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February 2015

Charlotte/South Sarasota Edition - Monthly

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

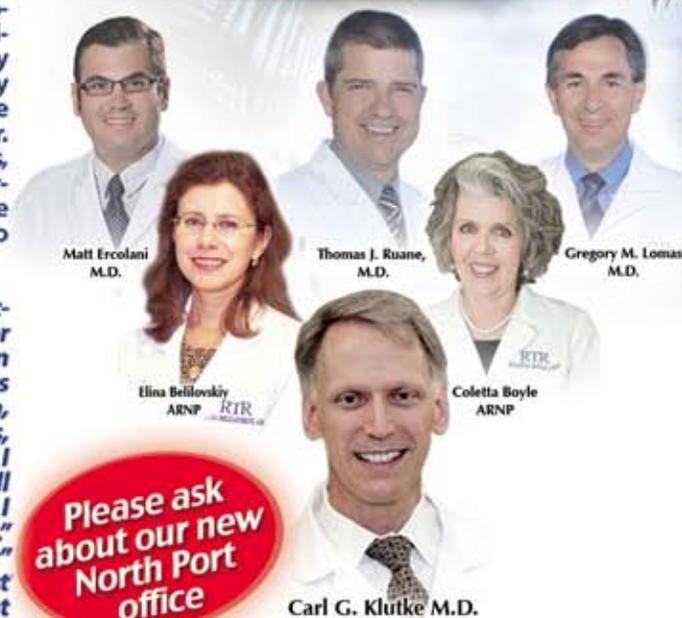
Carl G. Klutke is a Board Certified Urologic Surgeon, a member of the American Urologic Association and the International Continence Society. He received his medical education at the University of Michigan and completed his Surgical Internship and Urologic Residency at the Henry Ford Hospital in Detroit, Michigan. He subsequently completed a Fellowship in Female Urology and Urodynamics at the University of California at Los Angeles. Following Fellowship, Dr. Klutke's career brought him to Washington University in St. Louis, Missouri where he attained the academic rank of Professor of Surgery in the Division of Urology. At Washington University he was the Director of the Female Urology and Incontinence section. He also served as Chief of Staff at the Barnes West County Hospital.

Dr. Klutke has specific expertise in the field of Voiding Dysfunction, Female Urology and Urodynamics. He has published over 100 journal articles and written numerous textbook chapters on these topics as well as the surgical and non-surgical treatments of these conditions. He was listed in Best Doctors in America, 2005-2013 (Best Doctors, Inc.) and America's Top Doctors, 2003-2012 (Castle Connolly Medical Ltd.) "In medical school, I thoroughly enjoyed taking care of both urologic patients as well as gynecologic patients, ultimately I found Urology was where I wanted to be but I still liked to manage gynecologic conditions." Dr. Klutke sought out specialized training in "Female Urology" after his Urology Residency where he could combine his interest in both areas. "My Urology residency gave me the tools to treat urologic conditions ranging from cancer of the urinary tract to conditions of erectile dysfunction and benign prostate issues. The further training in fellowship has allowed me to understand and treat complex conditions that are more specific to the female patient such as incontinence and prolapse as well."

Dr. Klutke was born in Detroit and raised in Dearborn Michigan. As a youth, Dr. Klutke was heavily involved in the sport of Fencing and was Michigan state champion as well as captain of two NCAA championship winning teams. Presently, in his leisure time he enjoys cycling, tennis and spending time with his wife Britta and their three children.

Dr. Klutke will join RTR in November 2014

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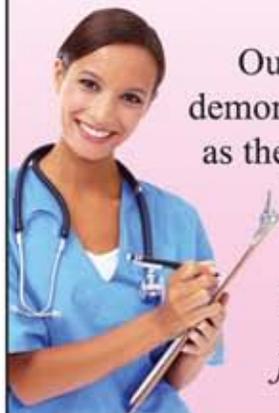
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THE FRACTURE THAT MAY CAUSE YOU STRESS!

By Myles Rubin Samotin, MD - Board Certified Orthopaedic Surgeon, Fellowship Trained in Foot and Ankle

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

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

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

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

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

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

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

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



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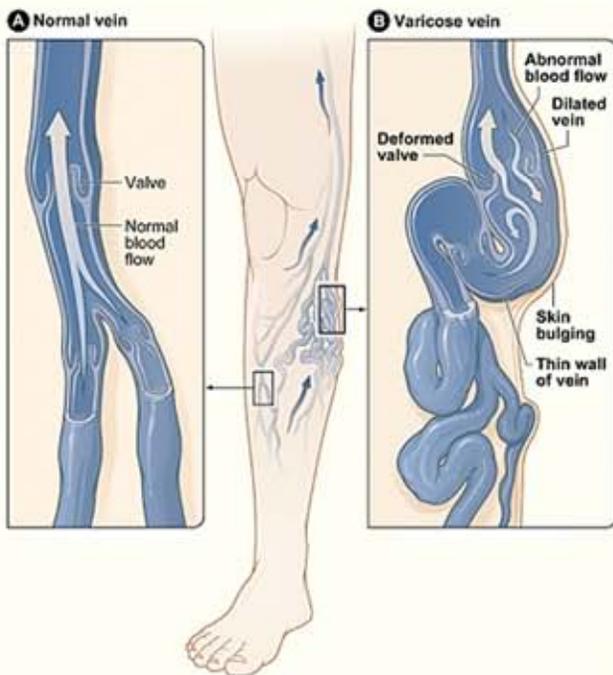


How endovenous closure has changed the treatment paradigm for superficial venous insufficiency

By Joseph Magnant, MD, FACS, RPVI

Up until the year 2000 the physicians had very limited treatment options for patients with symptomatic superficial insufficiency. Conservative therapy consisting of elevation, anti-inflammatory medications and compression stockings has changed only in the fabric technology. Today there are more shear compression garments which has helped improve patient compliance with this type of therapy. Great saphenous vein ligation and stripping and phlebectomy of more superficial tortuous branches were generally reserved for patients with the most severe presentations of bleeding, ulceration and venous claudication. These procedures were dangerous and rarely considered in patients since general or regional anesthesia was commonly employed. Patients usually were hospitalized for 2-4 days and it was often weeks until full recovery and return to work or normal activity was possible. From the time of the reintroduction of great saphenous vein ligation and stripping in the late 1950s until endovenous closure made its debut in 2000, there was little advancement in the understanding or treatment of venous reflux disease.

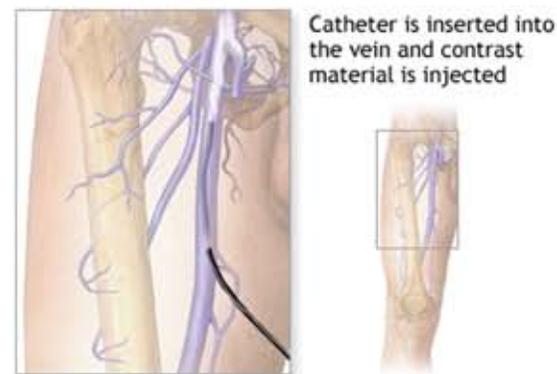
Varicose veins was often considered a cosmetic condition, rather than one of the many manifestations of a potentially more significant underlying condition, now referred to collectively as venous insufficiency or venous reflux disease. Presenting symptoms other than varicose veins may include swollen achy legs, venous claudication, skin discoloration and thickening, overt external bleeding from an eroded vein just under the skin to ulceration of the skin in the lower leg and ankle area. Other, more obscure and less appreciated signs and symptoms of venous insufficiency include nighttime leg cramps, restless legs syndrome, nighttime urination and "idiopathic" edema. An estimated 35-40 million adults in the USA suffer from the more commonly appreciated and recognized presenting symptoms, and countless of others may also be affected by this same problem but are likely going under diagnosed or undiagnosed.



The physical, emotional and functional impact of severe venous insufficiency is not quantifiable as the true prevalence of the disease is not known and the persistent misperceptions of the public regarding the symptoms of the disease, the method of diagnosing the disease and most importantly the available treatment options continue to be issues. The natural history of untreated severe superficial venous insufficiency has been well documented in the wound care centers around the nation as the unchecked venous hypertension progresses from the benign appearing varicose veins to the chronically swollen limb 5 years later, to the insidious skin changes which ensue in the years to follow resulting in one of the more serious complications such as bleeding, recurrent infection or ulceration.

Endovenous closure has changed the evaluation and treatment paradigm for patients with all of the above noted presenting symptoms and signs. This minimally invasive technique of sealing the incompetent vein from within (rather than stripping the vein out) results in more effective and immediate remedy of the underlying problem of venous hypertension. Side branches are immediately depressurized (rather than avulsed as in stripping) which frequently results

in marked resolution of the varicose veins, expeditious improvement in skin discoloration, bleeding or ulceration. In addition, the procedure may be more safely performed in a completely outpatient setting under local anesthesia with very little time lost from work or normal activity. Venous insufficiency is accurately and reliably diagnosed with duplex ultrasound in the capable hands of an experienced registered vascular technologist.



Catheter is inserted into the vein and contrast material is injected

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Venography is essentially a thing of the past in the diagnosis of venous pathology, unless performed in an angiography suite in conjunction with thrombolysis (infusion of clot busting medicine) of deep vein thrombosis(DVT) or some other interventional procedure. Duplex ultrasound also allows for stratification of the severity of venous insufficiency which is critical to the decision phase and planning of subsequent treatments. Not all insufficient veins need to be sealed. Only those severely insufficient veins in the distribution of the patient's symptoms and pathology should be considered for ablation after failure of conservative therapy, as described above, for a 3-6 month trial as mandated by insurance panels. The only exceptions to this conservative trial policy may be those patients who have had recurrent bleeding episodes from varicose veins or those who have large ulcerations which threaten the patient's immediate well being or serve as an ongoing infectious source.

Endovenous ablation or endovenous closure in the treatment of symptomatic superficial venous insufficiency has allowed a more proactive approach to patients with this disease. Rather than reacting to the complications of the disease with compression wraps, wound care and submission, we now have a much more definitive, effective and noninvasive therapy to offer patients with appropriate indications for intervention. Endovenous ablation has opened the door to millions of adults who were once thought to be too sick for stripping, too young for stripping, too obese for stripping, too old for stripping, too anticoagulated for stripping and now we should be encouraged to reconsider these and many other patients for a more definitive treatment. Our understanding of lower extremity venous pathophysiology has risen to a higher level due to the availability of ultrasound guided, percutaneous endovenous ablation and we now understand that veins other than the great saphenous vein, such as the small saphenous vein, anterior accessory great saphenous vein, posterior accessory great saphenous vein, intersaphenous (Giacomini) vein and the various perforating veins can contribute to the underlying venous hypertension which causes the myriad of symptoms and signs of venous reflux disease. Endovenous closure is not a license to seal veins at will. Rather, it is a minimally invasive, highly effective method which, in experienced hands and judiciously applied, has changed for the better, the lives of many patients with symptomatic superficial venous insufficiency. Endovenous closure has indeed changed the treatment paradigm of venous insufficiency as much as any other modern minimally invasive technique in any other disease entity and we will not likely witness as significant a technologic advancement in the treatment of superficial venous insufficiency in the next 20 years.



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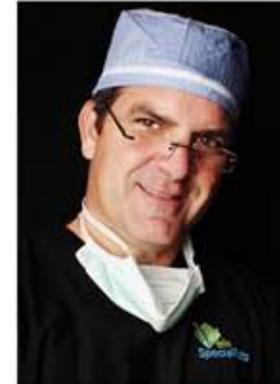


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About Dr. Magnant

Dr. Joseph Magnant earned his Doctorate in Medicine and performed his General Surgery residency at the Medical College of Virginia in Richmond, Virginia. He completed his Vascular Surgery fellowship at Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire and is certified by the American Board of Surgery in Vascular Surgery. He is an active member of the Society for Vascular Surgery, the American College of Phlebology, the Southern Association for Vascular Surgery and is also a Fellow of the American College of Surgeons. He practiced arterial and venous vascular surgery as part of a large multi-specialty group for 14 years after he completed his fellowship in vascular surgery until opening Vein Specialists in 2006. He is the only board certified vascular surgeon in southwest Florida whose practice is 100% dedicated to venous diseases and he has offices in Fort Myers and Bonita Springs.

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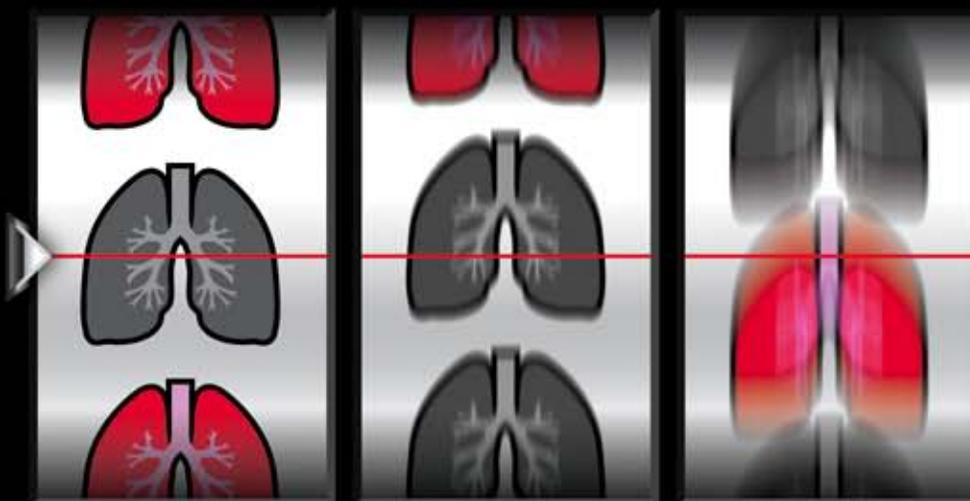
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Are Stem Cells the Next Penicillin?

By David Ebner, Staff Writer

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

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

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

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



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

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

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

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

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

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

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

Depression in Older Americans

The Untold Truth

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

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

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

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



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

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

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

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



941.627.1650

HHA: 299993683



PSA Screening – Reducing Deaths in Men

Dr. Carl Klutke

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

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

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

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



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

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



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

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

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

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

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

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

ADVANCED IMAGING ANNOUNCES BREAK-THROUGH CORONARY ARTERY DISEASE DETECTION METHOD

Advanced Imaging is pleased announced the introduction of PET/CT (Positron Emission Tomography combined with Computed Tomography) imaging services to Charlotte County and surrounding areas. State-of-the-art diagnostic services are critical to effectively diagnose and treat patients with heart disease.

Heart disease is still a leading cause of death for both men and women. In 2010 (most recent statistics available), 1 in 3 deaths in the United States was due to cardiovascular disease and 785,000 people per year will have their first heart attack. With the odds being 1 in 3, you are almost assured that a friend or family member will be effected.

PET/CT is a non-invasive procedure that combines CT's fine anatomical detail with PET's ability to detect biochemical abnormalities in the cell. This combination allows for more accurate detection of coronary artery disease than either CT or PET alone. A PET/CT scan helps your physician diagnose a problem, determine the best approach to treatment and monitor your progress.





“PET/CT is changing the way many doctors are managing cardiac patients nationwide” said Thomas M. Fabian M.D. of Advanced Imaging. PET imaging can accurately identify areas of abnormal myocardial perfusion; determine the functional capacity of your heart muscle, and separate viable (living) from non-viable (irreversibly damaged) tissue. This helps enable physicians to develop an effective treatment plan.

According to Dr. Fabian, “Combining CT with PET imaging gives us the best of both worlds. We not only have a very strong ability to identify the presence or extent of heart disease using PET imaging, we have the CT to help pinpoint exactly where a defect is located, the severity of the defect and what follow-up therapy or intervention is needed.” There are also distinct advantages of PET versus other diagnostic tools. The results from a PET/CT scan demonstrate improved image quality with greater contrast and resolution, allowing for more accurate diagnosis.

Due to the clinical value of PET imaging, the government and many private payors provide coverage based on the specific factors such as diabetics, patients who might not be able to do the stress test because of low back, knee, or hip pain or arthritis, and patients with inconclusive SPECT studies.

PET/CT offers important information for patients and physicians, and it’s now available in our community. Interested physicians should reach out to Dr. Fabian at Advanced Imaging to learn more about this important diagnostic tool. Patients who would like to know more about PET/CT should contact their physician, or call our center directly at 941-235-4646 for additional information. Our center can help assess whether it is appropriate to consider a PET/CT scan in their situation.



Advanced Imaging is the area’s premier imaging facility. Founded by Dr. Fabian in 2005, Advanced Imaging continues to provide the Port Charlotte and surrounding communities with the most advanced technology, most sophisticated exams in a warm and friendly atmosphere. It is our privilege to provide you and your family with the exceptional medical care that you deserve. For your convenience Advanced Imaging is open Monday through Saturday from 7 a.m. until 7 p.m. For further information or to schedule an appointment, please call 941-235-4646 or visit our website at advimaging.com.



Prostate Cancer – Getting to the Heart of the Matter

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

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

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

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

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

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

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

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

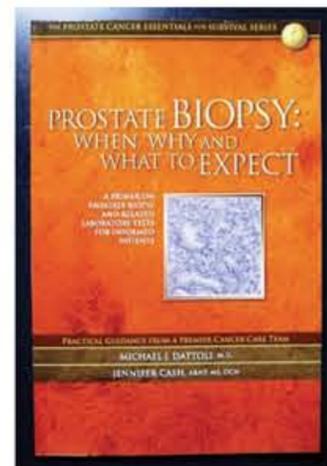
The patient will not know that this was a "false negative" until follow up PSA tests reveal a climbing PSA, or other symptoms appear. At that time the physician will most likely recommend a 2nd biopsy, usually a repeat random sample method.

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

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

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

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



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

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

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



Michael J. DATTOLI CANCER CENTER & BRACHYTHERAPY RESEARCH INSTITUTE
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SHOULDER INSTABILITY

and its Link to Sports Injuries and Arthritis

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

SHOULDER MOBILITY – HOW MUCH IS TOO MUCH?

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

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

1: Stop extra activities that increase shoulder joint laxity.

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

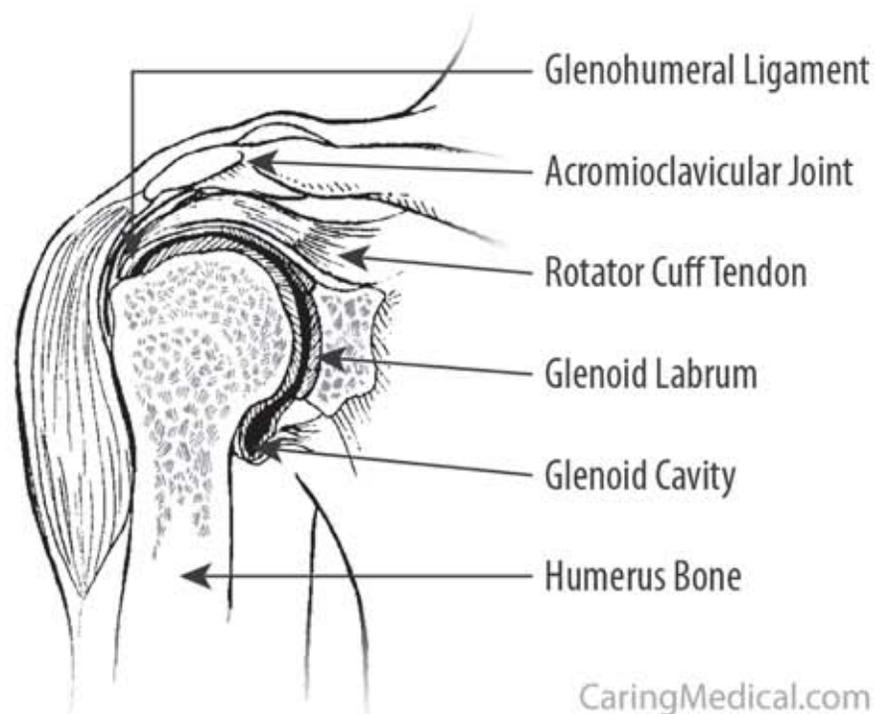
2: Allow time for ligaments to tighten after workouts.

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

3: Add appropriate strength training.

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

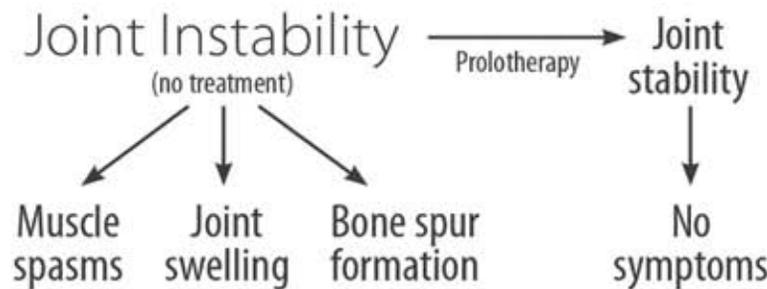
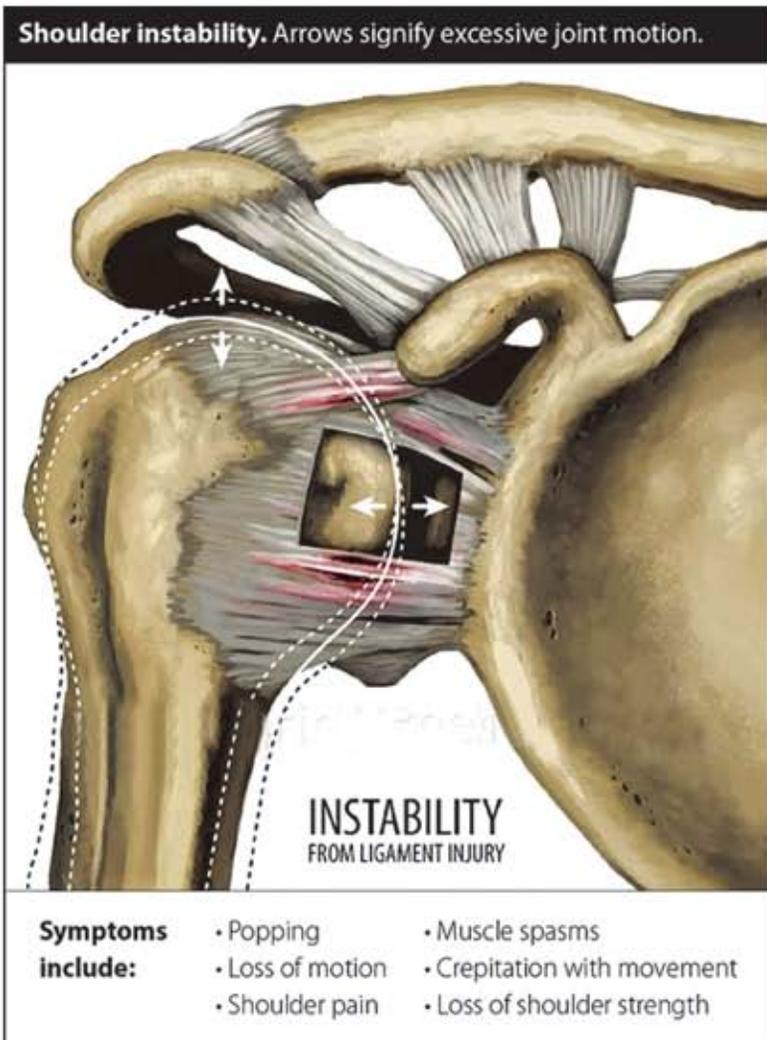
Anatomy of the shoulder.



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4: Assess technique.

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



SHOULDER CLUNKING – IS YOUR GAME SUFFERING BECAUSE OF IT?

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

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

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

STABILIZING THE SHOULDER JOINT

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

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

PROLOTHERAPY SPECIALISTS:

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What you need to Know before you Buy Hearing Aids.....

By Dr. Noël Crosby, Au.D.

Investing in hearing aids can sometimes be an overwhelming process. Below are 10 Important Facts You need to know and consider before You Purchase Hearing Aids.

FACT #1: THERE IS A DIFFERENCE BETWEEN AN AUDIOLOGIST AND A HEARING AID SPECIALIST.

Audiologists are certified, licensed professionals who have obtained a master's or doctoral degree in the field of audiology. They are trained to diagnose and treat disorders of hearing and balance, which includes diagnosing the type and degree of hearing loss as well as fitting hearing aids. Hearing Aid Specialists, at a minimum, must be high school graduates. They are licensed to perform a hearing test for the purpose of selling hearing aids.

FACT #2: BEWARE THE FREE HEARING TEST!

When you see an ad offering a "free hearing test," it is important to realize two things:

1. The business owner is promoting a free test to encourage you to come into his office to buy hearing aids from him! As a result, are you sure your "free" test results will be unbiased?

2. The free hearing test usually advertised is often nothing more than a hearing screening to determine whether or not there is a hearing loss, rather than a complete diagnostic hearing examination. A hearing screening may not determine the degree, type or configuration of the hearing loss and a complete hearing examination (for a fee) is often recommended after this initial test.

By paying for a diagnostic hearing evaluation, not only will you have a thorough understanding of your type and level of hearing loss, you will also have an audiogram depicting your loss, should you decide to purchase hearing aids elsewhere.

FACT #3: DO NOT SHOP FOR HEARING AIDS BY PRICE ALONE!

Extremely low priced hearing aids are often used as advertised incentives designed to encourage you to call and make an appointment. The correct hearing aid for you is determined by 1) your level of hearing loss, 2) the activity level of your lifestyle, 3) your cosmetic preferences and 4) your budget.

FACT #4: BEWARE INTERNET HEARING AID SALES!

If you are considering purchasing hearing aids online to save money, remember this before you purchase: *Your satisfaction with your hearing aid purchase depends on the skill and the follow up services of your audiologist...not on the hearing aid itself!* Even the most expensive, name-brand hearing aid can fail to satisfy if it does not have the technologically advanced features you need to improve your ability to understand in difficult listening environments, if it is not programmed or fitted correctly, if verification testing is not performed after fitting and if it is not cleaned and adjusted regularly by a professional.

FACT #5: DON'T WAIT FOR YOUR HEARING TO WORSEN TO PURCHASE A HEARING AID.

A 1999 National Council on Aging study showed that those with untreated hearing loss were more likely to report depression, anxiety and paranoia and were less likely to participate in organized social activities, compared to those who wear hearing aids. In addition there is some research that indicates that an ear that hasn't been stimulated due to untreated hearing loss can lose its ability to understand. If you suspect that you are experiencing signs of hearing loss, see your audiologist right away.

FACT #6: DON'T LIMIT OPTIONS WHEN CHOOSING THE BEST HEARING AID FOR YOUR HEARING LOSS AND LIFESTYLE.

Your hearing loss is unique; therefore the hearing aids your friend wears may not be the right choice for you! Only your audiologist, after a thorough diagnostic hearing test and an in-depth discussion about the various listening environments in which you have trouble hearing, can make a proper hearing aid recommendation for you. It is in your best interest to choose an audiologist who offers a wide variety of hearing aid brands as opposed to a hearing professional who only sells one brand.

#7: HEARING AIDS ARE NOT THE ONLY SOLUTION.

Assistive listening devices such as telephone amplifying devices, TV listening systems, or alerting devices can also help you hear and communicate more effectively.

FACT #8: TAKE THE TIME YOU NEED TO MAKE THE BEST DECISION.

Do not let someone pressure you into making a decision you are not ready to make. Purchasing a hearing aid is a major investment and requires research and understanding.

FACT #9: YOUR SATISFACTION WITH HEARING AIDS REQUIRES COMMITMENT FROM YOU.

Getting used to hearing sounds that you may not have heard for awhile may take some time. The average adjustment period is usually 30-60 days. You must commit to wearing your hearing aids every day and keep in touch with your audiologist if you feel your hearing aids need to be adjusted.

FACT #10: YOU HAVE THE RIGHT TO A 30-DAY TRIAL PERIOD IN THE STATE OF FLORIDA.

If you are not satisfied with your hearing aids, you can return them to your provider for a refund.

These facts can be very helpful as you begin the process of investing in hearing aids. You must remember that you are really investing in YOUR HEARING HEALTH.



PROFESSIONAL BIO

Dr. Noël Crosby, Au.D., owner and audiologist at Advanced Hearing Solutions in Englewood, FL is a licensed professional whose 26 year career has been devoted to helping people of all ages hear and understand more clearly. Dr. Crosby received her BS

and MS degrees from FSU and her Doctorate in Audiology from UF. Her credibility as an authority grew during her tenure as the Director of Audiology at the Silverstein Institute in Sarasota, FL from 1991-1998. Today, in addition to managing a successful audiology practice, Dr. Crosby is involved in creating hearing loss awareness through her jewelry and accessory company AuDBling.com. She has served and is serving on various professional boards and committees and was president of the Florida Academy of Audiology in 2000 and 2010. She has been married to Michael for 23 years and has one daughter.

For more information contact Noël's office at 941-474-8393 or you can visit her website at www.advancedhearingsolutions.net.

Advanced Hearing Solutions
Where Better Hearing Happens

The Importance of Vaccinations

The debate over vaccines has caused a bit of a firestorm lately. The controversy usually revolves around the safety of use in infants or children. Lately, however, adults and seniors have been thrust into this debate as well. It seems that everyone has an opinion on the matter without much, or any, research. Vaccines have a significant and interesting past, as well as a promising future. To understand their true benefit, you should be knowledgeable of both sides of the vaccine debate.

Why do some question Vaccinations?

A few years back, a British physician named Andrew Wakefield started what is now commonly called the "vaccine debate". While observing a dozen children that were in treatment for a bowel disease, he realized half of them were autistic and that all of those had the MMR vaccine (measles, mumps, and rubella vaccine). He drew the conclusion, strictly from this one observation, that the vaccine is what caused the autism. For parents of children with autism, this was difficult to hear. Thus, the suspicion of vaccines was created. Even after the Institute of Medicine declared through many studies and research that the MMR vaccine did not cause autism, the speculation remained. Parents are advised to speak with their physicians and become educated on the pros and cons of getting their children vaccinated. Only facts will help you decide what is best for your child.

How have Vaccinations shown their worth?

Back in the early 1950's, Polio was a terrifying epidemic. It was one of the worst outbreaks in United States history. There were over 3,000 deaths in 1952 alone and that number was only growing. Shortly after the peak of Polio, there was finally a vaccine perfected to eradicate the disease. The last known case of Polio in the United States was back in 1979. Without the vaccine, hundreds of thousands, even millions more would have been affected by the crippling disease. In those days there were no questions whether it was safe to be vaccinated or not; the fear of Polio eliminated any hesitation by parents to vaccinate their children. Those vaccines proved to do exactly what they were designed to do, prevent further polio outbreaks.

Does my Age affect which Vaccinations I should get?

As we grow older we tend to put many things behind us, some good and some bad. There is a notion that getting shots is for the younger generation. Some believe getting older means being less susceptible to diseases, when in fact it is just the opposite. There are certain diseases that seniors are actually more prone to; such as Shingles, Pneumococcal Diseases, and Influenza.



• **Shingles** is actually caused by the same virus that creates Chicken Pox. Shingles is a painful rash that triggers water blisters on top of the epidermis layer of the skin. Outbreaks from this disease can last a few months or even years. Immunization for shingles is recommended for people 60-years-old or older. Receiving the vaccine for Shingles has been shown to cut the percentage of occurrence by 50%.

• **Meningitis, Pneumonia, and Bacteremia** are all classified in the Pneumococcal Disease category. All can be very serious, and even deadly, to the elderly. PPSV (Pneumococcal Polysaccharide Vaccine) protects against 23 types of pneumococcal bacteria. This vaccination is recommended for all adults 65-years-old or older. It has a success rate against Pneumococcal Diseases of 60-80%.

• **Influenza**, or the *flu*, has also been a problem for the elderly. Getting the flu at an older age, when the immune system is not as strong, means it may last longer and have a more harmful impact. Flu Shots do not truly start to work until a few weeks from the time of immunization, when it becomes fully developed in the body. The Flu shot should be taken a few weeks, to a month, before National Flu Season, which occurs in November.

While there are always two sides to every topic, we have some of the most credible and educated physicians right here in Southwest Florida. Contact your local physician to learn your options and understand the facts about certain vaccinations. Receiving vaccines can protect you or a loved one from numerous complications.

Banyan Assisted Living wants you to be knowledgeable about vaccinations and their importance to the elderly. They are devoted to bringing the elderly a healthy, happy, quality lifestyle. For more questions regarding their upscale senior living community call (941) 412-4748. They are located near the Gulf of Mexico at 100 Base Avenue East, Venice, FL 34285.

A Banyan Residence has the following features to do so:

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



CONCIERGE MEDICAL SERVICES: Private Personalized Care Without Limits

By Joseph Kaminski, D.O.

Personalized health care is the keystone to any concierge medicine practice. Concierge medicine was created as an alternative to the traditional model, which leaves many doctors overwhelmed and many patients unsatisfied. Concierge doctors provide you with the time you deserve, the time to create your personal plan for a long, healthy life.

Concierge medicine may also be referred to as private medicine, membership medicine, concierge healthcare, cash only practice, direct care, direct primary care, direct practice medicine, and boutique medicine. These all share the same basic theme, advanced personalized health care. The basic elements of modern concierge medicine are personalized care, direct care, quality care, and affordable care.

Concierge medicine focuses on the whole you, with personalized preventive care programs that ensure your future health without the limitations of a third party. Traditional healthcare and concierge medicine differ dramatically in their potential effects on your overall health and the type of care you receive. Traditional healthcare provides treatment when you are sick and is often controlled by what is, or is not, covered by your healthcare insurance plan.

The Traditional Treadmill

Traditional medicine practices treat you when you are sick, addressing the symptoms as they are presenting to your doctor at the moment. Traditional medical practices often rely heavily on reimbursement from healthcare insurance companies to survive. The result is often overcrowded waiting rooms, difficulty obtaining treatment, and short office visits focused only on the illness that is presenting itself at the moment. Traditional physicians are often forced to keep turning patients over quickly to maximize the amount of patients treated each day to keep their practice afloat. Many physicians today are finding themselves suffering from burnout due to the high paced environment and low reimbursement rates, while patients are questioning the availability and quality of their care.



The Concierge Medicine Alternative

An alternative exists to the traditional model of healthcare. Concierge medicine was created to deliver the highest level of personalized care and ensure healthcare access to patients, while allowing a concierge physician to maintain a viable practice. Concierge doctors provide patients with the time they need, when they need it, allowing the concierge doctor to have a greater opportunity to catch illnesses early on and decrease the chance of future hospitalization. A concierge medicine practice is optimized to ensure the highest level of patient-centered care.

More Time For You

Concierge doctors have fewer patients than traditional practices, and therefore have more time to spend with you. An average doctor at a traditional practice may see 3,000 to 4,000 patients per year, whereas a concierge doctor manages dramatically reduced patient community. The reduction in the amount of patients allows the concierge doctor to expand the services to the concierge medicine patients, and therefore spend much more valuable time with each patient.

Freedom To Heal

Time is the key benefit to concierge medicine. The concierge doctor dedicates more time to his patients, and from time, flows benefits. This time allows the concierge physician to: allow direct access to patients, consider all the relevant factors to a patient's health, implement plans of treatment free from third party dictations, and create truly personalized care.

Concierge medicine provides concierge doctors a greater opportunity to catch illnesses, control existing conditions, and reduce the incidence of hospitalization. Let us not forget that a smaller practice also means the end of crowded waiting rooms, and the welcomed option of same day visits or phone consultations.

The Future of Healthcare

Modern concierge medicine provides affordable, personalized healthcare programs with expanded access, at affordable rates. These programs are designed to ensure the highest level of care, while making them available to more patients. Concierge doctors are now offering these affordable solutions through direct-pay or membership programs across the country.

Concierge medicine will continue to grow and gain popularity among patients that value the direct access, personal care, and patient-centered focus that a concierge doctor provides. Traditional healthcare will face many challenges as The Affordable Care Act reaches full implementation nationwide. Forecasts predict that current existing shortage of physicians will continue to grow as new patients enter the marketplace under The Affordable Care Act. Patients who find themselves dissatisfied with the access to, or quality of, their healthcare will have an alternative solution. Concierge medicine will offer them a high-quality choice for their healthcare.

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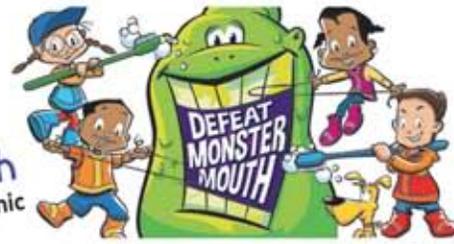
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NCDHM

National Children's Dental Health Month
by Carol Chapman, Clinical Coordinator, FSW Dental Hygiene Clinic



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It's that time of year again! February is designated as National Children's Dental Health Month (NCDHM). It is a time when emphasis is placed on promoting children's oral health. Tooth decay is the most common chronic childhood disease according to the Academy of Pediatric Dentists. It is five times more common than asthma, four times more common than early childhood obesity, and 20 times more common than diabetes. For children ages 2 to 5, 70% of dental decay is found in only 8% of the population. Unfortunately that 8% is concentrated among socially disadvantaged children, especially those who qualify for Medicaid coverage.

six or younger be supervised when tooth brushing and flossing to ensure the correct technique is being employed. The appropriate use of toothpaste should also be monitored for young children.

Give Kids a Smile Day is conducted nationwide each February. The Florida SouthWestern State College (FSW) dental hygiene clinic will be conducting its annual Give Kids a Smile Day for children age 17 and under on February 14th. The clinic's dentists, dental hygienists and dental hygiene students will be joined by local dentists and dental hygienists in providing dental examinations, cleanings, radiographs (x-rays), tooth sealants and fluoride treatments. The dental hygiene clinic is located in Building A on the first

FSW dental hygiene students provide quality care to patients of all ages in its state-of-the-art dental clinic. At a minimal fee, patients receive preventive care supervised by staff dentists and dental hygienists. In addition to clinical tasks, students provide guidance and instruction so patients can maintain optimal oral health for a lifetime. From diet choices to selection of a toothbrush or other oral-care devices, dental hygiene students are well-qualified to impart dental care. How do we know FSW dental hygiene students are well-qualified? For twenty years students have maintained a 100% pass rate on the National Board Dental Hygiene Examination (NBDHE).



Did you know that children with cavities are more likely to miss school as well as perform poorly in school? Preventive measures such as a dental prophylaxis (cleaning) every six months, dental sealants and fluoride treatments can help keep children's teeth strong and healthy. Children that are cavity-free are healthier, happier and better able to perform well at school.

"Defeat Monster Mouth" is the campaign slogan the American Dental Association (ADA) has chosen for 2015. The mouth monsters are the bacteria that cause tooth decay. How can children defend against them? Floss once a day, brush twice a day for two minutes and eat a healthy diet limited in refined processed food. It is recommended children age

floor. Doors will open at 9:00am and services will be delivered until 3:00pm and it will operate on a "first come, first serve" basis. Tables will be set up in the hallway outside the clinic where first-year dental hygiene students will be presenting information on various topics concerning children's oral health as well as providing fun events as the children wait to be seen in the clinic.

This year the FSW dental hygiene program will graduate its 20th class! Over those twenty years there has been a rich blend of age, gender and ethnicity representing all corners of the world. From Malaysia to Russia to Cuba and countless countries in between, students have brought life experiences that enrich the learning environment at FSW.



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Limb Swelling: Medicare Approved Treatment Options

By Alyssa Parker

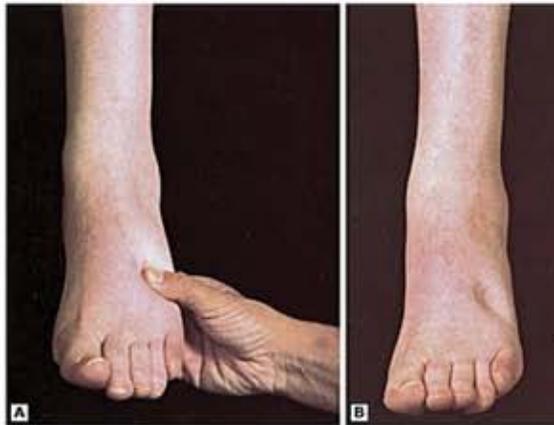
Pneumatic compression devices are one of the most highly recommended treatments for limb swelling and are a Medicare approved treatment option. Dating back to the 1960's pneumatic compression pumps have been used for the treatment of limb swelling due to acute and chronic conditions. In most cases compression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

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

How does compression therapy work?

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

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



What causes limb swelling?

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

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

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

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

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

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

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

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

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



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IS YOUR VISION BECOMING CLOUDY AND BLURRY? **YOU MAY HAVE CATARACTS**

By Jonathan M. Frantz, MD, FACS

Of the many changes that happen with age, cataracts are one of the most inevitable. They affect nearly 20.5 million people in the U.S. age 40 and older. Cataracts may be unnoticeable at first, but as they develop, they begin to interfere with your lifestyle.

What is a cataract? As you age, the lenses in your eyes become cloudy, causing blurry vision, sensitivity, glares and rings of light known as halos — often at night and while driving. Surgery is the only way a cataract can be removed. However, if symptoms from a cataract are mild, a change of glasses may be all that is needed to function more comfortably for a while. There are no medications, eye drops, dietary supplements, exercises or optical devices that have been shown to prevent or cure cataracts. Protection from excessive sunlight may help prevent or slow the progression of cataracts. Sunglasses that screen out ultraviolet (UV) light rays or regular eyeglasses with a clear, anti UV coating offer this protection.

Cataract surgery should be considered when cataracts interfere with your ability to live your desired lifestyle or perform daily tasks. When you have a cataract that is causing visual symptoms, these symptoms will not improve without treatment.



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If you have been diagnosed or think you may have cataracts, Dr. Frantz invites you to attend one of his upcoming seminars to learn more about cataracts and their symptoms. He will also explain the difference between traditional cataract surgery and the bladeless laser cataract procedure and discuss the various intraocular lens options. Upcoming seminar dates are listed on our website at www.BetterVision.net where you can make reservations or schedule an appointment. You may also call our main office at 239.418.0999.

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To make an appointment for your cataract evaluation online, visit www.bettervision.net or call the Punta Gorda office of Frantz EyeCare at 941-505-2020.

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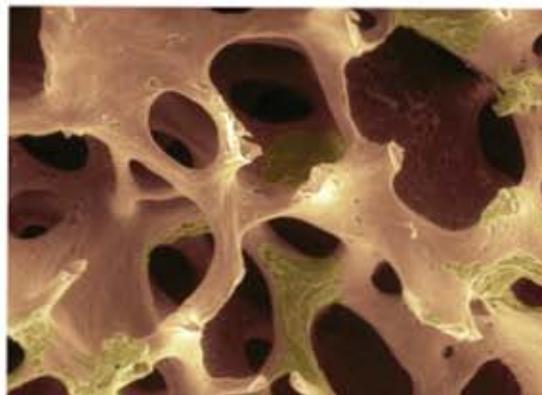
Dental Implications of Bisphosphonate Therapy

By Dr. Joseph Farag

In recent years some attention has been given to the osteoporosis medications called bisphosphonates and their complications with dental surgery, namely extractions and implants. Some recent research is helping doctors understand the relationship between some of these drugs and the dental complications that may be a result of taking them.

Osteoporosis is the result of a net decrease in bone density in both men and more commonly, women. This weakening of the bone increases the risk of unexpected fracture and slower healing time. Osteoporosis is referred to as a "silent disease," many women do not have any pain or symptoms until a fracture occurs. Caucasian and Asian-American women may be at a higher risk for developing osteoporosis. Asian-American women more so due to the fact that about 9 out of 10 are lactose intolerant and may not be consuming adequate amounts of calcium. Hispanic women are twice as likely to develop diabetes as white women, which increases their risk for osteoporosis. African-American women have more bone mineral density but 75% are lactose intolerant which may contribute to low calcium intake as well. Generally, in women after menopause, the lack of or decrease in estrogen hormone levels has a direct relationship with the development of osteoporosis. For women who choose not to undergo hormone replacement therapy, this is especially true.

There are two main types of cells that contribute to bone development, growth, and maintenance. Osteoblasts are the bone depositing cells, these cells lay down new bone and contribute to an increase in bone density. Osteoclasts are bone dissolving cells, they are useful for the turnover and resorption of old bone. When the subtractive activity of these cells is not matched with new bone formation by the osteoblasts, a net decrease in bone density will develop, and if this continues in the absence of adequate amounts of Calcium and



Vitamin D for a prolonged period or in conjunction with other systemic risk factors, osteoporosis may develop. It is this direct relationship between these two types of cells that may cause complications in dentistry for patients taking certain types of osteoporosis medications.

Bisphosphonates are medicines which stop or slow down the osteoclast cells that dissolve or resorb bone tissue. By doing this, these medicines help increase bone density and strength and slow down the rate of bone thinning due to osteoporosis. Some common names of these drugs are Fosamax®, Actonel®, Boniva®, and Reclast®. The last two drugs listed may be given intravenously (IV) once a year or every three months. Currently, research studies show that bisphosphonates increase bone density and lower the risk of fractures.



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Immediately after dental surgery such as tooth extractions, bone grafting and implant placement, a process known as bone remodeling begins to occur. During this remodeling, both types of bone cells are highly active. Initially, the bone dissolving cells remove existing layers of bone that once held the teeth in place that are no longer needed. Bone depositing cells then form new bone in a smooth pattern along the jaw. If there is a disruption in this remodeling process due to the decreased activity of the bone dissolving cells, a painful and often difficult to treat condition known as osteonecrosis can occur. Osteonecrosis of the jaw (ONJ) is an incomplete healing of the jawbone after dental surgery in which the affected area of bone is not covered by the gums. These areas are extremely painful and may never heal on their own.

Patients who have been taking bisphosphonates for more than three years, and/or who have been given the intravenous (IV) form of the drug should be especially aware of ONJ prior to any dental surgery. ONJ develops most often after dental extractions. The risk of ONJ increases with the length of bisphosphonate therapy and has been reported in patients who have taken bisphosphonates for as little as 12 months. Risk factors that may also increase the chance of developing ONJ are cancer, age, steroid use, diabetes, gum disease and smoking.

Patients who are on oral bisphosphonates are at low risk, but not without risk. Patients who are in need of periodontal or invasive oral surgery should consult with their dentist and may need a risk/benefit evaluation before undergoing these procedures in order to evaluate the risk of ONJ. Even when bisphosphonate therapy cannot be stopped due to the high risk of bone fracture, dental surgery may still be performed if certain blood tests such as a Collagen Type 1 C-Telopeptide or (CTX) show adequate activity of the bone resorption cells. The risk of developing ONJ may also be reduced after surgery by quitting smoking and keeping good oral hygiene. As always consult with the prescribing physician prior to stopping any medications.



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

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



 The New England Journal of Medicine

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CARING FOR MY PET FOLLOWING MY DEATH OR INCAPACITY

By James W. Mallonee



When a pet owner passes, it is not always clear what will happen to the owner's pet. This is especially true if there are no instructions left for the decedent's personal representative or trustee concerning the health, maintenance, shelter and feeding of the abandoned animal. However, careful planning prior to one's death can reduce this concern.

In almost all situations, a pet is considered one of the family. However, under common law, a pet is considered personal property of the owner such as furniture, automobiles or tools. Unlike furniture, the pet is a living thing requiring feeding, maintenance and shelter to protect it during its remaining life. The question becomes how can a pet be cared for and who is going to pay for its feeding and maintenance once its owner is deceased or incapacitated.

Because a pet is not person, it has no means of collecting a devise from a Will and taking such devise to a financial institution for investment purposes. As a result, the pet requires a person or entity to perform this function for it. The requirement for a person or entity to open a bank account for the pet means that the person or entity act as a trustee for the benefit of the pet. Remember that a trustee is a person or entity that holds legal title to property for the benefit of another and who may be charged with specific duties to manage that property. Thus, a trustee can be given the power and authority to protect an owner's pet following their death or incapacity.

This author often gets questions about whether a personal representative could act in the same manner as a trustee. Remember that a personal representative is a person or entity who manages the affairs of a decedent by marshalling their assets, paying debts and distributing the decedent's assets following death. A personal representative is generally not charged with the specific duty to manage the care and feeding of a pet for its remaining life. To manage the care and feeding of a decedent's pet for life, a trustee is the best solution.

What can you do to ensure that your pet is taken care of? In Florida, the only means of making certain that your pet will be cared for is to have a trust prepared in advance of your death. The trust would need to be specific to the animal through either Testamentary Trust or general trust instrument.

A Testamentary Trust is one that is created within a Will and comes into existence following the death of the Testator. Generally, the Trustee of a Testamentary Trust will receive a fixed amount of funds after a person's death to be used for the health, care, safety and feeding of an owner's pet; but, only after the Testator's death. The Trustee will take possession of funds and be directed to use such funds for the pet's shelter and care during its remaining life. Those duties can be split between a trustee of the funds and a caretaker who will provide the services necessary to care for the decedent's pet.

What happens if you become incapacitated during life? A Testamentary Trust may not be your best alternative in the event of incapacity. Should this happen, another means of making certain that your pet is cared for is to prepare a Trust instrument. A Trust can be used to make certain that your pet is cared for in the event you are unable to manage your pet due to incapacity caused by dementia, stroke or other life altering events. In such instances, your successor Trustee can take control of your pet and utilize the assets titled in the name of your Trust for the use and care of your pet.

The consequences of failing to institute a means to care for your pet during your life and following death may cause your pet to be delivered to others who may not care or love it in the same manner as you. Although this should not happen, it sometimes does causing the pet to eventually be abandoned or worse, mistreated.

If you are concerned about how your pet will be cared for following your death or incapacity, contact the attorney of your choice and discuss the options that are available to you. Remember that your pet cannot speak for itself and needs a voice to protect it in the event of your death or incapacity. By planning ahead, you can avoid later issues and moments of anxiety for you and your pet.

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

About the Author:

James W. Mallonee (Jim Mallonee) is a graduate with a B.A. degree from the University of South Florida and a Master of Science degree from Rollins College in Winter Park, Florida. He obtained his Juris Doctorate from the University of the Pacific, McGeorge School of Law in Sacramento, California. Prior to returning to Florida to practice law, Mr. Mallonee was employed by Intel Corporation for 22 years in such locations as New Jersey, Florida and California.

In addition to being a member of the Florida Bar since 2003, Mr. Mallonee serves on the Charlotte Community Foundation Committee for asset allocation and teaches Business Law at State College of Florida. Mr. Mallonee is also on the Board of Directors for the Military Heritage Museum located in Charlotte County, Florida.

His firm practices law in the following areas: Probate, Wills & Trusts, Guardianships, and Litigation in the areas of Real Estate, Guardianships and Estates. The firm has two locations in Venice and Port Charlotte, Florida.

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SMART SUGAR SUBSTITUTES

We all know sugar is not the healthiest food. Sugar can increase your risk of obesity, diabetes, and heart disease. Many health conscious people are turning to natural sweeteners to keep their food and beverages sweet. The most popular forms of natural sweeteners are:

Stevia – This sweetener comes from a South American plant and is a zero-calorie sugar substitute that's 100 percent natural. While it's 200 to 300 times sweeter than sugar, stevia doesn't cause a spike in blood glucose levels—sparing you the crash that follows a spoonful of the white stuff. It also has other benefits such as treating diabetes, hypertension, dermatitis, digestive problems and flu.

Agave Nectar – Agave Nectar is taken from the sap of the blue agave plant and converted into syrup. This sweetener is 33 percent sweeter than sugar and tastes similar to honey. Agave nectar is high in fructose, so use in moderation. It is approved by the FDA as a natural sugar substitute and can be found in the baking aisle of most grocery stores.

Honey – Raw honey is a natural sweetener that is readily available. This yummy stuff packs a powerful antioxidant punch and can protect your body from a variety of illnesses. It's low on the glycemic index and ideal for those that want to lose weight. It can also treat insomnia, help wounds heal, and promote digestion.

Maple Syrup – Maple syrup can be used for more than just pancakes! It comes directly from a plant's sap and is rich in antioxidants. Real maple syrup also promotes the health of the heart, boosts the immune system and lowers the risk of prostate cancers. It can be used for making cookies, cakes or homemade granola.

Date Sugar – This sweetener is an extract taken from dehydrated dates. Dates have a low glycemic index and add a subtle sweetness. Date sugar contains essential minerals such as iron, calcium and magnesium. It is effective in improving cognitive functions, maintaining healthy blood pressure and relieving migraines, asthma and sore muscles.

Brown Rice Syrup – When brown rice is cooked with barley, the result is a liquid. With a lower glycemic index than high-fructose corn syrup, this nutty-tasting syrup is perfect for baking breads and homemade granola. It is not as sweet as sugar, but has fewer calories per teaspoon, making it a great substitute for anyone watching their weight.



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Leptospirosis in Our Own Backyard

By Dr John Rand, D.V.M.



Leptospirosis (“Lepto”) is a deadly bacterial disease of wildlife, livestock, pets, and people. The bacteria are spread primarily through the urine of infected animals. Raccoons, rats, squirrels, skunks, foxes, and pigs are all capable of shedding the bacteria. In one national study, nearly 50% of some raccoon populations harbored the disease.

Once in the grass, soil, puddles, and ponds, the bacteria can survive many months, even years in our area, since a freeze is often necessary to kill the organisms. Dogs that spend much time outdoors, at parks, in water, woods, or live in areas with any of the above wildlife are most at risk. Not just “hunting dogs” contract the

disease, either. Small breeds, like Yorkies and Chihuahuas, are among the most commonly diagnosed. Assessing risk is difficult to impossible, as even strictly indoor lapdogs must go outside some time, and your dog coming in contact with some wet grass where a squirrel or rat has urinated in the past year is all but a guarantee.



Diagnosing the disease, though, can often be problematic, as the initial signs are non-specific and can mimic any number of diseases. Signs include:

- Decreased appetite
- Vomiting
- Lethargy
- Fever
- Painful belly
- Changes in urination



If caught early, the disease usually responds well to antibiotics and hospitalization. If untreated however, the disease causes severe kidney and liver damage, and up to one in five dogs will die. Those animals that do recover can have long-lasting internal organ damage and significantly decreased quality of life.

Prevention is key. An annual vaccination against the most common strains of Lepto is the best means of assuring your dog is protected. The yearly injection is both safe and effective and is certainly healthier and more economical than treating the disease and its aftermath.

Globally, Lepto is one of the most widespread zoonotic (capable of being spread from animals to humans) diseases. Reduce your own risk of contracting Lepto by: *vaccinating your dog, avoiding water potentially contaminated by wildlife, especially standing water, and by practicing general, good hygiene.*



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

Stay Married To Your Sweetheart

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

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

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

I'm on my way home, honey.

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

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

Someone has my back.

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

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



Sex is awesome.

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

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

And

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

Need I say more?

Finding God's Favor

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

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

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

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

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

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

To your spiritual health,

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

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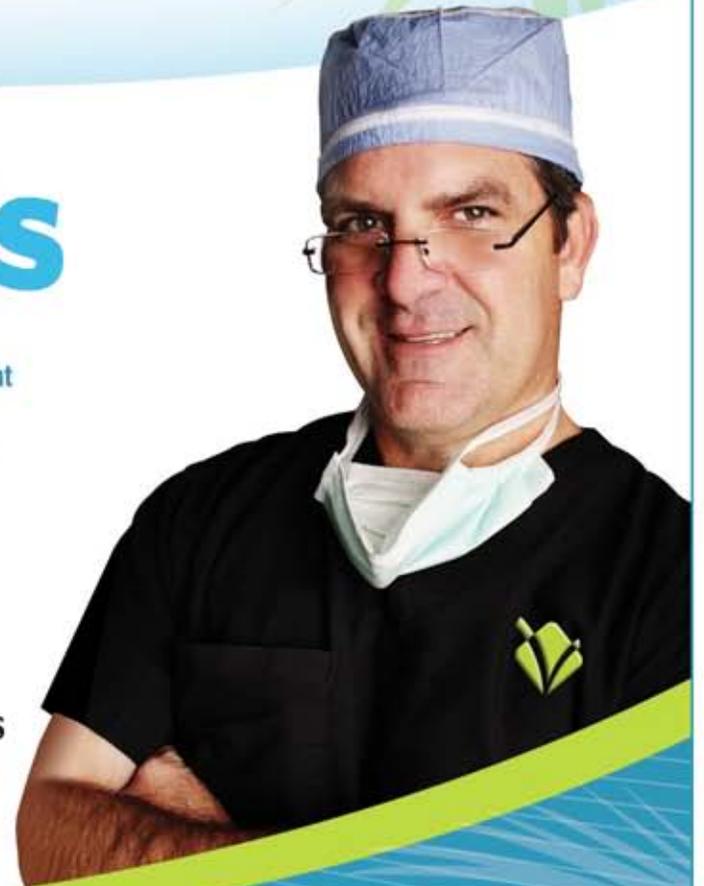
I bet you wish your legs
didn't swell so much!

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