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# Health & Wellness<sup>®</sup> MAGAZINE

January 2015

Lee Edition - Monthly

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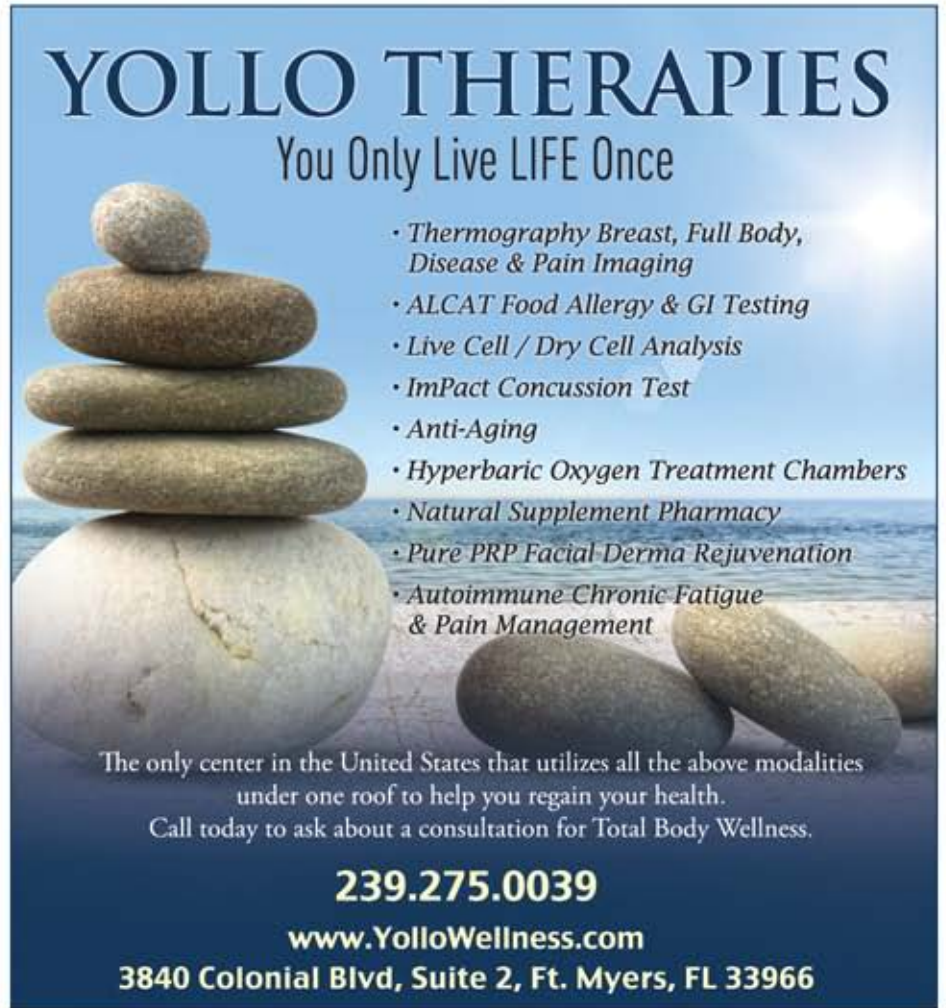
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# Contents January 2015

- |   |  |
|---|--|
| 6 What Do Varicose Veins, High Blood Pressure, High Cholesterol and Diabetes Mellitus Have in Common? | 22 Are Your Feet Making You Fat?                                   |
| 8 Weighing in the New Year  | 23 As We Age We Need to Make Changes to Stay Safe                  |
| 9 Treating Osteoarthritis of the Hip with Total Hip Replacement Surgery                               | 24 Is Urgent Care the ANSWER to Your Medical Needs?                |
| 10 Small Steps for the New Year   | 25 Knowing Risks of Glaucoma Can Stop Sneak Thief of Sight         |
| 11 Urinary Incontinence   | 26 Strong Colleges, Strong Communities                             |
| 12 You Don't Have to Depend on Depends  | 27 Time to Consider Joint Replacement                              |
| 13 Cutting Edge Technology and Science Meet to Make You Look Years Younger!                           | 28 New FDA Approved Device is Available For Gerd Sufferers in SWFL |
| 14 The "GPS" Knee Is Here   | 29 Put Out the Smoke and Heal Wounds                               |
| 16 Life-Threatening Sleep Apnea and the CPAP Alternative  | 30 Elder Law VS. Estate Planning                                   |
| 18 New Years Resolution: To Treat My Body with Gold Standards...                                      | 31 Resolve to Take Care of Your Brain                              |
| 20 The Benefits of Massage Therapy for Athletes   | 32 Health Insurance - Health Care Reform (Obama Care)              |
| 21 Proven Knee Arthritis Treatment  | 33 Hair Loss Caused by Thyroid Issues                              |
|   | 34 Caring for the Caregiver  |
|   | 35 Spiritual Wellness: The Scariest Thing I Have Ever Done         |



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### CONTACT US

OWNER / ACCOUNT EXECUTIVE

**Cristan Gensing**  
[cristan@gwhizmarketing.com](mailto:cristan@gwhizmarketing.com)

OWNER / CREATIVE DIRECTOR

**Sonny Gensing**  
[sonny@gwhizmarketing.com](mailto:sonny@gwhizmarketing.com)

EDITOR

**Lisa Minic**

EDITOR

**Lorrie Ritchie**



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

By Joseph Magnant, MD, FACS

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

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

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

## Venous insufficiency

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

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



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

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

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



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

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

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## So the question

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

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# Weighing in the New Year

By Janet Calderwood, RD, CSG, LD/N

**2015 is here!** For millions of Americans, weight loss is once again, at the very top of the New Year's resolution list. Truthfully, the majority of us can afford to lose some amount. The other day, I came across a cartoon by Marty Bucella which I found to be rather comical. Two ladies were sitting inside a restaurant reading the menu. One of the ladies comments to the other "I'm just getting a salad. Turns out the five pounds I lost was only misplaced." Whether someone's New Year's goal will bring about weight reduction or any other improved health outcome, it must start with a decision to do so; this is always a step in the right direction.

As a registered dietitian, I get asked a lot of questions by all types of people. One of the most popular questions goes something like this "how can I drop 10 pounds by Friday?" "Some people just do not like the straight-shooting answer that I give them. I explain to them that they didn't just wake up one morning with ten extra pounds attached to their body. Usually weight gain is gradual and can be related to factors such as increased caloric consumption, decreased physical activity, and age related changes just to name a few. In fact, if an individual consumes an excess of one hundred calories a day for a year, it can lead to a ten pound weight gain. It doesn't matter if the source of the additional calories is from foods with little nutritional value like cookies or donuts, or nutrient rich foods like almonds or bananas. Simply put, too much of any food or beverage is just too much and may contribute to weight gain and associated health risks.

According to The National Health and Nutrition Examination Survey, approximately 70% of all Americans are classified by BMI charts as being either overweight or obese (A body mass index of 25-29.9 is considered overweight, 30 or greater, obese). Even more shocking, obesity rates among children and teenagers have tripled in the last 30 years. Often, I witness first hand, the improved health patients with modest weight loss experience. On the flip side, I see the detrimental effect that excess weight has on the human body. It may lead to health problems such as high blood pressure, heart disease, diabetes, gall stones, certain cancers, osteoarthritis and breathing problems.

All of us have seen a compelling television ad, magazine headline or internet advertisement for some product promising immediate weight loss with virtually little or no effort. Just the other day while standing in line at the grocery store I came across a title that went something like this "drop six dress sizes in two weeks". My first thought was, I wonder if she is still alive? These claims are amusing but, appalling especially when celebrities we love endorse products with unproven results. UGH! Hardly a week goes by that there isn't a diet book on The New York Times Best Seller list. Recently I googled the term weight loss products and 95,200,000 results were found. Of course you are familiar with exercise equipment, diet teas and herbal supplements. Have you heard of fat burning creams, weight loss mouth spray, slimming earrings and appetite suppressing eyeglasses? I ask you with all of "the help" available why is almost 70% of all Americans overweight? When I encounter consumers that fall prey to the hype what began as amusing very quickly turns to annoyance. Incredibly, the annual revenue of the US weight loss industry is estimated to be 20 billion dollars.

Unrealistic expectations and use of overly restrictive guidelines lead to weight loss derailment. The origin for the word diet comes from the Greek word *diaita* which means "a way of life, mode of living." Diets were never intended to be temporary solutions but rather a day-to day lifestyle approach.

There are successful weight loss services, programs and products available to consumers. The Academy of Nutrition and Dietetics, [www.eatright.org](http://www.eatright.org) is America's largest organization of food and nutrition experts. The website has an abundance of resources and credible information, a great place for you to find the right answers for food and nutrition questions. There is also a link to find a registered dietitian to call on in your community, to assist with achieving your health goals. A customized and successful approach to permanent weight loss is at your fingertips.

The best advice I can give you is to focus on small changes. Over time, these small changes will lead to big results. Most importantly, set realistic goals, otherwise, what's the point? I like this quote by Denis Waitley "There are two primary choices in life: to accept conditions as they exist or accept responsibility for changing them."

**Janet Calderwood, RD, CSG, LD/N**  
Host of the weekly television show  
*The Dietitian on a Mission*

Janet Calderwood is a registered dietitian and board certified specialist in gerontology who is host of "Dietitian on a Mission" television show which airs locally on CNT channel 10 on mornings at 10 am. Janet works at Life Care Center of Estero and comes with an excellent clinical and educational background with a gift for teaching.



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# Treating Osteoarthritis of the Hip with Total Hip Replacement Surgery

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

**O**steoarthritis, also known as “wear-and-tear” arthritis, is a common condition. More than 28 million people in the United States were estimated to have osteoarthritis in 2011. Osteoarthritis occurs most often in weight-bearing joints, including the hip. It causes stiffness and pain and can make everyday activities difficult to manage.

Before considering surgery, your doctor will consider lifestyle modifications, such as losing weight and avoiding high-impact activities; physical therapy, to increase flexibility and range of motion; assistive devices such as canes or walkers; and pain medications. However, if the osteoarthritis is debilitating and not relieved with nonsurgical treatments, total hip replacement is one surgical option to treat osteoarthritis.

Hip replacement surgery removes the damaged bone and soft tissue of the hip and replaces it with a metal stem and socket, along with a plastic liner to replace the damaged cartilage between them. Modern, minimally invasive hip replacements avoids cutting into the tissue around the hip, and can complete a total hip replacement with one or two small incisions. This leads to reduced pain and a quicker recovery from the surgery.

The single-incision surgery usually requires a 3- to 6-inch incision, depending on the size of the patient and the complexity of the surgery. The incision is made on the outside of the hip, and the muscles and tendons are detached from the hip and then repaired, which leads to faster healing and minimizes the risk of hip dislocation.

In a two-incision surgery, the surgeon makes a 2- to 3-inch incision of the groin to insert the socket, and a 1- to 2-inch incision over the buttock to insert the femoral stem. The complexity of this surgery often means the surgeon will take x-rays to ensure correct guidance. Two-incision surgery often is a longer procedure than one-incision surgery.

Minimally invasive surgery leads to less damage to the muscles and soft tissues surrounding the hip, which can make recovery quicker than in traditional surgery. Depending on your overall health and the complexity of the surgery, you can expect to stay in the hospital for one to four days following the surgery. But regardless of the type of surgery performed for total hip replacement, physical rehabilitation is critical to restore the full motion and function of the hip joint. Your doctor should discuss what to expect in terms of exercise, physical therapy, and the recovery process beforehand.

## Am I a candidate for minimally invasive surgery?

While minimally invasive total hip replacements can lead to quicker recovery times than traditional total hip replacements, the surgery isn't suitable for everyone. Your doctor will carefully evaluate you and consider several factors before deciding which surgery technique to use. Candidates for minimally invasive surgery are generally thinner, younger, and healthier. They also have to be more likely to participate in and complete the physical rehabilitation process.

If you are overweight, very muscular, or have health problems that cause wounds to heal slowly, minimally invasive surgery may not be right for you. If you experience symptoms of osteoarthritis that are so severe that they interfere with your daily activities, consult your doctor to see if hip replacement surgery is the right course of action for you.



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Dr. John C. Kagan and his staff are happy to answer your questions about total hip replacement surgery. Dr. Kagan has more than 30 years of experience as an orthopedic surgeon 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](http://www.kaganortho.com) or call 239-936-6778.

# Small Steps for the New Year

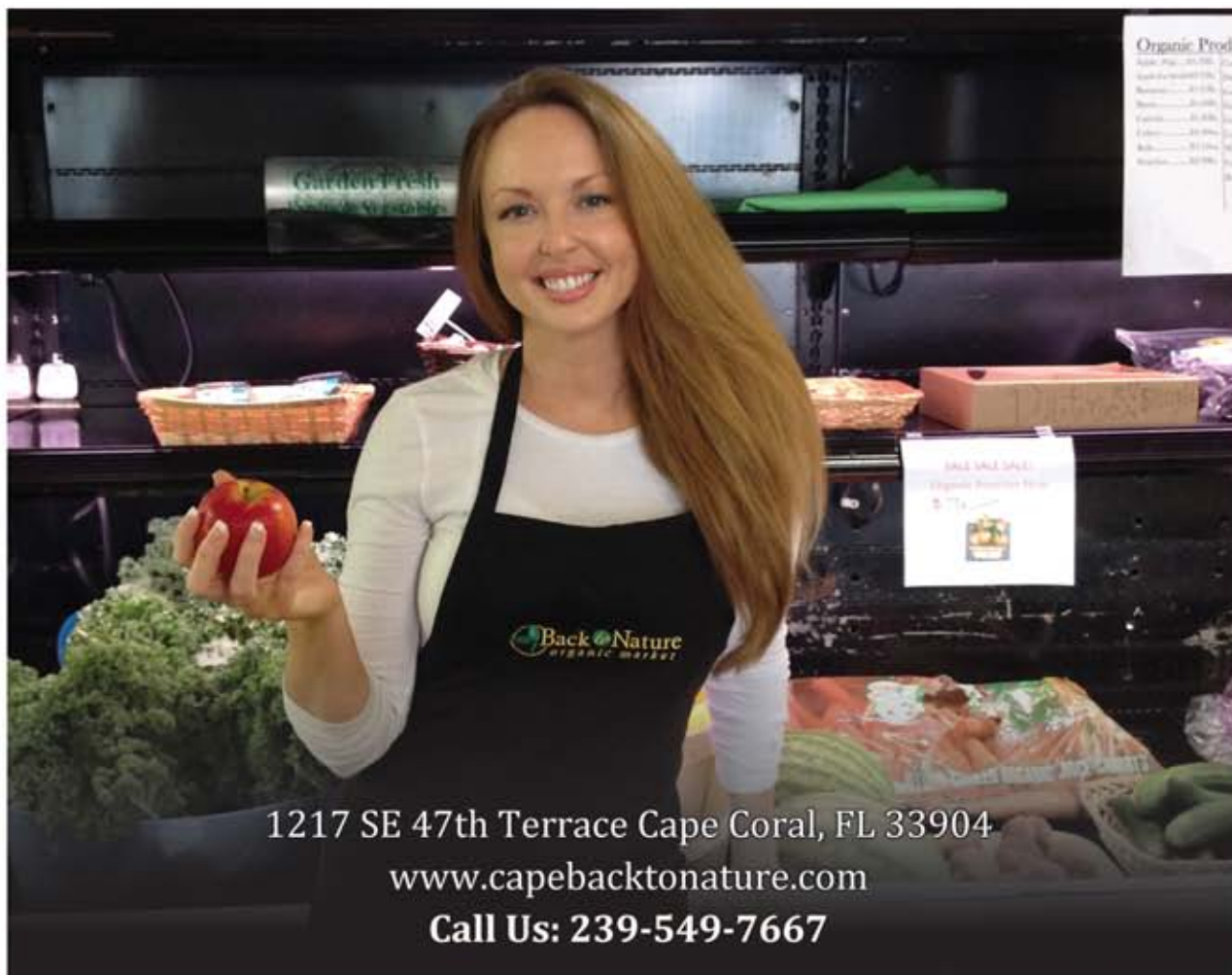


**T**alk to anyone trying to change their diet and lifestyle, and you will begin to hear a pattern in their voices. It's too hard, too time consuming, and too expensive. Yet, in an ironic twist, a lack of good health can tear away just as much of your life in the form of emotional struggles, trips to the doctor, and prescription medication purchased to counteract the side effects of the last prescription that was written to you when you had more productive things you needed to do that day.

**Good health doesn't just happen.** And make no mistake, when it finally does, the journey does not end there. It is a constant daily battle riddled with choices and obstacles. Although it may seem like an overwhelming task, when you learn to make changes in small, consistent steps, it is amazing just how easy living well can become.

**Start small.** It is common to think that someone preaching good health would tell you to overhaul your life and change everything about yourself overnight. While there are a lucky few who are able to take such drastic measures, more often than not, this type of thinking leads us to frustration and defeat, ultimately sliding back into bad habits. Try this instead: every morning, take a whole-food multivitamin. That's it. That's all it takes to begin to give your body the nutrients it is lacking. A whole-food vitamin is crucial when it comes to optimizing your consumer dollar. Don't think for a minute you are saving money when you purchase a less expensive pill down at your local pharmacy. Lab-created, synthetic vitamins have a poor absorption rate and cheap fillers can cause internal damage, quickly undoing the good you are trying to create. Do this step for about two weeks, until it becomes second nature, then begin to add a little more.

**Take your B vitamins.** Change is not just about how you look on the outside. Every day we are bombarded with stressful situations and negative connotations that wreak havoc on our nervous system. B vitamins, particularly B9 (Folic Acid) can help to regulate social behavior and support



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healthy serotonin levels. Pair this with B12 for a powerful weapon to fight fatigue and depression. Popping a bottle of liquid B vitamins in your purse or on your desk is a quick and effective way to give your body the energy it needs to manage stress.

**Eat raw green leafy vegetables.** You knew they were coming. Adding these green super foods seems to be one of the biggest struggles for people trying to make a change. Their bodies are so used to certain processed tastes and flavors, the thought of eating nutrient-dense foods can be the true deal-breaker. The good news is, you can add up to five servings of vegetables a day in one small meal. There are a plethora of reputable vitamin companies that take dried raw vegetables and grind them into a convenient scoop of green powder you can add to a yummy smoothie or glass of your favorite juice. While eating these vegetables in their natural form is always recommended, it is better to consume the powdered form of vegetables than not

to have them at all. Once you add this to your daily routine, you will find yourself with more energy, and fewer sugar cravings. Your body will begin to desire healthier options. How wonderful will it be when you begin to eat healthier, not because you know you need to, but because you WANT to? This is the turning point where good health becomes easier than you ever imagined.

Talk to anyone who has changed their diet and lifestyle, and you will begin to hear a pattern in their voices. It has made them happier, they feel better at 40 than they did at 25, and no, it wasn't easy at first, but they wouldn't take it back for anything. When you begin to take care of yourself, you start to see the time you save when you have the energy to get more done. The money you save on sick days and medication. And most importantly, the positive self image you develop that is worth every struggle, every step, every minute, every penny.

# Urinary Incontinence

By Harry Tsai, M.D.

**H**aving an overactive bladder is nothing to be ashamed of. In fact, nearly 15 percent of women are dealing with it on a chronic basis. As you may suspect, it is more prominent in women due to pregnancies, menopause, and the unique structure of the female urinary tract.

Stress Urinary Incontinence (SUI) is a specific type of problem that is caused by movement or exertion. Certain movements can result in excess pressure on the bladder; which results in unintentional urine loss. In a healthy individual, the muscle surrounding the urethra, called a sphincter, is responsible for containing urine within the bladder. Our bladder walls are made up of muscles that must be relaxed for the bladder to expand. When incontinence occurs, it is because the muscles have been weakened and cannot maintain their normal function. Various events can lead to this condition; childbirth, trauma to the pelvic region, and even chronic coughing from smoking. Knowing the mechanics of urinary incontinence helps us to find a proper treatment.

The most troubling part of having an uncontrollable bladder is that it can happen at virtually any time, day or night. It can occur during laughing, sneezing, or working out. Anytime we experience strenuous physical activity could be the next embarrassing accident. As with most medical problems, being healthy can drastically reduce our risks. Being overweight can increase abdominal pressure making matters worse. A bad habit like smoking can induce coughing; which can weaken the abdominal muscles. There are different treatments available for this condition; ranging from Kegel exercises to surgery.

Kegel exercises are the clenching and unclenching of the pelvic muscles. It is accomplished by “bearing down” and releasing. Also, the use of Botox is an option. When we hear the word “Botox”, it is generally attributed to the removal of wrinkles. However, in this case Botox is used to treat and reduce daily bladder leakage.

Botox has been FDA approved for incontinence sufferers and has shown great success. It works by injecting the Botox into the bladder muscles; this allows them to relax and store more urine with less stress. Botox is not a permanent solution and needs to be re-injected every 9 to 12 months.

Durasphere injections are another option; they are bulking agents that consist of non-migratory and non-absorbable prolytic-coated graphite beads in a gel. A mouthful to say, but it’s actually a quite simple procedure to help control uncontrollable bladder leakage. The bulking agents are injected straight into the urethra to fill up the space that permits urine leakage. The injection actually thickens the bladder making it more easily retain a healthy

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amount of urine. The pyrolytic carbon has been used in the medical field for over 30 years in implantable medical devices and it is non-reactive to tissue. This treatment is a safe and effective, minimally invasive, outpatient procedure option for urinary incontinence.

When it comes to treating urinary incontinence, the InterStim device is the most technologically advanced. This product has been used for over 15 years with over 100,000 individuals undergoing the procedure. The small device is surgically placed underneath the skin to stimulate the sacral nerves, the nerves that control the bladder. It blocks communication between the brain and the bladder. About the size of a pacemaker, this device sends electrical pulses down to the nerves of the pelvic floor. This is a method to reduce the contractions of an overactive bladder.

Urinary incontinence is not something that will go away on its own. Proper treatment is the only way to alleviate the symptoms. If you have any questions regarding incontinence, you can contact Dr. Tsai at (239) 985-1900.



# URINARY INCONTINENCE IN WOMEN – YOU DON'T HAVE TO DEPEND ON DEPENDS

By Joseph Gauta, MD, FACOG

**M**illions of women experience involuntary loss of urine called urinary incontinence (UI). Some women may lose a few drops of urine while running or coughing. Others may feel a strong, sudden urge to urinate just before losing a large amount of urine. Many women experience both symptoms. UI can be slightly bothersome or totally debilitating. It is a condition that is a source of embarrassment, depression, and leads to social isolation. For some women, the risk of public embarrassment keeps them from enjoying many activities with their family and friends. Urine loss can also occur during sexual activity and cause tremendous emotional distress.

Women experience UI twice as often as men. Pregnancy and childbirth, menopause, and the structure of the female urinary tract account for this difference. But both women and men can become incontinent from neurologic injury, birth defects, stroke, multiple sclerosis, and physical problems associated with aging.

Older women experience UI more often than younger women. But incontinence is not inevitable with age. UI is a medical problem. Your doctor or nurse can help you find a solution. No single treatment works for everyone, but many women can find improvement without surgery.

Incontinence occurs because of problems with muscles and nerves that help to hold or release urine. The body stores urine - water and wastes removed by the kidneys - in the bladder, a balloon-like organ. The bladder connects to the urethra, the tube through which urine leaves the body.

During urination, muscles in the wall of the bladder contract, forcing urine out of the bladder and into the urethra. At the same time, sphincter muscles surrounding the urethra relax, letting urine pass out of the body. Incontinence will occur if your bladder muscles suddenly contract or the sphincter muscles are not strong enough to hold back urine. Urine may escape with less pressure than usual if the muscles are damaged, causing a change in the position of the bladder. Obesity, which is associated with increased abdominal pressure, can worsen incontinence. Fortunately, weight loss can reduce its severity.

## COMMON TYPES OF INCONTINENCE

### Stress Incontinence

If coughing, laughing, sneezing, or other movements that put pressure on the bladder cause you to leak urine, you may have stress incontinence. Physical changes resulting from pregnancy, childbirth, and menopause often cause stress incontinence. This type of incontinence is common in women and, in many cases, can be treated.

Childbirth and other events can injure the scaffolding that helps support the bladder in women. Pelvic floor muscles, the vagina, and ligaments support your bladder (see figure 2). If these structures weaken, your bladder can move downward, pushing slightly out of the bottom of the pelvis toward the vagina. This prevents muscles that ordinarily force the urethra shut from squeezing as tightly as they should. As a result, urine can leak into the urethra during moments of physical stress. Stress incontinence also occurs if the squeezing muscles weaken.

### Urge Incontinence

If you lose urine for no apparent reason after suddenly feeling the need or urge to urinate, you may have urge incontinence. A common cause of urge incontinence is inappropriate bladder contractions. Abnormal nerve signals might be the cause of these bladder spasms.

Urge incontinence can mean that your bladder empties during sleep, after drinking a small amount of water, or when you touch water or hear it running (as when washing dishes or hearing someone else taking a shower). Certain fluids and medications such as diuretics or emotional states such as anxiety can worsen this condition. Some medical conditions, such as hyperthyroidism and uncontrolled diabetes, can also lead to or worsen urge incontinence.

### Overactive Bladder

Overactive bladder occurs when abnormal nerves send signals to the bladder at the wrong time, causing its muscles to squeeze without warning. Voiding up to seven times a day is normal for many women, but women with overactive bladder may find that they must urinate even more frequently.

### Functional Incontinence

People with medical problems that interfere with thinking, moving, or communicating may have trouble reaching a toilet. A person with Alzheimer's disease, for example, may not think well enough to plan a timely trip to a restroom. A person in a wheelchair may have a hard time getting to a toilet in time. Functional incontinence is the result of these physical and medical conditions. Conditions such as arthritis often develop with age and account for some of the incontinence of elderly women in nursing homes.

### Overflow Incontinence

Overflow incontinence happens when the bladder doesn't empty properly, causing it to spill over. Your doctor can check for this problem. Weak bladder muscles or a blocked urethra can cause this type of incontinence. Nerve damage from diabetes or other diseases can lead to weak bladder muscles; tumors and urinary stones can block the urethra. Overflow incontinence is rare in women.

### Transient Incontinence

Transient incontinence is a temporary version of incontinence. Medications, urinary tract infections, mental impairment, and restricted mobility can all trigger transient incontinence. Severe constipation can cause transient incontinence when the impacted stool pushes against the urinary tract and obstructs outflow. A cold can trigger incontinence, which resolves once the coughing spells cease.

Urinary incontinence isn't always preventable but certain factors can help decrease the risk of having the condition, such as maintaining a healthy weight; practicing pelvic floor exercises, especially during pregnancy; avoiding bladder irritants, such as caffeine and acidic foods; and eating more fiber, which can prevent constipation, a cause of urinary incontinence.

No matter the cause of your incontinence, don't let it keep you from enjoying life. Talk to your doctor and don't suffer in silence any longer. Locally, the founder of The Florida Bladder Institute, Dr. Joseph Gauta, is the region's premier Urogynecologist and can be reached at (239) 449-7979. The Florida Bladder Institute is located at 1890 SW Health Pkwy, Ste 205 in Naples. Call Dr. Gauta's office today and get the answers you need concerning incontinence.



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## SWAN TREATMENT OPTIONS

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

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

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

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

# The "GPS" Knee Is Here

By Peter Curcione, D.O.

**M**edicine and science are constantly evolving. Technology in all fields of medicine are ever improving. With the growth and advances in computer science the changes happen much more rapidly. In the course of my practice as an Orthopedic Surgeon, I see these advances on a regular basis. Some make no sense, others may improve things very little, still others get over-hyped, only to stay in vogue for a short time and then fail to live up to the promises. This is proven over time with the various implant recalls that we've witnessed over the last several years.

Since March, I've been using a pressure sensing device to assist me in Knee Replacement Surgery at Lehigh Regional Medical Center. It was recently profiled on one of the daytime TV talk shows as the "GPS" Knee. In the past I've tried the various computer assisted technologies. These advances have mostly focused on the alignment of the limb. I found that the extra cost needed for the technology did not provide any significant added benefit. As it turned out, my ability to match the computer readings were about the same. The technology that I write of today uses the computer in a different way. In order to do the "Perfect" Knee Replacement, we must not only re-establish the proper alignment of the limb, but we must establish the proper ligament balance to the joint. We've never been able to actually quantify this balancing until the Orthosensor device has come to market. This tool has a little micro sensor embedded in each trial implant so that before the real final components are implanted we can assess the ligament balance and rotation. The necessary balancing techniques can be made with the sensor in place and real time numbers show up on a screen.

I can then make the incremental adjustments until the proper balance is achieved. Rather than relying on my tactile feel and "guesswork" (albeit educated), I can now be sure that I have optimized the result.



During the course of my career I have had the honor of helping thousands of patients through joint replacement surgery. Before using the Orthosensor I thought I was an accurate technician. My patients were happy for the most part. Yet there still was a small group that although there were no complications they were not entirely happy with their outcome. The company reports a 97% percent patient satisfaction rate in their trials. The majority of historical knee replacement studies show about 85% satisfaction rates. Anecdotally, I have seen a difference in my patients. They are less stiff and recover their range of motion quicker. It was initially amazing to me how such subtle changes in ligament balancing affect the pressure numbers. Our tactile sensation cannot provide us with this kind of precision. I firmly believe that the more accurately we can balance a Total Knee Replacement the better the outcome for the patient. Having real-time data while in the operating room allows us to provide this to the patient. There is really no question that when the patient leaves my operating room, and I've used the Orthosensor, I've optimized the procedure. After all, the numbers don't lie.

When you see on the screen that the pressure numbers are acceptable, you have the concrete evidence of a properly balanced knee. If you have knee pain due to arthritis and have been contemplated a knee replacement, consider this technology, I think its here to stay.



**Peter Curcione, D.O.**

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# LIFE-THREATENING SLEEP APNEA AND THE CPAP ALTERNATIVE

By Dr. Rich Gilbert

**T**he 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 suffers 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.



Drs. Rich and Lacy Gilbert

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### 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.

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.

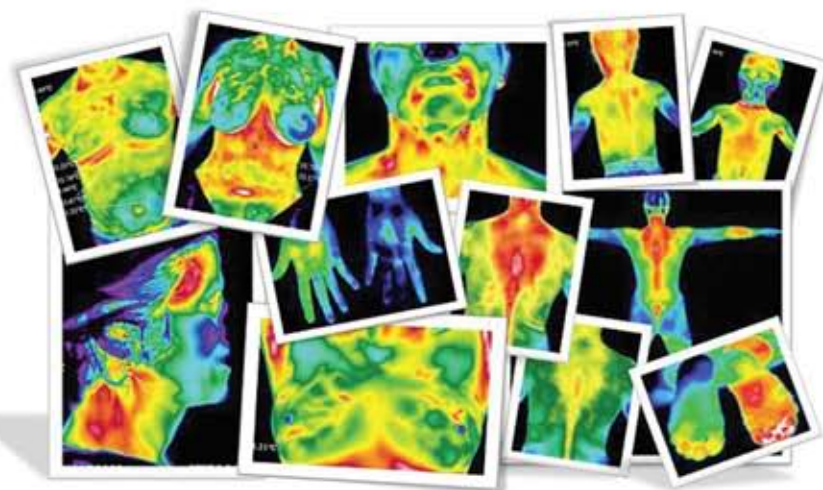


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and every day. You will too once you learn what you should and should not be eating. We can customize your food list to accommodate your personal goals whether it is weight loss, digestive disorders, skin problems, pain, fatigue, headaches or just raising the bar to your already good health plan to a great plan. The experts at YOLLO Wellness follow their ALCAT plan and can speak from 3 years of personal testing combined with the professional training to help you treat your body with Gold Standards.

### Here is what some clients of ALCAT have to say

• "I took the ALCAT test even though I had no health problems. I just wanted to look and feel even better. After 6 months on the plan, I dropped 1/2 a shoe size and 3 dress sizes! My strength and endurance has increased dramatically. Friends say my skin and face look years younger. I dropped over 14 pounds and my cholesterol went down almost 70 points!."

- Jan From California

• "My husband and I have done the ALCAT test and would like to let others know what great results we have had. I have been on the rotation meal plan for 6 months and my husband for one month. Within three days my husband who suffers from asthma has seen dramatic results. He can breathe better than he can ever remember. I have quit smoking after 5 years, my menopause replacement hormones were no longer needed and I no longer have acid reflux, sinus headaches or constipation. Our sons have even asked for the ALCAT test as their birthday presents after they saw our results!."

- Gayle from Texas

• "I've seen very good results with the ALCAT test and often recommend it to the athletes I work with."  
- Joe Rogowski, Strength and Conditioning Coach, Orlando Magic

• "For years I was in pain with no help from doctors. I was poked in every way with no results. Then finally, I came across what you offer, decided to give it a try, and I feel so much better. My quality of life has improved substantially thanks to this test. So, I just wanted to extend my thanks to you for offering an alternative for those of us who have had little to no success with traditional testing."

- Tiffany from Dallas

• "My son is doing great. He is a picture of health to all of us! He has taken a great interest in health and well-being and has been 'vegan' for about 6 months now. He eats 90% organic foods and has most of his friends eating healthy too!! ALCAT literally saved his life. We often talk about ALCAT, saying that if we never knew about it, Adam (my son) would probably be living on some sort of heart medication now and going through periodic heart testing, when all along the problem was the chemicals he was ingesting (msg specifically). It is a story I tell often."

-Dan from Michigan

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# The Benefits of Massage Therapy for Athletes

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

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

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

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



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

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

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

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# PROVEN KNEE ARTHRITIS TREATMENT

By Physicians Rehabilitation

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

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

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

If you have been suffering from constant or intermittent knee pain that just won't go away no matter how many ibuprofen you take, don't worry – there is another option.

If you have tried other treatments and have experienced little to no relief, you may still be a candidate for our treatment Program. Call (855) 276-5989 to schedule a no-cost, no-obligation consultation today!

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

For this reason, we encourage you to schedule an appointment to determine if you are a candidate for this FDA approved treatment for knee arthritis, you can always have more radical procedures performed later, if necessary. However, with knee replacement surgery, once done there is no turning back to a more conservative approach. Knee



**Avoid unnecessary surgery!** This FDA-approved treatment is proven to relieve knee pain, while eliminating the need for surgery. Treatment is safe, easy, and covered by most insurance companies, including Medicare.

replacement surgery is indeed necessary for some people with extreme conditions that our treatment is unable to help, but as we have seen with the great majority of our patients ... **A Total Knee Replacement is a Very Extreme Measure To Take** without considering all your options for a condition as common as knee arthritis.

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

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My knee feels great. I was told by my orthopedic surgeon that knee replacement was my only option. I did not want painful surgery, and as a retired physician at age 72, know the recovery period and pain that replacement entails. After completing Physicians Rehabilitation's treatments, I am back to living an active life...chasing my grandchildren; boating; gardening with my

wife-things that were impossible for the last few years with all that pain. And the staff, physicians and therapists were excellent" –Dr. F.M.

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239-768-6396 | [www.PhysiciansRehabilitation.com](http://www.PhysiciansRehabilitation.com)

# Are Your Feet Making You Fat?

By Christopher M. Cole, L.Ped

**F**oot pain can be a serious problem. It can often cause you to give up on exercise that has simply become too painful. Many people find themselves with feet propped up in front of the TV as a standard activity, because their pain prohibits them from doing anything else. It's time to ask yourself...are your feet making you fat?

Ever wonder how much damage you are doing when you walk to work in sky-high heels or scuff through errands in flip-flops? The shoes you wear can make you feel slim, sexy, and stylish—or they can leave you wincing in pain.

A recent survey found that people reported pain in their feet more often than any other part of the body. More than toothaches, knee problems, and even back pain. With 72% of Americans not exercising because of foot pain, Foot Solutions of Estero provides ways to alleviate foot pain and get you back to exercising.

Aching feet can keep you from exercising, which can lead to weight gain. Being overweight can stress your bones and muscles, and put extra stress on your feet and ankles. This can cause tendon inflammation in your feet, pain in your heels or toes, and other foot problems. Yet, a recent study on foot pain found that people only visit a doctor when the problem impacts their lifestyle, causes extreme pain, or requires surgery.

If foot pain is hindering your activity level, don't wait around. Often, these issues only get worse, and snowball into becoming more sedentary and gaining even more weight. In many cases, simply getting the right shoes or orthotics shoes can help get you back on your feet *without surgery*.

Many Americans rank their feet as the body part of lowest importance, yet the one that causes them the *most pain and discomfort*. It is critical to pay attention to your feet and wear proper shoes that can eliminate and prevent further pain and health problems.



Most people would agree that, like having a good mattress, good shoes are important to one's well being, since many hours are spent bearing weight on them. Yet, people frequently buy ill-fitted shoes for fashion, price, or other reasons, and then keep wearing the shoes until they are worn out, because they have just become "broken in."

As the country's obesity rates continue to soar, this makes treating foot pain imperative. If you are one of the many Americans who are unable to get the exercise you would like, due to foot problems, visit a footwear expert at Foot Solutions Estero today. There's no reason to continue living in discomfort and missing out on activities due to foot pain.

Through a thorough assessment the proper footwear or custom inserts can be recommended to alleviate or eliminate foot, knee, and back pain. Once fitted with proper shoes, you will be amazed at how quickly the pounds fall off!

Let Foot Solutions Estero guide you to feel better and live better in 2015. Call today for a free foot analysis to see how we can get you moving. Foot Solutions is next to Publix in the Corkscrew Village plaza on the corner of U.S. 41 and Corkscrew Road.

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**Foot Solutions Estero expert staff is carefully trained to evaluate your pain, pinpoint problems, and recommend customized solutions. We can help people with a variety of problems and conditions, including:**

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- People with hard-to-fit feet
- Walkers and runners
- People who stand all day for work
- People who are experiencing back pain or pain in their joints
- Athletes looking for a competitive edge

## 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.

# AS WE AGE WE NEED TO MAKE CHANGES TO STAY SAFE

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

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

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

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

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

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

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

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



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

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

My wife and I are seniors ourselves and we know firsthand the affects aging has on our bodies and lifestyle. Let us help you have a safer and more comfortable bathing experience. For more information on bath solutions that best meet your needs, please call us at 1-877-878-8141 today, don't wait until an accident happens.

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# Is Urgent Care the **ANSWER** to your medical needs?

**T**he health care environment is changing and it is becoming more and more important for patients to understand their treatment options. It wasn't that long ago that you had two choices when there was something wrong with your health. If it was an emergency, you headed to the ER or called an ambulance. If it wasn't, you called your doctor and made an appointment. Unfortunately, there were plenty of things that slipped somewhere between the two concepts. What if you had a cold? By the time you made an appointment with your doctor, the cold would have likely healed on its own. At the same time, you probably didn't feel like sitting in an ER, being bypassed by more serious injuries and illnesses for five or six hours. Today, there is a third option, that takes the form of what is known as Urgent Care. Medical facilities, like Urgent Care Center of SW Florida that provide a bridge between a scheduled visit to a family physician and a trip to the emergency department, are many people's answers to their medical needs.

Unfortunately, medical issues often present at a time that does not fit neatly into regular primary care office hours. Urgent care is a convenient and viable option for medical conditions that cannot wait for a scheduled appointment with a primary care physician. Urgent Care Center of SW Florida accepts unscheduled, walk-in patients during extended weekday, weekend and holiday hours of operation. Clinics such as these provide solutions for people who don't have injuries or illnesses serious enough for the ER, but don't want to wait for a doctor's appointment.

It is comforting to know that you have an option when a medical condition cannot be handled by your primary care physician – such as ear infections, fever or flu symptoms, skin rashes, unexpected cuts, wounds, burns, sprains or fractures that do not require a visit to the emergency department. Urgent Care Center of SW Florida has an in-house laboratory and full imaging equipment for immediate diagnostic test results. Consider the following the next time you or someone you love requires urgent medical attention:



## Cost and Payment

How much you pay to visit an urgent care clinic will usually depend on your insurance situation. If your insurance is covering the fee, you can expect to pay a small upfront payment while your company takes care of the rest. If you don't have insurance or your plan doesn't cover the clinic, you can expect to find a much more affordable fee than you would find at the hospital emergency room. Most urgent care clinics are more than happy to take patients without insurance coverage and they tailor their fees to prices a real person could expect to pay. This is entirely unlike the hospital, which is tailored to bill an insurance company, thus the prices are considerably higher.

The average Urgent Care visit costs patients \$71-125 for basic care, with additional costs added for shots, x-rays, and labs. The average Emergency Room visit costs \$1,318.

## No Appointments Needed

The concept of needing to make an appointment would entirely defeat their purpose. While this means you will have to wait until it's your turn to be seen, you can almost always expect your wait to be far shorter than it would be in the emergency room. This is one of the benefits of urgent care treatment, ensuring each patient is seen quickly and receives proper care is a priority for physicians at an urgent care center. Patients are designed to be seen on a first come-first served basis, so you won't have to worry about a situation like the emergency room, where minor injuries and illnesses are constantly pushed back to make room

for more serious health emergencies. The average emergency room has a wait time of 2.4 hours, whereas urgent care centers are able to see walk-in patients within 15-45 minutes.

## Medical Professionals

If you've ever been told that urgent care clinics aren't staffed by medical doctors and nurses, but rather technicians with lower levels of medical knowledge, you were misinformed. These clinics must, by law, be staffed with medical doctors and teams, so you can be certain that you will receive high quality care. In fact, Pinnacle physicians are with you every step of the way and even coordinate follow-up care, including hospitalization if needed.

Services provided by Urgent Care Center of SW Florida fill the gap between primary care and hospital emergency rooms, offering increased convenience and cost savings to patients who need medical attention outside of normal office hours. The clinic provides patients with walk-in, extended-hour medical attention with licensed providers for a large scope of medical conditions.

The physicians and staff at Urgent Care Center of SW Florida, seasoned by years of working in Lee County emergency rooms, provide unparalleled medical treatment, state-of-the-art diagnostic testing, and laboratory services for you and your family in a relaxed spa-like environment.

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# KNOWING RISKS OF GLAUCOMA CAN STOP SNEAK THIEF OF SIGHT

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

By Jonathan M. Frantz, MD, FACS

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

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

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



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

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

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

### About Glaucoma

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

.....  
*Jonathan M. Frantz, MD, FACS, is named in The Guide to America’s Top Ophthalmologists. He and his team of doctors at Frantz EyeCare offer a broad spectrum of patient-focused comprehensive care from eye exams and eyewear to bladeless laser cataract surgery, treatment of eye diseases, bladeless LASIK laser vision correction, and eyelid surgery with office locations in Fort Myers, Cape Coral, Punta Gorda, Lehigh Acres, and Naples.*

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# Strong Colleges, Strong Communities...

By Dr. Patricia Land

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

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



Student in Class



Nursing Simulation Training at Florida SouthWestern State College

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

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

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

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

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

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

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



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

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

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

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

"The majority of total hip and knee replacements are completed in patients aged 65 years and older, but the volume is increasing dramatically among 45-64 year-old patients," said Daniel Harmon, DO, of Orthopedic Center of Florida in the Lee and Collier County area. Dr. Daniel Harmon completed his five year orthopedic surgery internship and residency at

The Cleveland Clinic Foundation/South Pointe Hospital in Cleveland, Ohio and then completed a fellowship in Adult Hip and Knee Reconstruction at Allegheny General Hospital in Pittsburgh, PA.

The majority of joint replacements are done for osteoarthritis, which is an arthritis that is developed over time from wear and tear. Nonetheless, Daniel Harmon claimed, "Regardless of age, the decision to pursue a total joint replacement is a decision made between the patient and physician with quality of life a determining factor. Obviously all conservative attempts at treatment must fail prior to surgical intervention. If surgery is an option, minimally invasive surgical techniques for reconstruction of the hip and knee have improved post-operative pain and allowed for a more rapid recovery." One reason that there has been a surgical boom of joint replacements among Baby Boomers is that active Boomers have been proac-



tive in opting to have replacement surgery sooner in order to experience less pain and a faster rehabilitation afterward.

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

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



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## A NEW FDA APPROVED DEVICE IS AVAILABLE FOR GERD SUFFERERS IN SWFL

By Peter Denk, MD, FACS

### What is GERD?

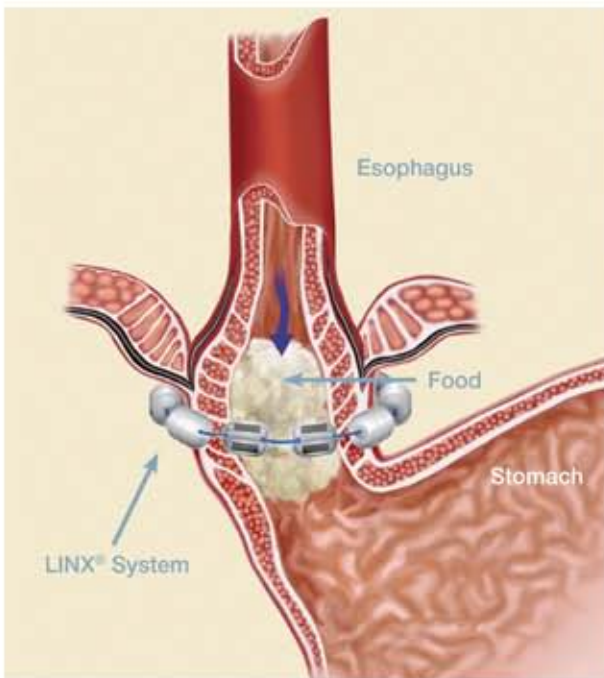
GERD or reflux disease is a very common disease of the digestive system. It is caused by a weak lower esophageal sphincter or LES. The LES is a ring of muscle that connects the esophagus to the stomach. It acts as a gatekeeper, opening to allow food to pass into the stomach and then closing to prevent the contents of the stomach (food, acid and other secretions) from refluxing into the esophagus. Because the lining of the esophagus is easily irritated by the contents of the stomach, reflux causes heartburn and other symptoms of GERD.

### Symptoms of GERD include:

- Heartburn
- Acid regurgitation
- Hot sensation in the stomach
- Excess salivation
- Difficulty or painful swallowing

### Facts about GERD:

- 10-15% of the adult population suffers from daily GERD (approx. 15 million).
- Incidence of GERD rises rapidly after 40 years of age.



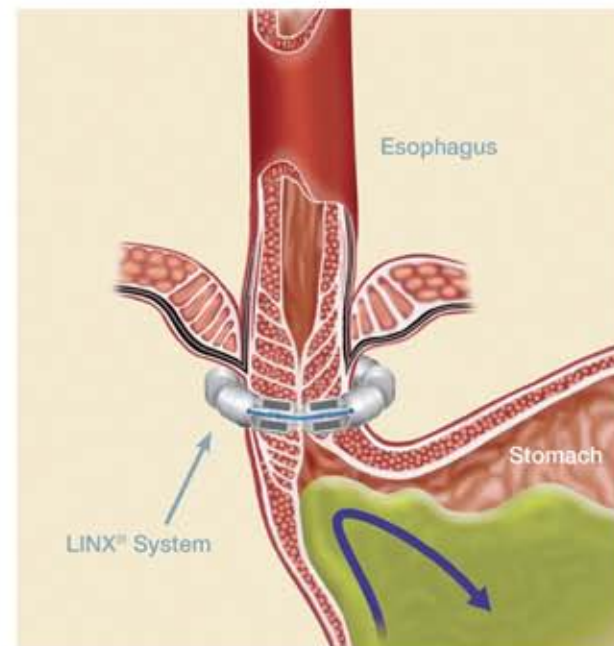
- Most GERD worsens over time. Early prevention can prevent further deterioration of the natural barrier to reflux.
- Esophageal cancer is 8x more likely to occur in patients with weekly heartburn or regurgitation

### The Linx® Reflux Management System:

GI Surgical Specialists is pleased to be the first practice in Southwest Florida to offer the LINX® Reflux Management System. LINX® is an FDA approved device that is implanted laparoscopically to treat GERD symptoms. This new option provides a minimally invasive surgical treatment with proven clinical benefits and without the side effects of traditional surgery.

LINX® is a small, flexible band of magnets enclosed in titanium beads. The magnetic attraction between the beads helps keep a weak esophageal sphincter closed to prevent reflux. LINX® is the only FDA approved device to treat Gastroesophageal Reflux Disease.

The device is implanted around the weak sphincter just above the stomach in a minimally invasive procedure that typically takes less than one hour. Placement of the LINX® System does not involve significant alterations to anatomy and can be removed during a laparoscopic procedure similar to the implant procedure. Patients are placed under general anesthesia and unlike the Nissen Fundoplication, patients are started on a solid diet soon after the procedure. After surgery, patients usually return home the same day.



### Clinical study results showed after LINX treatment:

- 91% of patients achieved freedom from daily GERD medication
- 92% of patients achieved significant symptom improvement
- 100% of patients eliminated severe regurgitation
- 99% of patients eliminated daily sleep disruption due to heartburn
- 94% of patients were satisfied with their overall condition

Results were published in *The New England Journal of Medicine*.

### Patients should consider Laparoscopic Reflux Surgery when:

- Conservative and medication-based therapies no longer control GERD symptoms
- Despite medication treatment, GERD is causing developing complications
- Unusual GERD symptoms such as asthma, sinus problems and chronic cough are uninhibited
- Long term medication therapy is not cost effective or conducive with a patient's lifestyle.

The LINX® Reflux Management System provides a new opportunity for patients who are dissatisfied with their current anti-reflux regimen. One that combines the benefits of traditional laparoscopic surgery while minimizing the potential risks by taking advantage of new technology. Contact us today to discuss your options for GERD treatment.

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# Put Out the Smoke and Heal Your Wounds

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

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

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

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

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

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

### How Smoking Impairs the Body's Ability to Heal Wounds

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

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

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

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



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

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

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For more information and articles on this topic, Google "Acute Wound Care" or visit [www.AcuteWoundCare.com](http://www.AcuteWoundCare.com) or call

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# ELDER LAW VS. ESTATE PLANNING

By Steven J. Gibbs, Esq.

*Hello Friends & Colleagues!*

**T**erms such as “Estate Planning”, “Elder Law”, and “Medicaid Planning” roll easily from the lips of well meaning attorneys but does anyone know what they mean? Worse yet, how do you know when you need an Estate Planning Attorney verses an Elder Law Attorney?

It is first and foremost important to understand your need for general Estate Planning. I have often written about estate planning and the benefits of utilizing a revocable trust to avoid probate, plan for disability and provide asset protection for beneficiaries. The most important thing is to do some planning whether you have \$100 dollars or 10 million dollars, because failure to have a plan is leaving the welfare of yourself and your family to the will of the state laws. In fact, you already have a plan under the state laws but it most likely is not what you would want. Probate is a court process needed to retitle assets when you don't have a trust and the probate process often creates needless stress and heartache for families working to settle estates.

So when people recognize their need to do some estate planning, they will often end up in the office of an “estate planning” attorney who despite best intentions knows nothing about elder law and Medicaid planning. This can be a big problem for elderly clients.

It is critical to understand how elder law and Medicaid planning overlaps and interplays with general estate planning concepts. I'll do my best to unpack this for you...

Typical estate planning undertaken by most attorneys in this field will address all of these concerns by analyzing the estate to determine the probate exposure and then implementing revocable trust planning in many cases to limit the need for probate. Additionally, a savvy estate planner will often address estate tax planning issues and will implement strategies such as marital and family trusts or QTIP trusts or GST (Generation Skipping) trust strategies in order to limit estate tax exposure. Surprisingly, in the heat of the estate planning frenzy, the need to look at elder law and Medicaid planning concerns is often missed.

**Why is this important?** First a bit of background... Medicaid is a need-based program which pays for things like long term nursing home care. This program is distinct from Medicaid which is

an insurance program for everyone which covers certain healthcare items once a deductible is met. Medicaid requires a “spend down” of the estate assets unless certain estate planning measures are taken to protect the estate.

Where elder law and Medicaid planning concerns often arise and should be considered is where of course the spouses are elderly and this is hard to define because the baby boomers are aging well in many cases and often do not appear elderly. However, often medical incidents arise during this time which substantially alters the clients' life circumstances giving rise to needs such as long term assisted living, home health care or nursing home care.

Suffice to say that any revocable trust planning should include some elder law planning and Medicaid related provisions in the trust to allow the Trustee to take measures to allow an ill spouse to get qualified for Medicaid while taking all legal measures to preserve the estate. Such measures are varied and based on the individual circumstances of each case. Medicaid planning tools include “income only trust” or “supplemental “special” needs trusts”.

Other options may include an “elective share trust” or a “personal services” contract with the family members to limit the “spend down” of the estate. Medicaid wills can also be an important tool that is rarely utilized by the masses.

So the “take away” here is to make sure that your estate-planning attorney understands all aspects of planning which range from business succession planning, to wealth and estate tax planning, to probate avoidance and disability planning, to elder law and Medicaid planning. These essential components will offer you a complete estate plan which maximizes the available legal protections for you and those you love the most.

As always, I hope this was helpful. Until next time friends...



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 planning 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."*

# Resolve to Take Care of Your Brain

By W.L. "Hunter" Huntley, III, HAS., BC-HIS

**E**very year most people set New Year resolutions. However, the majority of the population doesn't think about maintaining healthy hearing. Hearing loss is usually a very gradual progression, making it sometimes undetectable to the individual with the ailment. Usually a family member or close friend will notice the symptoms before the person with the impairment.

Symptoms include: asking for statements or directions to be repeated, trouble hearing over the phone, turning the T.V. or radio up louder than normal, have trouble understanding conversations in a car, difficulty with conversations in restaurants, not understanding in church, straining to hear and understand normal speech, avoiding certain situations or events, must have others raise their voice or move closer to help being understood, hear some people better than others, notice that other people seem to mumble, concentrate so much to listen that you tire from it, hear people speaking but have difficulty understanding the words, have been told that you speak loudly, miss the telephone ringing, even not hearing the turn indicators in an automobile.

These are some of the most common issues when a persons' hearing begins to decline. These may also indicate the onset of other medical conditions such as diabetes, heart disease, and stroke.

All of these maladies can cause significant hearing impairment.



Once a decline in hearing is detected, it is crucial to address the issue before it advances into a serious handicap.

John's Hopkins Medical University conducted studies on individuals who had hearing impairment, but did not seek any type of assistance with hearing instruments. The conclusions were astounding. People with even a mild hearing loss were twice as likely to develop some form of dementia and Alzheimer's disease. Those with severe hearing impairment were five times as likely to contract the aforementioned maladies. This occurs due to the auditory cortex of the brain (responsible for hearing and understanding speech) needs to be consistently stimulated "properly", to avoid loss of function and atrophy. We hear with our brain, not our ears!



A simple hearing evaluation will let you know if there are issues with your ability to hear and understand speech; and what options are available if necessary.

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W.L. "Hunter" Huntley, III, HAS, BC-HIS, Board Certified

W.L. "Hunter" Huntley, III, HAS, BC-HIS, Board Certified, attended Edinboro State College, Edinboro, PA, on a football scholarship and finished his education at the University of FL before entering training with Beltone Electronics in Chicago, IL. He was a Beltone hearing instrument dispenser from 1986 to 1992. Hunter is also a 2 time brain cancer survivor in 1993 & 1994. He has operated Leonardi Hearing Center, Inc., since 1994. Voted one of the best Hearing Healthcare Professionals in the Nation by the Hearing Review magazine for 2012 & 2013. He is also a Hearing Healthcare member in good standing with the International Hearing Society for 20 years.

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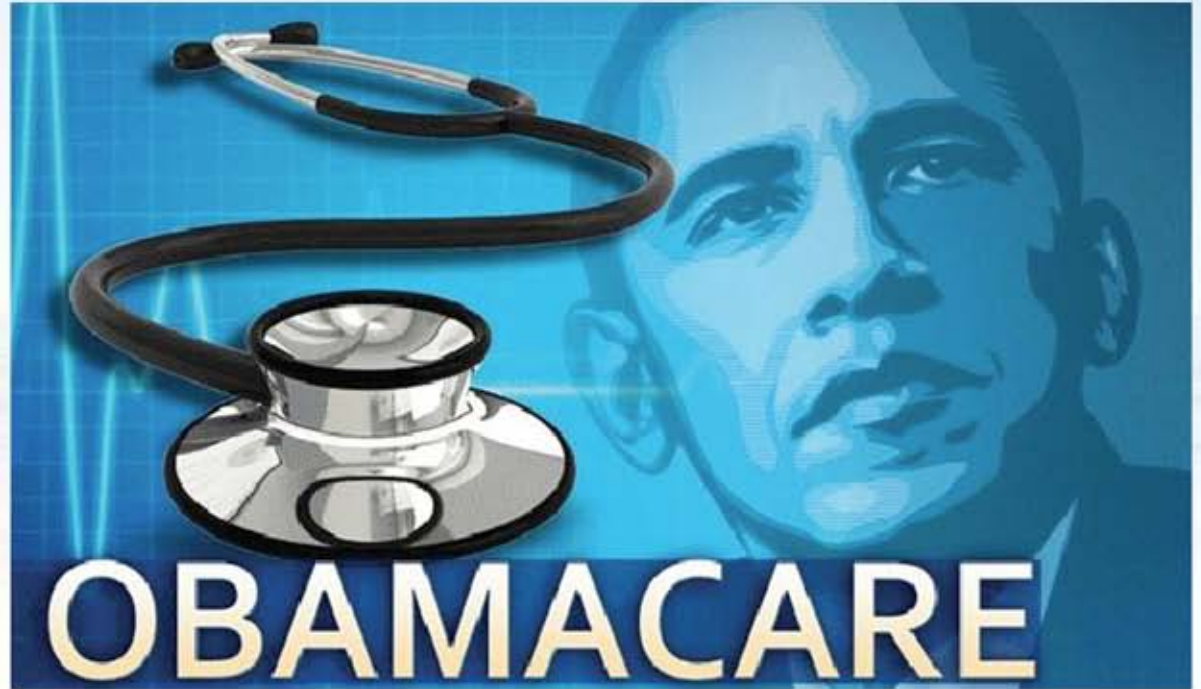


## Health Insurance – Health Care Reform (Obama Care) 2015 Open Enrollment is now in effect, Subsidy or No Subsidy it may apply to you!

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

**T**he law under the Patients Protection and Affordable Care Act (PPACA) - (Obama Care) the Open Enrollment Period is November 15th to February 15th, those that enroll between November 15th to December 15th will have a January 1, 2015 effective date; Dec. 16th – Jan. 15th eff. Feb. 1, 2015; Jan. 16th – Feb. 15th Mar. 1st 2015. After that you will not be permitted to purchase health insurance that meets the government standards that avoids the tax penalty unless you have a special election period, please visit <https://www.healthcare.gov> for more information. The PPACA plans have no medical under writing; short term policies are still available but currently still require medical underwriting which means you might be turned down if you have pre-existing conditions, or that condition may NOT be covered if a reoccurrence may happen. I am finding that many people think that the Affordable Care Act is only for people that are seeking government subsidy and that is not correct. The law affects just about every type of health insurance in the USA.

In order to qualify for government subsidy you need to go through the Market Place or if the Insurance Carrier offers seamless applications through their platform it can be done that way as well. To see if you qualify for tax credit you can check the IRS website at <http://www.irs.gov/uac/The-Premium-Tax-Credit>. If you do not qualify for subsidy you can still purchase your plan through the Market Place or the Insurance Company both available with the help of a local agent by adding their name and National Producer Number (NPA).



If you have an insurance policy for many years and drop that plan you will not be able to get it back as the plan will no longer exist to be re-purchased. Some insurance carriers are allowing their policy holders to keep their current plan, others have issued cancel notices. Before you cancel what you have make sure that you check to see if your doctors are in network as this has been a big problem in 2014 with people not being satisfied and also totally understand the plans "Summary of Benefits". Cost is important but not only the cost of the plan you choose but also make sure you can afford the out of pocket cost when you need to use the plan, sometimes raising the premium a little it may make it easier to visit the doctor more often as needed. Qualified High Deductible Health Plans (H.S.A.) plans also have a tax

advantage. You need to do the math, explain your needs both health and financially with a licensed insurance agent. Check to see how many companies they represent, if they only represent one ok guess what you get? There are a lot more choices in 2015, so doesn't just stay with you have check it out, if what you have turns out to be the best great. Remember you can make as many changes as you need up until February 15th, 2015 for the 2015 Plan Year. You don't like what you choose in January, change it!

There is a lot to know and I would recommend that you work with a licensed insurance professional that is Market Place Certified that can help you through the enrollment process and explain the different insurance policies available to you in your area.

*To learn more about Health Care Reform or schedule an appointment contact:  
Dee Merritt - Logical Insurance Solutions at 239-362-0855 or visit [www.Logicalinsurance.com](http://www.Logicalinsurance.com).*





**RECOVER**  
with *Confidence*

You have enough things on your mind.  
Your hair loss shouldn't be one of them.

## Hair Loss Caused by Thyroid Issues

By LaDonna Roye, Hairstylist

**A**t LaDonna Roye Hairstylists, one type of hair loss we frequently see is a result of thyroid issues.

Thyroid related hair loss includes general thinning of the hair, especially noticeable on top of the head, and texture change, from soft and shiny to coarse, dull and brittle.

In its early stages many clients believe it is simply a problem with their hair condition and assume conditioners will improve it. However, no topical treatment will improve this issue. ***The only solution for this type of hair loss is to see a qualified medical professional and get to the bottom of this serious medical issue.***

The butterfly-shaped thyroid gland is located in front of the neck where it produces hormones to control the body's metabolism. When not functioning properly it can speed up or slow down the body's metabolic processes, leading to a wide range of symptoms.

It is not always easy to tell if you are experiencing abnormal thyroid symptoms. You may gain weight, feel run down, experience "brain fog" and hair loss. Others may sweat lots more than usual and feel anxious or hyper. Some may confuse menopause symptoms with abnormal thyroid symptoms. It is possible to have a combination of two causes. ***The only way to tell for sure is to have a blood test.***

If the thyroid gland is producing lower than normal levels of thyroid hormones it is called *hypothyroidism*.

### Symptoms of hypothyroidism include:

- Weight gain • Hair loss • Low energy
- Slow heartbeat • Feeling cold
- Feeling depressed • Constipation
- Changes in the menstrual cycle • Dry skin
- Brittle nails • Tingling and numbness in the hands or fingers • Goiter



Hashimoto's Disease is the most common cause of hypothyroidism. The immune system mistakenly targets and damages the thyroid gland so not enough hormones are produced.

A problem with the pituitary gland may cause of hypothyroidism. The pituitary, located at the base of the brain, controls the function of many other glands, including the thyroid. The pituitary gland produces TSH, which signals the thyroid gland to produce thyroid hormones. If there is a problem with the pituitary gland resulting in insufficient TSH production, it may result in hypothyroidism.

Low thyroid hormone levels can also be caused by inflammation of the thyroid or certain medications.

Untreated hypothyroidism can raise cholesterol levels and increase the risk of heart attack or stroke. Other complications can include loss of bone density and heart problems. In extreme cases, coma and a life-threatening lowering of body temperature can occur.

Treatment for hypothyroidism usually involves taking thyroid hormones in pill form.

When too many thyroid hormones are being produced it is called *hyperthyroidism*.

### Symptoms of hyperthyroidism include:

- Unexpected weight loss • Hair Loss
- Rapid heartbeat • Sweating and feeling hot
- Sleep disturbances • Anxiety and restlessness
- Problems with vision • Diarrhea
- Irregularities in the menstrual cycle
- Trembling hands • Muscle weakness • Goiter

Graves' disease is an autoimmune condition that causes the immune system to target the thyroid gland. In this case, the immune system attack triggers the release of high levels of thyroid hormones causing hyperthyroidism. A swelling behind the eyes causing them to bulge is one of the signs of Graves' disease.

Goiter, an enlargement of the thyroid gland, can often be seen as a swelling in the front of the neck. A goiter can occur both as a result of either hypothyroidism or hyperthyroidism. It can also be caused by tumors or nodules that develop within the thyroid gland.

The most common treatment for hyperthyroidism includes taking anti-thyroid medication which lowers the amount of thyroid hormone produced. Radioactive iodine is a treatment option that destroys the thyroid gland over a period of weeks. After the gland is destroyed it is necessary to take thyroid hormones in a pill form.

Thyroid cancer is *not* common and is among the least deadly types of cancer. Only about 5% of thyroid nodules are cancerous. A lump or swelling in the thyroid gland is the most common sign. Thyroid cancer is typically treated by surgery, followed by radioactive iodine or radiation therapy.

Thyroid disease is most common in women over the age of 60. Family history of thyroid disease increases your chances of developing thyroid conditions. The American Thyroid Association recommends that everyone, starting at age 35, be screened annually for thyroid disease.

The good news about thyroid-related hair loss is that when thyroid hormone levels are returned to normal, the hair usually grows back. For many people with thyroid issues, hair loss and texture change are a sign that they should see their doctor and have their thyroid levels rechecked.

While waiting for their hair to return to normal people often choose to use a hairpiece or wig. Call us at LaDonna Roye Hairstylist for your confidential consultation and let us show you the many natural-looking solutions we offer.

*Recover with Confidence, a nationwide group of dedicated hair loss professionals provides products and services to women who have been afflicted with hair loss due to cancer. LaDonna Roye Hairstylist is proud to be its local partner and provider in offering patients individualized products and support to aid in their recovery process. LaDonna Roye Hairstylist is also a member of the American Hair Loss Council and was recently designated an "American Hair Loss Council Accredited Facility".*

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# CARING FOR THE CAREGIVER

## *How Does Caregiving Put Caregivers at Risk?*

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

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

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

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

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

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



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

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

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



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# The Scariest Thing I Have Ever Done

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

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

Hi Pastor Alex,

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

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

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

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

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

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

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

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

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

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

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

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

Thanks again Pastor, Kerri.

To your spiritual health,  
**Alex E. Anderson**  
 Author of the book, *Dangerous Prayers*  
[www.dangerous-prayers.com](http://www.dangerous-prayers.com)

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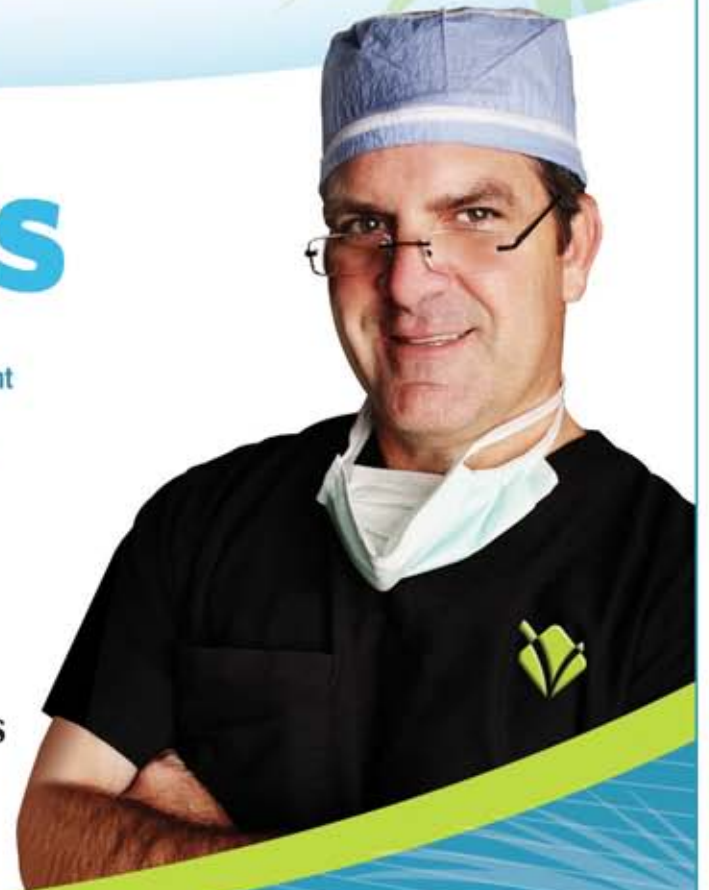
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