem cells that are present in all of our bodies. As our body's repair system, these cells live in blood, bone marrow and fat tissue. They naturally respond to injury or illness; however, stem cells don't move quickly, hence our bodies don't instantly heal when we get sick. Autologous stem cell therapy can expedite this natural healing process.

A clinic called the Lung Institute (lunginstitute.com) is working to change this. They treat lung diseases with stem cells from the patient's own body. In essence, they extract the cells through a minimally invasive procedure, clean them and then reintroduce them to the lungs after giving the patient natural growth factors that promote cell replication. This quickens healing by directing the cells—and their healing properties—toward the diseased area. The result is healthier tissue growing in place of damaged tissue, and although this doesn't cure the disease, it acts

like the annual flu vaccine by slowing further degeneration and bringing a normal life back within reach.

We are in the midst of a fight to eradicate the flu just like the measles and polio of yesteryear. In the past, when the medical field banded together to tackle these diseases head-on, they were able to develop a vaccine. With the advancements in medical research today, the question of whether this can be done for lung disease is forthcoming, and by the looks of it, stem cells could play a starring role.

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.



Is Prostate Cancer Hiding from You and Your Doctor?

By Virginia 'Ginya' Carnahan, APR, CPRC
Dattoli Cancer Center & Brachytherapy Research Institute

We hear it all too often: "My PSA is rising, but thank goodness the biopsy was negative!"

This finding could be what is known as a "false negative," and could be far more dangerous than if the biopsy had come back positive.

At the Dattoli Cancer Center we have seen men who have had as many as 6 or 8 biopsies over time in an attempt to discover what is making their PSA rise – each biopsy coming back as "negative." Frustrated, these men eventually come to us to definitively find their cancer so that it can be treated. In this repeat biopsy process, they have endured multiple invasive procedures and let precious time slip by. Time, of course, is of the essence in finding prostate cancer because the longer the cancer grows, the more difficult it will be to defeat.

We have a not-so-secret weapon when it comes to biopsies. From day one at this Center we have utilized 3-D color-flow power Doppler ultrasound as a unique tool for guiding biopsies. (Routine random sample biopsies performed across the U.S. are essentially blind – in that the physician removes a set number of tiny core samples from the four quadrants, base and apex of the prostate gland with no means of guidance. The result can reveal only the status of the cells in those few tiny cores. Meanwhile, prostate cancer can be growing anywhere within the bulk of gland not sampled by this method.)

You may have heard of Doppler in relation to weather forecasting. You can recall seeing the large, menacing red section on a national weather map when a storm is imminent. We are able to visualize a similar "storm" within the prostate with 3-D color-flow power Doppler ultrasound. In our case, the motion of abnormal blood flow within the prostate gland shows up as bright red and becomes the target for a biopsy core. Abnormal blood flow is indicative of tumor growth, because cancerous tumors require blood to grow.

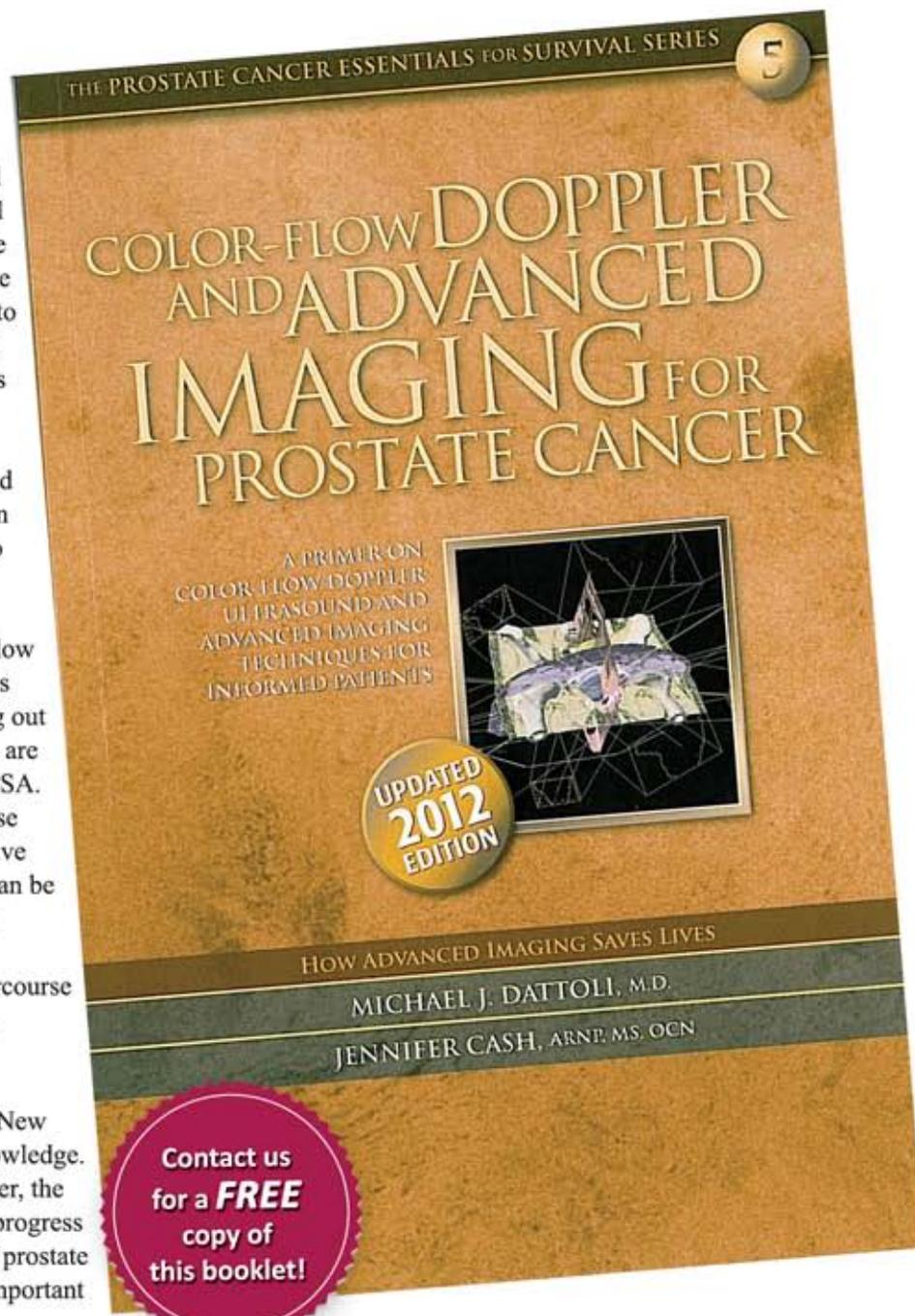
In recent years color-flow Doppler ultrasound technology has also found applications in other medical settings, such as prenatal exams, breast cancer evaluation and circulatory issues.

Over the years, Dr. Michael Dattoli has had phenomenal success in finding the active prostate cancer sites in those men whose PSA continues to rise despite repeat negative biopsy findings. 99% of his follow-up 3-D color-flow power Doppler ultrasound guided biopsies have located cancer, and allowed the man to finally begin treatment to defeat the disease.

In addition, the 3-D color-flow power Doppler ultrasound is extremely efficient in ruling out prostate cancer in men who are first experiencing a rising PSA. It is a genuine relief for these men to receive a true negative biopsy report. (PSA rises can be caused by things other than cancer, such as prostatitis, prostate injury or even intercourse within 48 hours of the PSA blood test.)

We live in amazing times. New technologies bring new knowledge. In the field of prostate cancer, the past decade has seen great progress not only in the treatment of prostate cancer, but also in the all-important step of diagnosing.

Readers who would like to know more about 3-D color-flow power Doppler ultrasound are invited to call us for a free copy of our 50-page booklet, "Color-flow Doppler and Advanced Imaging for Prostate Cancer." Men who are struggling to determine if their PSA rise is indeed coming from prostate cancer are encouraged to call our office to inquire about a definitive biopsy using color-flow Doppler ultrasound guidance.



A free telephone consultation is offered to men who have been diagnosed and are researching the right treatment option for their particular prostate cancer.

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PSA Screening – Reducing Deaths in Men

Dr. Carl Klutke

In the past few years PSA has been at the center of a great deal of controversy. Yearly screening of men with this blood test, which has been the norm has come under fire following recent recommendations by the United States Preventative Services Task Force (USPSTF) with the recommendation by this group that screening be eliminated. Since this mandate has come out, the reaction from physicians and the general public alike have been one of mixed confusion—especially since cancer of the prostate is the second most common cause of cancer death in U.S. men. In this article we will review PSA, the pros and cons of its use as a screening modality, and our view as urologists caring for men.

Prostate specific antigen or “PSA” is a protein molecule produced exclusively by the prostate gland. PSA functions in the body to facilitate male sperm fertilization of the female egg for reproduction. It is an important component of seminal fluid where it helps to create the right viscosity for sperm to swim. PSA production occurs throughout a man’s life and while found in very high concentrations in the semen, it is also measureable in the blood, albeit in much smaller amounts. Many benign states can lead to higher than normal measureable amounts in the blood including infection, trauma and simply the growth of the prostate that occurs as a man ages. It can also be measured in higher amounts with prostate cancer as the irregularly growing cancer cells tend to “leak” more PSA into the bloodstream than normal healthy prostate tissue. In other words, a high PSA is not specific for prostate cancer but if cancer is present the PSA is a very sensitive indicator.

Since its identification in the laboratory, PSA has been extensively studied. Because it is such a sensitive marker for the presence of prostate cancer, in the past 2 decades routine yearly PSA screening for men after age 50 (earlier if there is a family history) has been the norm and has led to earlier detection of the disease than ever before. Numerous studies both in the U.S. and Europe have shown between a 20 and 47% reduction in cancer deaths with PSA screening.

(reference: Schroder FH. Et al: Screening for prostate cancer decreases the risk of developing metastatic disease: findings from the European Randomized Study of Screening for Prostate Cancer (ERSPC). *Eur Urol* 2012; 62(5):745-52).

Elevated PSA levels above the threshold level of 4ng / ml are typically followed by a prostate biopsy—an outpatient office procedure under local anesthetic—to further rule out the presence of cancer. If prostate cancer is detected, a discussion between physician and patient about the disease and its potential management can direct next steps, including both surgical and non-surgical options.

In May of 2012 the USPS Task Force, a panel of primary care physicians and epidemiologists funded, staffed and appointed by the U.S. Department of Health and Human Services released recommendations that PSA routine screen should not be done as the number of men to screen in order to avoid prostate cancer mortality was not cost effective and together with the potential risks of treatment produced more harm than good. Unfortunately, the evidence the task force, which had no urologists on the panel and was led by a pediatrician, used to make these recommendations was of poor quality and disregarded many other clinical trials documenting the positive results of screening both in terms of decreasing prostate cancer deaths but also the harms of the disease such as from metastasis and bleeding/obstruction of the urinary tract. As urologist facing prostate cancer on a daily basis, we know all too well both the death as well as the severely diminished quality of life that prostate cancer can deal to men.

By recommending that PSA testing should be abandoned completely or restricted, we at RTR Urology feel the USPSTF made a step in the wrong direction



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in terms of patient-centered care. If widely implemented, these guidelines would deprive many men of the opportunity to pursue shared decision making about possibly life-saving PSA testing. At RTR Urology, we follow closely the new National Comprehensive Cancer Network (NCCN) guidelines for prostate cancer early detection with the aim to minimize the harms and maximize the benefits of PSA testing. These guidelines are important because many health insurance companies determine coverage based on NCCN panel recommendations. The NCCN guidelines recommend that men obtain a PSA test at age 45 years. This PSA test value would determine the frequency of subsequent testing. The NCCN suggests annual to biannual follow-up PSA testing for men with a PSA above the median for their age, and men with a PSA below the median should have another PSA test at age 50. Median PSA levels are 0.7 ng/ml for men 40-49 years of age and 0.9 ng/ml for men 50-59 years.

This recommendation is based on observational data suggesting that baseline PSA testing men in their 40’s and early 50’s might enable future risk stratification for prostate cancer. A large study of Swedish men demonstrated that a single PSA test before age 50 predicted the risk for subsequent prostate cancer diagnosis, metastases and death up to 30 years later.

Other recommendations include advising men with a PSA above 1.0 ng/mL to have a follow-up PSA test annually or biannually, and that men should generally be referred for a biopsy when their PSA is higher than 3 ng/mL.

The NCCN recommends offering PSA testing only to men with a life expectancy of more than 10 years. For older men, the NCCN offers a number of ages at which to stop PSA testing. Screening can stop at age 69, continue up to age 74 with an increased PSA threshold for biopsies, or stop at age 75 for men with a PSA below 3.0 ng/mL.

It is our belief at RTR Urology that PSA screening greatly reduces suffering and death from prostate cancer and that the benefits far outweigh the harms. We remain committed to a patient centered approach that includes education, expert management and shared decision making in men’s health.

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



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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MAY IS BETTER HEARING AND SPEECH MONTH

DID YOU HEAR...

By Dr. Noël Crosby, Au.D.

May is Better Hearing and Speech Month. Better Hearing and Speech Month (BHSM) was founded in 1927, by the American Speech-Language-Hearing Association (ASHA). The aim of BHSM is to raise awareness about hearing and speech problems, while at the same encouraging people to analyze their own hearing and speech, and to seek treatment if they think they have a problem hearing. Treatment can then be given to improve the quality of life in people with communication problems. The theme this year is "Early Intervention Counts."

Signs of Hearing Loss Include:

- Frequently asking people to repeat themselves.
- Turning an ear in the direction of sound in order to hear it better.
- Understanding conversation better when you look directly at the person who is speaking. Facial expression and lips movements can assist someone to better understand speech.
- Being unable to hear all parts of a group conversation.
- Experiencing pain or ringing in the ears (tinnitus).
- Listening to the TV or radio at volume levels higher than other people normally listen to.

If any of these signs are present, you should visit an audiologist for a hearing test. An audiologist is a health professional who specializes in diagnosing and treating people with hearing problems.

Most cases of hearing loss are treatable. Audiologists can teach their patients to concentrate on listening to certain sounds. Hearing loss can often be overcome using either hearing aids or other assistive learning devices.



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Most people wait five to seven years to treat their hearing loss. Here are some reasons why people should seek earlier treatment for their hearing loss.

Early intervention slows cognitive decline and communication problems. When you can't hear what's going on around you, your mental sharpness and communication abilities suffer.

Early intervention improves the use of hearing aids themselves. The earlier people begin to use hearing aids, the more comfortable they are with them, and the easier it is to learn to use them to their greatest advantage. If your world has been missing sound, it can take longer to adapt to once again hearing environmental sounds like fans, airplanes and footsteps.

With so many high-quality hearing aids on the market today, there's simply no reason to miss out on the sounds in your life. While many people are tempted to just ignore minor hearing loss, that's not the best option. Why would you ever want to deny yourself the benefits of hearing by delaying the treatment of your hearing loss? **DON'T WAIT TO GET HELP WITH YOUR HEARING LOSS!!**



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.

How to Approach Senior Care for a Loved One with a Mental Illness

Bringing up the topic of senior care support with a loved one can be difficult, but the situation is even more fraught when that person suffers from a mental health issue. Many family caregivers are left wondering how to approach the subject, worried about upsetting their elderly parent, or even fearful of an irrational or violent reaction. Unfortunately, this is by no means an unusual situation. According to a report by the Institute of Medicine of the National Academies, between 14-20% of the nation's senior population have one or more mental health issues, including depressive disorders, dementia-related symptoms, and substance abuse problems. In combination with the natural physical and cognitive impairments that occur with aging, psychological issues can endanger a senior's health and place stress on family members. So how should caregivers bring up the need for senior care?

Seniors and Mood Disorders: Treatment

Some people who need help do not seek treatment because they dismiss their mental changes as a natural part of aging, or they are ashamed of talking about it. While it is normal to experience some forgetfulness as we age, the American Psychiatric Association advises families to seek professional advice if an older adult shows obvious changes in behavior or mood.

One potential roadblock is that your loved one might be resistant to the idea of treatment. If the elderly parent is unwilling to acknowledge their disorder it may help to focus on symptoms rather than the disorder itself. This also works well for encouraging an elderly parent to schedule a doctor's visit. Then, if a diagnosis is reached, medication can help to soften symptoms, which could otherwise hinder lucid communication. This can pave the way for a calm and effective conversation about senior care.

Experienced professionals advise adult children of seniors with a mental illness to seek out resources and support for themselves. Managing an elderly parent with a mental disorder is emotionally taxing. Sometimes speaking with a therapist can help adult children create a plan for addressing issues with an elderly parent. Also, support groups can help you connect with others in the same situation.



Strategies for Having the Tough Conversation

If your parent's mental illness is beyond your capacity to provide home care, then how should you let them know they need additional senior care? Here are some tips that can help you start a difficult discussion:

1. Make sure they are taking their medication.

Facing a mental disorder can be very stressful for an elderly parent and so every effort to lower anxiety should be considered.

2. Choose a time when both of you are calm.

According to the Mayo Clinic, "This will make it easier for you and your loved one to listen to each other and speak your minds." Then, explain your needs, stress the benefits of care — and be prepared to compromise.

3. Take resistance in stride.

When it occurs, shift the conversation to less inflammatory aspects of your concerns. Threats or emotional outbursts will only add anxiety and shut down communication. Remember not to take outbursts personally and know that they often stem from fear of the unknown.

4. If at first you don't succeed, try again.

Your loved one may not want to discuss the topic when you first bring it up, the Mayo Clinic advises trying again later. The same goes for conversations that go wrong. If you feel yourself becoming emotional, the best advice is to take a break from the conversation and choose another time to discuss the topic.

5. Get the paperwork you need to properly care for your loved one.

In cases where an elderly parent is a danger to themselves or others, adult children may want to acquire a medical power of attorney for their elderly parent so they can make medical decisions on their behalf.

Many specific disorders pose unique challenges. For Anxiety (OCD) or Depressive (Depression, Bipolar Disorder) disorders, it is beneficial to delay discussion until the elderly parent has come out of an episode. Manic or depressive episodes create a difficult environment for discussing sensitive topics.

**The Importance of Treating Mental Illness in Seniors**

Bringing up care for seniors with mental illness is a scary prospect, but the risks of leaving our loved ones without proper treatment are far more severe than any potential conversational blowups. According to the Institute of Medicine report, untreated mental health conditions lead to poorer physical health outcomes, higher costs, and longer hospital stays. Seniors with untreated depression, for example, are less likely to properly take medications for other problems like diabetes or hypertension.

To mom or dad, accepting care, or moving to an assisted living resort, may seem like giving up their independence, but getting professional help may in fact increase their ability to live a normal life. Even if they do lose some independence, loss of independence isn't a personal failing. Experienced, and caring staff at assisted living resorts are able to help your loved

one stay active, maintain relationships with caring friends and family and develop new physically appropriate interests. In the end, your ability to keep them involved in their own living and care decisions may help them feel more comfortable about taking a new step in the right direction.

For more information about the beneficial programs available at A Banyan Resident Assisted Living Resort, please call us at **941-412-4748** today. We are happy to answer any questions you might have.



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A Banyan Residence has the following features to do so:

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- Walking Club
- Waterfall
- Physical fitness activities
- Salon Room
- Custom Shuttle Bus
- Koi Fish & Duck Pond
- Butterfly Garden
- Special Events: Annual Red Carpet Fashion Show

BRAIN TUMOR AWARENESS MONTH

NeuroBlate System: A Cutting Edge New Tool to Resect Brain Tumors

By Melvin Field, M.D.

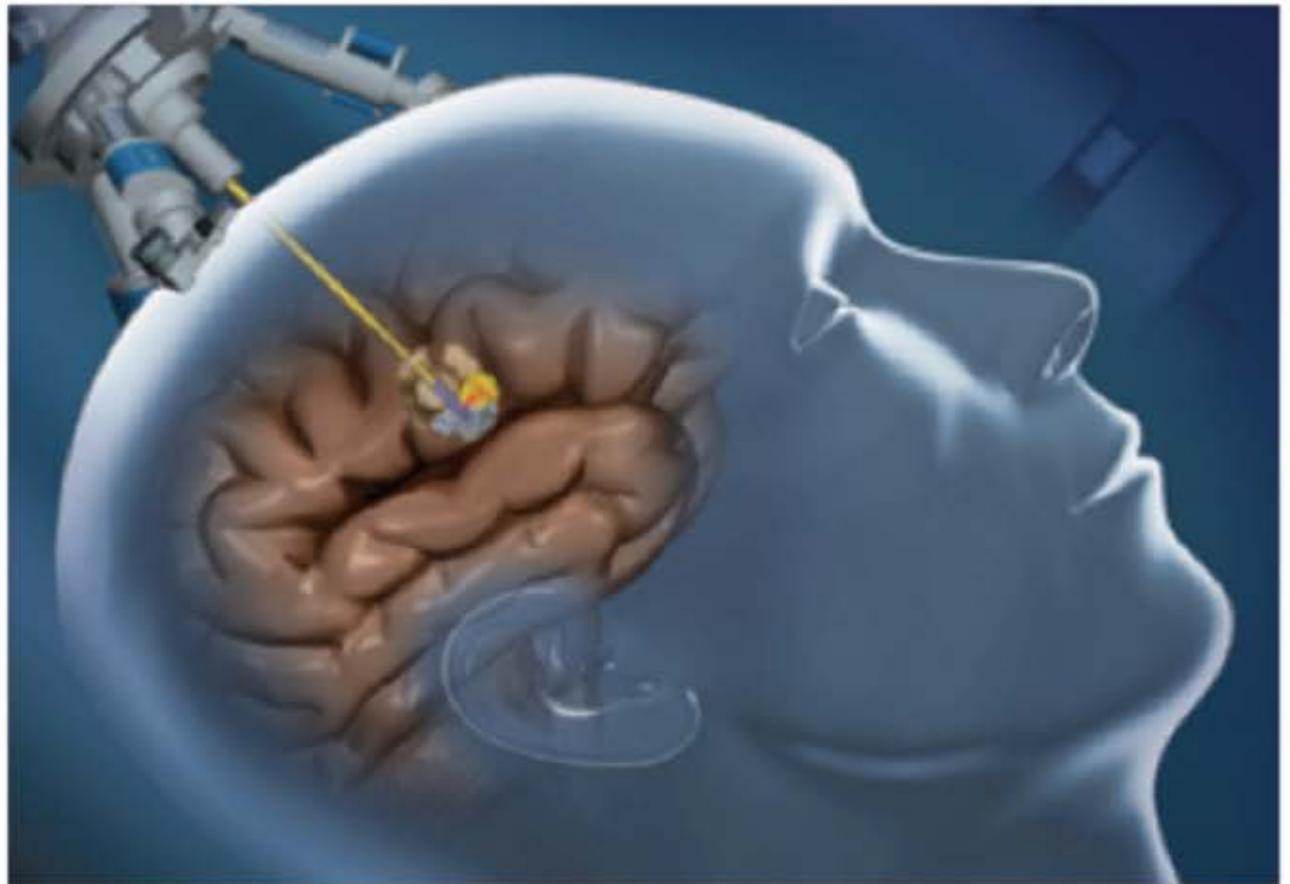
May is National Brain Tumor Awareness Month. According to the American Brain Tumor Association, nearly 70,000 new cases of primary brain tumors will be diagnosed this year, representing the leading cause of cancer-related deaths in males and females younger than 20.

This month is an opportunity for us to come together to highlight the tributes and triumphs of everyone impacted by brain tumors and to raise awareness of new resources and technological innovations in the medical community.

What's new in Neurosurgery?

The University of Kansas Hospital now offers the NeuroBlate® System, a surgical technology that uses a pulsed laser to deliver targeted energy to abnormal brain tissue. The NeuroBlate System combines magnetic resonance imaging (MRI) and software-based visualization to allow surgeons to remotely destroy and coagulate tumors at multiple locations in the brain, at the surface or deep inside, through a computer module. During a procedure with the NeuroBlate System, a surgeon makes a small hole in the skull, approximately as wide as a pencil, and precisely guides a laser probe via an MRI compatible robotic driver to apply controlled amounts of heat until the targeted tissue is destroyed.

In traditional brain tumor surgery, physicians use MRI following a procedure to determine if the lesion has been removed. With NeuroBlate, however, the surgeon uses real-time MRI visualization throughout the procedure, which improves surgical decision making, which may



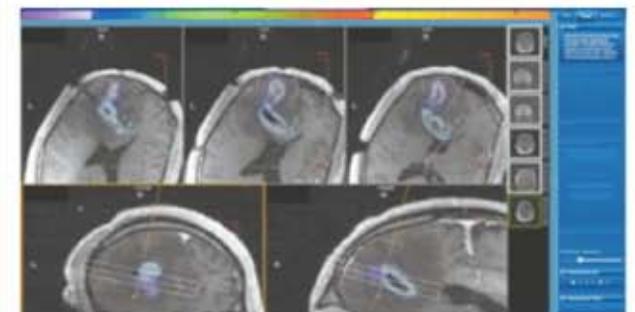
NeuroBlate System for MRI Guided Neurosurgical Ablation

translate into better clinical outcomes. NeuroBlate also provides a clinical solution for reaching some tumors that are difficult to access with standard surgery, presenting a new option for treating tumors that were previously considered inoperable.

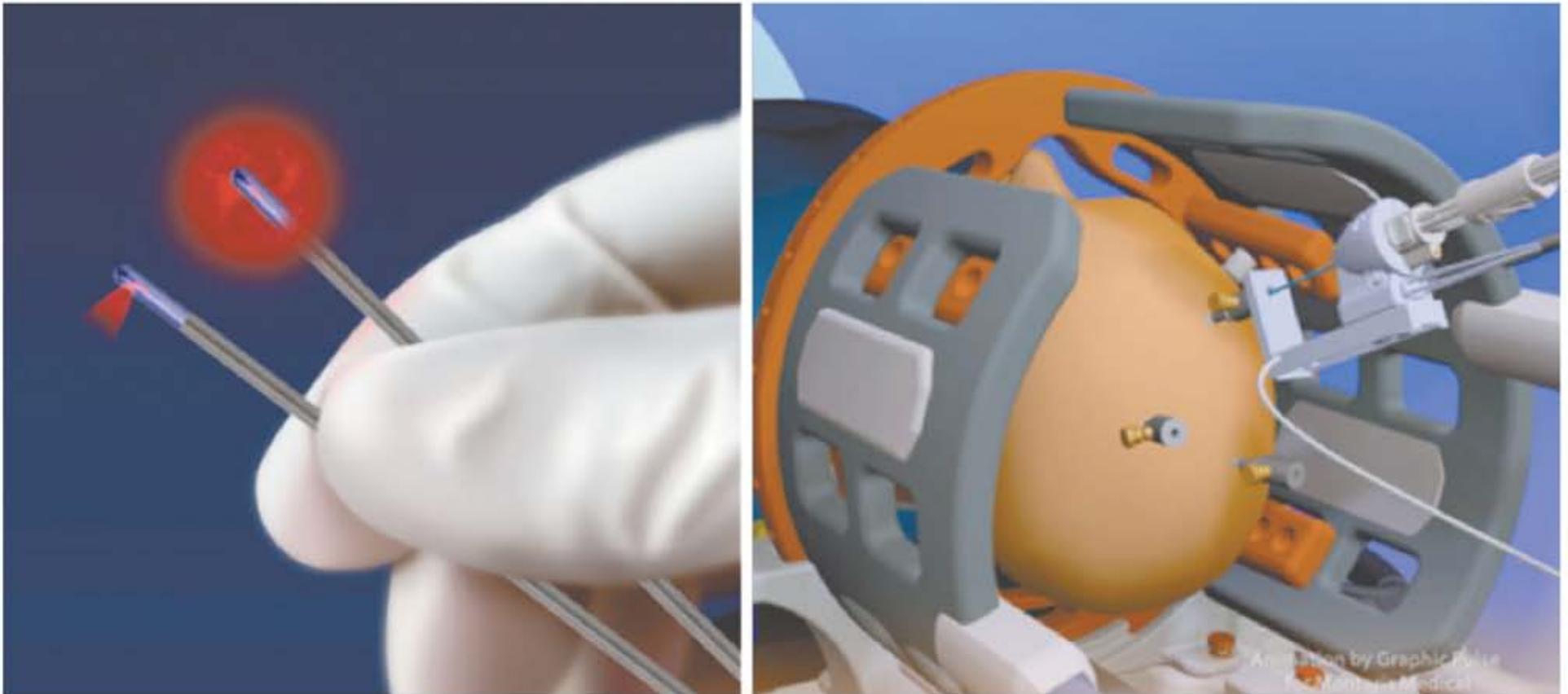
What are the benefits?

The NeuroBlate System has the ability to remove diseased tissue, including tumors and lesions and other brain soft tissue intracranial growths, while leaving healthy tissue unharmed. Compared with the traditional open surgical approach, patients

who receive the minimally invasive MRI guided robotic laser NeuroBlate method may experience less pain and reduced hospital length of stay.^{1,2,3}



Proprietary software provides visualization of a target lesion



Where can I go for more information?

Please discuss your condition with your doctor. For information about brain tumors and treatment options please visit www.MyBrainTumorOptions.com. This website contains useful information including questions to ask your doctor and a glossary of terms to help patients and their families better understand brain tumor diagnoses and options.

1 Hawasli AH, Bagade S, Shimony JS, et al. Magnetic resonance imaging-guided focused laser interstitial thermal therapy for intracranial lesions: single-institution series. *Neurosurgery*. 2013 Dec; 73(6):1007-17.

2 Sloan AE, Ahluwalia MS, Valerio-Pascua J, et al. Results of the NeuroBlate System first-in-humans Phase I clinical trial for recurrent glioblastoma: clinical article. *J Neurosurg*. 2013 Jun; 118(6):1202-19.

3 Mohammadi, AM and Schroeder, JL. Laser interstitial thermal therapy in treatment of brain tumors – the NeuroBlate System. *Expert Review of Medical Devices* 2014 11:2, 109-119.

Melvin Field, M.D.

Dr. Melvin Field is the Director of the Minimally Invasive Brain Surgery Program at Florida Hospital's Neuroscience Institute. He is a member of the American Association of Neurological Surgeons, the Congress of Neurological Surgeons, the Society of Neuro-Oncology, the North American Skull Base Society, and the Society of Robotic Surgery. His clinical interests are in brain tumors and complex surgical disorders of the skull base.



To learn more visit:
MyBrainTumorOptions.com

Additionally, please visit <http://www.floridahospitalneuro.com> or call 1-407-975-0200 to speak with a member of the Florida Hospital Neuroscience Institute team.

Healing Therapy

How Does Therapy Help?

Psychotherapy, commonly referred to simply as therapy, helps people understand the behaviors, emotions, and ideas that contribute to his or her illness and learning how to modify them. Talking with a therapist can also help identify the life problems or events - like a major illness, a death in the family, a loss of a job, or a divorce - that contribute to their illness and help them understand which aspects of those problems they may be able to solve or improve. By taking advantage of the services therapy provides, individuals are able to regain a sense of control and pleasure in life and learn coping techniques and problem-solving skills.

Approaches to Therapy

While therapy can be done in different formats -- like family, group, and individual -- there are also several different approaches that mental health professionals can take to provide therapy. After talking with the patient about their disorder, the therapist will decide which approach to use based on the suspected underlying factors contributing to the condition.

Psychodynamic Therapy

Psychodynamic therapy is based on the assumption that a person is having emotional problems because of unresolved, generally unconscious conflicts, often stemming from childhood. The goal of this type of therapy is for the patient to understand and cope better with these feelings by talking about the experiences. Psychodynamic therapy is administered over a period of at least several months, although it can last longer, even years.

Interpersonal Therapy

Interpersonal therapy focuses on the behaviors and interactions a patient has with family and friends. The primary goal of this therapy is to improve communication skills and increase self-esteem during a short period of time. It usually lasts three to four months and works well for depression caused by mourning, relationship conflicts, major life events, and social isolation.

Cognitive-Behavioral Therapy

Cognitive-behavioral therapy helps people with mental illness to identify and change inaccurate perceptions that they may have of themselves and the world around them. The therapist helps the patient establish new ways of thinking by directing attention to both the "wrong" and "right" assumptions they make about themselves and others.

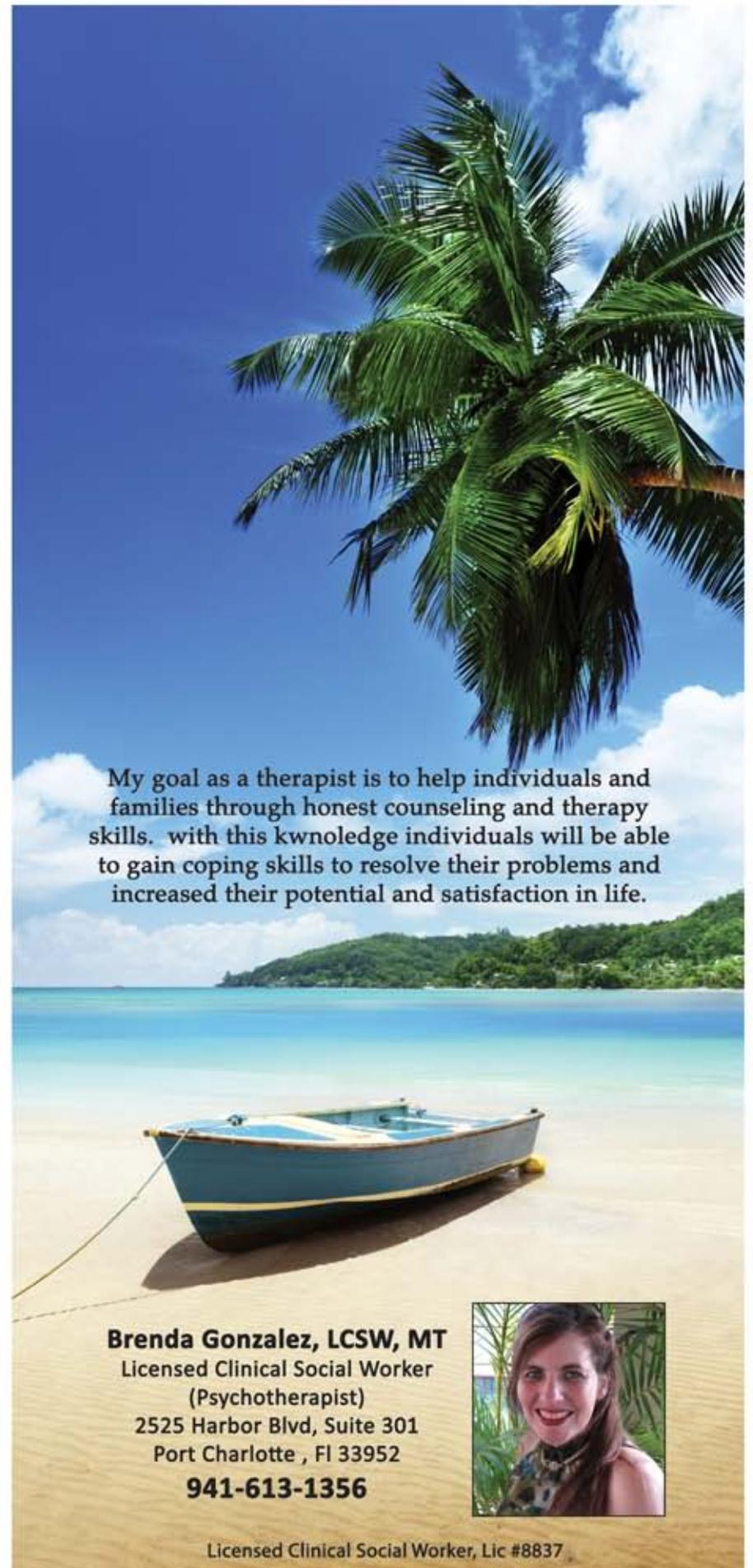
Tips for Getting the Most from Therapy

Therapy works best when you attend all scheduled appointments. The effectiveness of therapy depends on your active participation. It requires time, effort, and regularity.

As you begin therapy, establish some goals with your therapist. Then spend time periodically reviewing your progress with your therapist. If you don't like the therapist's approach or if you don't think the therapist is helping you, talk to him or her about it and seek a second opinion if both agree, but don't discontinue therapy abruptly.

Remember, therapy involves evaluating your thoughts and behaviors, identifying stresses that contribute to your condition, and working to modify both. People who actively participate in therapy recover more quickly and have fewer relapses.

Also, keep in mind, therapy is treatment that addresses specific causes of mental illness; it is not a "quick fix." It takes longer to begin to work than medication, but there is evidence to suggest that its effects last longer. Medication may be needed immediately in cases of severe mental illness, but the combination of therapy and medicine is very effective.



My goal as a therapist is to help individuals and families through honest counseling and therapy skills. With this knowledge individuals will be able to gain coping skills to resolve their problems and increase their potential and satisfaction in life.

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LIVING WITH STUTTERING

Growing up as a child who stuttered was not fun. There is a social stigma about stuttering. Even adults have a hard time listening to other adults who stutter without trying to finish their sentences, so you can imagine how hard it was for me in school with kids making fun of me – and kids can be cruel when they don't understand something.

By Vicki Polce
Administrative Assistant
at Florida SouthWestern State College

It was very hard when it was my turn to read aloud in front of the class. What would take someone else 3-5 minutes to read, would take me at least 10 minutes. Plus with all the facial contortions I made trying to get the words out, I think some of the others were actually afraid of me, or at least, didn't know how to accept me.

What was interesting was that I could sing any song anyone wanted me to without stuttering. It was an escape for me. Some of my early teachers figured out that if they let me sing what I wanted to say to the class, I didn't stutter at all. But I knew I could not sing everything I had to say for the rest of my life.

My mom and my teachers decided I needed to go to speech therapy. There was an excellent Speech Therapy department at the university close to where we lived and I went weekly all through elementary school. While it did help some, it never really helped me deal with the stuttering or the reaction I would get from others all through junior high and high school when all I wanted was to be popular like the other girls.

ACCORDING TO THE STUTTERING FOUNDATION, THERE ARE FIVE MYTHS ABOUT STUTTERING. THEY ARE:

Myth: People who stutter are not smart.

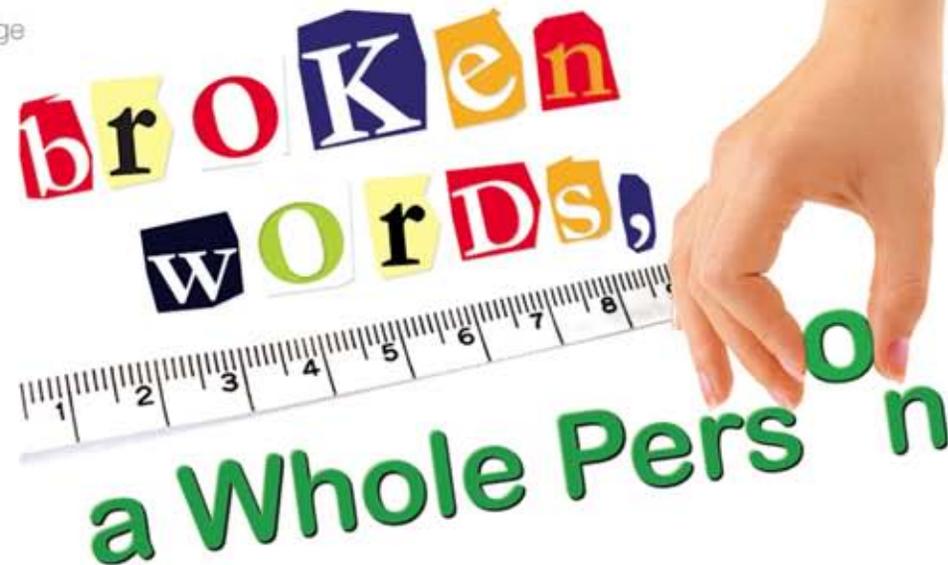
Reality: There is no link whatsoever between stuttering and intelligence.

Myth: Nervousness causes stuttering.

Reality: Nervousness does not cause stuttering. Nor should we assume that people who stutter are prone to be nervous, fearful, anxious, or shy. They have the same full range of personality traits as those who do not stutter.

Myth: Stuttering can be "caught" through imitation or by hearing another person stutter.

Reality: You can't "catch" stuttering. No one knows the exact causes of stuttering, but recent research indicates that family history (genetics), neuromuscular development, and the child's environment, including family dynamics, all play a role in the onset of stuttering.



Myth: It helps to tell a person to "take a deep breath before talking," or "think about what you want to say first."

Reality: This advice only makes a person more self-conscious, making the stuttering worse. More helpful responses include listening patiently and modeling slow and clear speech yourself.

Myth: Stress causes stuttering.

Reality: As mentioned above, many complex factors are involved. Stress is not the cause, but it certainly can aggravate stuttering.

There are so many famous people who stutter – from Sir Winston Churchill to Marilyn Monroe, to Carly Simon, who like me, could sing and not stutter. In the United States alone, there are approximately 3 million people who stutter. Most, like me, can and do 'outgrow' stuttering.

There was a movie out a few years back titled *The King's Speech* about King George IV. He was also a stutterer. But during World War II, he was able to address his country with radio speeches with the help of a speech coach. I was torn as to whether to go see the movie, but I did and was glad I did. He was truly an inspiration to his family as well as his country. For me, it was a very touching movie and it moved me to tears several times as I totally understood his frustration and embarrassment.

There are no miracle cures for stuttering. Early intervention is the key if you start to notice signs of stuttering in your child that last 6 months or more. Some children outgrow stuttering quickly, while others may never outgrow it. Be patient with your child, don't try to talk for them or finish their sentences, and give them the support they need to be confident while talking to others.

As for me, I stuttered all through high school and well in to my 20's. But as I started gaining more and more self-confidence and self-esteem, the stuttering all but quit. There are times, when I'm stressed or tired that I find myself having some speech problems, but for the most part, talking for me has become easy and fun, and for that, I'm so grateful.

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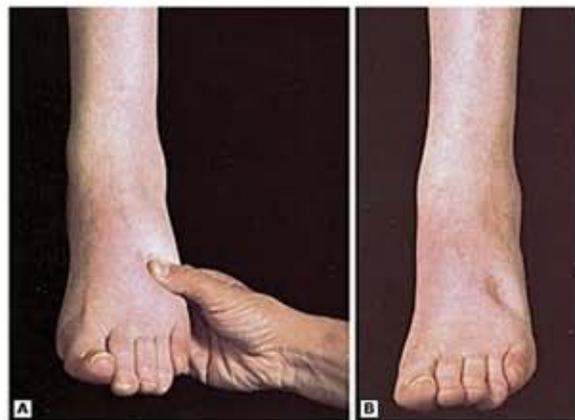
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Understanding & Effectively Managing Your Chronic Limb Swelling

By Alyssa Parker

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

The lymphatic system serves as one of the body's main highways through its network of vessels and ducts it works as a filtration system for body fluid entering into the blood stream. This fluid is referred to as "lymph" fluid, which is the interstitial fluid consisting of proteins, wastes, and a collection of white blood cells. The kidneys, skin, lungs, or intestines then eliminate the wastes that have been filtered out of the lymphatic vessels. If the lymphatic system is obstructed causing damage, blocked, or developed abnormally, protein-rich fluid accumulates in the tissues, the potential result may be chronic swelling known as Lymphedema.



The venous system is comprised of two parts deep circulation and superficial circulation, which are interconnected by perforating veins. The venous system is an important component to your body's circulatory system delivering blood to the heart then passing back through the lungs to obtain oxygen to deliver back to the lower limbs of the body. Chronic venous insufficiency (CVI) involving both parts of the venous system is caused by incompetent valves and venous hypertension. Patients may experience swelling, discoloration and skin ulceration. Chronic skin ulcerations are common due to the low oxygen making it difficult to heal.

Lymphedema and CVI may cause irreversible damage to the body if not treated appropriately in an efficient manner.

Compression Pump: Preferred Treatment Option

Many individuals attempt to manage their limb swelling through various treatments such as compression stockings, exercise, diuretics, and elevation with little or no results. Pneumatic compression devices are one of the most highly recommended treatments for these conditions and are recognized by Medicare.

The compression pump is also beneficial to patients with reduced strength and dexterity who have a difficult time getting extremely tight compression stockings on each leg. The garment sleeves that attach to the pump are quick and easy to put on.

When should I see a doctor?

If you're experiencing swelling and discomfort in a limb don't let it go untreated seek help today.

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

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

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

The compression pump is recognized by Medicare and covered by many commercial insurers; Actual coverage varies with individual plans. Acute Wound Care, LLC is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed in this condition. Our highly trained staff will assist you in finding the appropriate treatment that will offer you a better quality of life.

For more information and articles on this topic, Google "Acute Wound Care" or visit www.AcuteWoundCare.com or call **239-949-4412** and speak with a specialist.



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All in one

Dental Visit with CEREC

By Dr. Joseph Farag

New technologies are making our lives simpler and easier everyday and dentistry has certainly not been left behind. Thanks to a great new system called CEREC, you can now have a high-tech smile in a single visit.

In days gone by, you may have needed to visit the dentist two or three times to have a quality, white ceramic restoration. The dentist would need to take a special impression to make a plaster model for the dental laboratory to generate an extra replica of your tooth in order to hand-make your porcelain restoration. The craftsmanship of the laboratory technician is highly regarded, but generally requires a minimum turn-around time of two weeks, leaving you to function with a temporary, generally plastic, restoration.

Instead of multiple dentist appointments and weeks for a complete restoration, CEREC allows the dentist to achieve the same, if not better, results in a single visit. CEREC is an acronym for Chair-side Economical Restoration of Esthetic Ceramics. Translated, it means that a dentist can economically restore damaged teeth in a single appointment using high-quality ceramic material that matches. CEREC uses the latest Computer-Aided Design and Manufacture (CAD-CAM) technology incorporating a camera, computer and milling machine in one instrument to give you perfect, white fillings, veneers or crowns, all in a fraction of the time it used to take.



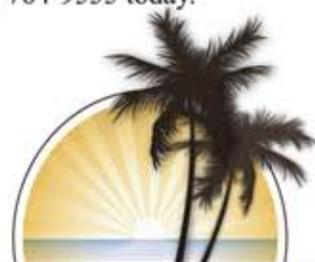
Here's how it works.

Once your dentist determines that CEREC is the correct course of treatment, your visit will begin by preparing the tooth. Any decay, if present, is removed, leaving as much possible of your healthy tooth to support the CEREC restoration. Next, your dentist will use a specially designed electronic camera that makes a digital 3D model of your tooth in seconds.

You can then watch your dentist design your new restoration on a computer screen, right beside the dental chair using the 3D image created by the camera. The virtual filling is then transferred into reality, again using CEREC. A solid block of porcelain ceramic is inserted into the CEREC milling unit. Special tools then sculpt your restoration to the finest detail based on the restoration designed on the CEREC computer.

The perfect-fit restoration is completed and placed in your mouth with the whole process only taking around an hour! CEREC fillings are natural looking, smooth, white and hard-wearing, just like the enamel surface of the rest of our teeth. The ceramic material is biocompatible and is not effected by hot or cold.

The office of Dr. Joseph Farag offers CEREC restoration. For more details and CEREC or to schedule an appointment for a check-up please call (941) 764-9555 today.



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TOP 10 CONCERNS ABOUT LASIK SURGERY

By Jeffrey B. Robin, MD - LASIK & Cornea Specialist, Frantz EyeCare

Millions of Americans enjoy freedom from dependence on glasses and contacts thanks to the FDA approval of LASIK surgery in 1999. Yet many patients still have unfounded concerns about the procedure - how it works, its safety and more. I hope you find these answers to the top 10 common concerns about LASIK useful as you consider whether LASIK is right for you.

Concern #1. I need to put off having LASIK until it's been perfected.

Since LASIK was first introduced in the mid-1990s, an estimated 25 million people worldwide have undergone the procedure with excellent results. It is a remarkably successful procedure that is the gold standard for patients who want to permanently correct their vision and reduce or even eliminate dependence on glasses and contacts. In fact, LASIK is approved by the U.S. Military for service men and women, and by NASA for astronauts. Most patients can expect a greater than 90% chance of achieving 20/20 vision without correction following LASIK.

Concern #2. LASIK is too risky. I could permanently damage my eyesight.

No surgery is risk-free, but according to a multi-center study undertaken by the FDA and the US Department of Defense and reported in 2014, LASIK has an excellent track record of visual results, minimal risks/complications and very high patient satisfaction. More than 95 percent of patients in the study achieved 20/20 vision or better after their procedure and all were very satisfied with the results. Realistically, the only completely risk-free vision correction is wearing glasses. While safe in the vast majority of patients, risks of complications with contact lenses are well documented and especially infections of the cornea which can result in permanent vision loss. And recent studies are finding that prolonged use of contact lenses may contribute to other vision challenges over time.

Concern #3. I wouldn't qualify for LASIK. The degree of correction I need is too severe.

Thanks to advances in technology, the vast majority of people are good candidates for LASIK surgery today. A combination of sophisticated preoperative diagnostic tools and the leading-edge lasers used during the procedure make LASIK appropriate and safe for a wide range of prescriptions. When LASIK was first introduced more than two decades ago, it was only available to patients with nearsightedness. Today, it is widely used and accepted for nearsightedness, farsightedness and astigmatism. If you, a friend or family member were told in the past that you were not a good candidate for LASIK, we recommend that you get a second opinion to see if that might have changed.

Concern #4. LASIK is only temporary. I'll have to undergo surgery when I'm older.

For the majority of patients, the results of LASIK are permanent. The surgery reshapes the cornea, the clear outer surface of the eye. You may know of people who needed an "enhancement" or a "touch-up," but this is a very small percentage - less than 5 percent. It is extremely rare for LASIK-corrected vision to regress to the point that you would need to have the procedure again years later.

Concern #5. If I have LASIK, I won't be able to have cataract surgery if I need it in the future.

There is no relationship between LASIK and cataract surgery. LASIK does not cause cataracts, accelerate the development of cataracts or interfere with patients undergoing successful cataract surgery. LASIK changes the shape of the cornea to correct vision errors, while cataracts are a gradual clouding of the lens inside the eye, usually due to age. Patients who underwent LASIK two decades ago while in their 30s and 40s, are now in their 50s and 60s and may be developing cataracts. With our laser Cataract Surgery procedure, we are able to offer them excellent outcomes.



Concern #6. LASIK causes dry eyes and terrible nighttime vision.

In the early days of LASIK, there were reports of dry eye and nighttime glare or halos. With the introduction of all-laser LASIK and other advances, these issues are less of a problem for the majority of patients. Following LASIK, there may be some degree of temporary dryness due to decreased tear production post-surgery; but we take steps to manage this side effect by having patients use lubricating eye drops to reduce any discomfort. The vast majority of patients report marked improvement in only a few months. Similarly, nighttime vision is also less of an issue today due to improvements in delivery of the laser energy to reshape the cornea. Mild symptoms almost always disappear within a few months.

Concern #7. I am too old or too young to have LASIK.

The truth is there is really not an age limit for LASIK. However, most LASIK surgeons specify that patients must be at least 18 years old. Prior to that, your prescription may still be changing due to the normal growth and development that occurs during the teen years. LASIK can also be successfully performed on patients in their 50s, 60s or 70s; however, these age groups are more likely to have other potentially vision-affecting disorders, especially cataracts, and should schedule a consultation to make sure they are good candidates. If there are no vision-affecting cataracts, LASIK may be a reasonable option. If cataracts are an issue, we may recommend cataract surgery with Active Life Lenses that allow for seamless vision at all distances without the need for contacts or glasses.

Concern #8. LASIK is only for distance, and I need reading glasses.

Some patients have the misunderstanding that by the time they reach 40, they are too old for LASIK. Others think that because they now need reading glasses, they do not qualify for LASIK. Neither situation is accurate. Loss of sharp, close-up vision is called presbyopia and is common as people age. Fortunately, there is an effective solution called monovision where we can correct one eye for distance and the other eye for near vision. For patients who don't have difficulty with distance vision and have never worn glasses, it may be possible to correct just one eye for reading. The vast majority of patients tolerate monovision well, but we will assess your tolerance of monovision during your preoperative evaluation.

Concern #9. LASIK is too expensive for me to afford.

Consider the costs associated with corrective eyewear. The list is endless and can include glasses, contact lenses, contact lens solutions, progressive lenses, cases, prescription designer sunglasses and doctor's visits. Now multiply that over a 20 or 30-year period. Your costs can easily run into tens of thousands of dollars. LASIK is a one-time only cost. If you wear contact lenses, it is estimated that LASIK will pay for itself in about three years. The return on investment for LASIK is substantial, and the potential freedom from corrective eyewear is priceless.

Concern #10. Anyone can have LASIK.

While advances in LASIK technology make permanent vision correction a reality for the vast majority of adults, there are individuals who are

not good candidates. Careful patient selection is the key to a successful experience and good results. People who have chronic issues related to the cornea, other eye diseases, or certain medical conditions may not be appropriate candidates for LASIK. As with any procedure, there is no guarantee, although it is important to note that LASIK has a long track record of success with millions of satisfied patients.

To find out if you are a LASIK candidate, the first step is a free consultation. Call Frantz EyeCare at 239.791.2020 or schedule your consultation online at BetterVision.net.

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Jeffrey B. Robin, MD, is a LASIK & Cornea Specialist who practices ophthalmology with Jonathan M. Frantz, MD, FACS. He and the 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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By Yollo Wellness

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Phentabz FAQs

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Phentabz RX is the most advanced proprietary formulations currently available for weight loss and appetite suppression. The formulation consists of FDA Approved ingredients, 7 methyltheophylline, methyl synephrine HCL and octopamine, caffeine, proven safe and effective when taken as directed. Our internationally recognized formulations contain only the finest pharmacological actives to provide maximum safe weight loss.

The patented ingredients in Phentabz perform two essential functions. It increases the body's mobility of fat while increasing metabolic rate. Phentabz then greatly reduces appetite to ensure patients have control and motivation. The bottom line is that Phentabz provides consistent significant weight loss and increased energy.

I thought Phentabz were only available with a prescription? Phentabz RX is still available by physicians only and at YOLLO Wellness.

How Do I Take Phentabz™?

Phentabz™ is best taken on an empty stomach approximately a half-hour before breakfast and again a half-hour before lunch. Because this product could cause sleeplessness, avoid taking a dose late in the day. It is best to take Phentabz on an empty stomach with a full 8 oz. of water. Doses should never exceed two pills per day.



What are the precautions for Phentabz RX?

Keep out of reach of children. Not intended for people under 18 years of age. Do not use if pregnant, nursing, or have a known medical condition such as high blood pressure, heart disease, diabetes, or cardiovascular disorder. This product should not be used by individuals taking antidepressants, amphetamines, other weight loss products or medications. This product contains caffeine and should not be used by individuals wishing to eliminate caffeine from their diet. Consult your physician before starting any diet, exercise regimen, if you are on prescription medications or have questions about taking this product.

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DURABLE POWER OF ATTORNEY – WHAT IS IT?

By James W. Mallonee

Generally speaking a Durable Power of Attorney gives another person (known as the Attorney in Fact or Agent) the ability to step into the shoes of the person who signed the instrument (known as the Principal) and do everything they can do. The purpose of most Durable Powers of Attorney are used to manage property (real, personal and monetary) transactions when the Principal is unable to do so because of incapacity. Although this general concept remains in effect, Florida's Durable Power of Attorney laws have added some additional options to protect the principal but also grant the Agent greater responsibilities.

A bank can now require that an affidavit be executed by the Agent stating that the Principal is not deceased and there has been no revocation by adjudication or other event referenced in the instrument that would suspend the Attorney in Fact's authority. A financial institution may also require that the person who will be signing the affidavit agree not to exercise any powers granted under the Durable Power of Attorney if he or she obtains knowledge that the instrument has been revoked, suspended or is no longer valid because of the death or adjudication of incapacity of the Principal.

The law also provides a section as to who may serve as an Agent for the Principal. They include persons who are at least 18 years old and are of sound mind. They also include financial institutions with trust powers located in Florida. The law identifies who may act as a qualified agent for the Principal and include: 1) financial institutions with trust powers and a place of business in Florida; 2) an attorney or certified public accountant licensed in Florida; 3) the principal's spouse or heir within the meaning of §732.103, Fla. Stat.; or, 4) any Florida resident provided that person is not serving as a an agent for more than three principals simultaneously. Qualified Agents are allowed to charge a fee for their services.

When multiple Agents are authorized to handle the day-to-day business of a Principal, each co-Agent may exercise authority independently of the other unless the Durable Power of Attorney provides that decisions must be made unanimously.



An important feature of the law protecting a Principal is the specificity that a Durable Power of Attorney provides with regard to an Agent's duties. Some mandatory duties include: 1) to not act in a manner that is contrary to the Principal's known expectations; 2) not to act in a manner that is contrary to the Principal's best interest; 3) act in good faith; 4) preserve the Principal's estate plan; 5) perform personally (with some exceptions) and not assign duties to others; 6) keep adequate records of all receipts, disbursements and transactions made on behalf of the Principal; 7) maintain a safe deposit box inventory; 8) act with care, competence, and diligence; 9) act loyally for the sole benefit of the Principal and to avoid conflicts of interest; and, 10) cooperate with health-care decision makers.

A Principal can grant his or her Agent the ability to effect changes to their trust documents provided that both the Durable Power of Attorney and the Principal's trust instrument grant such reciprocal power. The authority must be specific; for example, the Durable Power of Attorney must at least state "my agent may create, amend and fund a revocable trust on my behalf." However, when granting this type of authority the Principal must sign or initial the paragraph expressing such authority. In addition, if the authority granted in the Durable Power of Attorney is to amend a trust instrument, the trust instrument must also grant the power to amend by the Agent. Florida's Durable Power of Attorney law goes on to further allow an Agent the right to create or change rights of survivorship, beneficiary designations, waive the right to be a beneficiary of a joint and survivor annuity, disclaim property and disclaim powers of appointment. Each grant of these types of express authority to an Agent must be initialed or signed off by the principal in the Durable Power of Attorney document.

Originally, third parties would have a policy to only accept original blue ink signed copies of a Principal's Durable Power of Attorney before recognizing an Agent's authority. However, a photocopy or electronically transmitted copy of an original power of attorney now has the same effect as an original. This creates a potentially dangerous situation with the only means of protecting your Durable Power of Attorney from misuse is to keep your instrument in a safe location.

Because the power provided to an Agent through a Durable Power of Attorney is quite extensive, you should carefully consider who your agent will be and protect your instrument from being misused. To that end, talk to your attorney about where to store your original Durable Power of Attorney. You can have your attorney keep your original Durable Power of Attorney with the understanding that copies may only be released after confirmation from the Principal to do so; or, medical personnel declare the Principal incompetent and you authorize your attorney to release copies of your Durable Power of Attorney under those conditions.

Remember this, other than your Will or Trust instrument, a Durable Power of Attorney is one of the most powerful testamentary documents you will possess. If you are not sure whether a Durable Power of Attorney is suited for you, contact the Attorney of your choice and talk about it to him or her about what it can do for you.

This article is intended for informational use only and is not for purposes of providing legal advice or association of a lawyer - client relationship.

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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Your Painful Pet.

Arthritis is more common than you think.

By Dr John Rand, D.V.M.

Arthritis is a very common and complex condition in pets that involves inflammation of one or more joints. Many causes exist, from immune mediated attacks on the joints (rheumatoid arthritis), to infectious causes (septic arthritis). By far the most common cause among our pets, however, is osteoarthritis (OA), also known as degenerative joint disease (DJD), and is the most common cause of chronic pain in our pets. Not just dogs develop arthritis, either. A recent study found that around 90% of cats over twelve years of age had significant arthritis.

Osteoarthritis usually begins in relatively young animals, though the clinical signs might not show up for some time later. Many joints can be affected; shoulders, hips, elbows, knees, and backs are all commonly afflicted. Typically owners will notice a general reluctance to move, stiffness, difficulty getting up, and lameness after periods of exercise. Owners usually also note that, once up, their dog seems to "warm out" of the stiffness. Signs in cats often manifest themselves as difficulty grooming, inappropriate urination or defecation, acting aggressive when handled, jumping less, and lameness.

Damage to the cartilage overlying the ends of bones (trauma), excessive weight (obesity), and joint incongruity (hip dysplasia, elbow dysplasia, etc.), place improper stresses on the abnormal joints. The bones try to correct these instabilities by growing denser, thicker, and with tiny bone spurs (osteophytes) at the joints. Pain and inflammation ensue, weakening the joint further, and perpetuating the progression of the OA. These changes are permanent. So, minimizing and slowing this progressive degeneration is the goal for treatment.

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

Weight management cannot be understated. As pet owners we should strive to keep our pets at a healthy weight. If your pet has arthritis, weight loss should be at the top of your to-do list. For the most part, pets do not go grocery shopping, they cannot open cabinets, and they do not fix themselves dinner. Their weight is one of the only aspects of their health that owners have complete control over. With few exceptions, if your pet is fat, you can fix it.

Rest and exercise restriction are immensely important when your pet has a flare up. Continuing to allow running, jumping, and climbing will perpetuate the inflammation and speed joint damage.

In addition to weight loss and exercise restriction, many medications will dramatically improve your pet's quality of life. A MULTI-MODAL approach to pain management is KEY. This means that combining several of the following medications will give much better results than any one therapy.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are the mainstay and powerhouse of the fight against pain and inflammation in patients with osteoarthritis. This class of drugs quickly suppresses the inflammatory chemicals that cause not only pain, but also the cartilage breakdown. A cat is not a dog, and neither of them is human. Tremendously different and deadly results can be seen when owners try to treat their pets with their own medications. Never use a human medication on your pets without specific directions from your veterinarian.



Additional analgesics include Tramadol, Gabapentin, and Amantadine. Used in combination with NSAIDs, these medications will increase your pet's pain relief while being able to lower the doses of each medication, and, thus, their side effects. The use of these medications has often been overlooked, but is now very well established.

Diets containing glucosamine/chondroitin and higher levels of omega-3 fatty acids help repair cartilage and reduce inflammatory proteins, respectively. Other nutraceuticals of notable benefit include MSM (methylsulfonylmethane), antioxidants (Vitamins C and E), and Adequan, an injectable cartilage component. Acupuncture, massage, and physical therapy are also very safe methods that can be employed long term.

Osteoarthritis is an exceptionally common and unquestionably painful condition in our pets. The best recommendations involve employing many methods to stave off its progression. Monitoring your animals for signs of arthritis, and discussing options with your veterinarian will help to ensure the best quality of life for your pets.



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You Change Your Words to Change Your Life

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

Words and thoughts are spiritual. They are not material. The material world can be measured; the spiritual cannot. This is my simple definition of spiritual versus material. Also when I say spiritual, I'm not necessarily referring to God or morality. I'm referring to that part of every human's life that cannot be measured.

If a pregnant lady goes to see her doctor for a checkup and asks him if her child will be a boy or girl he can, through science, give her the answer. However if the soon-to-be mom were to ask the doctor if her child would grow up to have many friends and be an honest person, he could not. The doctor has no scientific method of measuring friendliness or honesty in an unborn person.

Why not, you say? Great question. The answer is because "friendship" and "honesty" are spiritual aspects of a human's life, not material aspects.

Speaking words, which is simply saying what we think, is a spiritual aspect of our human existence. **And our words have creative power.** In the book of Genesis in the Bible, God said that He created man in His own image. Judeo-Christians have typically understood this to mean that like God, each person is a unique being, as is evidenced by each person having his or her own unique set of fingerprints.

Also like God, each person, in a limited way, has the power to create...with words. If you stroll through the first few chapters of Genesis you see this phrase a lot: "and God said." Usually following that phrase, creative things happened. As human beings, we have similar abilities to create.

We actually create in three ways using our words and thoughts.

One way we show ourselves to be spiritual beings is by the words we use to describe our lives. If you follow the *chain of words people speak, they usually*



express the quality of their life. Have you ever heard the phrase, "Boy, that sucks" or "My life sucks"? If you know the person who speaks those words very well, then you will usually see that there is a trace of truth in their life that reflects that comment. It may be in their finances, their relationships or in their health, but if you look closely, you will usually find it.

I learned this concept of Biblical creation through our thoughts and words when I was in my twenties. However, I was well into my thirties before I saw the fruit of the changes I had made. I started by writing out Biblical promises and putting them on my car dash, my bathroom mirror, and a place I have spent way too much time, my refrigerator. I observed that the words I would say to myself were the words that described my life at the time.

You believe what you say to yourself more than what others say to you.

A second place in life that I have seen the creative power of words is in the lives of my children. My wife and I not only created them physically, but spiritually as well. As I have listened to and seen the fruit of their words as they created their own lives, I realized many of their words have been our words, some times to our joy and some times to our pain.

The words you speak to and about others do not fall to the ground like crumbs from the dinner table. They become *seeds that may sprout up and grow unseen in the hidden places of the human heart.* Those words emerge through the lips one day, creating anything from a divorce to music that brings joy to millions.

The last place that words and thoughts create is in our bodies. I'm not a doctor, nor do I have the room in this article to share all the stories of the lives I have observed for over thirty years. Stories of people who, for the most part, used their words economically and with great selection, and not only lived healthy but some even overcame very serious health issues. I don't believe their success was just because of good genes. **I believe your thoughts, of which words are only an expression, can affect your body.**

In the June 21, 2002 edition of the Wall Street Journal, Sharon Begley wrote an article entitled, "So Much for Destiny: Even Thoughts Can Turn Genes 'On' and 'Off.'" The article states that according to psychologist David Moore of Pitzer College in Claremont, California, thoughts can cause the release of hormones that can bind to DNA. These released hormones apparently can turn genes "on" or "off". This was evident when a male researcher was isolated for an extended amount of time. Apparently his beard grew very quickly the few days before he returned to his family as his testosterone levels increased in anticipation of spending time with his wife.

So be careful—your body can hear what you say. Thoughts and words are powerfully creative. Use them wisely, but use them. Be intentional about those you influence. Encourage them and speak of their futures and yours with words that bring life and not death.

To your spiritual health,

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

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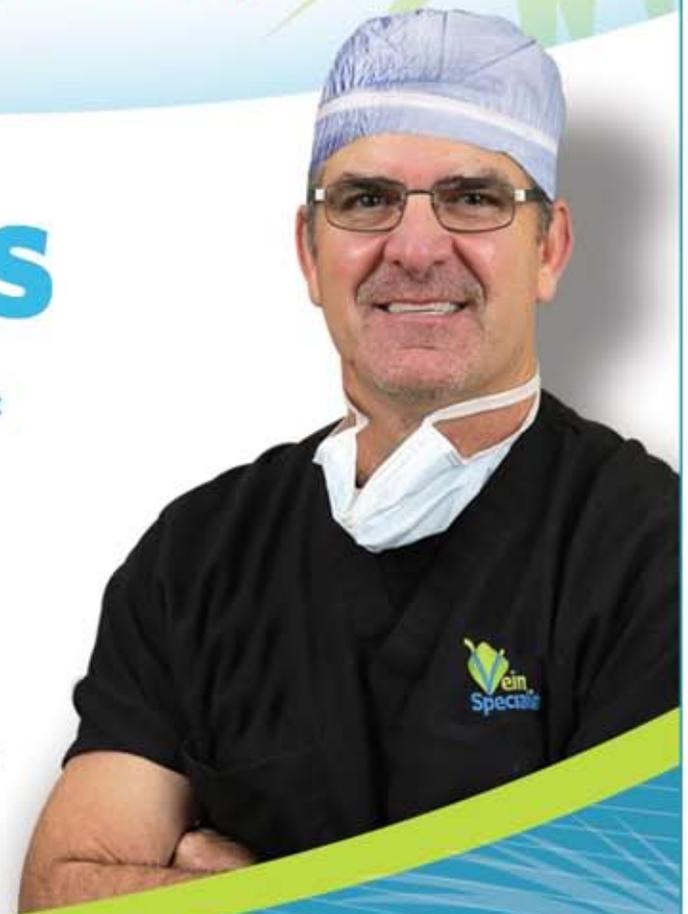
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