

S O U T H W E S T F L O R I D A ' S

Health & Wellness[®] MAGAZINE

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FREE



**STAYING A STEP
AHEAD OF COPD**

**ADDRESSING THE
OPIOID EPIDEMIC:
Q&A with Hazelden**

**SHAPE UP
FOR SUMMER
with Orangetheory**

**ALCOHOL
& HEART HEALTH**

**OPTIMIZING
YOUR HEALTH
Through Holistic Nutrition**

**WORLD AUTISM
AWARENESS**

3D MAMMOGRAPHY

OH MY POSTURE!

**2016 PARKINSON'S
Disease Patient's Forum**



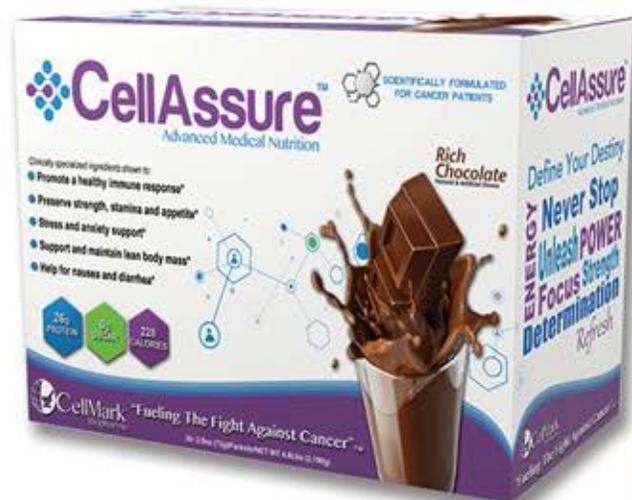


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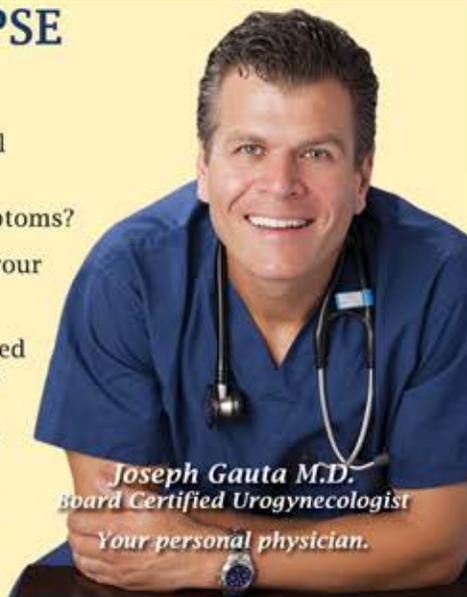
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Swollen, achy legs? It could be your veins.

By Joseph Magnant, MD, FACS, RPVI

Jean,

a 45 year old cath lab scrub tech had been suffering with progressive leg swelling for at least 15 years. Although she did have a history of varicose veins in her sister, she initially did not have any signs of varicose veins, and had been told by a number of medical professionals that her excess weight was the main problem. Compression hose offered temporary and incomplete relief. Exercise was difficult due to the heaviness, achiness and discomfort she had after standing all day in the cath lab. Other symptoms included heaviness in the legs, night time leg cramps and frequent nighttime urination. Ultrasound evaluation confirmed severe bilateral great saphenous vein insufficiency and subsequent radiofrequency endovenous ablation was performed on both legs 2 weeks apart with excellent results. She was seen for her 9 month follow-up the other day and was elated with the relief of her heaviness and resolution of her night time urination.

Heart failure, kidney failure, excess salt intake and obesity are typically at the top the list of causes of swollen and achy legs. However, when one looks across the spectrum of patient ages, the most common cause and most treatable cause of lower extremity swelling and achy legs is venous insufficiency, or venous reflux disease. For many years venous insufficiency was typically referred to as “varicose veins” and if no varicose veins were present the possibility of venous insufficiency was not further considered.



Unfortunately for many patients this is often still the case today. The diagnosis of venous insufficiency as the potential cause for patients' swollen and achy legs should not be dismissed based solely on the absence of visible varicose veins. To further clarify this point, let it be plainly stated that all patients with varicose veins have some degree of venous reflux disease or venous insufficiency, but not all patients with venous reflux disease or leaky vein valves or venous insufficiency have varicose veins. What this means for the average patient with

swollen, achy legs is that the most common cause of their problem, from a statistical perspective, is venous insufficiency, not congestive heart failure, kidney failure, lymphedema, excess salt intake or any other obscure cause. Common things affect people commonly. With approximately 40 Million adults in the USA affected with severe superficial venous insufficiency, many of these patients may have edema or swelling based on increased venous pressure in the legs without “obvious” external signs such as varicose veins, skin color changes or ulcers.

Leaky valves in the superficial veins of the legs lead to increased venous pressure downstream in the calf region. The thin walls of the veins in the legs are only built to withstand 10-15 mm of mercury (mm Hg) pressure, and when the valves are faulty, pressures of 50-70 mm Hg may exist for prolonged periods (8-12 hours/day for many years), resulting in the accumulation of fluid and protein in the skin, fat and muscles of the calves. This fluid and protein actually leaks through the thin walls of the veins into the soft tissue of the legs. Patients may complain of heaviness, achiness or tiredness in the calves usually worse at the end of the day and improved with elevation and rest. Others may also complain of swollen ankles, tight fitting shoes and problems with their legs swelling after long auto or plane trips which make take 3-5 days to resolve. Over time patients may notice that a constant swollen state exists. When one considers that the amount of time we spend upright, either sitting or standing, greatly exceeds the amount of time we spend lying down (as in sleeping), there is a gradual build up of fluid in the legs of patients with venous reflux disease or venous insufficiency. This may also lead to damage of the lymphatic channels in the legs (secondary lymphedema) which may be errantly diagnosed as primary lymphedema. The lymphatic channels normally serve a scavenging function, returning this type of leaked fluid back to the venous circulation via the complex system of lymphatic channels which coalesce into the thoracic lymphatic duct which joins the left internal jugular vein just deep to the left medial collar bone. The build up of protein-rich fluid (serum) in the skin from any cause may lead to an orange skin appearance of the leg skin ("peau d'orange" in French).

Another good example of a patient with swelling as their primary sign of venous disease is a 35 year old healthy woman who presented with multiple previous attempts at injection sclerotherapy of her spider veins below the knee.



Joseph Magnant,
MD, FACS, RPVI



On brief visual inspection, her legs appeared to be "tubular" below the knees. She reported pain, heaviness and achiness at the end of the day and worsening of these symptoms during her menstrual cycle. Her family history was positive for severe venous disease in her mother manifest as terrible varicose veins. She underwent ultrasound evaluation and was found to have severe, correctable superficial venous insufficiency without the more obvious varicose vein presentation. Teachers, nurses, homemakers, auto mechanics, pharmacists, retirees, students may all be affected by leg swelling and aching caused by undiagnosed venous insufficiency merely because they do not have the classic "varicose veins" which many primary and specialty physicians still believe is a requirement for the diagnosis of venous insufficiency. The take home advice for the general public is to remember that lack of varicose veins does not mean lack of venous insufficiency. So if you have swollen achy legs, unexplained lymphedema (usually unilateral), heavy and fatigued legs worse at the end of the day and improved with elevation and rest, night time leg cramps (especially after in bed), restless leg syndrome or nocturnal urination, insist on a venous insufficiency evaluation by a dedicated and well trained vein specialist. A run of the mill ultrasound looking only for clots will not suffice. Venous insufficiency can and should be effectively evaluated and stratified by location and severity by specially trained vascular ultrasound technologists. The modern treatment of venous insufficiency with endovenous sealing using LASER or radiofrequency



energy is an effective, minimally invasive and time tested technique which continues to offer hope for millions of patients with symptomatic superficial venous insufficiency. The diagnosis needs only be first considered in those many patients without varicose veins.

Leaders in Vein Treatment

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

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SAFETY FIRST: Caution is Key to Preventing Sports Injuries

By Dr. John C. Kagan, M.D.

Spring is here, and with this time of year come many of the popular sports activities that we know and love. The great advantage of living in Florida is the endless opportunities to get outside and remain active, but with this opportunity comes the responsibility to ensure that we are taking care of our bodies and taking necessary precautions to avoid injuries.

Unfortunately, even if you are regularly active, you are not completely immune to injuries caused by athletic activity. Seemingly minor injuries, such as a small twist of your ankle while taking a stroll or a pulled muscle at the gym, have the potential to put you out of commission for days or weeks.

Tips for injury prevention

Fortunately, many sports injuries can be prevented. The key to reducing the risk of injury or re-injury is to listen to your body and know your limits. Exercise these 10 tips to help you stay in the game:

1. Stretch daily to maintain flexibility
2. Choose the right equipment and protective gear when appropriate
3. Gently warm up your muscles and then cool down after activity
4. Drink plenty of water before and throughout any physical activity
5. Take time to rest and recover after strenuous activity
6. Learn proper techniques for the sport
7. Maintain a regular fitness regimen to avoid straining sedentary muscles
8. Do not play when injured to avoid further damage
9. Let your body heal; do not overexert yourself when recovering from an injury
10. Maintain a proper diet so that your body is receiving the nutrients it needs

Treating common sports injuries

Many sports injuries, while painful, can be treated with what is referred to as RICE, which stands for rest, ice, compression and elevation. To avoid further damage to an injured muscle, tendon or ligament, stop participating in the activity to and rest the affected area. At home, apply an ice pack, or wrap crushed ice in a towel, and place on the injured area several times a day for 20-minute increments. Compression means wrapping a sore elbow, ankle, knee or wrist with an ACE bandage. Finally, it is important to elevate the injured area to diminish swelling. Following these steps can reduce inflammation and limit blood flow to the area, which can provide short-term relief from pain.

Should you call the doctor?

The American Academy of Orthopedic Surgeons recommends consulting a physician for all but very mild injuries. The American Orthopaedic Society for Sports Medicine suggests that letting an injury go untreated can worsen the injury or lead to more serious complications, so if symptoms persist after a sports-related injury, it is important to contact your doctor to assess the extent of damage.

Early diagnosis, treatment and rehabilitation can allow you to regain full motion and strength. Severe sprains or strains may require a brace, casting or even surgery. Even mild injuries may benefit from modified activity, immobilization and physical therapy.



If you are experiencing pain caused by a sports-related injury, make an appointment to speak with an orthopedic specialist. Dr. John C. Kagan and his staff are ready to answer all of your questions. Dr. Kagan has more than 30 years of experience as an orthopedic surgeon and sports medicine specialist treating patients in Southwest Florida. He specializes in treating patients with knee, shoulder and hip pain, as well as general orthopedics and hand surgery. For more information, visit www.kaganortho.com or call 239-936-6778.



JOHN C. KAGAN M.D.
BOARD CERTIFIED ORTHOPAEDIC SURGEON

Staying a Step Ahead of COPD

Chronic Obstructive Pulmonary Disease (COPD) has grown in prevalence over the last decade and is now the third leading cause of death in America. When diagnosed with an incurable chronic illness, people tend to search for alternatives to traditional medicine. The quest for treatment options can leave a patient feeling overwhelmed. Anxiety and depression can exacerbate symptoms, creating a vicious cycle. Despite the grim outlook a COPD diagnosis can produce, alternative ways exist to treat not only the symptoms of COPD, but the disease itself.

Coping Strategies

Stay Positive

Talk with someone when feeling anxious or depressed, whether it's a friend or a professional. Enjoy favorite activities, and explore alternative forms of stress management like yoga, tai chi and meditation. These produce mental benefits as well as physical. Find reasons to laugh often. Maintaining a positive outlook can improve overall quality of life.

Bolster Resilience

Choose activities that create a sense of accomplishment. For those who, for instance, love gardening but feel short of breath, a container garden could bring a goal within reach. If the pots are too heavy, a friend could help, and the results could be healthy, growing plants and a new gardening friend.

Pulmonary Rehabilitation

Consider a pulmonary rehabilitation class to address the disease head-on by improving lung capacity and blood oxygen levels. Rehab also involves nutrition. A good diet for someone with COPD includes iron-rich foods, such as red meat and green, leafy vegetables that promote oxygenation of the blood.

Alternative Therapy

There are many things people can do every day to stay a step ahead of COPD, but to treat the disease, rather than only the symptoms, alternative therapy using the patient's own stem cells has shown potential. The same cells that repair a simple cut on the skin, properly harnessed, can promote healing in damaged lung tissue. Adult stem cells do this naturally, only not at a rate fast enough to keep up with degenerative lung disease.



Don't just treat the symptoms. Treat the disease itself.

One medical clinic, the Lung Institute, is using adult, or autologous, stem cells, harvested from patients' blood or bone marrow, to boost the body's natural healing process. The Lung Institute's Jack Coleman, Jr., MD, recently released a white paper outlining a study showing that stem cell therapy in patients with lung diseases has the potential to improve pulmonary function and quality of life.

Dr. Coleman's white paper, titled "Autologous Stem Cell Therapy and its Effects on COPD: A Pilot Study," mentions that he tested approximately 100 patients with COPD. Within three months of therapy, 84 percent of patients found their quality of life improved, with an average improvement of 35 percent.

Coleman said in a press release, "COPD is currently the third leading cause of death in the United

States, and we give our patients an alternative that doesn't just mask the symptoms."

People hear things like, "COPD is a chronic illness that is both progressive and terminal," and hear that the traditional options all consist of prescription medications, supplemental oxygen and a highly invasive lung transplant. People are dissatisfied with this prognosis. With a rise in alternative options like stem cell therapy, revolutionary medical advancements to better address COPD could be just around the corner.

If you or a loved one suffer from a chronic lung disease, the specialists at the Lung Institute may be able to help. You can contact the Lung Institute at 800-921-4631 or visit lunginstitute.com/health to find out if you qualify for these new treatments.

Cancer Nutrition Drink is a Must Have

By Dr. Stan Headley

20-40% of cancer patients actually die from malnutrition (cachexia) and not cancer itself!

As a physician I am shocked and alarmed by that factual statistic. How can that be in this day and age of advanced medicine you might ask? The answer is simple - pharmaceutical companies have invested billions into advancing cancer medicines but medical nutrition for cancer patients has been massively neglected in comparison – until now.

I'm going to share two quick stories with you that at first will seem unrelated, but later they come together to change the world!

Story 1. Cancer is without a doubt the fight of your life, and it's the one fight that you didn't ask for. That was the case for my wife when she was diagnosed with stage III ovarian cancer 7 years ago. Right now is a good time to tell you that I am both dual credentialed as both an MD and a ND (Naturopathic Physician) with 24 years of nutritional medicine behind me. We fought the fight but I lost her to cachexia (severe weight loss) in the end – and thus began my mission to find a solution.

Story 2. The founder and CEO of an international pharmaceutical company (47 countries) received the news of his brother being diagnosed with throat cancer. His brother was young, tall and very handsome - but the fight he didn't seek came to him. He beat the cancer, but he lost the fight due to severe weight loss (cachexia) and passed away. This was a life-changing moment for the CEO and he vowed to change the world of cancer forever – and thus began his mission to find a solution. This is a good time to mention that the CEO's degree was in dietetics and he just happened to work with some of the world's best cancer experts.

Fate would bring myself and the CEO together and allow me to see things never done before in nutritional medicine which are giving cancer patients more than just a fighting chance! The must have product for cancer patients that was developed is called CellAssure. Cancer is one fight that you do not want to face alone, and CellAssure makes sure you have nutritional medicine fighting for you every single day from your day of diagnosis to the day you are cancer free!

CellAssure is a simple once a day drink created from direct requests by physicians, dietitians and patients battling cancer. CellAssure includes ingredients clinically proven to:

- Demonstrate Anti-Cancer / Anti-tumor effects
- Provide needed nutrition for cancer patients with zero sugar in formula
- Improve immune system response
- Maintain or increase appetite
- Increase LBM (lean body mass)
- Reduce stress / anxiety and lower cortisol levels
- Provide relief with nausea/vomiting and diarrhea
- Mitigate anemia and improve my liver function

Cancer is a multi-faceted disease that attacks the body in many ways causing multiple serious side effects, each which needs to be addressed strongly in order for the patient to maintain their health. CellAssure's mission is simple – keeping cancer patients as healthy as possible so their oncologist can kill their cancer with the least amount of side effects/health issues/problems.

Cancer weight loss is associated with poor outcomes for cancer patients—reduced response to therapy, reduced ability to deliver full doses of chemotherapy, stoppages of cancer therapies, increased toxicity, more complications and infections, lower quality of life, and reduced survival.

CellAssure gives patients the essential daily medical nutrition needed to maintain their bodyweight and allow their body to better withstand the rigors of cancer treatments. Remember – staying as healthy as possible allows you to fight cancer without having to stop critical oncology therapies and protocols.



Proper identification of nutrition problems and treatment of nutrition-related symptoms have been shown to stabilize or reverse weight loss in 50% to 88% of oncology patients.

When do I start taking CellAssure?

While most people think that their 'Day of Diagnosis' is when their battle with cancer begins – we know better. The fact is on the 'Day of Diagnosis' their body has already been compromised by the cancer and their nutritional challenges have already started. Cancer has already started waging war and the need for additional nutritional medication is now. It is recommended that you start taking CellAssure from your day of diagnosis forward. Proper nutrition is something helpful regardless of where you are in the cancer process. Of course following a healthy diet along with CellAssure makes the most sense and your healthy eating should continue even after you've won your battle against cancer!

CellAssure is scientifically formulated to help "Fuel the Fight Against Cancer". CellAssure delivers on a level that brings smiles to patients, their families, as well as the physicians taking care of them – and as cancer patients we need a reason to smile. We need a reason to believe that we can overcome, conquer and beat cancer head on.

CellMark Biopharma™ is the leader in advanced medical nutrition for all cancer patients offering science-based products for cancer nutrition/cachexia (CellAssure), and chemo brain (Cognify) which are physician and pharmacist recommended.

For more information visit:
CellMarkBiopharma.com or call **888-444-7992**.

3D Mammography

As technology advances, understanding medical exams and procedures becomes more complex. The quality of services provided is an important consideration.

The American Cancer Society endorses mammography, along with yearly physical examinations and monthly self-examinations, as the most effective means of detecting breast cancer at its earliest and most treatable stage. Generally, mammography can reveal benign and cancerous growths before you or your physician can feel them. If detected at the earliest stage, breast cancer has a five-year survival rate of over 95 percent, as small breast cancers are more treatable and can be removed before they spread to other parts of the body.

Breast cancer is the most common form of cancer in American women. Unfortunately, 70% of women have no identifying risk factors. The American Cancer Society recommends mammography as a life saving tool for screening women without symptoms for breast cancer. And 3D Mammography specifically is becoming the preferred choice for physicians in Southwest Florida.

What is 3D Mammography?

3D mammography is a revolutionary state of the art technology approved by the FDA in February 2011, which gives radiologists the ability to view inside the breast layer by layer, helping to see the fine details more clearly by minimizing overlapping tissue. During a 3D mammogram, multiple low-dose images known as "slices" of the breast are acquired at different angles. With 3D technology, the radiologist can view a mammogram in a way never before possible.

Is 3D a separate exam or part of my usual mammogram?

The 3D exam is a separate procedure that is performed at the same time as your regular mammogram.

What is the cost and will my insurance cover the 3D exam?

Medicare does cover 3D mammography. Even though 3D mammography is FDA approved and covered by Medicare, most private insurance companies are not yet reimbursing for this exam. However, the 2D portion of the exam is billed to your insurance as usual.



Patients choosing to have the additional 3D mammography imaging performed will be asked to pay \$65 at check-in. This is an eligible expense through your flexible spending account or health savings account. We encourage all patients to submit their expense to their insurance provider.

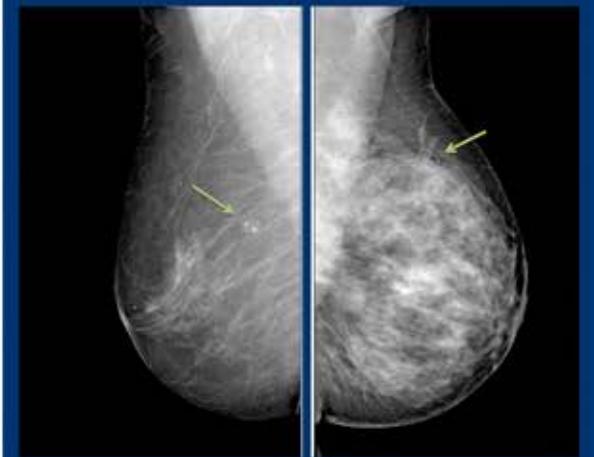
What are the benefits?

FEWER MAMMOGRAM CALLBACKS for additional mammography - 3D mammography helps distinguish harmless abnormalities from real cancers, leading to fewer callbacks for additional mammography and less anxiety for women. With 3D mammography, RRC radiologists have reduced patient callback rates by 20-30 percent.

Doctors and scientists agree that early detection is the best defense against breast cancer. 3D mammography has been shown in clinical studies to be more accurate than conventional mammography alone by detecting cancers earlier. This new technology increases breast cancer detection by 38%. It's truly an important component in the screening process.



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How long will it take?

The exam will take about 4 seconds longer per view while in compression than the 2D mammography.

How much radiation will I be exposed to?

It varies from person to person and is roughly equivalent to film/screen mammography. The amount of radiation is below government safety standards.

What if my doctor did not mention 3D Mammography to me?

3D is an optional service at this time and elected by the patient. Many physicians know about our new 3D technology and the feedback we have received has been very positive. If you need additional information to help you make this decision, please visit www.RadiologyRegional.com.

Why is RRC offering 3D Mammography?

RRC prides itself on offering the highest quality care for our patients. Our radiologists believe strongly that 3D mammography will benefit our patients.

How can I schedule an appointment for 3D Mammography?

Schedule your appointment by calling 239-936-4068.

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

Swan Age Reversal Centers has Six Southwest Florida locations in Naples, Bonita Springs, Fort Myers, Venice, Sarasota and Bradenton. Swan Centers specializes in Non-Surgical aesthetic procedures that help their clients look younger, thinner, and more vibrant with no pain and no downtime. This is achieved by utilizing a combination state-of-the-art devices and unique techniques only found at Swan Centers. Swan Centers goal is to offer relatively affordable services with an honest, passionate and results driven approach.

Whether you are interested in anti-aging skin treatments, skin tightening, wrinkle reduction, cellulite smoothing, body toning or targeted fat reduction, Swan Age Reversal Centers offers a unique and pleasant experience that delivers results without surgery or injections.

They offer multiple targeted fat reduction options with many clients seeing very rapid results. They also offer skin rejuvenation and anti-aging treatments to help restore your natural glow and slow the aging process. Swan Centers offer a wide range of customized services to help clients ages 35 to 90, look younger, thinner and more vibrant.

Swan Age Reversal Centers takes body enhancement where it was meant to be, combining health and beauty with cutting-edge science, exclusive techniques and impeccable service. They're driven by innovation in aesthetic beauty and are able to deliver an intimate and relaxing experience, complete with all the perks that only a premium establishment can offer.

A complimentary assessment is offered to all first time customers.



SOME SWAN TREATMENT OPTIONS:



SKIN TIGHTENING & WRINKLE REDUCTION

Swan Lift™ is an Age Reversal treatment that can be done for the Face, Neck, Décolleté, Arms, Hands, Belly, Buttocks and Thighs.

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Let's face it. Most of us wouldn't mind losing a few inches around the belly, back, love handles, thighs, buttocks or arms. Swan Age Reversal Centers believe that they have the answer! They offer a



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new approach to targeted fat reduction, combining multiple devices to help maximum results. Swan Centers can focus on specific targeted body parts and transform bodies with remarkable results, with clients seeing inches lost off their waist, belly, back, arms, hips and thighs. These treatments are a safe and effective way to lose inches of fat without surgery and with no downtime! Treatments are quick and easy, and generally take 45 minutes or less and unlike plastic surgery procedures, our treatments allow you to continue your daily activities without any interruption.



SKIN RENEWAL for the FACE & NECK

Skin care technology has made great strides in correcting the flaws resulting from sun damage to the skin. In particular, light therapy has emerged as one of the most effective methods of combating the effects of aging. The use of light is safe, pain free, and inexpensive, compared with other skin care solutions like laser skin resurfacing and facelifts. Everyone can enjoy relaxing, painless light therapy treatments that dramatically improve skin appearance. Cells in the skin and supporting tissue absorb wave lengths between 590 and 950 nanometers. Our cells/tissue convert this light energy into "fuel" that is used to increase cellular metabolism. Research by the National Aeronautics and Space Administration (NASA) has shown that light therapy increases cellular growth up to 200%. The increased cellular activity stimulates formation of new collagen and elastin — the building blocks of healthy skin.

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Oh My Posture!

By Matt Fehniger, PT Outpatient Coordinator, Life Care Center of Estero

OMG! Or should I say OMP! For many of us sitting with a good posture has become more difficult over the years. What happened to the days when we could sit up tall and not feel the need to have something to lean back against? Why do our backs start to hurt if we try to sit upright longer than a minute or two? Did we injure something?

No, that would be too easy. That would give us an excuse to continue sitting with a rounded, comfortable posture. Chances are that slouched posture has evolved slowly over time. What had once started as a nice erect posture with active use of our core muscles has now become a lazy, slumped posture. Truth be told, most of us are guilty of letting the ligaments, tendons and discs that run down the back of our spine hold us upright (somewhat upright). This is what happens when we do not use our posture muscles to hold us upright.

It takes a lot less energy for us to slouch. To sit upright we have to activate the muscles that run down the back of our spine as well as the deep stomach muscles. If you hold an upright position long enough, you will notice a dull ache or pain starting to creep into your back. This would be muscle fatigue. Our back muscles are getting tired because they are too weak and deconditioned to maintain this posture. This is not how it should be. Our spines are designed to sit upright. We should be able to sit comfortably longer than a minute or two before the muscles get tired and sore.

Unfortunately for many, this is difficult and thus results in a slumped posture. Habitually sitting with poor posture ultimately puts a strain on the discs and ligaments in our back. Because of this they get stretched out and weakened, leading to degenerative changes and eventually back pain.

Now is the time to make a change. By making an effort each day to sit a little longer with an upright position, our posture muscles can be re-trained to work again. For your back's sake, get started today.



Here at LifeCare Center of Estero, we offer outpatient Physical, Occupational, and Speech therapy and a variety of modalities and cutting edge technologies like the Alter G anti-gravity treadmill. For more information please call the outpatient Center at LifeCare Center of Estero at 239-495-4046.



PARKINSON'S DISEASE: A BRIEF OVERVIEW

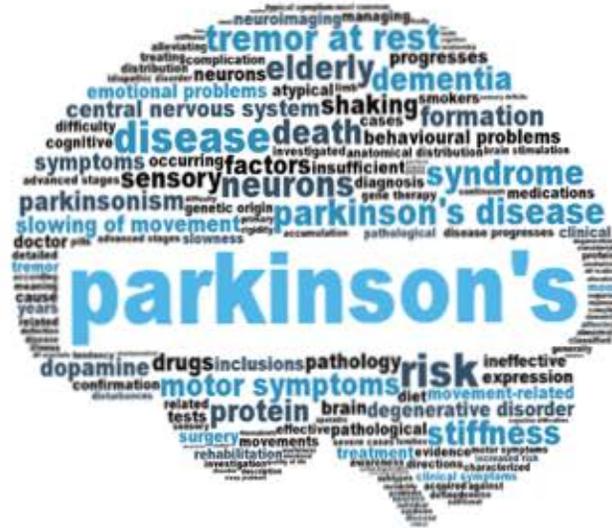
By Joseph Kandel, M.D.

When I see a patient for the first time and mention to them I feel they may have Parkinson's or a related condition, that is the last thing the patient hears. They think that their life is over, they won't be able to get out of the bed or the wheelchair, and won't be able to talk or communicate. That is the farthest thing from the truth. Parkinson's is a neurodegenerative disorder that affects a certain part of the brain, and leads to a movement disorder. It is a human condition, certain cells of the brain stop producing a chemical, dopamine, that is very important in movement. I explain to patients that anyone that lives long enough will likely have this process, and then try to go on to educate the patient regarding the disorder.

There are four types of Parkinsonian syndromes, and these are primary or idiopathic (which means as a physician we don't know the cause of the disorder), secondary or acquired, hereditary, and Parkinson's plus syndrome (multiple system degeneration). The most common form is the idiopathic version.

Parkinson's is a movement disorder. The classic features include stiffness, slowness, rigidity, and tremor. Balance issues, including falling over backwards ("retropulsion") is also frequently seen. Often a patient will demonstrate the classic Parkinson gait, which is an individual walking with a stooped or bent over posture, and a lack of arm swing. Because their center of balance is forward and they have a hard time adjusting their movements, they often have a shuffling type of gait which is called festination. Spouses of patients with Parkinson's will frequently state they have to tell the patient to "stand up straight".

There are other symptoms which can be seen in this condition, including difficulties with speech and swallowing (hypophonia, dysphagia), difficulties with writing, often with a small, chicken scratch type of signature or writing (micrographia), as well as a variety of cognitive and mood issues. Issues



with concentration, executive functioning and planning, memory and slowed cognitive speed can all be seen with this disorder. There is a higher risk of dementia in individuals who have been given this diagnosis. Not surprising, many patients will develop anxiety or depression. In addition, individuals will often have a sleep dysfunction, as they have a hard time turning themselves from side to side and will awaken frequently throughout the night. They may have issues with additional aspects of their nervous system, in particular controlling blood pressure, sweating, and their bowel or bladder.

ESTABLISHING A DIAGNOSIS:

The diagnosis is made with a clinical examination. I often explain to my patients that I can walk into any mall and pick out the five or 10 people with Parkinson's in one or two minutes. However, it takes me much longer to examine the patient and convince them that I know what the disorder is and what the best approach to treatment will be. On the examination I will often find increased tone, stiffness, and rigidity. Speech, appearance, slowness of movements, and imbalance can also reveal the diagnosis. Often an MRI or CT of the brain will be ordered, to rule out any other type of problem that could cause similar symptoms. If there is a cognitive change, an EEG may be appropriate. Laboratories to rule out reversible causes of cognitive decline may be helpful. More recently, there is a diagnostic test, the

DAT scan, which can reveal a pattern of reduced dopamine activity in the basal ganglia and this certainly aids in the diagnosis of Parkinson's disease.

HOW IS THIS TREATED?

There is no cure for this disorder. However, medications, include levodopa (replacement chemical for what the brain is no longer making), dopamine agonists (boosters that help the levodopa), and MAO-B inhibitors (prevent breakdown of Dopamine) can all be effective. Many other medicines play a secondary role. There is also brain surgery, particularly deep brain stimulation, which is most beneficial for those whose disorder includes tremors and motor fluctuations, poorly controlled with medications.

WHAT IS THE ROLE OF EXERCISE AND TREATMENT?

I educate my patients that this is essential. Only a small percent of the medication crosses the blood-brain barrier, but this increases when the patient does aerobic exercise. In addition, the brain does something amazing, called up regulation. There is a significant increase in the number and activity of the dopamine receptors. I often explain to my patients that one pill can often act like nine pills, with quite a bit less side effect.

If you or someone you love may have Parkinson's, contact the Neurology Office, Joseph Kandel, M.D. and Associates, to find out what you can do to start on a healthier journey!

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JOINT INSTABILITY: The Loose Hinge Analogy

By Debra K. Brinker, RN

There is an intricate interplay between the various structures of a joint, where injury to one area affects other areas of the joint. When a supporting structure, such as a ligament, becomes injured, the cycle of joint instability begins. This initial injury can cause wear and tear to other areas, furthering instability, until the joint degenerates into the condition we know as degenerative osteoarthritis.

The easiest way to understand joint instability is to think about a pair of cabinet doors. If the doors are hitting, they do so because a hinge is loose. Any loose hinge starts with one screw becoming loose and putting added pressure on the other screws in the hinge until the entire hinge is loose. To remedy this, a screwdriver is used to tighten the screws and allow the doors to glide properly again. Just as a screw stabilizes a hinge, the ligaments stabilize our joints. (See Figure 1.) Ligaments connect bone to bone and allow for smooth joint movement.

Let's examine how a common knee injury, an anterior cruciate ligament (ACL) tear, fits the hinge analogy. ACL injuries cause the tibia and fibula bones to move too much. This is known as knee joint instability. As the bones move and twist beyond normal with each step, other ligaments are affected. When additional stress is placed on the knee, such as with running, even more force is added to the wobbly knee structure, eventually damaging the tendons, meniscus and cartilage. The abnormal wear and tear causes cartilage breakdown, eventually resulting in degenerative osteoarthritis. By comparison, continued use of a door on a loose hinge leads to added pressure and loosening of other screws, causing the door to wobble further and eventually hit the adjacent door. To quickly remedy this, a screwdriver can be used to tighten the screws and stabilize the door. In the human body, the treatment to stabilize joints is Prolotherapy. This Regenerative Injection Treatment causes a repair of the ligaments so the bones glide properly, without hitting one another and wearing down the joint. (See Figure 2.)

Figure 1

Structures involved in joint stability. The major structure involved in joint stability are the ligaments.

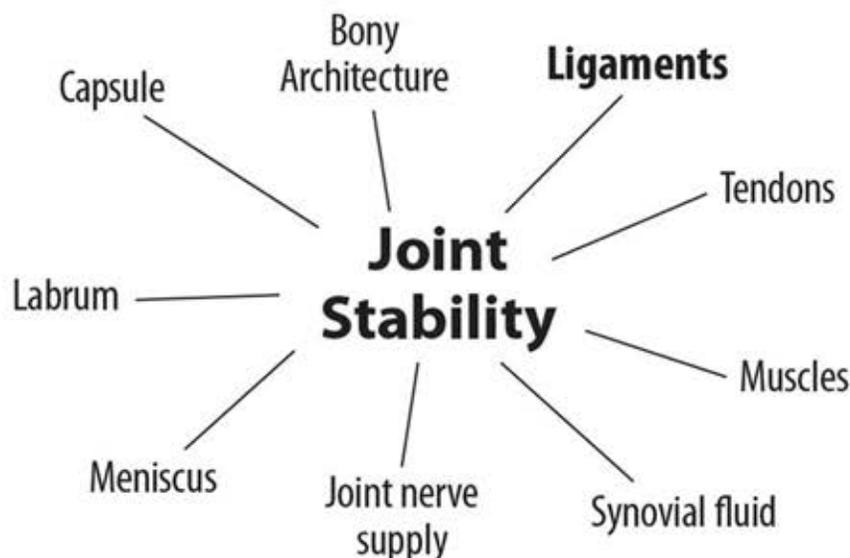


Figure 2



CASE STUDY:

Degenerative Knee Osteoarthritis

BB suffered such severe knee pain that he went on disability at age 59, diagnosed him with "bone on bone" osteoarthritis. He was prescribed NSAIDs, given corticosteroid injections, and eventually received an arthroscopic meniscectomy with removal of cartilage. Viscosupplementation injections were also tried, but these also failed to bring about sustained pain relief. His orthopedist recommended a knee replacement. Instead, BB received 3 dextrose Prolotherapy treatments and saw almost immediate pain relief and overall long-term functional improvement.

LEARNING POINT:

Joints degenerate because of joint instability. Allopathic solutions such as NSAIDs, cortisone, arthroscopy and meniscectomy cause further degeneration. Only Prolotherapy repairs ligament laxity, stabilizing the joint and relieving chronic pain.

Figure 3



CASE STUDY:

Hip Impingement

Due to a history of groin pain, KB was treated for hip bursitis, but was eventually diagnosed with bilateral hip impingement and a right-sided labral tear per MRI. He sought Prolotherapy in lieu of arthroscopic exploratory surgery. KB described his pain as lateral as well as in the glut region. In addition, he noted a constant clunking sound in his hips, with increased pain upon movement. Bilateral hip instability was found upon physical exam. Three Platelet Rich Plasma Prolotherapy treatments were given, resulting in remarkable overall functional improvement, enabling KB to exercise without pain.

LEARNING POINT:

People are often misdiagnosed with bursitis when the true cause of pain and impingement is due to underlying hip instability. Prolotherapy effectively stabilizes the hip joint and repairs the associated labral tears and impingement.

Prolotherapy compared to other treatments

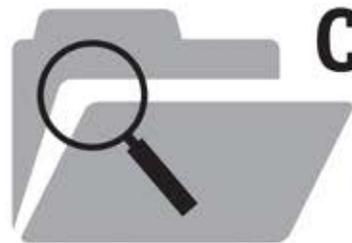
Viscosupplementation (hyaluronic acid) and cortisone injections are common approaches for treating joint pain. Unfortunately, they are only known for short term effectiveness because the underlying cause of the pain is not addressed by these treatments. They could be compared to using oil to lubricate a hinge. It does not secure the hinge, allowing the cabinet door to continue hitting the adjacent door. Arthroscopic surgery to shave cartilage or remove labral or meniscus tissue, in the cabinet analogy, is comparable to shaving the cabinet door at the point of contact with the adjacent door, or replacing the door altogether. These options range from nonsensical to extreme when a simple screwdriver is what's needed to repair the hinge and straighten the door. (See Figure 3.)

Sports injuries

When it comes to sports injuries, underlying joint instability from ligament laxity must also be considered. However, the focus is frequently placed on the muscles for pain relief, which is why physical therapy is often the first step. While muscle-focused work in physical therapy and massage can be of great benefit, if the person still feels joint popping, grinding, or weakness, ligament laxity may be the missing diagnosis. This is commonly seen in cases of chronic muscle spasms and tightness where the muscles are being overused to stabilize joint movement, instead of allowing the ligaments to do this job. (See Figure 4.)

People who have tried physical therapy, massage, chiropractic, acupuncture or even surgery, but still have returning pain, may find the true culprit is joint instability from ligament laxity. Because ligaments have a poor blood supply, they tend to heal poorly on their own after the initial healing phase post-injury. The body, therefore, develops other ways to try and stabilize the joint: recruiting muscles, swelling the joint, and overgrowing bone. (See Figure 5.) However, there is a way to restart the healing cascade for ligaments by using Prolotherapy. This non-surgical treatment acts like a screwdriver does to tighten the screw on a loose hinge, allowing a cabinet door to glide properly once again.

Figure 4



CASE STUDY:

Rotator Cuff Tear in Elite Swimmer

LM is a 15 year old top-ranked swimmer who struggled to swim efficiently because of severe shoulder weakness and pain, which progressed to the point of her being unable to swim. Rest, physical therapy, massage and a cortisone injection did not bring relief. Her MRI showed evidence of tendonitis and a rotator cuff tear. Physical examination clearly revealed that she also had shoulder instability. After 9 Prolotherapy treatments over 5 months, LM regained her ability to swim the butterfly stroke, shaving 6 seconds off her time, enabling her to pursue a swimming scholarship with hopes of making the Olympic team.

LEARNING POINT:

Traditional modalities were unable to treat the source of the injury. Prolotherapy repaired the injured rotator cuff and stabilized the shoulder.

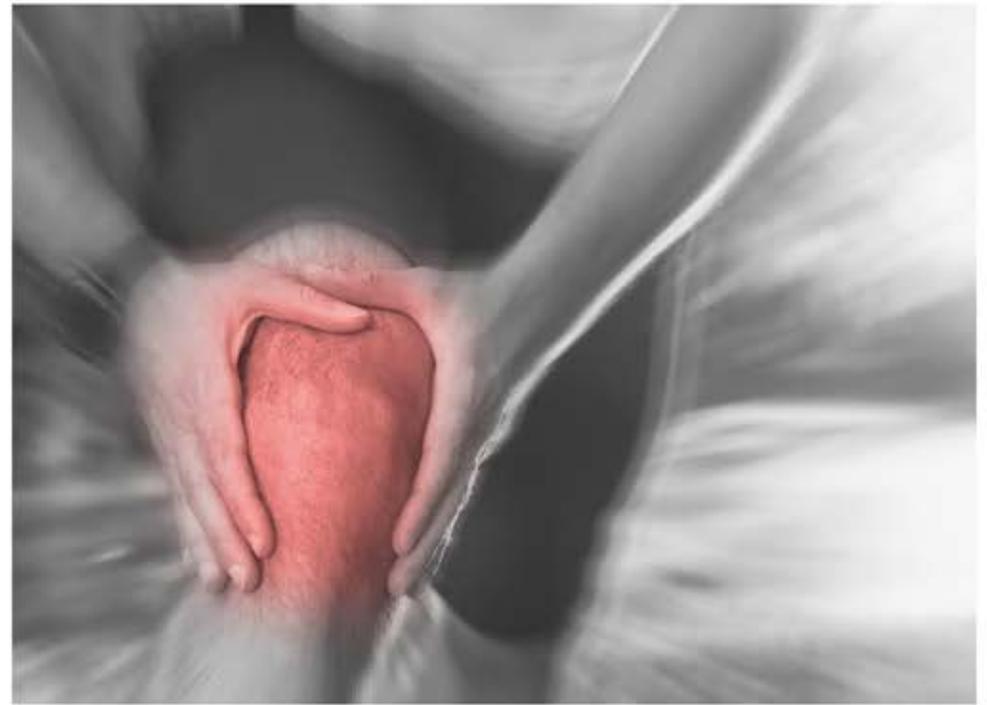
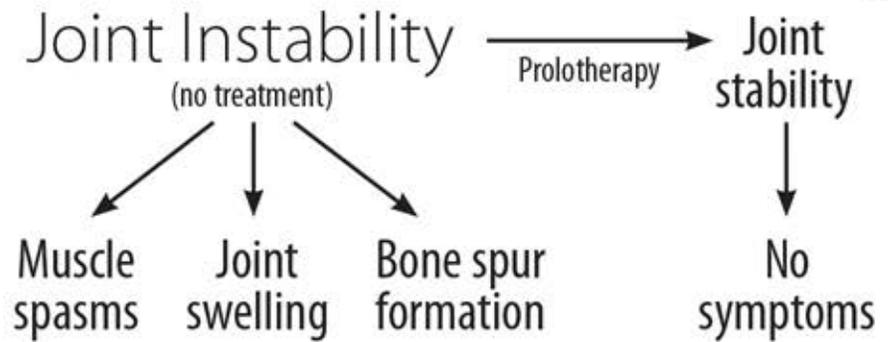


Figure 5



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OCCUPATIONAL THERAPY HELPS INDIVIDUALS LIVE LIFE TO ITS FULLEST



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

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

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

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

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

Qualifying Medicare recipients can qualify for an occupational therapist to come into the home to evaluate, educate, provide rehabilitation treatments, and modalities to improve functional independence. This service may be appropriate for but not limited to seniors that are deconditioned, secondary to acute or chronic orthopedic and/or neurologic disorders, have memory or cognitive impairment or suffer from low vision. Each patient is evaluated to determine their condition and an appropriate care plan is designed to meet that patients goals. If you have questions about occupational therapy and specialty services please contact Nurse On Call at (239) 590-3016.

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Constipation—When You May Need More than Fiber and Fluids

By Joseph Gauta, MD, FACOG

Discussing your bowel movements with friends around the dinner table should not be normal conversation. Unfortunately, it is all too common in some of our daily routines. Constipation means having a bowel movement less than every other day (or less than 3 times a week). It is very common, affecting about 1 in 3 women.

Everyone is different, but normally you should have a bowel movement at least every other day and no more than twice daily. Infrequent bowel movements can lead to symptoms of pain and bleeding with bowel movements. Some women with constipation find it helpful to press on the perineum (the area between the vagina and the anus) or on the back wall of the vagina to help get all of the bowel movement out. Symptoms of constipation include:

- Abdominal discomfort
- Gas
- Bloating
- Straining
- Hard/firm stool

Am I at Risk?

Constipation occurs for several reasons. It may be related to diet choices, medicines, or health problems. Straining on the toilet with constipation can lead to pelvic dysfunction and prolapse or it can be the effect of pelvic floor dysfunction. Learn your risk and what you can do to reduce episodes of constipation. Do it for the health of your pelvic floor!

Dietary Problems

The most common reason for constipation is not having enough fiber in your diet. This is very common in women who eat a typical American diet, and getting enough fiber to fix this problem often requires planning and supplementation. Some foods, especially those high in starch such as white rice, pasta, or white bread, are more likely to lead to constipation. Constipation may also be due to lack of fluids in your diet. Some women do not drink enough fluids to keep their stool soft. When there is not enough fiber or water in your diet, bowel movements are more likely to be hard or irregular.

Medicines

Many medications cause constipation as a side effect. Talk with your doctor about the side effects of your medicines. Ask about alternative medicines without constipating effects. Common constipating medications include:

- Iron and calcium supplements.
- Narcotic pain medications
- Anticholinergic medications
- Antidepressants
- Blood pressure medicines

Pelvic Floor Disorders

Rectoceles and other forms of prolapse can sometimes lead to problems with bowel movements. Women who are unable to relax the pelvic floor muscles due to pain can also have problems passing bowel movements. In turn, chronic constipation can cause pelvic floor disorders.

Medical Conditions

Constipation can result from abnormal nerve or muscle function causing severe irregularity. Constipation can occur by itself or from certain medical conditions, which cause irregularity and/or hard stools such as:

- Irritable bowel syndrome.
- Inflammatory bowel disease.
- Thyroid disorders
- Cystitis fibrosis
- Neurological conditions such as multiple sclerosis or spinal cord injuries



Intestinal Blockage

Rarely, the cause of constipation is a blockage from colon cancer, other tumors, or scar tissue from prior infections or surgeries. In this case, the constipation usually continues to get worse until the problem is treated. Women with this problem also may notice they are not passing gas and that they feel bloated.

If simple over the counter remedies and dietary changes are not enough, you may need to see a specialist.

Sources: Original publication date: May 2008; Content Update: November 2014

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Do You Have GHERD?

By Yollo Wellness

Where does it all start? This important question can determine the success or failure of medical treatments so we better get it right. Actually there are several starting places to chronic illness but the one I want to talk about here starts in the stomach. There is an obvious symptom which starts screaming at us with a host of GERD symptoms when things start going wrong in our lives.

One of the most important points for doctors and patients to realize is that GERD is a deficiency disease meaning it is not caused by excess acid it is caused by deficient acid. When the stomach does not produce enough acid the food sits in the stomach and repeats back up to the esophageal sphincter. It is, as they call it an excess acid condition only because it is an acid mix, just not high enough to create proper digestion, but high enough to burn tissues that it is exposed long enough to.

Hydrochloric acid, referred to as HCl, is produced in the stomach by the parietal cells that lie deep in the stomach walls. The truth is, we wouldn't be able to digest at all without it. Two main causes are stress and dietary deficiencies.

I never claim to know everything, so I found excerpt From: Dr. Mark Sircus. "Anti-Inflammatory Oxygen Therapy." IMVA Publications.

"We know some basic things about why cancer starts. We know it is initiated under low-oxygen conditions. We know that it is initiated also by trauma and inflammation. We know with low-oxygen conditions and inflammation we have infectious agents running around out of control. Evidence supports the emerging hypothesis that metabolic syndrome may be associated with the risk of many common cancers but we really do not need "evidence." If we know how to think rationally we know that diabetes, which starts with metabolic syndrome, leads a person more easily to the gates of cancer. The earliest inflammations hold the potential to create the conditions that eventually lead to cancer. That is worth saying and reading again and again and this is not only true for the stomach it is also true for the mouth when the gums become inflamed."



"So we have low O₂, low CO₂, low pH (acidity) and low cellular energy; we have infection hordes fighting for their claim of the territory. Mix in some inflammation, heavy-metals and chemical contamination and nutritional deficiency (along with some genetic disruption) and we have the recipe for CANCER—a beast that is eating the human race alive starting with the elderly but now increasingly working its way down to the young and very young where death should not be lurking."

Symptoms of low stomach acid, malnutrition and lack of oxygen:

- Extreme fullness after meals
- Belching
- Heartburn/burning sensation
- Gas, flatulence after meals
- Indigestion
- Burning
- Vitamin B12 deficiency
- Aging due to malabsorption
- Food allergies/sensitivities
- Anemia
- Constipation
- Diarrhea
- Food allergies/sensitivities
- Skin problems
- Weak nails"

"Researchers found that an increase of 1.2 metabolic units (oxygen consumption) was related to a decreased risk of cancer death, especially in lung and gastrointestinal cancers."

"Alkaline high oxygen conditions retard cancer growth. At a pH of 8.0 or slightly greater, cancer cells and cancer-causing pathogenic microbes (viruses, bacteria, fungus) do not do well. They get sick, stagger and then die in large numbers, so quickly in some cases that the body has trouble clearing the carnage.

Oxygen-rich environments are critical for combating the growth of anaerobic bacteria (i.e.: bacteria that grow in the absence of oxygen) In contrast, cancer only thrives in an oxygen-deficient (hypoxic) environment. Most cancer patients have very acidic body tissue pH, around 4 or 5.

A healthy cell breathes oxygen for energy.

A cancer cell shuns oxygen and ferments sugar instead for its energy requirements."

"The ideal task of cancer therapy is to restore the function of the oxidizing systems," wrote Dr. Max Gerson in his book, *A Cancer Therapy: Results of Fifty Cases and the Cure of Advanced Cancer*. And for good reason! Deprive a cell 60% of its oxygen and it will turn cancerous. Deprive a cell 35% of its oxygen for 48 hours and it may become cancerous said Dr. Otto Warburg. Deprived of air we die but the cells have a bastardly trick up their sleeves where they can survive low oxygen conditions. Only problem is that we call this condition cancer and it's the slow rotting of the cells."

"The lower oxygen levels go the lower the voltage drops in the cells as pH drops into the acidic range. Voltage is the stored potential to do work. Cells must have enough voltage to work. Cells must have sufficient oxygen to fire up the mitochondria to make the energy for the cells to work. This energy is expressed in cell voltage.

Wherever the body suffers from low oxygen conditions we have disease and often cancer. Wherever the body becomes acidic, voltage drops as does tissue oxygen levels creating a downward spiral into permanent low oxygen conditions which leads to fermentation in the cells.

It is important to understand that the voltage of cells and tissues as well as their pH begins with oxygen deficiency. The lower the voltage their physiology becomes compromised. People experience this as fatigue and chronic pain.

As oxygen levels decrease infections occur for the cells simply do not have the energy necessary to do their job.

Our bodies and cells also need to have enough raw materials (nutrition) to get better. But nutrition without oxygen does not work. To resolve disease one must raise the voltage (pH) by whatever means that allows you to insert electrons into the system, including alkaline water, raw fruits and vegetables, sunshine, moving water, exercise, etc. In emergencies of course the quickest way is administering baking soda (sodium bicarbonate), which acts like the perfect medicine it is with its power to instantaneously shift pH to less acidic, more alkaline. This of course has the instantaneous effect of raising the oxygen, voltage and pH of tissues.

WELLNESS DEFINED

Consistent with the World Health Organization's definition of "health," the 2013 Global Wellness Tourism Economy report defines wellness as a state of complete physical, mental, and social well-being. It goes beyond mere freedom from disease or infirmity and emphasizes the proactive maintenance and improvement of health and well-being. Expressed on a continuum that extends from reactive to proactive approaches to health, wellness falls firmly on the proactive side, incorporating attitudes and activities that prevent disease, improve health, enhance quality of life, and bring a person to increasingly optimum levels of well-being.

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Addressing the Opioid Epidemic

Q&A with Hazelden in Naples, Executive Director, Brenda J. Iliff, MA

Q: *Why is the Hazelden Betty Ford Foundation enhancing the treatment of opioid dependence?*

A: As a leader in the addiction industry, The Hazelden Betty Ford Foundation continues to respond to the national epidemic of addiction to opioids, including prescription painkillers (OxyContin, Vicodin, Demerol, etc.) and heroin, and a corresponding increase in the number of accidental deaths related to opioid addiction.

Q: *How has the Hazelden Betty Ford Foundation changed addiction treatment?*

A: The Hazelden Betty Ford Foundation formed a team of medical, clinical, research, administrative and communications professionals to research, study and implement solutions to the problem. To give its patients the best chances of long-term recovery from opioid addiction, the Hazelden Betty Ford Foundation has enhanced treatment programming to include tracks for those with opioid dependence. The innovative programming includes alterations to group therapy and lectures as well as use of extended, adjunctive medication assisted treatment as a means to assist people to a stable, Twelve Step-based recovery lifestyle and ultimate abstinence from opioids.

Hazelden in Naples has even added special programming for people with opioid addiction who are 50 and over.

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Brenda J. Iliff, MA, is executive director of Hazelden in Naples, Florida. She has more than 20 years of experience in the addiction field, as both a clinician and health care executive, and is the author of *A Woman's Guide to Recovery*.

Q: *What other treatment protocols for people with Opioid addiction will the Hazelden Betty Ford Foundation initiate?*

A: The features of opioid dependence, opioid withdrawal and recovery are incorporated into all aspects of treatment. The opioid treatment protocols focus on engagement over a longer period of time. Therefore, family and recovery community support, along with the use of recovery management interventions that provide significant structure and accountability, are integral parts of the treatment protocols. Like all other recovery protocols, they include education, therapy, medications when necessary and strong Twelve Step group support.

Q: *What if I have a problem or someone I know has a problem with opioids.*

A: Hazelden Betty Ford's Naples, FL location has been providing treatment for opioid addiction since it first opened its doors in 2010. We will continue to use best practices and treatment protocols that are proven effective to help people get and stay sober. Call today to talk to an addiction specialist who can help you determine if there's a problem and if so, what the best treatment program is for you or your loved one's individual treatment needs. Don't put it off any longer. Call today to get your life back.

2016 Parkinson's Disease Patient's Forum

By Ramon Gil, M.D.

As scientists and medical researchers continue to make progress searching for the cause(s) of Parkinson's Disease (PD), and ways to eventually "cure" this illness, the treatment has become not only more effective, but more specialized, requiring from both: patients and treating neurologists, a more comprehensive understanding of the different aspects of this complex disease. The amount of information in the field of PD and related disorders that becomes available every day is overwhelming, but exciting and encouraging. It seems as if every area of investigation is leading to a better quality of life (QOL) for patients and family members.

At the Parkinson's disease Treatment Center of SW FL, there is a firm commitment to bring state of the art treatment and cutting edge technology to our community. Striving to perfect our assessments and provide more individualized management, has never been more solid than today. For over 20 years we have empowered our patients and families, with the strongest tool of all: "Education."

This year our April "Parkinson's Awareness Month Symposium," will bring to the audience a dynamic and interactive update in the conventional rehabilitation modalities. In each presentation, you will notice how the boundaries between "traditional" forms of therapies and "unconventional therapies" are becoming more difficult to separate. We have a group of well-known speakers, with whom most of you have interacted in the past.

Sergio Valdivia, PT, DPT will explain how patients can optimize their balance and significantly reduce the risk of falls, which are often associated with injuries and worsening of QOL. It is critical to remind patients that loss of postural reflexes in PD is unavoidable. As long as a patient lives long enough, this will eventually occur. The most effective treatment is to delay this complication with early interventions to optimize our physical fitness, endurance, flexibility and balance. Sergio will demonstrate how Tai Chi and dancing can help you achieve these goals. The International Parkinson's Disease and Movement Disorders Society and the American Academy of Neurology have published many papers supporting the fact that Tai Chi is the most effective modality of exercise that can help reduce the number of falls in PD patients.



We could not miss the opportunity of having one of the finest, world-wide recognized, Speech Pathologists as part of our Faculty: Mary Spremulli, MA, CCC-SLP. She will be speaking about the advances in research and treatment of speech disturbances in PD. Mary reminds us that: "Approximately 70-90% of individuals with Parkinson's disease will experience a PD-related voice/speech disorder, which has been shown to affect overall QOL ratings. The LSVT®_LOUD (Lee Silverman Voice Treatment), an intensive, high effort voice training program, has been shown to benefit PD-related voice impairment. However, cognitive and psychomotor dysfunction may also contribute to speech disorders, and for this reason, some patients may fail to carry-over therapy techniques to every day conversation, or fail to maintain the improvements made in speech beyond formal therapy." Mary will discuss and demonstrate a few of the available device interventions, and after-therapy programs, including Voice Aerobics® and Hi-VOLT® 4 PD.

Very few professionals in the field of Occupational Therapy have the clinical experience in managing PD that Sally Thimm, OTR/L, has accumulated over the past 20 years. She has worked hand in hand with many of our patients in SW FL. In her presentation: "Home Management Tips for People living with Parkinson's", Sally will review a number of ways to make the daily routine of living with PD, a little bit easier. She will discuss medication organization and management, ways to make bathroom and bedroom mobility easier, and make some suggestions to manage dressing and bathing. "It's all about staying as independent as possible and keeping the Caregiver happy!"

Clinical research is the corner stone on top of which we built the progress in the management of PD. Without it we would still be facing a devastating illness with a lifespan of 7 to 10 years from the time of diagnosis. Our Senior Clinical Research Coordinator at the PD Treatment Center of SW FL, Judy Seymour, CMA (AAMA) CCRC, will review the benefits of participating in clinical trials and the importance of helping in the process of bringing new, more effective and better tolerated drugs, to the forefront.

Finally, I will review the evolution of the most commonly used and effective symptomatic drug for the treatment of PD: Levodopa. The journey from the 1960's to 2016 is nothing but fascinating, and after 50 years of using this drug, in 2015 the FDA approved two new formulations: Duopa® and Rytary®. New delivery systems for Levodopa are currently in clinical trials: an aerosol inhaler and a "patch". The cure is not here yet, but closer than ever. Join us to learn more. Become a more educated, confident and successful patient and care partner team.

2016 Parkinson's Disease Patient's Forum

Wednesday April 27, 2016

at the Charlotte Harbor Event and Conference Center
75 Taylor Street, Punta Gorda, Florida



1:00	Doors open for Registration and Refreshments
1:50	Opening Remarks <i>Presented by..... Dr. Ramon A. Gil, M.D.</i>
2:00	Tips for Better Home Management <i>Presented by..... Sally Thimm, OTR/L</i>
2:30	Fall Prevention in Parkinson's Disease <i>Presented by..... Sergio Valdivia, PT, DPT</i>
3:00	The Importance of Clinical Research <i>Presented by..... Judy Seymour, CMA (AAMA) CCRC</i>
3:30	Break
4:00	Speech Therapy for PD: beyond LSVT <i>Presented by..... Mary Spremulli, CCC-SLP</i>
4:30	Levodopa in 2016 <i>Presented by..... Dr. Ramon A. Gil, M.D.</i>
5:15	Questions and Answers

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at improving quality of life. We work together with experts from all related fields including: Physical, Occupational, and Speech therapy, Neuropsychologists, and Neurosurgeons. Dr.Gil's practice is also dedicated to clinical research, and outreach programs, dedicated to promoting the mission of the practice.

Ramon A. Gil, M.D.

Medical Director, Parkinson's Disease
Diplomate, American Board of Psychiatry and Neurology
Parkinson's Disease Treatment Center of SW Florida
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LIFE-THREATENING SLEEP APNEA AND THE CPAP ALTERNATIVE

By Dr. Rich Gilbert

The word apnea literally means without breath. During sleep, the muscles and tissues of the upper airway can collapse and narrow or totally block the opening in the throat for air. The narrowing of the upper airway can produce sound - snoring. However, when the upper airway becomes completely obstructed breathing stops. This condition is called Obstructive Sleep Apnea (OSA) and the resulting oxygen deprivation is life threatening!

SNORING VS. SLEEP APNEA

Snoring is generally considered a mild condition resulting in limited daytime symptoms. Disruption to the sleep of the snorer's bed partner is the most common and irritating side effect.

OSA is a much more severe, life-threatening, condition in which the sufferer stops breathing repeatedly throughout the night. As a result, oxygen saturation levels in the bloodstream often drop to dangerous levels. Sleep patterns are disrupted because the body must fight to breathe and frequently arouse the sufferer from sleep. Besides fatigue there are much more grave health consequences associated with OSA that you should be aware of so that you understand the necessity of proper OSA treatment.

SERIOUSNESS OF OSA

Having Obstructive Sleep Apnea means that you actually stop breathing multiple times during the night. The lack of oxygen to your brain jolts your body awake briefly so you can take the necessary breath and then fall back to sleep. This apneic episode has very serious health ramifications. Your brain, heart and other organs are being oxygen starved repeatedly throughout the night, usually between 5-15 times per hour! Sleep patterns like this mean you're limiting rapid eye movement (REM) sleep, the essential sleep stage that helps recharge your



body's internal battery. The next day, your body compensates for its lack of rest, resulting in fatigue and poor productivity. During the day your concentration is easily broken and you suffer from daytime sleepiness and irritability.

You may realize that your productivity suffers at work, but what you may not realize is what's going on inside your body. Specifically, when you stop breathing your body experiences a drastic drop in oxygen saturation, from 97% to as low as 60%. This can lead to significant health problems and even death.

Here's a list of the most common concerns that untreated sleep apnea can cause:

Car Accidents - a deadly side effect of daytime sleepiness, people with untreated OSA are 5 times more likely to fall asleep behind the wheel.

Heart Disease/Stroke - the low oxygen levels caused by obstructed sleep apnea stress the body, making sufferers of OSA more likely to have a heart attack or die in the middle of the night. The oxygen disruption makes it hard for your brain to regulate the flow of blood to arteries and to the brain itself.

High Blood Pressure - frequent awakenings during the night cause hormonal systems to become hyperactive, which can result in a dangerous elevation in blood pressure.

Weight Gain - obstructive sleep apnea goes hand-in-hand with obesity because fatty deposits in the neck block adequate breathing during sleep increasing your risk of OSA. In addition, the lack of oxygen and sleep deprivation causes the endocrine system to increase production of several hormones. Specifically, the hormone Cortisol which increases your appetite and the hormone Ghrelin which increases cravings for carbohydrates and sweets. Both of which contribute to weight gain. Thus resulting in a vicious cycle of sleep deprivation and weight increase.

Type 2 Diabetes - since Type 2 Diabetes is often brought on by obesity, up to 80% of diabetics also suffer from some form of obstructed sleep apnea. Research shows that sleep deprivation can be a contributing factor to insulin resistance, which is the body's early warning system indicating susceptibility to Type 2 Diabetes.

Other serious health concerns that can be linked to OSA: depression, gastric reflux, insomnia, muscle pain, loss of short term memory, fibromyalgia, cardiac arrhythmia, intellectual deterioration, inefficient metabolism, severe anxiety, memory and concentration impairment, mood swings, and impotence.

TREATMENT OPTIONS

Although OSA can create severe health impairments - treatment can prevent most of these risks. It is even possible to cut down on blood pressure medication because getting adequate rest can lower blood pressure. Treatment is crucial. Often times that means CPAP therapy, a machine that sits beside your night table and applies positive airway pressure to the respiratory system to prevent apnea episodes. CPAP therapy has proven to be very effective in the treatment of OSA when used as prescribed. However, due to the invasive and obtrusive nature of CPAP therapy patient compliance is extremely poor. As a result, industry leaders now accept dental appliance therapy as standard practice.

TREATMENT OPTIONS

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In 2006, the American Academy of Sleep Medicine recommended that oral appliances be used as a first line of treatment for mild to moderate OSA. FDA approved oral appliances used to treat OSA work by advancing the mandible, thus holding the jaw in a forward position. This increases the free space in the back of the throat and prevents upper airway tissues from obstructing and causing an apnea event.

SCREENING FOR OSA AT THE DENTIST OFFICE

Attentive dentists are in a perfect position to screen for OSA because they routinely visualize their patients' upper airway, which may show an anatomical predisposition for obstruction. Additionally, dentists are privy to subjective signs and symptoms of OSA and can screen as part of medical history updates.

Often times, patients who believe they "snore" may in fact actually suffer from the more serious condition of OSA. If you or your bed partner suffers from symptoms of OSA, please call us to learn more about how oral appliances can prevent potentially serious health conditions that occur as a result of sleep apnea.

Dr. Rich Gilbert is well versed in all the different sleep apnea oral appliances available. After a brief consultation, Dr. Gilbert will explain which type of oral appliance will best suit you and why. All of Pelican Landing Dental's oral appliances are completely custom fabricated from molds of your mouth and are thereby effective and easy to wear. Most find that it typically only takes a few nights to get used to wearing. Soon, you won't ever want to sleep without it.



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What is Orangetheory?

Orangetheory Fitness is unique among fitness gyms in that it offers personal training in a group setting. Using interval training that focuses on cardiovascular and core strength training, Orangetheory gives you a complete workout in just one hour.

Orangetheory offers 54 convenient classes. Each class has a maximum of 24 students, each with a heart rate monitor attached to their body. The science behind the workout is to keep your heart rate at a target zone during your one-hour workout.

Orangetheory is heart rate-based interval training utilizing rowing machines, treadmills and a variety of strength equipment. The workout is segmented into blocks of work. The ability to view your heart rate % on a screen, encourages you to do the best for your ability.

What to expect

Every Orangetheory workout is a high calorie burner. Like any workout, you get out of it what you put into it, but this is a wonderful blend of heart-pumping cardio and muscle-building strength. -When you first arrive, you receive your heart rate

monitor (pod) for the day. You attach it to your chest strap and during the class, your name and heart rate zone, categorized by color, are projected onto a screen. Blue is the cool down/warm up zone, green is moderate, orange is fitness and red is the high limit. Ideally you'll want to stay within a green or orange zone for the majority of the workout, hence the name "Orange Theory."

Benefits of Orangetheory Fitness

The workout changes every day. This is the best method to prevent adaptation and burnout. They rotate the muscle groups that you emphasize so that you aren't fully fatiguing the same muscles on consecutive days and can allow adequate rest.

You can adjust and modify according to your specific needs. Because the strength portion is completed in rounds, you can work on your own time and don't have to be on the same exercise as your neighbor. This is great for beginners who want to move a little more slowly, or those who want to blast through the moves to complete more rounds. You can truly work at your own pace, and during the treadmill portion, they provide guidance for walkers, joggers and runners. You make it your workout and can easily change things up according to your unique needs.



Variety of exercises, so you never get bored. When you're moving quickly from one exercise to the next, there's very little time to get bored or complacent. The hour passes quickly and because the schedule changes daily, you can keep your body guessing.

The team atmosphere. I got a great vibe from the Point Loma studio; everyone was extremely friendly and helpful. It made me want to go back as soon as possible!

Mix of strength, power, balance, unilateral exercises and interval training. The best workout plan is one that combines all of these elements (in addition to flexibility training like yoga or Pilates), and Orange Theory hits all of them. You're getting strength and cardio benefits in one workout.

Live results and encouragement. The screens can be extremely motivating during the workout and appreciated the extra guidance. When you see that you are in the green zone, you know you're doing ok but that you can push it up to the orange zone. If you are able to spend most of your time in the green and orange zones, you are doing great and burning a lot of calories. When you finish the workout, you're emailed the Polar stats from the heart rate monitor, enabling you to track your long term progress.

The goal is to get your heart rate up for 12 to 20 minutes during the 60 minute workout, when we do that the typical female will burn about 700 calories and males about 900.

Orangetheory Fitness encompasses all levels of fitness; we have everything from people who haven't worked out in a long time to elite athletes and everything in between, and they can do the exact same class because they are doing it at their pace.

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OPTIMIZING YOUR HEALTH THROUGH HOLISTIC NUTRITION

Feed the body, nourish the mind, nurture the Spirit:

By Danielle Perrault, Founder, Director, World Institute of Natural Nutrition

To be optimally healthy we must take a holistic view of our health. In truth, we can feed ourselves with great care and spend a large chunk of income on nutritional supplements, without any substantial result. This statement may come as a surprise to those who know me, since I have spent the greater part of my life advocating good nutrition. As I get older and hopefully wiser, however, I have come to recognize the futility of having a vigorous physique when the mind and spirit are lagging behind.

Does that mean that good nutrition is not important? No. Because, you see, in order to be or become optimally healthy, we must first make sure that our bodies are not slowing us down in our reach towards greater mental health and self-realization of spirit. There are plenty of examples demonstrating that illness of body makes it very difficult, if not impossible in some cases, to achieve a high degree of peace of mind. Therein lies a truth. An agitated mind will affect the body negatively.

Let's take a look at our nutritional needs first. It goes without saying that the quality of the food we eat is crucial. It is difficult at times to determine the quality of our food, since we are bombarded from all sides by advertisements telling us that this food is healthier for us than another, or that we need to eat this to stay slim, or that to develop muscles, etc. Just watch TV and you will be told your menu for the week. There is, however, a very simple rule to follow in regards to nutrition. My first few students devised a tag line to help them remember: NAG – Natural, Alive, Good Quality. Natural, meaning as close to Nature as possible; Alive, meaning unprocessed by machines or human hands; and Good Quality meaning organic as much as possible. There, I have made your next market day much easier, and much more pleasant because you will sense the wisdom of this rule. Much more can be said and learned of course on the subject of nutrition. That's why we at WINN (World Institute of Natural Nutrition) have created a fabulous program of studies that you can peruse on our website at winnorg.com.



If good nutrition and a healthy lifestyle are our first concern, nourishing the mind comes next. Apart from the nutrients obtained from our food that keep our brain healthy, we must also recognize that the mind needs to be nourished through learning and intellectual pursuits. Facebook and Twitter may dictate our thoughts by the minute, but they are poor substitutes for intellectual challenges. We need to give ourselves time to reflect and explore new thoughts, in order to have a healthy mind.

Perhaps the most important thing we can do for our mind is to learn to handle stress positively. Unless we live as a monk in a cave by choice, we are subjected to stress daily and relentlessly. To allow stress to take hold of our mind is to cloud our judgment, and more often than not, to damage our body function.

"Stress consists of the internal alterations - visible or not - that occur when the organism perceives a threat to its existence or well-being" Gabor Mate, M.D. When the Body says No, Exploring the stress-disease connection. ISBN 978-0-470-92335-1



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Stress related illnesses are too numerous to count. Stress brought on by repressed or hidden emotions are no doubt the most difficult to identify and at times require a great deal of courage to face. It is so much easier, after all, to ignore our negative emotions when they surface in our thoughts. Some of us become experts at evasion, but the toll on our health is considerable. Of course eliminating the sources of negative emotions is difficult, sometimes impossible. So we have to find other ways to cope and survive.

Everyday stress due to work or family can be alleviated in a natural way through exercises such as yoga, so popular nowadays, and the addition of certain nutrients such as the B vitamins. It is wise, however, to seek help from a mental health professional when the stress issue is deeply rooted. That is very important for illness prevention. But most of all we need to find effective ways to relax and relieve our busy minds.

There are many ways we can learn to relax our mind when facing a stressful thought or situation. To list them here is beyond the scope of this article. I found the following, from Herbert Benson's *The Relaxation Response*:

Simplified way to elicit the relaxation response:

- *Repetition of a word, sound, phrase, prayer, or muscular activity.*
- *Passively disregarding everyday thoughts that inevitably come to mind and returning to your repetition.*

In my mind of course, and in the mind of many who practice it, daily inspired or guided meditation is the perfect way to calm the mind. Meditation is not just good for the mind, it is also essential for nurturing the spirit. And nurturing the spirit we must, if we are to gain optimal health. Meditation is not a religion, for those who would mistakenly think so. It is entirely secular, unless you want it otherwise.

When I first started teaching holistic nutrition some twenty two years ago, I was advised by 'wise' people to ignore the 'spirit' part of my teaching in order to be politically correct. I am glad I did not listen to their short sighted counsel. Over the years, awareness of who we are has grown by leaps and bounds, and the idea that we have a spirit that transcend our body-mind is no longer news. Let me correct that to say: we are spirits. Only in Silence can we recognize our true nature.

"Within each of us is a spark. Call it a divine spark if you will, but it is there and can light the way to health. There are no incurable diseases, only incurable people." Bernie Siegel, M.D.

In 2014, I was giving a 20th anniversary address to a group of my former students and supporters. I asked the question: "Who in this room believe that we have the power to heal ourselves?" Imagine my surprise and delight when most of the 200 or so people in the audience raised their hand. Twenty years ago I would not have seen more than a few raised hands. It was the highlight of my evening and a testimony to the progress we, people of this Earth, have made in recognizing our wholeness of body-mind-spirit.

.....
Danielle Perrault, Certified Holistic Nutritionist, has been teaching and promoting natural, holistic nutrition for over twenty years. She first founded the Canadian School of Natural Nutrition in 1994, then expanded internationally with the World Institute of Natural Nutrition with Head Office in Fort Myers, Florida.

Nurse On Call

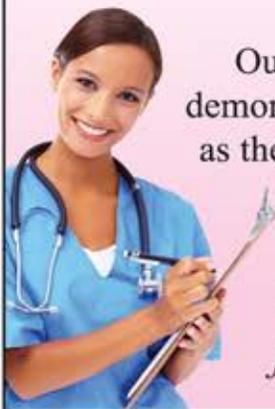
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“HEEL” Your Pain with Proper Footwear

By Christopher M. Cole, L.Ped

Heel pain is a common complaint among adults. It is often associated with having flat feet and a condition called plantar fasciitis. Many people ask what shoes are best for this condition to relieve their pain and prevent it from recurring without having to avoid their usual routines. Learn more about what factors to consider when buying the best shoes for heel pain and plantar fasciitis.

Heel Pain and Plantar Fasciitis

Heel pain that is more severe in the morning or after a long period of rest is characteristic of plantar fasciitis. The plantar fascia is the thick ligament which supports the bottom of the feet, just underneath the skin. When the plantar fascia is damaged and inflamed due to constant pressure and strain, plantar fasciitis develops.

Heel pain associated with plantar fasciitis occurs more commonly in the morning because as one rests at night, the plantar fascia, which has been stressed during the day contracts at night, is suddenly stretched as one gets out of bed. Even long periods of rest, such as after sitting or long standing, can result in severe pain.

What Causes Heel Pain

While the heel pain experienced by some people may be mild, to others it may be more intense and debilitating. Factors that increase one's risk for heel pain include:

- having flat feet, a condition where the medial arch of the foot collapses and stretches the plantar fascia
- over pronation of the feet, where one's weight is unduly placed in the inner side of the foot
- having tight, weak calf muscles which pull on the heel and stretches the fascia
- other conditions like arthritis, gout and nerve problems
- walking barefoot
- wearing incorrect shoes

What to Consider when Selecting Footwear

Shoes that do not fit properly and those whose soles are too soft are more likely to result in heel pain.



Incorrectly fitted shoes and shoe types that do not offer enough support to the arch of the feet can contribute to over pronation, which can eventually lead to the collapse of the arch. People with plantar fasciitis need to wear better quality shoes that can support their medial arch.

Selecting appropriate shoes for plantar fasciitis depends on the degree of over pronation and what type of activity the shoes are going to be used. Active people, like runners with flat feet normally over pronate, so they need motion-control shoes that control pronation.

The more the foot over pronates, the greater pronation control technology is required to set the foot back to its neutral position. There are mild, moderate, and maximum support shoes available for people of various frame sizes who demonstrate minimum to moderate over pronation. Motion-control shoes are ideal for runners with maximum over pronation. They are also good for runners with large frames and exhibit moderate over pronation.

Arch Support/Orthotics are critical when addressing heel pain, especially plantar fasciitis. Most supportive shoes, although offering motion control, and medial support, do not actually support the arch inside the shoe. It is the combination of the correct shoe and correct arch support for each individual foot type that truly addresses the problem. Supportive shoes can slow over-pronation and offer stability, but it is the arch support that actually regulates how much you pronate.

In buying the best type of shoe for heel pain and plantar fasciitis, it is important to remember that there is not one type of shoe that best for everyone. People have different foot structures, varying degrees of over pronation and different types of activities.

To customize your shoes further, you may need to place some orthotic device or an over-the-counter arch support to fully relieve your pain.

With so many footwear options available, it is difficult knowing which brands and types are best for your feet. The footwear experts at Foot Solutions in Estero perform complimentary Pedorthic evaluations in order to properly assess your feet and arches, as well as your balance and gait. This thorough evaluation is needed to accurately determine which footwear can eliminate your pain and is best for your needs.

Foot Solutions Estero not only offers premium off the shelf arch supports and orthotics, they can make them custom to each individual and to the precise differences between ones feet. After a thorough one-on-one evaluation including the use of state of the art scanners, foot solutions ensures each client receives the proper shoe and right arch support.

If you are experiencing any foot problems and have questions, please contact the staff at Foot Solutions in Estero. They are located at 21301 S. Tamiami Trail – Ste 300, Estero FL 33928 and can be reached at (239) 495-8911.

Christopher M. Cole, L.Ped



Chris is a Licensed Board Certified Pedorthist and owner of Foot Solutions Estero, a BOC Accredited Facility. Chris graduated from Clemson University and has taken advanced course study in Mass Position Theory, CAD/CAM Technology for Prescription Foot Orthotics, Pedorthic Care of Diabetic Foot, Heel Pain Syndrome, Obesity among older Americans, Fall Prevention, and Shoe Construction and Modification.

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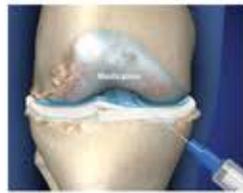
The knee is notorious for pain and injury. Knee pain can occur from an injury or a condition like osteoarthritis, and can impact activities of everyday life. There are many remedies for this condition, including rest, anti-inflammatory medications and using knee braces. For individuals whose knee pain progresses or does not respond to other types of treatment, injections may be an option to help relieve pain and discomfort without requiring surgery.

When regular treatments are not working well enough such as medication management with non-steroidal anti-inflammatories, intra-articular injections can be a great option.

There is a substance known as hyaluronic acid that is naturally found in the synovial fluid of human knee joints. It works to lubricate and cushion the knee joint, being the human equivalent of "motor oil". In 1997 the FDA approved the first hyaluronic acid preparation made from rooster combs for use in knee injections for osteoarthritis.

Currently there are multiple FDA approved hyaluronic acid preparations, which are extracted from rooster combs, and there are some synthetically grown products for those with avian allergies. They have trade names such as Supartz and Orthovisc.

These injections are also called viscosupplementation as they restore the normal viscoelastic properties to synovial fluid. This can help protect cartilage,



lubricate the joint and improve the shock absorbing effect of the knee. It is also suspected that hyaluronic acid injections may protect cartilage cells and actually promote the formation of more cartilage. This is the subject of a lot of speculation and has not been definitively proven.

Numerous clinical studies have been performed regarding the effectiveness of hyaluronic acid formulations. One of the largest studies in the US showed beneficial effects in 80% of patients for over six months. It appears that the combination of joint lubrication along with the anti-inflammatory effects that come from hyaluronic acid, work together to create such effective results.

Knee injections are typically extremely effective. A recent study on our website, shows the injections, which are as painless as a flu shot, when done under fluoroscopic guidance to ensure the hyaluronic acid passes through the synovial membrane, combined with physical therapy focused on painless strengthening of your knee area, and proper bracing to allow the fluid to move freely throughout the joint space, creates the highest level of pain reduction, with over 99% of patients we treat achieving an average pain reduction of 77%. These results are often good enough to delay the need for a knee replacement surgery and avoid it altogether.



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ALCOHOL & HEART HEALTH

The idea that alcohol may be good for your heart has been around for a while. While moderate drinking may offer health benefits, drinking more can cause a host of health problems. So should you turn to alcohol to protect your heart? Here's what you need to know, from what alcohol can really do, to how much you should drink, to which types of drinks—if any—are healthier than others. Use this information in conjunction with your healthcare provider's advice.

Research on Alcohol and Heart Disease

In several studies of diverse populations, moderate alcohol consumption has been associated with a reduced risk for certain cardiovascular diseases, such as coronary heart disease. These studies were observational—not experimental—and therefore had some limitations. However, they showed the need for experimental studies regarding alcohol intake and heart disease. A meta-analysis was conducted on all experimental studies to date to assess the effects of moderate alcohol intake on various health measures (such as HDL "good" cholesterol levels and triglycerides), and other biological markers associated with risk of coronary heart disease.

The analysis of these numerous studies suggests that moderate alcohol consumption (defined below) helps to protect against heart disease by:

- Raising HDL "good" cholesterol
- Increasing apolipoprotein A1, a protein that has a specific role in lipid (fat) metabolism and is a major component of HDL "good" cholesterol
- Decreasing fibrinogen, a soluble plasma glycoprotein that is a part of blood clot formation
- Lowering blood pressure
- Reducing plaque accumulation in the arteries
- Decreasing the clumping of platelets and the formation of blood clots



However, these studies did not show any relationship between moderate alcohol intake and total cholesterol level or LDL "bad" cholesterol. While some studies associated alcohol intake to increased triglycerides, the most recent analysis of moderate alcohol intake in healthy adults showed no such relationship.

Are Certain Types of Alcohol Better Than Others?

While a few research studies suggest that wine maybe more beneficial than beer or sprits in the prevention of heart disease, most studies do not support an association between type of alcoholic beverage and the prevention of heart disease. At present time, drinking wine for its antioxidant content to prevent heart disease is an unproven strategy. It still remains unclear whether red wine offers any heart-protecting advantage over white wine or other types of alcoholic beverages.

Health Risks of Drinking Too Much

While moderate drinking may have some health benefits, heavy or binge drinking can have a toxic effect on your health and your heart.

Dr. Scala has been selected a Castle Connolly 2015 "Top Doctor" by a physician-led team of researchers in the field of Cardiovascular Disease.



Dr. Louis J. Scala MD, FACC, FASA

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Dr. Louis J. Scala has been voted TOP DOCTOR four consecutive years by Castle Connolly. He received his medical degree at the State University of New York Health Science Center. He completed his Residency at Brown University, and Cardiology Fellowship at Cedars-Sinai Medical Center at UCLA. He is Board Certified in Internal Medicine and specializes in Cardiovascular Disease.

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Heavy drinking is the consumption of more than 3 drinks on any day or more than 7 drinks per week for women and more than 4 drinks on any day or more than 14 drinks per week for men. Heavy drinking in particular can damage the heart and lead to high blood pressure, alcoholic cardiomyopathy (enlarged and weakened heart), congestive heart failure, and stroke. Heavy drinking puts more fat into the circulation in your body, raising your triglyceride level. It's also associated with an increased risk of cirrhosis of the liver, cancer of the gastrointestinal tract and colon, breast cancer, violence, drowning, and injuries from falls and motor vehicle crashes.

Binge drinking is the consumption within 2 hours of 4 or more drinks for women and 5 or more drinks for men. Binge drinking is also associated with a wide range of other health and social problems, such as sexually transmitted disease, unintended pregnancy, and violent crimes.

Who Should NOT Drink

- Adults who cannot restrict their alcohol drinking to moderate levels, as listed above
- Anyone who is younger than the legal drinking age
- Women who are pregnant or may become pregnant
- Anyone taking a medication (prescription or over-the-counter) that can interact with alcohol. Talk to your doctor or pharmacist about the medications you take and alcohol consumption



- Individuals with certain medical conditions such as liver disease, hypertriglyceridemia, and pancreatitis. Talk to your doctor regarding your health history and alcohol consumption
- Individuals who plan to drive, operate machinery or take part in other activities that require attention, skill, or coordination or in situations where impaired judgment could cause injury or death, such as swimming

Research indicates that a moderate alcohol intake has been associated with a decreased risk for certain cardiovascular diseases, particularly coronary heart disease. However, health professionals and dietary guidelines suggest that if you don't drink, don't start. There are other, healthier ways to reduce your risk of heart disease like not smoking, eating right, getting regular exercise and maintaining a healthy weight. To find out if a moderate alcohol intake is appropriate for you, talk to your doctor about your consumption of alcohol, medical history, and any medications you use.

This information is for educational purposes only and is not intended to replace the advice of your doctor or health care provider. We encourage you to discuss with your doctor any questions or concerns you may have.

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Ramon A. Gil, M.D.
Diplomate, American Board of Psychiatry and Neurology
Diplomate, American Board of Internal Medicine
Former Clinical Associate, National Parkinson Foundation



Dry Eye Center of Excellence at Frantz EyeCare Offers Most Advanced Treatment in Southwest Florida

By Jeffrey B. Robin, MD

The majority of the patients sitting in eye doctors' waiting rooms today are suffering from some sort of dry eye issue. Over the last few years, researchers have discovered that "dry eyes" is much more than insufficient production of natural tears. In fact, the majority of dry eye cases are now known to be the result of rapid tear evaporation, usually caused by chronic blockage of critical oil-producing glands (called meibomian glands) in the eyelids which help control tear evaporation.

Frantz EyeCare has revolutionary new technologies that offer residents of Southwest Florida the most advanced and effective ways of treating their chronic dry eye problems.

These latest advancements include the **LipiView**, which evaluates the structure and function of these eyelid oil-producing glands by providing a high definition image of the meibomian glands; the **LipiFlow Thermal Pulsation System**, an innovative technology that removes blockages of the meibomian glands and restores normal gland function; and the **BlephEx**, a device that exfoliates and deep cleans the eyelids to remove the debris that is frequently contributing to the chronic obstruction of the meibomian glands. These technologies have been demonstrated to be safe and painless.

Frantz EyeCare is one of only a handful of practices in the State of Florida to intensively focus on this new understanding of dry eyes and devote the personnel, resources and wide array of advanced treatments through a dedicated Dry Eye Center of Excellence.

As a LASIK and Dry Eye Specialist I head up the team at Frantz EyeCare who will work directly with patients to determine the cause of their dry eye and then plan the best course of treatment. Dry eyes can



occur when there is too little aqueous (salt water) tear production and/or too rapid tear evaporation, which often results in chronic, low-grade inflammation of the eyelids and particular oil-producing meibomian glands in the lids

When managing a patient's dry eye complaint, we must first identify the type of dry eye they are experiencing – meibomian gland dysfunction, aqueous deficiency, allergy-related, contact lens

related, or blepharitis related. There's not one test or procedure alone that can properly diagnose and distinguish between the types of dry eye.

In June 2013 Frantz EyeCare introduced the TearLab Osmolarity test, which measures and assesses the health and stability of the patient's tear film. Although we were able to provide some relief for our dry eye patients by prescribing Omega 3 supplements, lid cleansers, tear replacement drops, punctual plugs, and oral antibiotics, we decided we needed to take the next step and add these more advanced technologies. So many of our patients suffer from dry eye and it frequently affects not only their eye comfort but even their quality of vision. If left untreated, it profoundly impacts their quality of life.

Symptoms of dry eye disease include; redness, burning, itching, fluctuation in vision, blurred vision, feeling of sand in the eye, contact lens discomfort, light sensitivity, or the eye feeling watery or tired.

If you know you have chronic dry eye problems or you think you may be experiencing the symptoms of dry eye, call our main office at (239) 418-0999 or visit www.BetterVision.net.



Center of Excellence

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Jeffrey Robin, MD, is a LASIK and Dry Eye 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 facial and body rejuvenation with office locations in Fort Myers, Cape Coral, Punta Gorda, Lehigh Acres, and Naples.



World Autism Awareness

The month of April is dedicated to Autism Awareness. By declaring April 2 as the official World Autism Awareness Day the United Nations hopes to bring the world's attention to autism, which is a disorder that affects tens of millions of people.

By now everyone has heard of Autism and chances are you know someone either directly or indirectly that has been diagnosed with the disorder. For those who are unsure as to what Autism actually is and what some of the signs and symptoms are, please continue to read below.

Basic explanation of Autism:

According to the Centers for Disease Control and Prevention (CDC), Autism is a form of Autism Spectrum Disorders (ASD's), which are a group of developmental disabilities that cause significant social, communication and behavioral challenges. Autism is a complex neurobiological disorder that typically lasts throughout a person's lifetime.

It is reported that an average of 1 out of 110 children in the United States have some form of ASD. Studies have shown boys are more susceptible to having Autism. In fact, one in 70 boys and one in 315 girls are diagnosed with Autism every year. Alarmingly, government statistics have found the rate of Autism is rising from 10-17 percent annually. According to the CDC, this is the most prevalent developmental disorder to date.

Autism is a developmental disability caused by differences in the brain. Scientists do not know yet exactly what causes these differences for most people with ASD. However, some people with ASD have a known difference, such as a genetic condition. There are multiple causes of ASD, although most are not yet known.

Signs & Symptoms:

There is often nothing about how people with ASD look that sets them apart from other people, but they may communicate, interact, behave, and learn in ways that are different from

most other people. The learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. Some people with ASD need a lot of help in their daily lives; others need less.

Possible red flags, according to the CDC a person with ASD might:

- Not respond to their name by 12 months of age
- Not point at objects to show interest (point at an airplane flying over) by 14 months
- Not play "pretend" games (pretend to "feed" a doll) by 18 months
- Avoid eye contact and want to be alone
- Have trouble understanding other people's feelings or talking about their own feelings
- Have delayed speech and language skills
- Repeat words or phrases over and over (echolalia)
- Give unrelated answers to questions
- Get upset by minor changes
- Have obsessive interests
- Flap their hands, rock their body, or spin in circles
- Have unusual reactions to the way things sound, smell, taste, look, or feel

Screening & Diagnosis:

Since there are no medical test (for example; blood test), to determine if a child has Autism it is sometimes hard to diagnose. The doctor will look at the child's behavior and development to make a diagnosis.

Children with ASD develop at different rates in different areas. They may have delays in language, social, and learning skills, while their ability to walk and move around are about the same as other children their age. They might be very good at putting puzzles together or solving computer problems, but they might have trouble with social activities like talking or making friends. Children with an ASD might also learn a hard skill before they learn an easy one. For example, a child might be able to read long words but not be able to tell you what sound a "b" makes.

Children develop at their own pace, so it can be difficult to tell exactly when a child will learn a particular skill. But, there are age-specific developmental milestones used to measure a child's social and emotional progress in the first few years of life

Is there a cure for Autism?

According to AutismSpeaks.com unfortunately, experts have been unable to find a cure for Autism just yet. There is hope though; Scientist are working hard every day to help find a solution for the growing problem.

If you are concerned about a loved one's behavior and development, please seek professional medical advice and address your concerns with a physician. The sooner a diagnosis is made, the more successful therapies can be.

Please join Urgent Care Centers of SWFL in wearing blue as often as possible during the month of April to help support Autism Awareness!!!

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Is it my MEMORY...or is it my HEARING?

The latest findings on the connection between Hearing Loss and Cognitive Function!

Does your loved one constantly forget items that you know you've discussed with them, or is it possible that they didn't actually hear the message correctly? This question has been a concern for many families who suspect that a family member is showing signs of cognitive decline. Now, new research shows that hearing loss may not only be mistaken for signs of Alzheimer's disease or Dementia but that hearing loss may actually contribute to cognitive problems!



John and Patricia Hoglund
LHAS, BC-HIS, ACA

"We've always known that there are *similarities* between untreated hearing loss and Alzheimer / Dementia symptoms" states **John Hoglund BC-HIS, ACA of Hoglund Family Hearing and Audiology Services.**

"There are times when you may ask Mom a question about a specific topic, and she may give you an answer about a completely different subject that sounds absurd. You may be inclined to think she is showing signs of serious mental processing issues...but she was actually answering ...what *she heard!*" "Similarly it is impossible to correctly remember what you don't hear properly, so when Dad says that you never told him something that you KNOW that you discussed with him...he may not of understood what you said, but didn't bother asking you to repeat it." Episodes like these can give a false impression of cognitive decline where it is in fact simply due to their hearing loss. If the hearing problems are correctly addressed, these types of mistakes tend to go away.

There have been many recent headlines that now show a strong body of evidence that untreated hearing loss can significantly increase the risk of developing Alzheimer's Disease and Dementia! **CNN** reports that "The risk of Dementia appears to RISE as hearing ability DECLINES!" **AARP** quotes a study from Johns Hopkins and the National Institute on Aging that finds that "Men and Women with Hearing Loss are much more likely to develop Dementia and Alzheimer's



Disease!" They further state that "Even mild Hearing Loss DOUBLED the Dementia risk" and the **University of Pennsylvania School of Medicine** links even EARLY STAGE Hearing Loss to accelerated BRAIN ATROPHY!

The findings suggest that poor hearing is a "harbinger of impending dementia," says George Gates, M.D., a hearing expert at the University of Washington in Seattle, who was not involved in the new study but whose own research has demonstrated a link between the two conditions. "We listen with our ears but hear with our brains," Gates says. "It is simply not possible to separate audition and cognition" People with moderate hearing loss generally struggle to communicate even in quiet settings, and those with severe hearing loss are near deaf. People with severe hearing loss, the study reports, were five times more likely to develop dementia than those with normal hearing.

Frank R. Lin, M.D., an ear surgeon at Johns Hopkins Hospital in Baltimore, says that hearing loss has an enormous impact on the lives of his patients and their family members. "Yet because it is such a slow and insidious process, it is often left ignored and untreated." It is therefore recommended that regularly scheduled Hearing Tests should be a part of Senior's routine medical testing, and that hearing loss should be addressed as early as possible before these negative consequences begin to develop. "The intent of publishing these research articles is not to create "panic" among the Senior population that they are going to lose their faculties if they have hearing loss", states Mr. Hoglund. "It is, however, information that people should learn about in greater detail, since regular hearing tests are often not included as part of an annual physical." "If you are over the age of fifty and have not had a Baseline Hearing Test, I would encourage you to begin monitoring your hearing acuity the way you monitor other aspects of your health. These tests are provided as a FREE public service by our Practice as a way of increasing knowledge and awareness of hearing related issues.

Hoglund Family Hearing and Audiology Services offer FREE Hearing Screenings at our Bonita Springs, Estero, and North Fort Myers Clinics, and you will receive a dated copy for your personal Medical records. At the time of your appointment, you will also receive a copy of six different reports about the research mentioned in this article. **Please Call (239) 498-7142** to schedule an appointment. All it will cost is a little of your time... but the knowledge you receive may be priceless!

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Am I a Candidate for Dental Implants?

By Dr. Ricardo S. Bocanegra, DDS

Generally speaking, if you have lost teeth you are a candidate for dental implants. It is important that you are in good health, however, as there are some conditions and diseases that can affect whether dental implants are right for you. For example, uncontrolled diabetes, cancer, radiation to the jaws, smoking, alcoholism, or uncontrolled periodontal (gum) disease may affect whether dental implants will fuse to your bone. It is important to let your dental surgeon know all about your medical status (past and present) together with all medications you are taking, whether prescribed, alternative (herbal) or over-the-counter.

Where and how implants are placed requires a detailed assessment of your overall stomato-gnathic system ("stoma" – mouth; "gnathic" – jaws), within which the teeth function. This will necessitate compiling records that include study models of your mouth and bite, and specialized radiographs (x-rays), which may include 3D scans known as computerized tomograms (CT scans). Planning with the help of computer imaging ensures that dental implants can be placed in exactly the right position in the bone.

How and why is bone lost when teeth are lost?

Bone needs stimulation to maintain its form and density. In the case of alveolar (sac-like) bone that surrounds and supports teeth, the necessary stimulation comes from the teeth themselves.

When a tooth is lost, the lack of stimulation causes loss of alveolar bone. There is a 25% decrease in width of bone during the first year after tooth loss and an overall decrease in height over the next few years.

The more teeth lost, the more function lost. This leads to some particularly serious aesthetic and functional problems, particularly in people who have lost all of their teeth. And it doesn't stop there. After alveolar bone is lost, the bone beneath it, basal bone — the jawbone proper — also begins to resorb (melt away).

How can bone be preserved or re-grown to support dental implants?

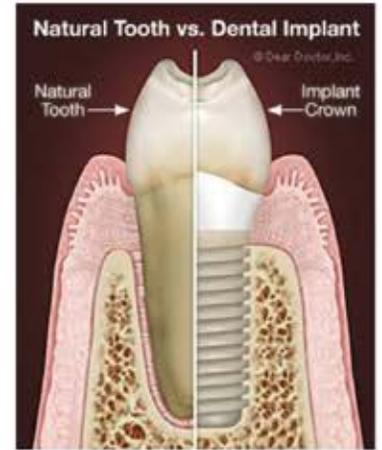
Grafting bone into the extraction sockets at the time of tooth loss or removal can help preserve bone volume needed for implant placement. Surgical techniques are also available to regenerate (re-grow) bone that has been lost, to provide the necessary bone substance for anchoring implants. In fact, a primary reason to consider dental implants to replace missing teeth is the maintenance of jawbone.

Bone needs stimulation to stay healthy. Because dental implants fuse to the bone, they stabilize it and prevent further bone loss. Resorption is a normal and inevitable process in which bone is lost when it is no longer supporting or connected to teeth. Only dental implants can stop this process and preserve the bone.

How are dental implants placed and who places them?

It takes a dental team to assess and plan dental implant placement and restoration — the fabrication of the crowns, bridge-work or dentures

that attach atop the implants and are visible in your mouth. The dental team consists of a dental surgical specialist — a periodontist, oral surgeon, or a general dentist with advanced training in implant surgery; a restorative dentist, who plans and places the tooth restorations; and a dental laboratory technician who fabricates them.



Placing dental implants requires a surgical procedure in which precision channels are created in the jawbone, often using a surgical guide. The implants are then fitted into the sites so that they are in intimate contact with the bone. They generally require two to six months to fuse to the bone before they can have tooth restorations attached to them to complete the process.

Doctor Ricardo Bocanegra is a Fellow of the International Academy of Oral Implantologists and has been servicing the dental needs of his patients since 1992. For a consultation you may contact him at 239-482-8806.

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ACUTE DIARRHEA + TOURIST = "TRAVELERS DIARRHEA"

By James J. O'Mailia, M.D., Gastroenterologist

Recently, as most of you are aware, Flu Season was in full bloom here in Lee County. This included the dreaded Norovirus, which generally had its effect on many of the sea-faring cruise liners. Over the past several months, the common symptomatic presentation was that of diarrhea. Doctors' offices, walk-in clinics and hospital emergency rooms received scores of distressing calls about this problem. And so, for this article, I want to introduce some basic ideas about what we, as physicians, want to know from you, our patients, about your symptoms to help you determine when to seek our advice, and some simple measures to help you weather what we call "Acute Diarrhea".

More than any other gastrointestinal symptom, acute diarrhea – the kind that keeps you tentatively housebound and tethered to the bathroom – is an ordeal for which laws should be written. Symptoms include surprise attacks of sudden urgency – no warning, just find a bathroom fast! This event can render a steady stream, or gaseous explosions. Other symptoms include persistent diarrhea with cramping or pain and with, seemingly, no end in sight, thereby forcing more fretful calls to doctors' offices or surrendering to the emergency room.

By definition, acute diarrhea (as opposed to chronic diarrhea) is the sudden onset of frequent, loose and watery stools that are generally associated with urgency and cramping. In its worst presentation, the cramps can be so severe as to cause cold seats, nausea and the feeling that you don't know which end of your digestive tract is about to heave. In other words, sufferers want relief NOW!

The causes of acute diarrhea are extensive. Here's a short list: The well-known version involves minor bouts due to nervous stress or a change in one's diet – and are usually short-lived and minimal in symptoms. Side effects of certain medications, Vitamin C and antibiotics can also be a cause. The most serious cause of sudden, abrupt diarrhea with cramping is usually an infection or a case of food poisoning.

The national organization, Center for Disease Control (CDC), has seen an upswing in the number of reported food poisoning cases per year, with many thousands of cases unreported. This is despite improvements in public health education and sanitation. The reasoning



considered for this upswing is basically two-fold – and this includes both at the individual level and at the food manufacturing level - one: poor personal hygiene of food handlers and two: improper monitoring and storage of food. Although outbreaks from restaurants and fast food establishments are more of a media highlight, the truth is that most cases of food poisoning are caused simply by improper food handling and sloppy hygiene.

Another form of food poisoning is known as "Travelers Diarrhea". Unfortunately, this is very common among American tourists visiting, for instance, the Caribbean/Mexico region, especially for an extended stay. That statistic is a frighteningly high 25%, or an estimated 3-5 million U.S. tourists per year just to that area alone. Globally, 45 million tourists traveling abroad suffer infectious food poisoning. And the numbers are rising, as more nomadic residents leave their relatively safe confines of home for exotic, remote destinations.

Acute diarrhea from food poisoning is no adventure. So, the obvious questions are "How can I avoid this?", "What do I do if these symptoms develop?" and "When is professional medical care warranted?"

The first treatment goal is Prevention. Boil it, cook it, peel it or don't eat it is a great motto. Follow this in even the fanciest of restaurants. If a food looks suspicious, send it back. Avoid salads, raw or undercooked meat and seafood, especially from street vendors. Stick with well-cooked foods and baked goods, canned goods, and fruits and vegetables washed or peeled by yourself. Drink only factory-sealed bottled water, even to brush your teeth. Ice cubes with a central hole are safe since this type is made from water previously heated or boiled.

The second treatment goal is what to do if symptoms develop. The most significant problem is *always dehydration*. This would present itself as dry mouth, increased thirst, decreased and darkening urine, fast heart rate, and dizziness or a faint feeling. Immediately increase your fluid intake, even at the expense of solid foods – drink plenty of bottled water or Gatorade-type drinks to restore electrolytes. Sip fluids slowly, to prevent abdominal cramping. Eliminate any alcoholic beverages. If nauseous, try sipping a cold, but flat regular Coca Cola or ginger ale.

Once solids can be restarted, an old remedy – The BRATT Diet – is quite helpful. Simply put, this acronym stands for Bananas, Rice, Applesauce, Tea and Toast. These are complex carbohydrates that are easy to digest. Foods also include crackers, rice cereal, baked fish and yogurt. For awhile, stay away from fatty foods, such as pizza, burgers, fried foods and ice cream.

Don't try to stop diarrhea immediately with medicines. Remember, diarrhea is the body's way of eliminating the infection. However, if too severe or not controlled with increased fluids and diet restrictions, then over-the-counter medicines like Pepto-Bismol, Imodium AD or Kaopectate can be used. Just remember not to overdo it, as more medicine is not necessarily better therapy.

Finally, most cases of acute diarrhea are self-cured – using these points mentioned. However, never hesitate to contact your doctor if in doubt about your status. Should you develop severe, unrelenting abdominal pain, shaking chills, fever greater than 101 degrees, rectal bleeding, weakness or confusion – notify your doctor or seek medical care at a walk-in clinic or emergency room. The use of intravenous fluids or antibiotics can be determined by your doctors. Never hesitate to seek professional medical advice if you aren't sure of what treatment is needed. When treated early, acute diarrhea can usually be controlled relatively quickly and – the sooner the symptoms are controlled, the sooner the sunshine returns to your travelling adventure.

Be well and stay well.



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DECREASING BALANCE INCREASES RISK OF FALLS IN THE BATHROOM

As we age, it gets harder to do a lot of the activities we were once able to do with ease, and we tend to take those things for granted. Walking, bending, and climbing are movements that we think are simple now, but they only get more difficult when we reach our Golden Years.

The bathroom can be a hazardous place for aging homeowners. As balance decreases with age, the risk of slips and falls increases and increases presents the possibility of broken hips or other health concerns and costs. A safe and easy-to-use bathroom is critical for aging homeowners who wish to remain independent for as long as possible.

One daily activity that you may not realize that can become a more difficult task in the future is the ability to take a bath or shower on your own. Lifting your legs to step over the ledge and into the tub may not be possible, especially with decreased balance. Even if your bathroom already has a shower with a walk-in feature or a low ledge, standing for long periods of time will not be comfortable, and leave you vulnerable to falls.

Installing aging-in-place bathroom features can help homeowners remain in their current residences well into their later years. In fact, aging-in-place remodeling is the fastest growing sector of the home improvement industry!



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Comfort and Security With a Walk in Tub

Most of us can envision many of the advantages of walk in tubs. Anyone with problems balancing, especially on one foot, will find that they can stay much more secure with a walk in tub. Stepping up and over a regular tub can be downright treacherous as the transfer of weight does not happen immediately and thereby easily pushing someone you love off balance.

Most of us also know that more broken hips happen from a slip and fall in the shower or bathtub than just about anywhere else. Anyone over the age of 50 should consider the installation of walk in tubs to be the installation of a personal safety feature. Women, especially, who run a high risk of developing osteoporosis and other potentially serious conditions should absolutely find safer ways to get clean.

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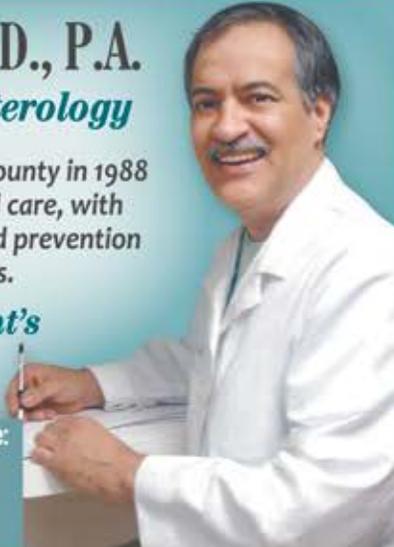
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WHY DOWNSIZING YOUR ESTATE IS A LONG TERM MEDICAL CARE ISSUE?

By Steven J. Gibbs, Esq.

Hello Friends & Colleagues!



It is common knowledge among estate planning professionals that reducing the size of larger estates is a key component of limiting the Federal Estate Tax exposure. Estate reduction may be accomplished through gifting to individuals and other entities, such as Irrevocable Trusts, or pursuing other "spend down" strategies.

However, not always considered is the importance of reducing your estate for purposes of long term Medicaid eligibility. In truth, the extremely high cost of long term medical care impacts many more estates than the estate tax issue because of the increases in the Federal Estate Tax exemption, which is \$5,430,000 for singles and just a tad over \$10,800,000 for married couples. Planning to preserve as much of the estate while accommodating the cost of long term medical care is the focus of this article.

1. Downsizing Your Estate Is An Important Consideration For Medicaid Planning Purposes Because It Is A Means Tested Program Based Upon Assets And Income.

When thinking about downsizing an estate, estate planning professionals are most often focusing on limiting Federal Estate Taxes. However, we know that the Baby Boomers are aging and beginning to require long term "skilled nursing" care, and these costs can be staggering. Transfers of assets out of your estate can, in many cases, literally salvage the remaining estate. Gifting can be a great strategy for both tax planning and Medicaid planning purposes and currently \$14,000 (per spouse) may be gifted to as many beneficiaries as desired. Of course any transfers, including those allowed for tax purposes are still subject to the "look back" period for Medicaid as discussed below.

2. With Average Monthly Costs Of Skilled Nursing Care Ranging Between \$5,000 and \$10,000 Per Month, An Estate Can Be Depleted Quickly And May Be Avoided With Proper Spousal Planning And Gifting Strategies.

Without a plan, an aging couple will be required to "spend down" an estate in order to qualify an ill spouse for Medicaid assistance. However, wise planning under the current laws may preserve the estate for the benefit of the well spouse while allowing an ill spouse to qualify. Currently, there is no penalty if one spouse "transfers" assets to another spouse for Medicaid purposes. However, for an ill spouse to qualify for Medicaid, Medicaid only allows the "Community Spouse" to keep approximately \$116,000 (currently) in non-exempt assets. So, a common approach is to allocate the spending of any additional funds toward improving any exempt assets such as the marital homestead. Additionally, assets such as IRAs might not be considered a countable asset, and there are other strategies such as Personal Service Contracts, Promissory Notes and the "spousal refusal of support" that may be considered to preserve as much of the estate as possible.



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3. It Is Important To Consider Timing, The Look Back Period and Penalties When Considering These Strategies As Part of An Overall Plan.

The "look back period for Medicaid is currently 5 years in most States including Florida. This means that "Transfers" to individuals or entities such as Irrevocable Trusts can keep assets in the family so to speak if transfers are made prior to the look back period. After 5 years a transfer will not impact Medicaid eligibility and if a transfer was made within the lookback period, a penalty would be assessed based upon the value of the asset transferred divided by the average monthly cost of care. So, as an example, if the fair market value of the asset transferred was \$100,000 and the average cost of care in the State is \$10,000, then the penalty period for Medicaid benefits would be 10 months.

4. Transfers To A Joint Revocable Living Trust Established By Both Spouses Will Not Be Effective.

When considering "transfers" of assets between spouses, for purposes of starting the clock on the look back period, transferring assets to a Joint Revocable Trust is really not a transfer, even if only one of the spouses is the Trustee. To make it effective, the well spouse must take title, either individually or in his/her own trust.

5. There Is An Element of Fortune Telling In All Of This So Even Good Strategies Can Experience Difficulty.

In all of the above strategies, there is always an element of fortune telling. For this reason, sometimes it is a difficult determination whether to transfer assets to a "well spouse", especially if that spouse has some health problems also, or if we are dealing with a second marriage with children from a first marriage. All of these issues must be considered and carefully "weighed" by an experienced elder law attorney prior to making moves because every move carries potential consequences.

As always, these are all general principles that may or may not be advisable based upon one's unique circumstances, and...

I hope this is helpful.

Steven J. Gibbs, Esq.



Steven Gibbs founded the Gibbs Law Office in January 2009, committed to providing client-centered legal services.

Steve as he would rather be called, is not your typical attorney. If you appreciate the staunch egotistical mannerism of most firms, you will be delighted with Steve's unpretentious approach to educating and then assisting his client. Instead of giving you his complacent and lofty ideas, he would rather pursue your expectations with professional conversation about resolving your concerns under the Law. It's your life and it's his job to make your legal expectations come true while using years of his guidance and knowledge.

Steve was admitted to the Minnesota Bar in 1999, the Florida Bar in 2007 and was recently admitted to the California bar. Keeping abreast of law changes in these three States, as well as the United States, assists him in all aspects of the types of law the firm practices.

Along his career path, he was an associate attorney for an insurance defense law firm; an in-house real estate negotiator for Target Corporation; and corporate counsel for Civix, LLC and Vice President for North American Properties where he was responsible for various real estate transactions, including legal issues and negotiating unresolved business issues. Prior to opening Gibbs Law Office, PLLC, he was an associate with the firm of Roberts & Engvalson, P.A. where he gained his knowledge of trusts, estate planing and Wills. He opened his own firm in 2008 and now focuses on laws that will enrich the needs of his clients throughout their lives and those of their children. The firm has developed a practice dealing only with Trusts and Estate Planning, Wills, Medicaid Planning, Elder Law, Real Estate, Business Law and Probate.

Quoting from Steve "I decided to practice in areas that families will need as they progress down life's path. To help them with a solid foundation that will carry them throughout there lives is a rewarding experience for me and my staff."

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Open Enrollment for 2016 has ended. Need Health Insurance know your options!

By Ulla-Undine Merritt (Dee) National Producer Number (NPN) 8853366

There are Special Election Periods for eligible individuals to purchase creditable health insurance coverage. Most life change events have a maximum of 60 days to make that change. The majority of the time you're earliest effective date is the 1st of the month following your application.

Medicare and Under 65 Medical Plans have similar Special Election Periods but do have some variations.

www.healthcare.gov or www.medicare.gov

Medicare – partial list below please check with Medicare

- Move to a New Home that is not in the plans service area
- The plan is available but I now have new options
- Moved back to the U.S. after living outside the country
- Moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital)
- Released from jail
- No longer eligible for Medicaid
- Left coverage from an employer or union (including COBRA coverage)
- Involuntarily lose other drug coverage that's as good as Medicare drug coverage (creditable coverage), or the coverage changes and is no longer creditable.
- Drug coverage through a Medicare Cost Plan and you left the plan
- Dropped coverage in a Program of All-Inclusive Care for the Elderly (PACE) plan.



PPACA – The Affordable Care Act (others may apply please check with Market Place

- Losing job-based coverage
- Losing individual health coverage for a plan or policy you bought yourself
- Losing eligibility for Medicaid or CHIP
- Losing eligibility for Medicare
- Losing coverage through a family member
- Change in household size: Marriage; had a baby, adopted a child, or placed a child in foster care; divorced or legally separated and lost health insurance, death.
- Change in residence: Moving to a new home; a student moving to or from the place they attend school; seasonal worker moving to or from the place they both love and work; moving to or from a shelter or other transitional housing
- Other life changes: Change in your income that affect the coverage you qualify for; gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder; becoming a U.S. Citizen; leaving incarceration (jail or prison); AmeriCorps members starting or ending their service.

Short Term Medical Insurance is available all year long. These policies can be bought for up to 1 year. They do have medical underwriting so not everyone will qualify. But they are many times less expensive and you can purchase higher deductibles or catastrophic plans. They do not meet the government's creditable coverage standards so you could still be subject to the tax penalty for not having coverage.

Employer Group Coverage - New groups can be formed all year long. This is very important as the government made the law very specific to say that an employer may NOT pay for an employee's medical insurance (or any part of) and if they do they will be assessed a \$100 per employee penalty per day. So if you are and employer that is doing this it's time to shop for group insurance again. The advantages for individual insurance policies are going away and group is your best option now going forward. You want to speak to a Broker that deals with both group and individual so they can build a strategy that would best suit your and your employee's needs.

Also remember when moving to check your wills, trusts, and make sure they follow Florida's laws and guidelines. Establish yourself with a local attorney, CPA, Financial Planner / Insurance Agent. An annual review is very important. To many times people assume, don't assume ask a professional most of the time your first consultation is at no charge.



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Some Warnings About Alcohol

April is Alcohol Awareness month, and it seems a fitting time to take a look together at some ancient wisdom on the matter of potential warnings and dangers associated with alcohol.

My source is the book of Proverbs from the Hebrew Bible (or, if you prefer, the Old Testament as it is known to Christians). The warnings of Proverbs seem to group themselves around three potential pitfalls. Let's have a look at them:

The Pitfall of Defilement

Proverbs 20:1 says, *Wine is a mocker, strong drink a brawler, and whoever is led astray by it is not wise.*

And Proverbs 23:19-20 offers this counsel, *Hear, my son, and be wise, and direct your heart in the way. Be not among drunkards or among gluttonous eaters of meat.*

I don't want to be a victim of anyone's mockery, do you? I don't want to get into fights I can avoid. And, I suppose if I find myself in a fight I can't avoid, I sure don't want my judgment and motor skills to be impaired! I don't want to be unwise either either my life's overall choices ("the way") or with my choice of peers. We older adults like to caution those younger than we are about peer pressure, but in my observation, that problem of choosing unwise peers who can lead us to unwise choices does not simply go away with age! Even the term "social drinking" underscores the fact that, often, consuming alcohol, and sometimes over-consuming it, happens in social settings. The warning to avoid being "among drunkards" is a clear one.

The Pitfall of Devaluation

Proverbs 23:21 says, *For the drunkard and the glutton will come to poverty, and slumber will clothe them with rags.*

Proverbs 23:29-30 asks and answers some pointed questions. *Who has woe? Who has sorrow? Who has strife? Who has complaining? Who has wounds without cause? Who has redness of eyes? Those who tarry long over wine; those who go to try mixed wine.*

This speaks of loss of monetary value (I bet most who read this could tell a story of some friend or loved one who has come to financial loss over some sort of substance abuse issue. It's epidemic in our culture). There's also the enormous danger of emotion cost, expressed in the Proverb as "woe," "sorrow," "strife," and "complaining." Alcohol is a depressive pharmacological agent. That's just chemistry, and the biochemical effects, while not understood scientifically by the author of Proverbs, had certainly been observed by him. I bet they've been observed by you as well.

And of course, there are also the physical costs. Red eyes and wounds you don't remember getting don't sound like any fun at all!!



The Pitfall of Deceit

Finally, Proverbs 23:31-32 offers this strong caution: *Do not look at wine when it is red, when it sparkles in the cup and goes down smoothly. In the end it bites like a serpent and stings like an adder.*

No one ever meant to become addicted. No one ever meant to kill or be killed in a DUI accident. No one ever meant to lose their career or their family. No one ever meant to do irreparable harm to their own body or mind.

But we've all seen all of those.

So be careful, or, as the theme of April says, be aware of what alcohol can do to your life, and proceed, if at all, with the utmost of caution.

And if alcohol, or any other hurt, habit, or hangup, is already costing you more than you ever intended to pay, please consider yourself invited to check out a ministry call Celebrate Recovery here at McGregor Baptist. You can call the church office at 239-689-2560, and get more information.



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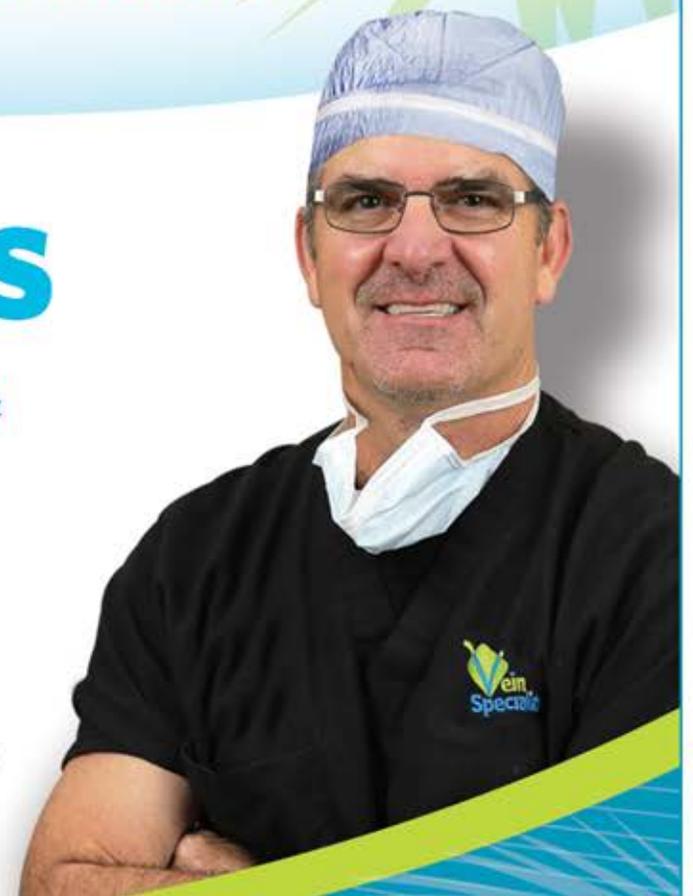
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