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Health & Wellness[®] MAGAZINE

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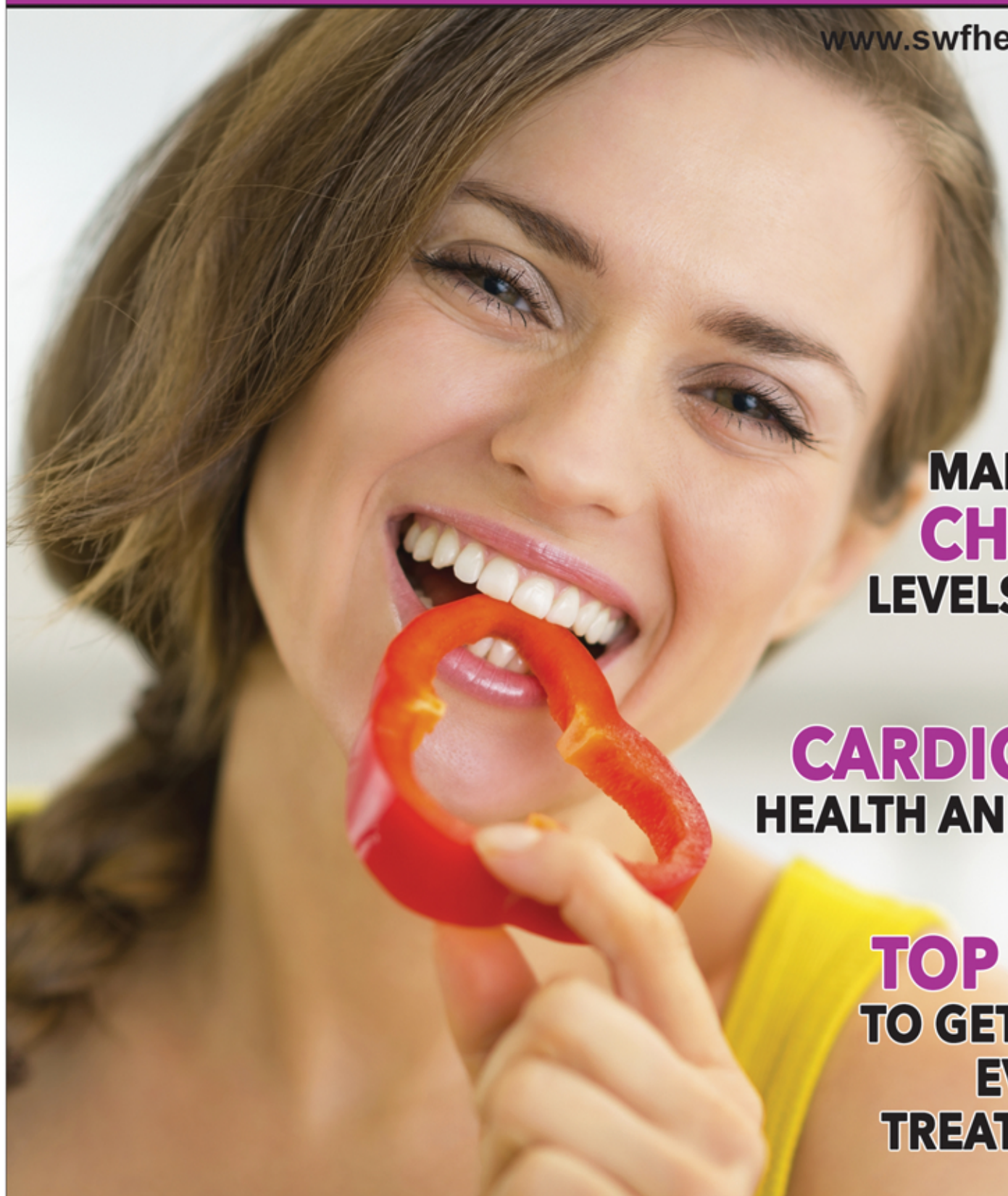


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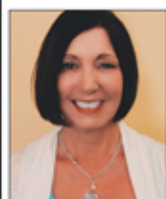
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Hallux Rigidus

Small Joint Causes Big Pain

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

As we know, arthritis can attack our joints, and we know many people who have had "joint replacement" of their big joints, the hips, knees or shoulders. But what if you developed arthritis in a real small joint such as the joints in your thumb or big toe. You would probably try to work around it, using a different hand or grip to open that jar, or turn that screw-driver. But try doing that with your big toe. You can't do that since the big toe has to bend with every step we take. So what can we do?

In any joint in our body, we have cartilage which we call articular cartilage. For many different reasons, including the biomechanics or structural abnormalities of our feet and toes, we can develop arthritis into any joint with a resulting wear and tear of the articular cartilage. When this occurs, it allows our bones to rub against each other, creating an overgrowth of bone. It especially happens on the top of the bone of our big toe, where it bends. The overgrowth can prevent our toe from bending resulting in a stiff toe, which we in orthopedics call hallux rigidus.

When arthritis forms in the big toe (the hallux), like any other arthritic joint, the symptoms we usually develop can be several including pain, which occurs when you push off with the big toe when walking, swelling, a possible bump on the toe from the formation of osteophytes, and stiffness in the toe, with the inability to bend it up or down. Unfortunately, when we walk we use other joints as well as our toes, such as ankles, knees and hips. These may become painful as well, since we will usually alter the way we walk to prevent aggravating the arthritic joint.

How can you tell if you have this? If you are having some of these symptoms, you should see your medical doctor, especially a medical doctor who is an orthopedic foot and ankle specialist. This condition, hallux rigidus, can be easily treated if it is discovered and treated early. If you wait until the bony bump is formed on the top of your great toe, osteophytes (bone spurs) will already have formed and the hallux rigidus will be much harder to treat.



When you see your orthopedic foot and ankle specialist, he will probably order regular X-Rays of both your feet to determine what is normal and what, if anything, is abnormal. Also, he will perform a proper clinical exam to determine the severity and limitation of your hallux rigidus. From both your X-Rays and physical exam, as well as your history, will proper modality treatments be determined.



As like many other conditions, there are both non-surgical and surgical treatments. Non-surgical treatment of an arthritic joint, even the great toe, is generally the same as other joints, as the patient will

need a pain reliever such as oral anti-inflammatory, and padding of the area around the joint and physical therapy. Especially for the great toe, special shoe modifications and possibly the usage of orthotics will be also be used. Injections of steroids may be attempted, but generally do not work very well at this point.

There can be several primary reasons that a patient will choose to have surgery performed on a hallux rigidus. They may want to treat the problem, not accommodate it, progression of the problem to the point that there are other problems now occurring, or that non-surgical treatment failed. The patient may also decide for surgery to prevent further deterioration or deformity of the great toe.

There are several different types of surgery for this problem. Some involve replacements or tendon transfers or can involve a fusion. The most important thing I can say is that special care must be given to the type of surgery performed, since an improper surgery may not give the best results that could be obtained. Having the best orthopedic specialist making the proper choice for you will allow you the best outcome possible.

Since you can't walk on your hands, pain in your feet needs to be properly and quickly evaluated. You need to be evaluated by a **Board Certified Orthopaedic Surgeon M.D. with a Sub-specialty, Fellowship Trained in Foot & Ankle surgery.** In fact I am the only surgeon with these qualifications in our area. I believe this makes me uniquely able to deal with these problems in a state-of-the-art atmosphere and method that will keep you in good hands and provide you with the most desired result.

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TOP 7 Reasons to Get Your Leg Vein Evaluation and Treatment this FALL.

By Joseph Magnant, MD, FACS, RPVI

There are many different presentations of leg vein problems although the most recognizable is that of varicose veins.

Other signs and symptoms of venous reflux disease (also known as venous insufficiency, CVI, venous incompetence or leaky veins) include swollen, achy legs, restless legs, night time leg cramps and urination, diffuse spider veins, skin discoloration in the lower legs, and bleeding or ulcerations in the legs. Venous insufficiency is defined as failure of the valves in the veins to close tightly resulting in the backward flow of blood back down toward the feet. The end result is increased pressure in the veins in the lower legs and feet which causes veins just under the skin to bulge (varicose veins) and water and protein to leak out into the surrounding tissues of the legs.

Over the past decade, our anatomic and physiologic understanding of venous insufficiency has been greatly improved as endovenous ablation (sealing of the veins) has been applied to patients with more obscure signs and advanced stages of venous insufficiency with excellent results. Superficial veins other than the great saphenous vein, such as the small saphenous vein, intersaphenous vein, anterior accessory saphenous vein and perforating veins are now treatable with endovenous ablation. Modern ultrasound evaluation of the lower extremity venous system by experienced vascular technologists can accurately identify which veins are insufficient or leaking as well as the severity of reflux.

Ultrasound directed sealing of the abnormal veins under local anesthesia has yielded far superior results than vein ligation or stripping, which are no longer required nor should ever be considered. With the introduction of minimally invasive treatments for venous insufficiency (leaky veins) in 2000, and the increased acceptance and application of this technology of sealing rather than stripping of the saphenous veins in the treatment of the entire spectrum of symptoms related to venous insufficiency, there is no need for patients to suffer from their venous disease any longer, whether bulging varicose veins, swollen achy legs or advanced skin changes.



Cluster of varicose veins which clotted and resulted in deep vein thrombosis (DVT)

The age old recommendation of waiting for varicose veins to “bother you” or “become painful” should be abandoned, and proactive evaluation and earlier treatment of the underlying venous disorder considered to prevent potential complications of bleeding and thrombosis (clotting) of the varicose veins which may extend to the deep system of veins and in rare cases lead to blood clots traveling to the lungs (pulmonary embolism). Patients are not advised to wait for complications of high blood pressure, high cholesterol or diabetes before initiating therapy, nor should they wait for complications of venous disease before considering minimally invasive evaluation and treatments.

Complications of Untreated Varicose Veins

Clotting, as seen in the photo above of a 55 year old male who was told to leave his varicose veins alone. They clotted off on a long car ride and by the time he was seen by a physician he had a deep vein thrombosis requiring more than 6 months of blood thinners. He eventually underwent endovenous closure of the culprit vein with an excellent result as seen in the photo on the right, but could have been saved the trouble and pain if he had been evaluated and treated earlier, before the complication occurred.

Patients likely to have venous insufficiency are those who have a family history of varicose veins, swollen legs or other obvious signs of vein disease. Other risk factors for developing venous insufficiency are history of pregnancy, obesity, sedentary occupations, advanced age, female gender and history of deep vein thrombosis. Patients may have varicose veins or other signs such as skin changes of color and character, brown, brawny and thickened skin, diffuse spider veins in the distal leg and ankle regions, open or threatened ulcerations, history of bleeding from veins in the lower legs, diffuse swelling in the legs worse at the end of the day and improved with elevation.

The following are the TOP 7 reasons patients should get moving this fall and get their leg vein problems treated.

- 1.** The weather has finally cooled off and compression hose are at least tolerable after their vein treatments.
- 2.** The snow birds have not taken over the roads and doctors' waiting rooms...yet.
- 3.** You vowed that last summer was the LAST summer you were going to wear long pants to the beach to cover your unsightly legs.
- 4.** You want to get your legs ready for that Christmas or New Years cruise (gotta plan ahead!)
- 5.** You have met your deductible for 2013 and have been meaning to make your legs more of a treatment priority.
- 6.** You are uncertain regarding the future of health-care and what conditions may or may not be covered for which diagnoses or symptoms.
- 7.** You understand that varicose veins can clot or bleed and want to prevent these complications from occurring.

*Joseph Magnant,
MD, FACS, RPVI*



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Endovenous ablation or sealing of the leaking veins with catheters (laser or radiofrequency) placed temporarily inside the veins offers a very safe, effective and minimally invasive option for patients once thought to be untreatable for Venous Insufficiency due to age, illness, lack of "illness", absence of ulceration or bleeding. Ultrasound evaluation for venous insufficiency is safe, effective, risk free and offers a tremendous amount of physiologic and anatomic information which is critical in the decision making process. Vein specialists are seeing record numbers of patients with the diagnosis of venous insufficiency, many of whom have obvious signs of venous disease such as leg swelling, skin changes, varicose veins or ulcerations as well as others who may not have very impressive external findings of venous pathology but who have severe venous reflux disease as the root cause of their symptoms. Since venous disease affects one out of five adults in the USA, it makes perfect sense to consider venous disease early in the course of your search of the cause of your leg symptoms and if you have obvious varicose veins, you can be sure you have a problem with the valves in the veins and we encourage you to be proactive in obtaining venous evaluation.

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

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2015 Editor's Pick

Remedies Magazine



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. As we approach the year anniversary of Robin Williams death, it 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.....?



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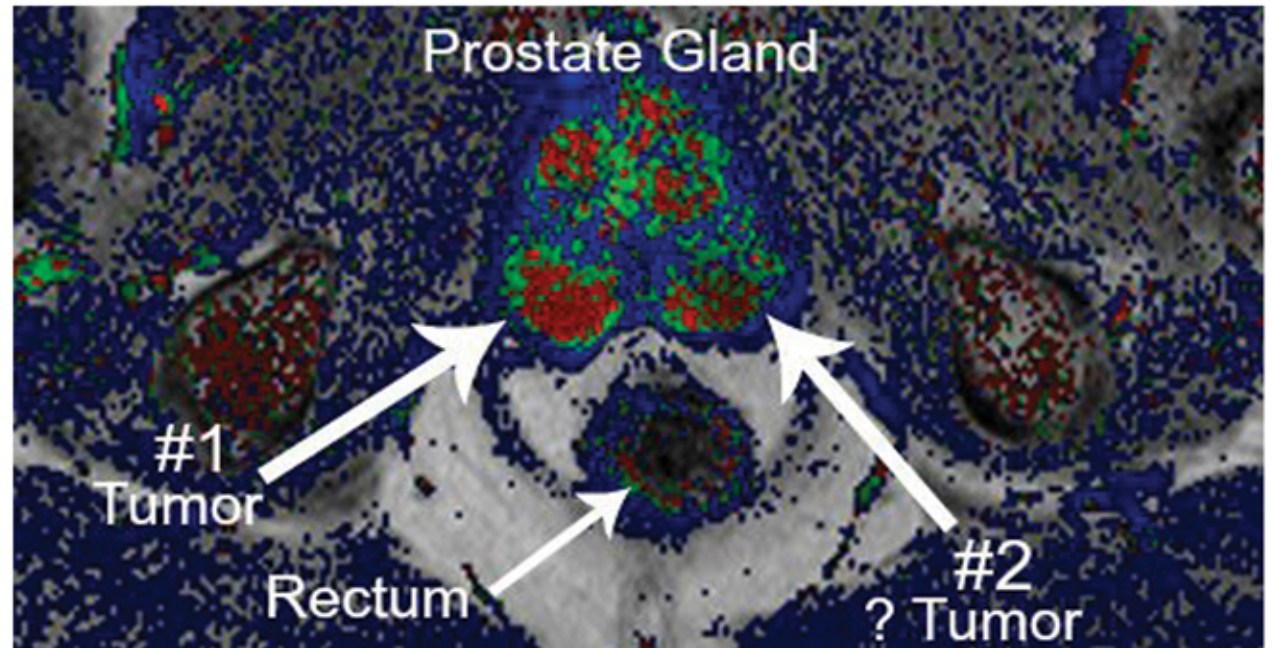
Emerging Technology with MRI Available to Detect Prostate Cancer

Two men every five minutes are diagnosed with prostate cancer, the second leading cause of cancer death in men. According to the American Cancer Society, an estimated 220,000 new cases of prostate cancer are diagnosed each year, and nearly 35,000 men die annually from the disease.

MRI is a reliable tool for possible early detection of prostate cancer and other prostate-related conditions. MRI uses radiofrequency waves to create a detailed cross-sectional image of the prostate and surrounding tissues.

Prostate MRI uses advanced magnetic resonance imaging to create very accurate and clear images of the prostate gland. These images are diagnostic quality and can be useful when diagnosing possible prostate diseases. Medical images resulting from prostate MR can be combined with powerful post-processing computer programs to provide detailed information about the prostate. This information can offer a wider variety of diagnosis and treatment options for clinicians and patients. If you feel you could benefit from a prostate MRI please discuss with your physician.

Images provided from MR, however, do not always indicate cancer. Prostate MR images identify specific regions of the gland that may appear suspicious and can be further evaluated through a targeted MR-guided biopsy procedure (also available at Advanced Imaging of Port Charlotte). MRI



of the prostate can also be used to evaluate other prostate conditions, including prostatitis (inflammation of the prostate) and benign prostatic hyperplasia (BPH)(enlargement of the prostate

MR-guided biopsies may be helpful to patients who have had several sessions of TRUS-guided biopsies with negative results. Compared to published cancer yield rates of up to 15% greater with their TRUS-guided biopsies, the increased rate of detection may give greater confidence to both physicians and patients.

What to Expect from the MR Imaging Process

An MRI is a non-invasive and painless medical procedure used to produce accurate, detailed pictures of organs and tissues to diagnose a variety of medical conditions. When receiving an MRI, patients are positioned on a moveable examination table, and in some cases, straps and bolsters are used to help patients remain still and in the correct position during imaging. Small devices that contain coils capable of sending and receiving radio waves, may then be placed around or adjacent to the area of the body that is being studied.

The patient is then moved into the magnet of the MRI unit. The radiologist and the technologist will leave the room while the MRI examination is performed on the patient. When the examination is completed, patients may be asked to wait until the technologist or radiologist checks the images, in the event additional images are required.

MRI exams generally include multiple runs (sequences), some of which may last several minutes. The entire exam is usually completed in 15-45 minutes.

For more information about the prostate MRI and other diagnostic imaging services available at Advanced Imaging call 941-235-4646 today.

Benefits:

- Prostate MRI is a noninvasive imaging technique that does not require exposure to ionizing radiation.
- Prostate MRI provides clear and detailed images of the soft-tissue structures of the prostate that may not be assessed adequately with other imaging methods such as x-ray, ultrasound or computed tomography (also called CT or CAT scanning). The detail makes MRI a helpful tool in early diagnosis and evaluation of tumors.
- Prostate MR images can help physicians evaluate the function as well as the structure of many organs.
- MRI contrast material is less likely to produce an allergic reaction than the iodine-based materials used for conventional x-rays and CT scanning.



Hearing Care is Health Care Part 2

By Dr. Noël Crosby, Au.D.

Listen to your ears. They might be telling you something. If you are experiencing hearing loss, pay attention to your entire health. The more we learn about hearing loss, the more we discover that it very often co-exists with other health conditions. You should pay attention to your entire wellbeing. Hearing loss is not a self-contained impairment limited just to your ears. Many different studies conducted here in the USA and overseas have demonstrated that quite a few serious ailments can impact how well we hear. These studies have shown that all the bodily organs and functions are tightly interconnected: When one system or organ fails, it sends rippling effects through the others. Your hearing is not immune to this process.

A large and growing body of research shows that a person's hearing and cardiovascular health frequently correspond. It's a good idea for those people with cardiovascular disease to get their hearing checked, and for those people with hearing loss to pay close attention to their cardiovascular health. Following are a few of the reasons that may explain why heart health and hearing are linked.

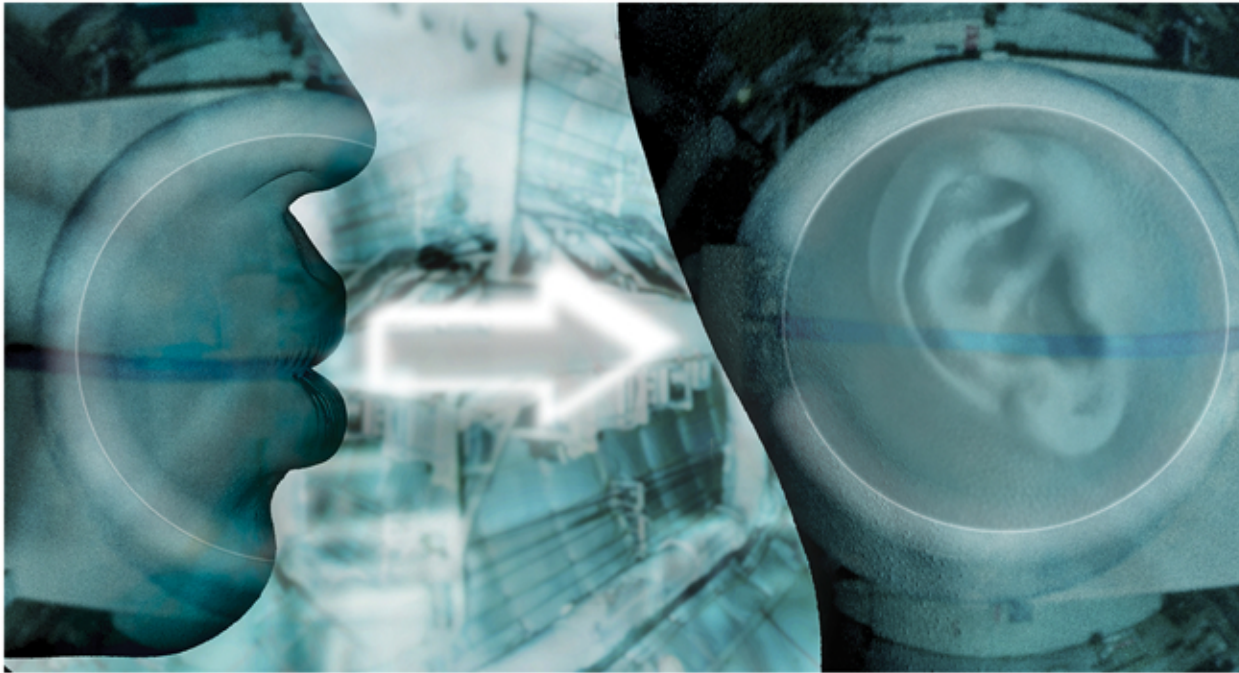
The inner ear is extremely sensitive to blood flow. Studies have shown that a healthy cardiovascular system—a person's heart, arteries, and veins—has a positive effect on hearing. Conversely, inadequate blood flow and trauma to the blood vessels of the inner ear can contribute to hearing loss.

Some researchers hypothesize that because the inner ear is so sensitive to blood flow, any abnormalities in the condition of blood vessels in the inner ear could be noticed earlier than in other, less sensitive parts of the body. In one study—presented by David R. Friedland, MD, PhD, Associate Professor of Otolaryngology and Communication Sciences at the Medical College of Wisconsin in Madison at the 2009 Combined Otolaryngology Spring Meeting—it was hypothesized that low-frequency hearing loss may be a potential marker for predicting the presence of, or potential development of cardiovascular disease. According to a study in older adults, the prevalence of suffering from various degrees of hearing loss is 54 percent greater among those who have a history of heart disease than in the general population. The study



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also indicated that those individuals who exercise at least once a week saw a 32 percent reduction in the risk of suffering from hearing loss, when compared to sedentary people. (Source: *"The Association Between Cardiovascular Disease and Cochlear Function in Older Adults."* Population Health Program Faculty, Wisconsin University, First Annual Population Health Poster Session selected abstracts 2001-2002.)

Another health condition that has been linked to hearing loss is kidney disease. Older adults with moderate chronic kidney disease (CKD) have a higher incidence of hearing loss than those of the same age without CKD, according to a report published in the American Journal of Kidney Diseases. An Australian research team assessed over 2,900 individuals aged 50 and older, including 513 with moderate chronic kidney disease of those with CKD, over 54% reported some level of hearing loss compared to only 28% of the rest of the group. Nearly 30% of the CKD participants showed severe hearing loss compared with only 10% of the non-CKD participants. This study suggests a strong tie to CKD in general," said study author Professor David Harris, Associate Dean of Sydney Medical School-Westmead at the University of Sydney. "The link can be explained by structural and functional similarities between tissues in the inner ear and in the kidney. Additionally, toxins that accumulate in kidney failure can damage nerves, including those in the inner ear. Another reason for this connection is that kidney disease and hearing loss share common risk factors, including diabetes, high blood pressure and advanced age. "These findings could lead to a modification of the

usual care of people with CKD," said Dr. Kerry Willis, Senior Vice President of Scientific Activities at the National Kidney Foundation. "Earlier clinical hearing assessments and fitting of hearing aids in CKD patients can improve quality of life and lead to better management of underlying conditions which could, in turn, potentially preserve hearing function." Also, some treatments for kidney ailments can affect hearing.

This doesn't mean that if you have kidney disease you will have a hearing loss, however; experts suggest having your hearing tested if you have been diagnosed with a kidney disorder, and even more so if you are treated with medications that can potentially damage hearing.

People with diabetes may have a higher risk of hearing problems than those without the disease. Combining the results of 13 past studies, Japanese researchers found that hearing loss is twice as likely among people with diabetes compared to those without. The effects of aging does not seem to explain the results. The link between diabetes and hearing loss was actually stronger among people who were 60 or younger than among older adults. In the younger group, people with diabetes had a 2.6 times higher likelihood of impaired hearing. "That's an interesting finding", said Dr. Joel Zonszein, director of the Clinical Diabetes Center at Montefiore Medical Center in New York City. "It's consistent with the idea that poor blood sugar control, which damages blood vessels and nerves throughout the body and not simply old age might explain why people with diabetes have more hearing problems",

said Zonszein, who was not involved in the study. Findings from "observational" studies, where researchers compare diabetics with non-diabetics, cannot prove a cause-and-effect relationship. They can only show a correlation between diabetes and hearing problems. At this time, no one knows whether better control over your blood sugar will reduce the risk of hearing loss.

The findings, published in the *Journal of Clinical Endocrinology & Metabolism*, are based on studies involving more than 20,000 people from the United States, Asia, Australia and Brazil. All but one study found an association between diabetes and a higher incidence of hearing loss. For example, in one national sample of Americans, nearly half of the adults with diabetes had some degree of hearing loss compared with about 20 percent of the diabetes-free population having some hearing loss. In all the studies, neither age nor exposure to a noisy workplace explained the connection between diabetes and hearing loss. There could still be explanations other than diabetes itself, some of the medications many diabetics take, particularly blood-pressure-lowering diuretics, can affect hearing. These findings suggest it may be a good idea for people with any form of diabetes to have their hearing tested.



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.



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).



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1 man in 6 will develop Prostate Cancer during his lifetime



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

In May of 2012 the USPS Task Force, a panel of primary care physicians and epidemiologists funded, staffed and appointed by the U.S. Department of Health and Human Services released recommendations that PSA routine screen should not be done as the number of men to screen in order to avoid prostate cancer mortality was not cost effective and together with the potential risks of treatment produced more harm than good. Unfortunately, the evidence the task force, which had no urologists on the panel and was led by a pediatrician, used to make these recommendations was of poor quality and disregarded many other clinical trials documenting the positive results of screening both in terms of decreasing prostate cancer

deaths but also the harms of the disease such as from metastasis and bleeding/obstruction of the urinary tract. As urologist facing prostate cancer on a daily basis, we know all too well both the death as well as the severely diminished quality of life that prostate cancer can deal to men.



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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.

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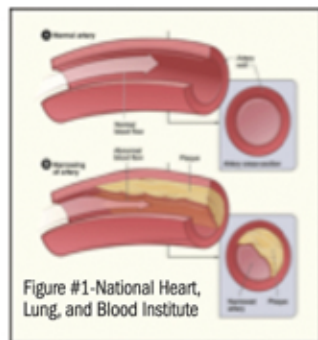


Cardiovascular Health and Cholesterol Education

By Jeff Davis, RRT-NPS, RCIS, Program Director, Cardiovascular Technology & Respiratory Care, FSW

Cardiovascular disease has been, and continues to be, the number one cause of death in the United States and worldwide. It is also a leading cause of disability. The human cardiovascular system consists of the heart and blood vessels (arteries and veins). The purpose of the cardiovascular system is to deliver blood with oxygen, and nutrients to every cell in the human body and to remove some waste products from every cell of the body. Various disease processes can have a negative effect on the cardiovascular system.

One form of cardiovascular disease is atherosclerosis. According to the National Heart, Lung, and Blood Institute, atherosclerosis is a progressive disease process where plaque accumulates inside the major arteries of patients (Please see figure #1). Atherosclerotic plaque is comprised of fat, cholesterol, calcium, and other substances found in the blood. As time goes on, the plaque can become hard and reduce the inner diameter of the arteries. This process can lead to blockages inside of the major arteries and decrease the amount of blood and oxygen delivered to the heart and other parts of the body like the brain, kidneys, and legs. The end result of atherosclerosis can include heart attack, stroke, kidney failure, or lower extremity amputation.



Some of the risk factors that may increase the likelihood of developing atherosclerosis and cardiovascular disease include a family history of cardiovascular disease, advancing age, male gender (although females tend to develop cardiovascular disease at an increasing rate after menopause), high blood pressure, high total and LDL cholesterol, cigarette smoking, diabetes, sedentary lifestyle, overweight/obesity, and high stress. However, patients can play an active role in reducing the impact of atherosclerosis and the



development of cardiovascular disease by reducing their risk factors and adopting a lifestyle that focuses on cardiovascular health. A healthy cardiovascular lifestyle begins with a visit to the doctor for an overall physical exam and cardiovascular evaluation. Your doctor can then discuss risk factor reduction strategies with you. These may include maintaining a normal body weight, smoking cessation if applicable, a healthy low fat diet that is rich in fruits and vegetables, managing any diabetes or pre-diabetes conditions, engaging in moderate activity/exercise for about thirty minutes a day at least five days a week, and managing stress. Another important factor for cardiovascular health is to maintain a healthy blood pressure. If patients are unable to maintain a normal blood pressure with a healthy diet and exercise, medications may be needed. Maintaining normal cholesterol levels is another important way to help ensure cardiovascular health.

Cholesterol is a waxy substance that is an important part of the cells that make up our bodies. We all need cholesterol; however, too much can increase the likelihood of developing atherosclerosis and cardiovascular disease. It is produced by our bodies, primarily in the liver, and found in the foods we eat and drink. Our bodies make all of the cholesterol we really need. Cholesterol is transported through the blood in our bodies in the form of lipoproteins. Lipoproteins are comprised of lipids (fats) and proteins. Two types of cholesterol carrying lipoproteins are low-density lipoproteins (LDL), referred to as "bad" cholesterol and high-density lipoproteins (HDL). LDL tends to carry cholesterol inside the wall of the

major arteries and leads to the development of atherosclerotic plaques which can lead to cardiovascular disease. On the other hand, HDL tends to carry LDL away from the arteries and back to the liver where it is broken down and removed from the body. This HDL transport can reduce the development of atherosclerotic plaques and may reduce the likelihood of cardiovascular disease. For these reasons, HDL is referred to as "good" cholesterol.

Maintaining optimal amounts of total cholesterol, LDL, and HDL will help preserve cardiovascular health. According to the National Institutes of Health a total cholesterol value of less than 200 mg/dl, a LDL level less than 100 mg/dl, and a HDL level greater than 40 mg/dl (the higher the better) are considered optimal. However, these recommendations may be changing and the doctor will determine the optimal values for any specific individual. A healthy lifestyle including a low fat diet, maintaining an ideal body weight, physical activity and reducing exposure to tobacco smoke all contribute to keeping cholesterol levels in the optimal range. If these strategies are not enough, medications may help.

Everyone strives to enjoy a good quality of life. One way to help accomplish this goal is to develop a lifestyle that promotes optimal cardiovascular health. Maintaining a healthy lifestyle, reducing risk factors for atherosclerosis and cardiovascular disease, visiting the doctor on a regular basis, and following the doctors instructions will help us to be successful in improving our cardiovascular health.



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TWO NEW DOCTORS JOIN FRANTZ EYECARE MEDICAL TEAM

Jonathan M. Frantz, MD, FACS, medical director of Frantz EyeCare, is pleased to announce that Glaucoma Specialist Shawn J. Khan, MD, MBA, and Optometrist Thy Nguyen, OD have joined the practice's medical team.



Dr. Khan sees patients in the Fort Myers and Naples offices of Frantz EyeCare. He completed his Glaucoma Fellowship at Wills Eye Hospital, his residency at Albany Medical College and McGill University, and his internship also at McGill where he also received his MD and BS degrees. He also holds an MBA from the University of Michigan.

Dr. Khan served as Chief Medical Officer at Oaklawn Hospital in Marshall, MI; was owner and surgeon of Central Texas Eye Institute in Brenham, TX; and was in private practice for three years in Fort Lauderdale, FL. He is originally from Canada and now resides in Naples with his family.

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Dr. Nguyen is a graduate of Nova Southeastern University's College of Optometry in Fort Lauderdale. She sees patients in the Fort Myers and Cape Coral offices of Frantz EyeCare.



Dr. Nguyen has worked at several practices in southwest Florida and spent five years as a Clinical Instructor at Nova Southeastern. She came to the United States in 1982 from Viet Nam and lived in the Maryland/DC area until moving to Florida in 1996. Dr. Nguyen and her family live in Estero.

To learn more about Macular Degeneration or other services offered at Frantz EyeCare visit www.bettervision.net or call the Punta Gorda office of Frantz EyeCare at 941.505.2020.



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

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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.



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Find Unique Handmade Items at Local Craft Fair

Are you on the look-out for a nearby arts and crafts fair? No matter what you might be looking for, chances are you will find it at the Buckler Craft Fair being held at the Charlotte Harbor Event Center Saturday, September 26 and Sunday September 27.

Annual Arts and Craft Fairs attract artisans and crafters from across the country, providing attendees with a diverse collection of handcrafted and homemade items. The highlights at these events are the one-of-a-kind and unique items that cannot be found anywhere else. Shoppers can browse through a variety of vendor booths searching for the perfect home accent, piece of jewelry or special gift to give for personal celebrations or holidays.

One of the largest craft fairs in the state, the Buckler Craft Fair features both local and national artists to display and offer their finest works for sale. This craft fair features everything from clothing, accessories, candles, sweet treats, woodwork, paintings and lots of holiday items and home décor. There is sure to be something for everyone at this event.

As you can see, there is no need to wait for the holidays to shop for the perfect unique gift for the special people on your list.

The fair opens at 10am on both Saturday and Sunday. Parking is free and admission to the arts & crafts fair is only \$6.00 per person and children 12 and under are free with a paid adult.

Be sure to bring a canned good for Harry Chapin Food Bank for \$2.00 off Admission price. Visit www.BucklerCraftFair.com for more information.

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10 Reasons to practice Yoga

1. STRESS RELIEF: Yoga reduces the physical effects of stress on the body. By encouraging relaxation, yoga helps to lower the levels of the stress hormone cortisol. Related benefits include lowering blood pressure and heart rate, improving digestion and boosting the immune system as well as easing symptoms of conditions such as anxiety, depression, fatigue, asthma and insomnia.

2. PAIN RELIEF: Yoga can ease pain. Studies have demonstrated that practicing yoga asanas (postures), meditation or a combination of the two, reduced pain for people with conditions such as cancer, multiple sclerosis, auto-immune diseases and hypertension as well as arthritis, back and neck pain, and other chronic conditions. Some practitioners report that even emotional pain can be eased through the practice of yoga.

3. BETTER BREATHING: Yoga teaches people to take slower, deeper breaths. This helps to improve lung function, trigger the body's relaxation response and increase the amount of oxygen available to the body.

4. FLEXIBILITY: Yoga helps to improve flexibility and mobility, increasing range of movement and reducing aches and pains. Many people can't touch their toes during their first yoga class. Gradually they begin to use the correct muscles. Over time, the ligaments, tendons and muscles lengthen, increasing elasticity, making more poses possible. Yoga also helps to improve body alignment resulting in better posture and helping to relieve back, neck, joint and muscle problems.

5. INCREASED STRENGTH: Yoga asanas (postures) use every muscle in the body, helping to increase strength literally from head to toe. And, while these postures strengthen the body, they also provide an additional benefit of helping to relieve muscular tension.

6. WEIGHT MANAGEMENT: Yoga (even less vigorous styles) can aid weight control efforts by reducing the cortisol levels as well as by burning excess calories and reducing stress. Yoga also encourages healthy eating habits and provides a heightened sense of well-being and self-esteem.

7. IMPROVED CIRCULATION: Yoga helps to improve circulation and, as a result of various poses, more efficiently moves oxygenated blood to the body's cells.

8. CARDIOVASCULAR CONDITIONING: Even gentle yoga practice can provide cardiovascular benefits by lowering resting heart rate, increasing endurance and improving oxygen uptake during exercise.

9. FOCUS ON THE PRESENT: Yoga helps us to focus on the present, to become more aware and to help create mind body health. It opens the way to improved concentration, coordination, reaction time and memory.

10. INNER PEACE: The meditative aspects of yoga help many to reach a deeper, more spiritual and more satisfying place in their lives. Many who begin to practice for other reasons have reported this to be a key reason that yoga has become an essential part of their daily lives.

Text courtesy of Yoga Alliance.

September is National Yoga Month.

For Free Yoga Classes and Events visit: www.yogamonth.org



Yoga isn't just a physical exercise program. It is a scientific system designed to generate greater clarity and harmony in life. With a regular practice, individuals often notice a stronger, slimmer and more flexible body, in addition to a mentally sharper, more patient and relaxed sense of self.

Many health and fitness programs are difficult to maintain because they are rooted in an overall negative attitude – that you are inadequate and need to “fix” yourself. Negativity is a lousy motivator. Yoga, on the other hand, meets you exactly where you are and does not judge. By practicing yoga you have the opportunity to improve your health with a positive, non-forceful approach.

A regular yoga practice is a journey to a healthier body and happier life. Give it a try today!



Annette Neumann, D.O.
Board Certified Family Medicine

Maintain Healthy Cholesterol Levels with Medical Weight Loss

Many people are unaware that heart attack and stroke can be a direct result of elevated cholesterol levels in the bloodstream. For this reason, Toledo Blade Weight Loss implement medical weight loss programs that educate people on the dangers of carrying excess fat and teach them how to lower bad cholesterol levels in their bloodstream through safe and healthy weight loss.

With obesity reaching epidemic proportions in the country, many Americans are realizing that being overweight is no longer simply a cosmetic concern. Years of consuming processed, high calorie and high cholesterol foods, will probably result in a diagnosis of high LDL, or bad, cholesterol for many people. If left unattended, this bad cholesterol accumulates in the arteries, creating a thick and hard plaque on the walls, reducing blood flow to vital organs, including the brain and the heart.

Those who are diagnosed with elevated bad cholesterol may be prescribed cholesterol lowering statins, as well as a recommendation to lose excess fat. Because dieting alone can be difficult and discouraging, Toledo Blade Weight Loss has developed their medical weight loss programs that teach patients how to lower bad cholesterol levels in their bloodstream resulting in improved health, a restored figure and a reduced risk for heart attack and stroke.

While competitors simply supply their clients with diet plans, Toledo Blade Weight Loss is dedicated to providing the highest level of service and support. And, because they respect their patient's time and privacy, new patients can schedule a private consult with one of Toledo Blade Weight Loss's specially trained weight loss physicians. This one on one contact allows the doctor to review past medical history and assess the entire system to create the best solution for each patient's personal medical issues and weight loss needs and goals.



Toledo Blade Weight Loss uses individualized prescription treatments and healthy recipes to address medical issues and to teach patients how to lower bad cholesterol levels. Because the physician understands that many of their clients do not have a health or nutrition background, they dedicate their time to helping dieters learn which foods keep the body fueled and operating at optimal capacity without causing weight gain and without raising bad cholesterol levels.

Weight loss plans are tailored to be specific to each patient's individual nutritional, lifestyle and weight loss needs that also teach them how to lower bad cholesterol levels by learning to choose healthy food options instead of reaching for processed, high calorie and fatty foods. And, to help patients lose weight quickly without suffering the typical dieting side effects that tend to compel many dieters to stray from their weight loss intentions, Toledo Blade Weight Loss's exclusive medical weight loss program, fat burning injections, HCG injections, and prescription medications may be included. This powerful blend not only helps patients over the initial weight loss hurdles by controlling the appetite and staving off food cravings, but works flawlessly with the nutritionist-designed meal and snack plans to flush unhealthy stored fat quickly from the bloodstream. It is not unusual, and actually quite typical,

for patients to learn how to lower bad cholesterol levels within weeks of following Toledo Blade Weight Loss's cholesterol diet plans enabling many patients to decrease or eliminate the need for cholesterol lowering prescription medications.

Because the experts at Toledo Blade Weight Loss understand that eliminating carbohydrates from their diet can be challenging, they provide unlimited access to their doctors, nurses, nutritionists and coaches who are always eager to answer questions, offer suggestions or simply lend their guidance and support. This level of personal attention has taught people throughout the community how to lower bad cholesterol levels and has made Toledo Blade Weight Loss the leading, most reliable and most trusted medical weight loss source.

For more information about the medical weight loss options available at Toledo Blade Weight Loss, call **941-889-6915** today! You've got nothing to lose but pounds and inches!

Dr. Annette Neumann, owner of Toledo Blade Weight Loss, recently moved to Port Charlotte with her husband from her native state of Michigan. She has been in the healthcare field in various capacities since 1979. Originally, Dr. Neumann began her health related career in nursing then moved on a few years later to become a chiropractor. As her children grew up and left home, Dr. Neumann once again made a career shift to become an osteopathic physician. After residency, she became board certified in family medicine and opened her own office. In the fall of 2013, Dr. Neumann required a total hip replacement, which started her thinking of a new path she might take in medicine. This, along with the fact that many of her patients struggled with being overweight, was the impetus for her interest in medical weight loss management. Dr. Neumann's goal is to help people lose weight and maintain the weight loss for the rest of their lives. Her plan is to do this with lifestyle change, counseling, exercise, appetite suppressants, lipotropic injections and/or HCG injections.

ToledoBladeWeightLoss
941-889 6915

KNEE PAIN DOES NOT MEAN YOU NEED KNEE REPLACEMENT SURGERY

By Physicians Rehabilitation

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

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

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

If you have tried other treatments and experienced little to no relief, you may still be a candidate for our treatment program. Call (239) 687-2165 to schedule a no-cost, no-obligation consultation today!

At Physicians Rehabilitation, it's very important to understand that we are not just addressing knee pain. Our goal is to give you the best chance we possibly can of Preventing Knee Replacement Surgery in the future, which is what knee arthritis frequently evolves into if left undetected and unaddressed.

For this reason, we encourage you to schedule an appointment to determine if you are a candidate for the Hyalgan treatment for knee arthritis. You can always have more radical procedures performed later, if necessary. However, with knee replacement surgery, once done, there is no turning back to a more conservative approach. Knee replacement surgery is indeed necessary for some people with extreme conditions that Hyalgan is unable to help, but as we have seen with many of our patients... A Total Knee Replacement is a Very Extreme Measure To Take without considering all your options for a condition as common as knee arthritis.

What are Hyalgan Injections?

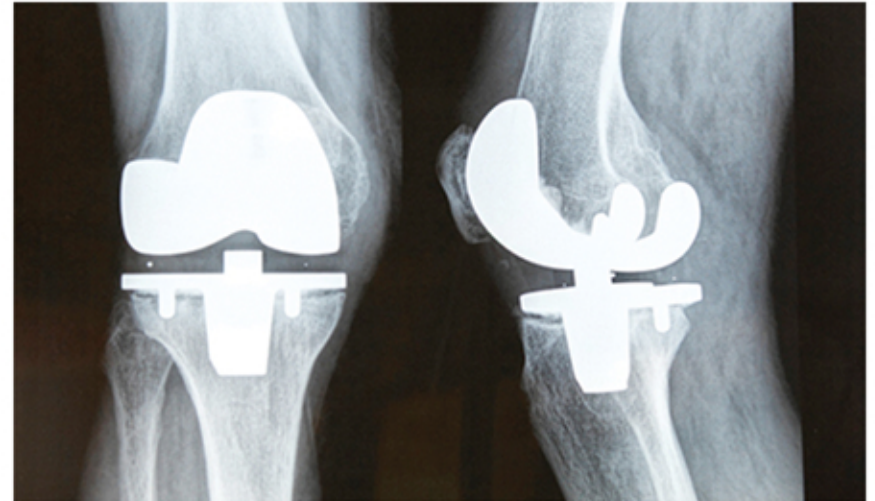
Hyalgan injections treat knee osteoarthritis. Hyaluronic Acid (Hyalgan) is a natural substance extracted from rooster combs and purified to mimic the lubricating substances that occur naturally in the joint called synovial fluid. When Hyalgan is injected into the knee, it provides replacement for diseased synovial fluid, which is the cause of your pain. Hyalgan specifically targets the osteoarthritis in your knee, unlike over the counter oral medications or non-steroidal inflammatory drugs (NSAIDs) that affect all parts of your body.

What's the process?

It's a very easy and quick process. Our Doctors will inject Hyalgan directing into your knee joint using a high tech medical device called a Fluoroscope to pinpoint the exact location intended with extreme accuracy, which provides the best possible outcome from each injection. Then, an injection of dye confirms needle placement to ensure that the pain relieving drug Hyalgan reaches the knee capsule where it bonds with the naturally occurring joint fluid to create a lubricating and cushioning layer. That's why if you have tried any type of pain reduction injection elsewhere without success, we may still be able to assist you as your original injection may have never would up in just the right place. Most patients compare the treatment to getting a flu shot and report little pain or discomfort.

When will I feel results?

Most feel an immediate reduction in pain and return to normal activities in weeks.



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

Will my insurance cover this treatment?

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

What are other people saying about it?

"My knee feels great. I had already had a total knee replacement and wanted to try something rather than go through another painful surgery. After completing the program, I can now dance again which I have not done in years, and my lifestyle is on its way back to normal!" - Elizabeth B.

So what are you waiting for?

Pick up the phone and call us today to schedule your NO-COST, NO-OBLIGATION consultation. The demand for this procedure has been overwhelming. We've added extra lines to accommodate your calls, so if our line is busy, or you are re-directed to voice mail, please leave a message or call back. Living pain free and getting your life back is well worth the phone call. So keep calling – help is only a phone call away...



941-467-1666 | www.PhysiciansRehabilitation.com

HEALING THERAPY

How Does Therapy Help?

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

Approaches to Therapy

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

Psychodynamic Therapy

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

Interpersonal Therapy

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

Cognitive-Behavioral Therapy

Cognitive-behavioral therapy helps people with mental illness to identify and change inaccurate perceptions that they may have of themselves and the world

around them. The therapist helps the patient establish new ways of thinking by directing attention to both the "wrong" and "right" assumptions they make about themselves and others.

Tips for Getting the Most from Therapy

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

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

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

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

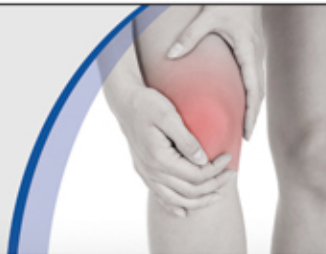
My goal as a therapist is to help individuals and families through honest counseling and therapy skills. With this knowledge individuals will be able to gain coping skills to resolve their problems and increase their potential and satisfaction in life.

Brenda Gonzalez, LCSW, MT
941-613-1356

Licensed Clinical Social Worker, Lic #8837

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- Panic Disorders
- Mood Disorders

I accept Medicare, and commercial insurances.
I am a bilingual therapist (Spanish and English)

Licensed Clinical Social Worker, Lic #8837

Causes For Limb Swelling

By Alyssa Parker

Finding the source of your edema is vital to getting the proper medical care. Chronic edema left untreated without a clinical diagnosis may lead to a variety of problems. Patients with chronic edema may start the day out with painless swelling in their limbs that progress's throughout the day leading to a sensation of heaviness in the limb by the evening. Common condition's where edema may be a symptom is venous insufficiency, post-operative trauma, infection, and lymphedema. These conditions can be easily misdiagnosed as acute and minor swelling followed with minimal treatment. Pneumatic compression devices are one of the most highly recommended treatments for these conditions and are recognized by Medicare.

Lymphedema and Chronic Venous Insufficiency

Lymphedema is the body's inability to transport lymph fluid through the lymphatic system resulting in chronic swelling. Lymphedema may manifest after a surgical procedure cancer or non-cancer related (example hysterectomy or gallbladder removal) ; due to its slow progression it may take years or months to recognize. When left untreated common complications include cellulitis or lymphangitis, skin changes such as skin thickening, restricted movement of a limb, or chronic wounds. Aside from surgical procedures and radiotherapy for cancer other known triggers for lymphedema include vein stripping, peripheral vascular surgery, trauma, inflammation, infection, and insect bites.

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 is outcome of venous insufficiency as well as other cardiovascular diseases. Venous insufficiency may cause secondary lymphedema when the lower region of the leg becomes permanently swollen



from the trapped protein rich fluid which may then begin to harden. Patient's with Venous Insufficiency who experience severe and persistent edema overtime can lead to trapped protein rich fluid. The lower region of the leg may then become permanently swollen and may start to harden.

It is imperative that any type of limb edema is treated quick and effectively, regardless of the severity. Individuals have shown the best results when treatment is started when the first sign of a edema is present . Many patients use diuretics or compression stockings receiving temporary reduction in swelling. If your compression stockings get worn out over time many patients aren't receiving the needed compression. Diuretics may be harmful over time if your edema is a symptom of chronic venous insufficiency or lymphedema.



Treatment

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

Specialists in Acute Wound Care

Remember, ANY swelling is an indication of an overloaded Lymphatic system. 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. For more information and articles on this topic, Google "Acute Wound Care," visit www.AcuteWoundCare.com, or call 239-949-4412 and speak with a specialist. Remember, nothing heals faster than an educated patient.

ACUTE WOUND CARE

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

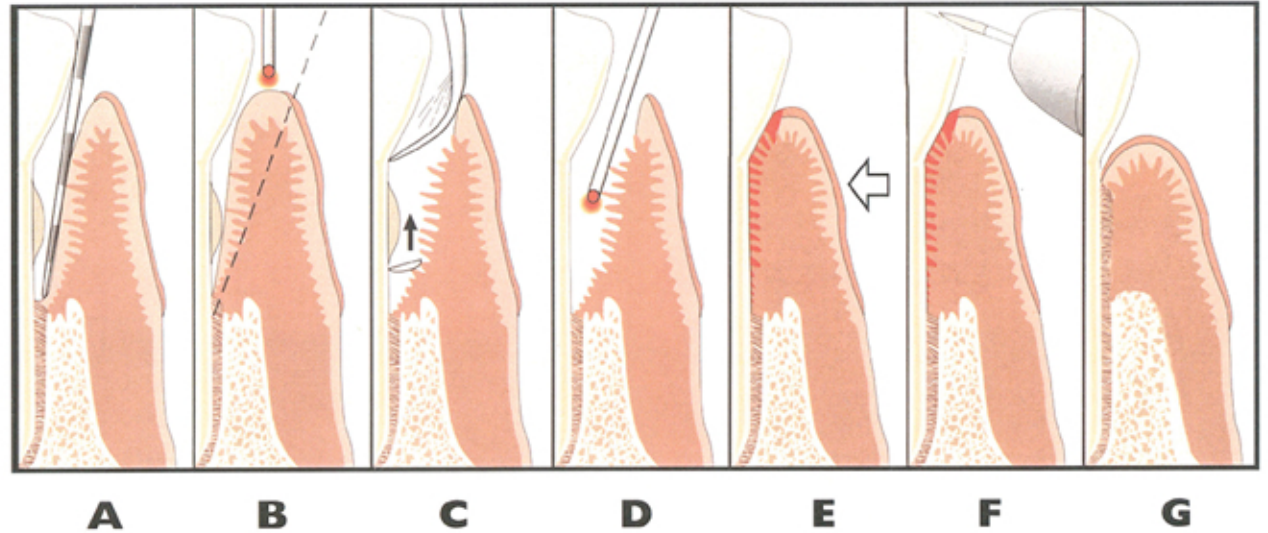
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and speak with a specialist.

What is Laser Periodontal Therapy?

By Dr. Joseph Farag

Finally, there's good news for those of you who suffer from gum disease (gingivitis and periodontitis). We now offer an exciting laser based technique for treatment of periodontal disease called Laser Periodontal Therapy™. Through the use of Millenium Dental Technologies, Inc., PerioLase® Laser, designed especially for Laser Periodontal Therapy™, we can treat your moderate to severe gum disease and you can quickly return to your normal routine! There's no incision (scalpel) and no stitches (sutures). You heal naturally with full retention of your gums. If you suffer from tender, red, swollen, or bleeding gums, call us today for an appointment to evaluate your condition.



Laser Gum Surgery Steps:

- Periodontal Pockets are measured
- Laser fiber optic is inserted into gum pocket and removes inflamed diseased tissue with light energy.
- Ultrasonic instruments are used to "scrub" root surfaces below the gum line and remove tartar and plaque.
- Laser is reinserted into clean pocket and used to disinfect and sanitize the pocket, a fibrin "bandage" is formed in the pocket.
- Healthy connective tissue is readapted to the root and the healing process begins.
- Teeth are adjusted to eliminate premature contact and heavy contact points, bite is equilibrated.
- After teeth have been stabilized and approximately 3-4 months after treatment, new attachment of the gum tissue to the tooth and regeneration of the bone is evident.



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HOMESTEAD - LIFE ESTATE OR JOINT TENANT IN COMMON - SOME CONSIDERATIONS?

By James W. Mallonee

Under normal conditions the passing of a married couples' property is simple, the real property is held in joint names and at the death of one of the spouses the property immediately transfers to the surviving spouse by operation of law. But sometimes there is a breakdown in relationships or the married couple marries late in life where both spouses own their own home, moved into the other's residence and forgot to place the new spouses name on title to the property. The other spouse's property is sold and the profits from the sale are used to pay off any remaining mortgage of the new spouse's property. Everyone is happy until the death of one of the spouses. This kind of situation creates problems for the surviving spouse of a marriage which can become exceptionally complicated if there are children from prior marriages.

Why is this a potential problem? Florida's constitution and probate statutes state in pertinent part that a married couples Florida residence (homestead) cannot be devised away from a spouse or when dependent children exist. Should this occur, the surviving spouse is granted a life estate in the property with a remainder interest to the descendants of the deceased spouse. Alternatively, the surviving spouse could elect within 6 months following the death of their spouse a joint tenancy in common with the deceased spouse's children. If the joint tenancy in common election is taken, it becomes irrevocable.

In the above scenario, the surviving spouse invested the profits from the sale of his or her residence to pay off the mortgage of the deceased spouse's real estate and is now faced with the prospect that he or she will lose that investment and possibly not have a legacy to leave to her descendants. The decision to be made by a surviving spouse, creates a problem that presents itself is an economic one or possible displacement depending on the decision that he or she makes as explained below.



In the event the surviving spouse elects to take joint ownership in the property as a tenant in common, the next hurdle he or she may face will be the possibility of having the property partitioned by the decedent's children, heirs or whoever is a devisee of the dead spouse's estate. Partitioning of property occurs when one or more joint owners' wants to sell property and the other joint owners do not. The law provides a remedy to the owner who wants to sell by allowing them to use the courts to forcibly sell jointly owned property on the court house steps. There are certain procedures that the court must follow in a partition

action to try and not displace one of the joint tenants. One of those proceedings is to determine if the property can be equally divided such that each joint tenant will receive an equal value of land. If this can be accomplished, the Court will likely break out separate but equal valued parcels for each joint tenant. However, if the property cannot be divided up into separate but equal parcels, the court will place the property up for sale. Thus, the daunting problem for the surviving spouse is displacement from the residence that he or she paid off the mortgage on and depended on it for shelter following their spouse's death.

In the event the surviving spouse does not make a joint tenant claim within 6 months of the death of their spouse, the surviving spouse will receive a life estate with a remainder interest in the descendants of the deceased spouse. In such event, the surviving spouse will be protected from a partition action because he or she will own the property in its entirety for the length of his or her life. The only problem is that life estates are generally not salable unless the deceased spouse's descendants agree to sell the property. So why would a surviving spouse elect to take a life estate interest other than to protect themselves from a possible partition action? Simply put, it could be an economic one.

Remember that a spouse who becomes a joint tenant will receive only 50% of the net proceeds should the property be sold with their dead spouses devisees or descendants. However, a life tenant spouse could receive greater than 50% of the net proceeds should the property be sold. This is all based on the life tenant's age. For example, a person who is 50 years of age could receive as much as 85% of the net proceeds. This is based on life estate actuarial tables. Florida law does not dictate which actuarial chart must be used to determine a life tenant's interest when property is sold; thus, if you can find a lucrative life tenant chart, you should use it. Normally, the cross over point where a joint tenant decision is economically more feasible is at age 76.5. Thus if you are younger than 76.5 years of age, the net proceeds from the sale of a life estate is in your favor if you are the life tenant.

However, not all decisions should be based solely on the above analysis. For example, if the dead spouse's devisees or heirs do not want to sell the property, then you are stuck as a life tenant with all the expenses that go with it (e.g. taxes, mortgage interest, condo/homeowner's assessments and insurance). Therefore, a person facing a life estate remedy should make sure that the persons who will take the property following the surviving spouse's death want to sell it.

Another issue to be considered is whether the surviving spouse has the ability to sustain themselves following the death of their spouse. For example, if the surviving spouse's income or capital is such that he or she cannot maintain the homestead property, the ability to sell the property immediately may warrant selecting joint tenancy to spread the cost of maintaining the property among the dead spouse's devisees or heirs. If nothing else, this could be the impetus to engage in an early sale and avoid a partition action where the full fair market value of the property is not likely to be achieved when sold on the Court house steps. On the other hand, if the surviving spouse will end up living the rest of their life out of their car, maintaining a life estate may provide him or her with shelter.

As you can imagine each situation that a person is in can create different outcomes and consequences. If you are currently or about to face this problem, contact the attorney of your choice to discuss your financial condition and decisions that are available to you. There is no perfect solution, but at least you will know what to expect. It could be the best investment you make.

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

About the Author:

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

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

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

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Help Your Kids Maintain a Healthy Energy Balance

As adults, parents and grandparents, we want our children to get good educations. To have friends and successful careers. To be happy, safe and secure. To build a firm spiritual foundation. For them to contribute to society. Above all else, we want them to enjoy the good health that makes everything else achievable.

Sadly, there is an epidemic affecting American kids today the likes of which have never been seen in history: obesity. According to the U.S. Centers for Disease Control and Prevention, nearly 18 percent of children age 6 to 11 are obese; 21 percent of those age 12 to 19 fall are considered obese.

In 2012, more than one third of American children and adolescents were overweight or obese, meaning that they had excess body weight or excess body fat. Numerous factors play a role in overweight/obesity, including time spent in front of a screen, activity levels and diet. Regardless, as parents and adults, it is our responsibility to help our children maintain a healthy energy balance.

Even though the U.S. is an agriculturally rich country — one of the Top 4 food exporters in the world — most U.S. youth do not:

- Consume the recommended 2.5 to 6.5 cups of fruits and veggies daily
- Don't consume the recommended amount of whole grain (2 to 3 ounces) daily
- Take in far too much sodium in the form of fast and processed foods
- Consume way too many calories from nutritionally deficient foods (such as soda, fruit drinks, deserts, pizza and whole milk)
- Get enough water because they drink far too many full-color soft drinks

Time for change

It is time for a change. Because kids watch — and copy — everything their parents do, the first step to healthier kids is healthier parents. Here are some simple steps to a healthier family:

- More activity. Kids ages 6 to 17 need 60 minutes of physical activity a day, five days a week. This activity does not have to happen all at once, but it should become a habit. Find fun things to do with your kids:



- Go for a run. Bike around the neighborhood. Walk the kids to school. Hike our beautiful state.
- Park farther away from the grocery store, the toy store and so on.
- If your children are a little older, take them to the gym with you.
- Play a game of H-O-R-S-E.
- Toss a baseball.
- Garden together.
- Invest in a jump rope.
- Have exercise contests. How many sit-ups, pushups, pull ups, jumping jacks can they do? How many can you do? Build on each achievement.
- Invest in a pedometer for you and your kids. Girls should get 11,000 steps a day; boys should aim for 13,000!
- Limit time spent watching TV, playing video games, on the computer, tablet or smart phone. Experts recommend no more than two hours a day. Less, of course, is better.
- Turn off the TV during mealtimes so you can focus on the meal and one another. Talk, share, laugh and enjoy.
- Talk to your child's doctor. He or she will have great recommendations to help you and your child. If appropriate, your provider may refer you to a dietitian, who can be a tremendous resource.
- Eat better. There are a thousand online resources and hints for healthier eating. The U.S. government's MyPlate.gov is a great resource for parents, grandparents and educators.

Healthy snack ideas

To get you on your way, here are some healthy after-school snack ideas to try:

- **Fruit Smoothie:** Puree 1 cup of reduced fat or fat-free vanilla yogurt with 1 cup of frozen strawberries, a frozen banana and ¼ cup of orange juice in a blender until smooth. Divide and serve.
- **Nutty Pretzel Wands:** Spread peanut butter on the top few inches of pretzel rods. Roll in chopped peanuts, chopped almonds or dried fruit.
- **Banana Chips:** Slice a banana into 1/8-inch thick rounds and place on a greased baking sheet. Bake at 200 degrees until golden, 2 to 3 hours. Remove from oven and let harden at room temperature. Store in airtight container.
- **Peanut Butter Cereal Drops:** Combine 1/3 cup honey, ¼ cup peanut butter and 2 TBS butter in small saucepan. Heat, stirring until smooth. Add 1 cup rice cereal, 1 cup old-fashioned rolled oats and ¼ cup dried fruit. Drop into mini cupcake liners. Refrigerate until set, about 15 minutes.
- **Frozen Fruit:** Peel and slice two bananas into ½-inch thick slices. Place on rimmed baking sheet. Wash two cups of red seedless grapes, 2 cups of green seedless grapes. Place on baking sheet and freeze, about one hour. Divide into four servings.
- **Homemade Applesauce:** Peel, core and slice 4 pounds of apples such as McIntosh, Gala or Braeburn. Place in large pot and add ¼ cup lemon juice and 1½ cup water. Bring to boil over high. Reduce heat and simmer until apples are very soft, 25 to 30 minutes. Mash apples with a potato masher or process in blender. Add brown sugar to taste.
- **Cracker Snackers:** Spread reduced-fat cream cheese and your favorite flavor of jam on a reduced-fat Ritz cracker. Top with a second cracker. Or, layer Nutella and bananas on graham crackers.
- **Nut Snacks:** Nuts are packed full of fiber and beneficial nutrients. These cinnamon pecans will be a healthy hit with your kids. Beat an egg white till frothy. Coat pecans and roll into a mixture of sugar substitute and 3 tsp. of ground cinnamon. Place on a rimmed baking sheet coated with cooking spray. Bake uncovered at 325 degrees F for 20 minutes, stirring once. Cool completely and store in airtight container.
- **PB Banana Rollup:** Spread peanut butter on a whole-grain tortilla, add a sliced banana, and roll!

How To Have And Enjoy Self-Respect

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

Just the other day my son was packing up to move in to his apartment near the college he is attending. This is his senior year. As we were talking about his final year and classes, he became visibly frustrated.

He said, "You know dad I have spent a lot of energy to get my degree in a field that will still require many additional years of resume building after college to be successful. Quite honestly, I don't know if the degree is even worth the piece of paper it is printed on." An honest question to be sure.

After a little more discussion I realized that my son thought we wanted him to get his degree only for the sake of having a handsome document to hang on his office wall one day, even though Evan is already very passionate and accomplished in his chosen field of study.

I said, "Evan, your degree is primarily for you. And your education is not just what you learn in class nor the parchment that will hang on your wall. It does include those things, but it also includes the experience of college itself. You have met amazing people both professors and classmates from many places that have challenged and expanded your thinking. They have helped you to grow as a person. More importantly you have learned how to 'learn,' which will serve you well for the rest of your life."

"But the most important benefit of getting your degree," I said, "is self-respect." As he took a moment to let that sink in, I said, "Self-respect is not the same as self-esteem." Evan is a very capable young man and is very confident so I went on to share with him the difference between self-esteem and self-respect.

I said, "As Christ-followers we get our self-esteem through knowing deep in our hearts that God loves and esteems us, even in spite of ourselves at times. And He proved that through the gift of His Son Jesus. So our self-esteem comes from the hand of God. However, with God's help, our self-respect comes from our hand."



I went on to share with him that God even expressed this idea in the book of Genesis. After He finished creation He looked around and realized it was missing something: us. So He created Adam and gave him the Garden of Eden to take care of. I believe the garden was Adam's gift from God. God gave Adam something to derive great personal pleasure and satisfaction from, the work of his hand.

Think about it, in situations that are for the most part under our control, when we put our best effort into our work we feel great and when we do a poor effort we feel, well, poor or at least unfulfilled. And we cannot respect ourselves if it's not our best effort.

I believe once we learn how to "get" self-respect and not depend on others to give it to us, we become free. Free to enjoy our family, friends and even coworkers without putting unreasonable and unfair demands on them. Free to enjoy our relationship with God, knowing He wired us this way and loves to see us succeed and experience the feeling and fulfillment of self-respect.

I'm not saying we should not depend on or need others in our lives. That's a whole other lesson in itself, but I am saying that God loved us so much that He gave every human on the planet an amazing

gift---the ability to enjoy the work of our hands---and feel good about it.

Here's my personal example of this principle. I have had the honor of writing this monthly article for about three years now without pay and on rare occasions do I get to talk to you (the reader) about the articles to see "How I'm doing." Those I have chatted with have been delightful. But to be very honest, I just love writing the articles. Seeing the work of my hand and knowing I put my heart and soul into these---very satisfying work---to me.

If you have been reading my articles for a while you know I usually have some type of 'call to action' as I close and so I don't disappoint my regular reading friends, here it is.

What are you doing that is creating self-respect? Are you helping your homebound neighbor, feeding the poor, writing your first novel, learning a new skill or leading an amazing team? Whatever it is---take time to enjoy the work of your hands. If you are doing something and don't feel good about it---ask yourself---what could I do differently that would make me feel good about it?

To your spiritual health,

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