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May 2016

Charlotte/South Sarasota Edition - Monthly

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CONTACT US

OWNER / ACCOUNT EXECUTIVE
Cristan Gensing
cristan@gwhizmarketing.com

DISTRICT MANAGER
Kara Schlick
kara@tampabay.rr.com

OWNER / CREATIVE DIRECTOR
Sonny Gensing
sonny@gwhizmarketing.com

EDITOR - **Lisa Minic**



Publishing • Advertising • Web Design • Graphic Design

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Cristan@gwhizmarketing.com

G WHIZ Marketing, LLC | 1630 Caxambas Court | Marco Island, Florida 34145

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THE FRACTURE THAT MAY CAUSE YOU STRESS!

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

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

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

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

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

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

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

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

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



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Effective Treatment for Venous Insufficiency

By Joseph Magnant, MD, FACS, RPVI

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

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

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

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

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

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



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

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



What is Venous Insufficiency?

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

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

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

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

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

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

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

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

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

Successful Outcome

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

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

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

Don't Wait if You Have These Symptoms

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

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

Risk Factors for Venous Insufficiency

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



Leaders in Vein Treatment

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

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Not All Medical Conditions Are Physical.

Seeking help for mental health issues is important.

Many people with a mental health disorder don't get treatment. They may think it won't help. Or, they don't recognize the symptoms. Others may be able to afford treatment. The social stigma of mental illness also stops people from seeking help. This often means worsening symptoms and, in some cases, suicide.

Mental illnesses are as real as diseases like heart disease or cancer. But understanding that mental illness isn't a weakness or a character flaw helps people get help.

Some of the more common mental health problems include:

- Depression
- Anxiety and panic disorders
- Post-traumatic stress disorder
- Bipolar disorder
- Attention-deficit/hyperactivity disorder
- Substance abuse

Mental health problems may be passed down through the family. Or they can arise from abnormal brain chemistry, substance abuse, or in response to traumatic events or an abusive environment. In other words, a mental illness isn't the fault of the person who's suffering.

Learning symptoms of mental illness can help you recognize when you or a loved one need help. Symptoms include:

Feeling sad, burned out, or useless. Everyone feels down from time to time. But, if that emotion continues for more than 2 weeks and you also have feelings of guilt and hopelessness, it could mean you're depressed. Severe and persistent symptoms are what distinguish depression from normal sadness and mood changes. Other symptoms of depression are sleep problems, loss of self-esteem, and not enjoying things you once did.

Ongoing worries and fears. People who suffer with unrealistic or extreme anxiety and worry about life circumstances could have an anxiety disorder.



Sudden, intense angst, fear, or panic. Heart palpitations, chest pain, feeling smothered, dizziness, trembling, and faintness can be signs of panic disorder.

Unexplained physical symptoms. Ongoing physical symptoms, such as headaches, stomachaches, and chronic pain (especially backaches) with no clear cause, can signal emotional upset or stress overload.

Chronic fatigue and lack of energy. When your body can't handle emotional overload, it can shut down. Feeling too tired to do the things you used to love can be a sign of emotional distress or depression.

Avoiding other people. Spending all your time alone instead of with friends or family could be a sign of stress overload or a social phobia.

Other symptoms of mental health problems include: ongoing nightmares, flashbacks, dramatic changes in sleep or weight, and substance abuse, including alcohol.

Finding the Help You Need

People who have emotional disorders don't have to suffer without help. It's possible to mend the mind through therapies and support services. Don't be afraid to ask for help. It's a sign of strength, not weakness.

When your life spins out of control, asking for help is a sign of strength, not weakness.

The American Psychological Association recommends you seek the help of a trained mental health professional if:

- You constantly worry.
- You feel trapped.
- You aren't getting any better with self-help.
- You feel as if you can't handle things alone.
- Your feelings are affecting your job, relationships, or sleep or eating habits.

Other reasons to seek help: Someone who knows you well suggests that you go to counseling or you have an untreated problem with substance abuse.

These are only some of the symptoms that may warrant seeking help. You may have others that concern you.

The first person to consult may be your family health care provider to find out if your symptoms may be caused by medical conditions. If a medical condition is not the cause, your provider may be able to suggest a mental health professional.

Before establishing a relationship with any mental health professional, make certain the person has training and experience in your area of concern, whether that is alcohol, depression, gambling, domestic violence, family therapy, or marriage counseling.

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For more information about behavioral health services offered at Bayfront Health Medical Group, visit BayfrontHealthMedGroup.com or call 941-833-1750.

Need an Alternative to the Emergency Department?

Visit Millennium Physician Group's Walk-in Medical Center

By Kara Sabatino

Feeling sick during the week and can't get in to see your primary care doctor? There's a new alternative to the busy Emergency Department!

Millennium Physician Group's Venice Walk-in Medical Center is a wonderful alternative to a busy Emergency Department for life's minor health problems.

The Venice Walk-in recently opened in February 2016 and is open weekdays, 7 a.m. – 5 p.m., with plans to extend hours into the evenings and weekends. The Venice Walk-in Center, near the corner of Center Road and the U.S. 41 Bypass, will be available for your minor health emergencies all week long.

There are no appointments necessary and wait times are much shorter than a typical Emergency Department. The Walk-in is now accepting new patients, and you don't have to be an established Millennium Physician Group patient to utilize the convenient services. Most insurance plans are accepted and self-pay patients are always welcome.

Millennium's family-friendly Walk-in Medical Center provides treatment for all of your urgent care needs, such as colds, sore throats, flu, rashes and earaches. Our physicians also treat non-life threatening emergencies like sprains, abrasions, and burns.

Drs. Constantine Georgiadis, D.O. and Manoj Dhariwal, M.D., will be on staff to care for residents of Sarasota County. Our Walk-in Medical Center team knows that when you visit our Center, you want to feel better quickly and without a lot of hassle.

No need to wait in an emergency room or wait to schedule an appointment with your physician, the Walk-in Medical Center can see you today.

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Manoj Dhariwal, MD



Constantine Georgiadis, DO

Millennium Physician Group
Venice Walk-in Medical Center

1287 U.S. 41 Bypass
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941-244-5716



Benefits of Invisalign and Straight Teeth

By Dr. Alexander Gaukhman

The fact is that virtually nobody is born with perfect teeth or an ideal bite. However, for most people these are not serious issues (though for some, they may become serious later in life if left untreated).

A fair number of people have teeth that are misaligned. Overbite is common; less common is underbite. In some patients, an extra set of teeth start to erupt, pushing existing teeth into an odd position. Occasionally, such misalignment can be the result of an injury. People can also do it to themselves by grinding or clenching their teeth frequently. There are numerous reasons why someone's bite can get out of proper alignment.

Problems with Misaligned Teeth

The problems of misaligned teeth go far beyond the undesirable physical appearance of crooked teeth. Generally, there is always some measure of pain and discomfort when teeth are not aligned properly. For one thing, people with crooked teeth have a tendency to bite the inner surfaces of their mouths while chewing more frequently. This is extremely painful; even worse, the area around the bite can swell, making it more likely that the person will accidentally injure themselves again in the same place.

Swollen, red gums can often be the result of having teeth that are crowded or too widely spaced. Unfortunately, these are also signs of periodontal disease. When teeth are properly aligned, it helps the gums fit more securely around the teeth, allowing for the strongest and healthiest defense against potential periodontal problems. That's where Invisalign comes in. The comfortable and clear aligners gently and gradually begin to move your teeth into the proper position — without unsightly brackets and wires.

Misaligned teeth can also cause premature tooth wear on the surfaces of the teeth as these surfaces grind against each other. One of the lesser known, but more serious complications associated with misaligned teeth is Temporomandibular Jaw (TMJ) pain. This pain and discomfort not only affects the jaw, but also the neck and even the shoulders, and can cause frequent headaches ranging from mild and occasional to severe and chronic.



Why Not Just Get Braces?

You may or may not have noticed, but very few people wear metal braces anymore. Not only can metal braces be extremely uncomfortable and place severe restrictions on what the patient can and can not eat, they require regular adjustments — a mildly painful procedure.

Metal braces also make it difficult to keep one's teeth clean. One of the biggest challenges of having braces is removing all the food that gets trapped in the brackets and wires. This can often lead to plaque buildup and eventually tooth decay. With Invisalign, the aligners are removable, so it's easy to continue brushing and flossing your teeth the way you normally do.

Benefits of Invisalign

The Invisalign method of orthodontic treatment has made old-fashioned braces virtually obsolete. These retainers require no adjustment — you simply return to your dentist to get a new retainer as your teeth settle into a proper position. In addition, Invisalign retainers can be removed for eating and cleaning (though these are the only times they should be removed). The best part for many patients however is the fact that results can be seen in as little as 12 months.

It's well known that Invisalign is a faster, more effective, more hygienic and more comfortable alternative to metal braces. The relatively small additional cost of Invisalign treatments is well worth the many benefits and faster results obtained.

You may be surprised that the benefits of having properly aligned teeth extend far beyond a confident smile. According to the American Dental Association, straightening your teeth can actually significantly affect your overall dental health. Think about it — a smile can hardly be perfect if it's not a healthy one. Fortunately, with Invisalign, having a confident smile and reducing your risk for tooth decay and gum disease go hand in hand.



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Better Hearing & Speech Month

By Dr. Noël Crosby, Au.D.

May is Better Hearing and Speech month which presents a great opportunity to talk about recognizing hearing loss and its associated symptoms. Many times hearing loss is a gradual process, the departure of your ability to hear well can go unnoticed. You may think that people are mumbling more, your spouse needs to speak up, or the telephone is not working correctly. As long as some sound still comes in, you may assume that your hearing is fine. Some people may not realize that they have hearing loss, especially if it develops over a number of years or if it happens in one ear. Some of the common experiences where people begin to notice changes to their hearing include: In the early stage of hearing loss, high-pitched sounds, such as a child's or a female's voice are more difficult to understand and hear, and the sounds "S" and "F" become harder to distinguish from each other. Other symptoms of hearing loss include:

- Difficulty hearing on the telephone
- Difficulty understanding speech when there is background noise (in restaurants, crowds or parties)
- Difficulty following a conversation when two or more people are talking at once
- Misunderstanding what other people are saying and responding inappropriately
- Misunderstanding words that sound similar
- Asking people to repeat what they said or speak more slowly, loudly, and clearly
- Difficulty understanding the speech of women and children, which is generally higher pitched
- Getting complaints from others that you have the TV or radio volume too high
- Withdrawing from conversations because you have trouble hearing
- Decreased ability to hear any of the following:
 - Higher pitched sounds
 - Lower pitched sounds
 - All sounds
 - Speech when there is background noise
- Dizziness
- Ringing, hissing, or roaring sounds in the ears (tinnitus)
- Some sounds seem too loud
- Problems with balance
- Ear pain
- Feeling of fullness or pressure in the ear



Doctors classify hearing loss by degrees. With mild hearing loss, one-on-one conversations are fine but it becomes hard to catch every word when background noise is present. With moderate hearing loss, you often need to ask people to repeat themselves when speaking in-person and on telephone conversations. With severe hearing loss, following a conversation is almost impossible without a hearing aid. Those who have profound hearing loss cannot hear other people speaking unless they are extremely loud. Without a hearing aid or some type of assistive listening device you cannot understand speech. As these stages progress, the person with hearing loss can become increasingly cut off from the world of speech and sounds.

Hearing loss treatment depends on the type and source of hearing loss. Surgery may reverse hearing loss caused by otosclerosis, scar tissue, or infection while Meniere's disease is sometimes treatable with medication and diet modification. Hearing loss caused by infection can sometimes be treated with antibiotics. If you think your hearing loss is caused by medication use, speak to your doctor about possible alternative drug options. Prompt medical treatment for sudden hearing loss may increase the chance of recovery.

People with permanent hearing loss need to learn how to function with the hearing they still have. Most people with hearing loss can benefit from using a hearing aid. There are other sound enhancing technologies that allow you to tune in to what you want to hear and mute other sounds. TV-listening systems make it possible for you to hear the television or radio without turning the volume way up. Different kinds of phone-amplifying devices are available that make conversations possible on home and mobile phones.

Finally cochlear implants are being used on children and adults with profound hearing loss. Prevention is your best path to healthy long-term hearing. Always wear some form of ear protection when you're exposed to loud noise. Lawn mowers, power equipment, vacuums, and most music concerts are all loud enough to harm unprotected ears. Whenever possible, remove yourself from the source of the loud noise. Work with your family and friends to re-establish two-way communication. For example, set up your home so that your rooms are well lit and the chairs face each other. The ability to see the faces of people when they talk allows you to see their mouths move as well as their facial expressions. If possible, remove sources of background noise; for example, turn off the television when no one's watching it. Always let people know that they should make sure they have your attention before they start talking and to also make sure you can see their lips moving when they talk.

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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.

Advanced Hearing Solutions
Where Better Hearing Happens

What Every Woman Should Know About Breast MRI

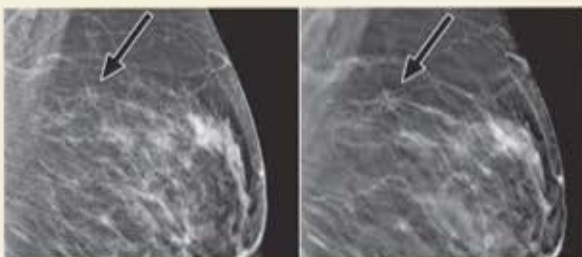
By Ryan Polselli, M.D., Breast Imaging Radiologist

Breast MRI is a specialized form of MRI specifically designed to detect breast cancer. Although there is no radiation and it does not require the firm type of compression as with mammography, it does require intravenous contrast and you must lie on your stomach in an MRI scanner for approximately 20 minutes.

Breast MRI can detect cancer that may not necessarily be seen with mammography, particularly if you have dense breast tissue. In general, the denser the breast tissue, the more difficult it is to detect cancer with mammography. Studies have repeatedly proven that women with dense breast tissue may benefit from adding breast MRI into their breast cancer screening routine, a fact of which many patients are unaware.

As a result, approximately half of all states have enacted legislation (Florida has introduced a bill) requiring notification of this fact to patients with dense breast tissue. Some states now require insurance companies to mandatorily cover the cost of breast cancer screening with breast MRI. All mammograms currently classify the density of breast tissue and if your report uses the words "heterogeneously dense" or "extremely dense" you may want to discuss the value of breast MRI with your doctor.

Studies have also proven that annual screening with breast MRI can aid in the early detection of breast cancer in patients that have a high lifetime risk for developing breast cancer. The American Cancer Society now recommends yearly breast MRI, in addition to annual screening mammography, for anyone that is considered to have greater than 20% lifetime risk for developing breast cancer.



While there are many factors that may put you at high risk of developing breast cancer, some of the most important factors to consider are whether there is a history of any first degree relatives in your family that have had breast cancer, a personal history of breast cancer or abnormal cells from biopsies, if you are a carrier of certain genes linked to breast cancer, if you have never had children or if your first child was after the age of 30, radiation therapy to the chest, estrogen exposure and hormone replacement therapy, and your ethnic background (caucasian women are at slightly higher risk than other ethnicities).

If you think you may have a high risk, one of the most useful tools available to accurately quantify your risk is the Tyrer-Cuzick risk assessment tool which is available online at <http://www.ems-trials.org/riskevaluator/>. If after completing the survey you have greater than a 20% lifetime risk, you should consider adding annual breast MRI to

your breast cancer screening routine. Most of the time, this is done by alternating annual breast MRI with annual mammogram at 6 month intervals.

Although breast MRI is extremely sensitive and useful in detecting breast cancer, it can often be more difficult to interpret than mammogram or ultrasound and sometimes differentiating cancer from benign tissue can pose diagnostic challenges that may require biopsy or additional follow-up studies. This can be minimized by ensuring your study is read by either a fellowship trained breast imaging radiologist or a radiologist with special training and expertise in breast MRI.

For more information about breast MRI, call Advanced Imaging at 941-235-4646 today.

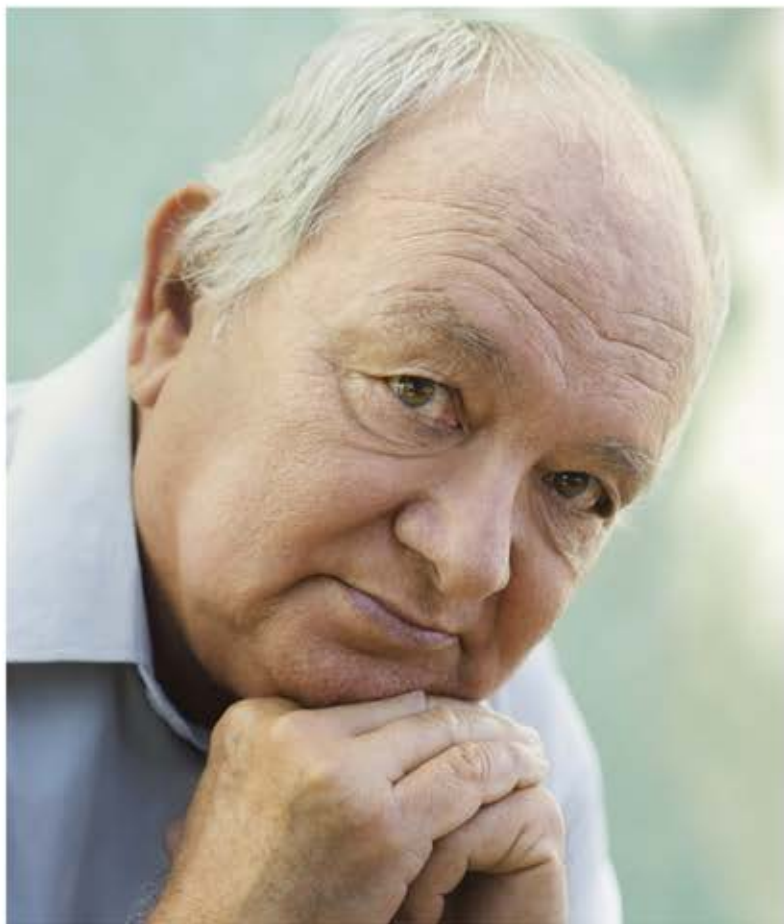
Advanced Imaging
2625 Tamiami Trail of Port Charlotte

Help For The Depressed

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

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

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



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

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

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

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

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



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Stem Cells Break 25-year Stalemate in COPD Options for Floridians

By David Ebner - Staff Writer

Since 1990, there have been a plethora of medical breakthroughs. According to the Center for Disease Control and Prevention (CDC), heart disease is the leading cause of death in the United States even though death rates for heart disease have dropped by more than 35 percent since 1990. With the progress of cancer treatments, the cancer death rate has dropped about 9 percent. In the same period of time, chronic obstructive pulmonary disease (COPD), however, has risen from the fifth leading cause of death to the third, and its mortality rate has increased by over 30 percent. The American Lung Association states that 11 million Americans suffer from COPD, and of those, an estimated 1.4 million are Floridians.

Unfortunately, there's no known cure for COPD. Many physicians prescribe bronchodilators to help expand airways and supplemental oxygen to better regulate the diminishing blood-oxygen levels. Although these treatments help manage symptoms, they're not designed to reverse symptoms and have gone underdeveloped for decades.

Perhaps, funding for lung disease research has been limited by a stigma that patients only have themselves to blame because COPD can be a smoking-related illness. Now, people are looking beyond this stigma to find much needed help. Jim D., whose last name is abbreviated for medical privacy, is a patient of a clinic called the Lung Institute (lunginstitute.com) and has been since 2014. Jim believes COPD, "hasn't seen the news media awareness campaigns needed to stimulate research funding."

The Lung Institute is a clinic specializing in pulmonary care. The clinic doesn't just prescribe supplemental oxygen or a variety of medications; they're conducting treatments using stem cells from the patient's own body.

Stem cells act as the body's healing system. The body alerts these cells, and they flow to the area that needs repair. However, it takes time for this process



While the mortality rates for heart disease and cancer are on the decline, lung disease mortality has seen a sharp increase in the last 20 years.

to happen. Stem cells are slow to react, and in the body of someone who is chronically ill, they're even slower. The physicians at the Lung Institute realized this and developed an procedure to help stem cells do their job more efficiently.

The physicians extract a patient's own stem cells from blood or bone marrow tissue, separate them and return them intravenously. The cells then travel through the heart and straight to the lungs where they are trapped in what the Lung Institute explains as the pulmonary trap. That's when the cells should do their job and could help promote healing of the lungs, potentially improving lung function.

Nationwide, the company operates affiliate clinics in Tampa, FL; Nashville, TN; Pittsburgh, PA; Scottsdale, AZ and Dallas, TX. During the past three years, they have treated over 2,000 patients suffering from lung disease. A recent research study produced

by the clinic indicated that 82 percent of patients report an increase in quality of life after stem cell treatment, and 60 percent of those who took a pulmonary function test reported an increase in lung function.

For the 1.4 million Floridians with COPD, the mortality ranking of COPD is not as significant as their struggle to breathe and live their lives. After 25 years of the growing rate in COPD diagnosis and little medical advancement, it seems like now there may finally be hope on the horizon with the emergence of clinics like the Lung Institute and stem cell therapy.

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

May is High Blood Pressure Education Month & Stroke Awareness Month

High Blood Pressure and Stroke

Blood pressure measures the force your blood exerts on blood vessel walls as it travels through your body. Your blood pressure reading has two numbers (for instance, 120/80). The first number is the systolic blood pressure, and measures the force your blood exerts on blood vessel walls as your heart pumps. The second number is the diastolic blood pressure, and measures the force your blood exerts on blood vessel walls when your heart is at rest between beats.

What is high blood pressure?

For people over age 18, ideal blood pressure is considered 120/80 or lower. Blood pressure varies with exercise or stress. A blood pressure reading that is often higher than 120/80 is considered prehypertension. High blood pressure or Stage One hypertension is measured at 140/90 or higher. If you have had a previous heart attack, stroke, are diabetic, have kidney disease, high cholesterol, or are overweight, speak with your physician about controlling and lowering your blood pressure. Keeping your blood pressure below 140/90 may reduce your risk of any complications.

As many as 50 million Americans age six and older have high blood pressure. Of the one in every four adults with high blood pressure, 31.6 percent do not know that they have it.

How is high blood pressure related to stroke?

High blood pressure is the most common risk factor for stroke. Doctors call high blood pressure “the silent killer” because you can have high blood pressure and never have any symptoms. If it is not treated, high blood pressure can lead to stroke, heart attack or kidney failure.

High blood pressure puts stress on blood vessel walls, causing them to thicken and deteriorate, which can lead to a stroke. It can also speed up several common forms of heart disease.

When blood vessel walls thicken, cholesterol or other fat-like substances may break off of artery

walls and block a brain artery. In other cases, the increased stress can weaken blood vessel walls, leading to a vessel breakage and a brain hemorrhage.

What causes high blood pressure?

In most cases, it’s impossible to pinpoint an exact cause of high blood pressure. There are, however, some factors that have been linked to high blood pressure, such as: Family history of high blood pressure:

- **Age** – the rate of high blood pressure rises in men after age 35 and in women after age 45
- **Gender** – Men are more likely to have high blood pressure than women
- **Race** – Approximately 33 percent of African-Americans have high blood pressure, compared to 25 percent of Caucasians
- **Other factors** linked with high blood pressure include excess weight, high alcohol consumption, diabetes, lack of exercise, and a high-salt diet.

How can high blood pressure be treated?



In most people, high blood pressure can be controlled through diet, exercise, medication, or a combination of all three.

A diet that is low in salt and rich in vegetables, fruits, and low-fat dairy products may help lower your blood pressure. Recent studies have also shown that increasing potassium intake may help lower blood pressure.

A program of regular **exercise** – appropriate to your age and fitness level, and approved by your health care provider – can lower blood pressure, and may aid in weight loss.



Stroke is an emergency and a brain attack. Act **FAST** and call **9-1-1** at the first sign of stroke.

F	FACE Ask the person to smile. Does one side of the face droop?	
A	ARMS Ask the person to raise both arms. Does one arm drift downward?	
S	SPEECH Ask the person to repeat a simple phrase. Is their speech slurred or strange?	
T	TIME If you observe any of these signs, call 9-1-1 immediately.	

Finally, many **medications** are offered to treat high blood pressure. You and your health care provider may have to try several different drugs before you find the one that works best for you. This is common, so try not to be discouraged if it happens. Once you find a drug that works, be sure to take it as directed, even when you feel fine. If you have already had a stroke, lowering your blood pressure (even if you do not have high blood pressure), lowers the risk of recurrent stroke.

Speak with your health care provider about “customized” strategies and information about how to control your hypertension. The key to keeping your blood pressure within the normal range is your commitment to be an active participant with your health care provider in your own care.

For more information: The National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health <http://www.nhlbi.nih.gov>.

For more information about ways to reduce your risk of stroke, visit National Stroke Association at www.stroke.org.

Source: stroke.org



PSA Screening – Reducing Deaths in Men

Dr. Carl Klutke

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

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

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

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

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

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

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



842 Sunset Lake Boulevard, Suite 403
Venice, FL 34292



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

Mental Health in the Workplace

By Kailee Witt, MA - Associate Director, Enrollment Management Systems & Communications at FSW
Jessica Clark, APR - Public Relations and Marketing Associate at FSW

Whether brought on by workplace stressors, a busy or changing home life, or genetics, mental health issues can impact anyone at any stage of life. According to the National Alliance on Mental Health (NAMI), "1 in 5 adults in the U.S. experiences mental illness in a given year." Given this statistic, it is almost guaranteed that mental illness is impacting you or someone you know in your workplace.

The Stigma of Mental Health

Organizations such as NAMI are not just a resource for those suffering from or with loved ones suffering from mental health issues. Another main goal of these organizations is to educate the general public in order to combat the stigma and stereotypes surrounding people with mental health issues. In fact, NAMI's website includes a three step pledge to be "stigma free:"

1. **Educate Yourself and Others** – "Mental health issues are not the result of personal weakness, lack of character or poor upbringing."
2. **See the Person and Not the Illness** – "Getting to know a person and treating them with kindness and empathy means far more than just knowing what they are going through."
3. **Take Action on Mental Health Issues** – Interested in learning more about the pledge or discovering more mental health statistics? Check out NAMI's website at www.nami.org.

Managing Stress in the Workplace

Even when you love your job, you will occasionally experience work-related stress. It can be due to deadlines, new roles, or challenging opportunities. This is normal, but if the stress is constant and chronic, then steps should be taken to manage the stress to enjoy a healthy and fulfilling life.

According to the American Psychological Association, there are steps you can take to help manage your work-related stress:

- **Track Your Stressors** – Keep a journal for a week or two to help identify the exact stressors.
- **Develop Healthy Responses** – Try to create healthy ways to handle stress, such as exercise or hobbies.
- **Establish Boundaries** – Create work-life boundaries so that you are not thinking of work 24/7, and not connecting to the office when you are off.
- **Take Time to Recharge** – Take those vacation days to recharge and replenish your energy and motivation.



- **Learn How to Relax** – Look for techniques that help you relax and unwind – meditation, deep breathing, walking, time for yourself.
- **Talk to Your Supervisor** – Healthy employees are typically more productive, so your supervisor wants you to have a healthy well-being. Your boss can help you create an effective plan to manage stressors at work while being more productive.
- **Get Some Support** – Reach out to friends and family for support. Some employers even offer an employee assistance program (EAP) that could offer some guidance.

Balancing Work and Personal Life

Work/life balance is a struggle for so many people. With the current technology it is easy to be accessible 24 hours a day, seven days a week. Employees need to make an extra effort to 'turn off' work mode and focus on family and personal life.

According to Mental Health America (MHA), many employees are in a "...rush to 'get it all done' at the office and at home..." which means "...as our stress levels spike, our productivity plummets." Being stressed creates so many problems outside of losing productivity, such as being depressed, irritable or harming our personal relationships. The tips earlier in this article focus on managing stress at work, but what about stress at home? MHA proposes that these tips will help manage the stress at home while also encouraging a healthy work/life balance:

- **Unplug** – Technology makes it easy to work from anywhere, but make sure to turn off the work mode and enjoy your personal time.
- **Divide and Conquer** – Make sure responsibilities are shared equally at home.

- **Don't Over Commit** – Learn to say 'no' sometimes, maybe schedule time just for yourself to do whatever you choose.
- **Get Support** – Communicate with family and friends to have a strong support network at home.
- **Treat Your Body Right** – Eat healthy and exercise to keep your body in good physical shape.
- **Get Help if You Need it** – If you are overwhelmed with work and personal life and need extra help, seek that support. "It is not a sign of weakness – taking care of yourself is a sign of strength."

Where to Go for Help

There are many resources for individuals who feel they or someone they know may be experiencing mental health issues. The important thing is to seek help and support to ensure you are taking care of your mental health. Some resources may include:

- **EAP Programs** – many employers offer Employee Assistance Programs that may cover short term counseling or other services.
- **Primary Care Doctor or Health Insurance** – meet with your primary care doctor to determine the need for referrals to mental health specialists.
- **National Suicide Prevention Lifeline at 1-800-273-8255 or 911** – if you or someone you know is thinking of suicide, it is important to get help right away. Designated professionals at these hotlines can help.

Resources:

<http://www.apa.org/helpcenter/work-stress.aspx>
<http://www.mentalhealthamerica.net/work-life-balance>
<http://www.nami.org>



Kailee Witt, MA



Jessica Clark, APR



www.FSW.edu - (800)749-2322
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Florida SouthWestern State College
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Smoking and Reproduction

For many reasons, men and women who want to have children should not smoke. Studies suggest that smoking affects hormone production. This could make it more difficult for women smokers to become pregnant. Pregnant women who smoke or who are exposed to secondhand smoke endanger their unborn babies, as well as their own health. Babies whose mothers smoked during pregnancy or who are exposed to secondhand smoke after birth are more likely to die of sudden infant death syndrome (SIDS) than are babies who are not exposed. More than 100,000 of the smoking-caused deaths over the last 50 years were of babies who died from SIDS or other health conditions. Deadly chemicals in cigarette smoke reached these infants before they were born, or when they were exposed to cigarette smoke during infancy.

Pregnancy Complications

More than 400,000 babies born in the United States every year are exposed to chemicals in cigarette smoke before birth because their mothers smoke. Smoking is known to cause ectopic pregnancy, a condition



in which the fertilized egg fails to move to the uterus and instead attaches in the fallopian tube or to other organs outside the womb. Ectopic pregnancy almost always causes the fetus to die and poses a serious risk to the health of the mother. Another possible complication from smoking during pregnancy is miscarriage.

Mothers who smoke during pregnancy are more likely to deliver their babies early. Preterm delivery is a leading cause of death, disability, and disease among newborns. Mothers who smoke during pregnancy are also more likely to deliver babies with low birth weight, even if they are full term.

Carbon monoxide in tobacco smoke keeps the fetus from getting enough oxygen. Smoking during pregnancy can also cause tissue damage in the fetus, especially in the lungs and brain. This damage can last throughout childhood and into the teenage years.

Birth Defects

Smoking during pregnancy can cause birth defects. Women who smoke during early pregnancy are more likely to deliver babies with cleft lips and/or cleft palates—conditions in which the lip or palate fails to form completely. Both conditions interfere with an infant's ability to eat properly, and both must be corrected with surgery.

Male Reproduction and Sexual Function

In the United States, 18 million men over age 20 suffer from erectile dysfunction (ED). A man with ED can't have and maintain an erection that is adequate for satisfactory sexual performance, which can affect reproduction. Recent evidence concludes that smoking is a cause of ED. Cigarette smoke alters blood flow necessary for an erection, and smoking interferes with the healthy function of blood vessels in erectile tissue.

Men need healthy sperm for fertility. Smoking damages DNA in sperm, which can lead to infertility or early fetal death.

Source: Surgeon General's Report
cdc.gov/tobacco



18
MILLION
MALES

—OVER AGE 20—

SUFFER FROM ERECTILE
DYSFUNCTION (ED)



SMOKING IS A CAUSE OF ED

Cigarette smoke alters blood flow
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Babies whose mothers smoked during pregnancy or who are exposed to secondhand smoke after birth are more likely to die of sudden infant death syndrome (SIDS) than are babies who are not exposed.

Understanding & Effectively Managing Your Chronic Limb Swelling

By Alyssa Parker

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

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



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

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

Compression Pump: Preferred Treatment Option

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

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

When should I see a doctor?

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

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

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

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

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

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



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OSTEOARTHRITIS OF THE KNEE - WHY SUFFER NEEDLESSLY?

By Physicians Rehabilitation

Osteoarthritis (OA) is a common illness that causes joints to become stiff and extremely painful. If you have been diagnosed with OA you are not alone. Over 27 million people in the United States alone are reported to have this condition!

Though OA can affect multiple joints in your body, it is most common in the knees, hips, hands, feet and spine. OA causes the smooth cartilage that covers and protects the ends of your bones to break down which can cause your bones to begin to rub together. With knee OA your knee joint is no longer able to naturally lubricate itself and the cartilage no longer cushions the joint like it once did. This results in stiffness, swelling, and pain that can make walking very difficult.

Common Symptoms of OA

- Knee pain when moving, standing, or sitting
- Loss of flexibility in the knee
- Redness and swelling in the knee area

What Causes OA of the Knees?

The actual cause of OA is unknown. However, there are many things that will contribute to getting the disease. Anyone can get OA of the knees, but it is most common in people over the age of 65. The associated conditions of OA include getting older, obesity, previous injury to the knee, or a sports-related injury. OA affects women more than men.

Treatment of Osteoarthritis

The physicians and knee pain specialists at Physicians Rehabilitation use a highly effective, natural osteoarthritis treatment called Supartz, which provides welcomed pain relief for OA sufferers.

Over 99% of patients who utilize our osteoarthritis knee pain protocol receive significant pain reduction, with an average of 77% in reduced pain!*

Supartz is hyaluronate that is injected directly into your knees by a physician. Supartz is an FDA approved hyaluronic acid that is used to treat osteoarthritis (OA) and the associated knee pain. Hyaluronic Acid is a natural substance that is found in large amounts in your joint tissues and joint fluids. It acts as a lubricant and shock absorber inside your knee joint and enables your knees to properly operate. Its formulation is from nature, derived from the rooster comb, purified, sterilized and cross linked to match the viscosity of your naturally occurring synovial fluid.

Benefits of Supartz Injection Therapy Include:

- Months to years effective pain relief
- Prevents further damage by replacing joint fluid
- Approved by the FDA for OA treatment
- Naturally-derived formulation

How Supartz Works

Supartz is injected by a physician directly into the knee joint using video fluoroscopy (live x-ray) imaging for superb accuracy. When injected, it immediately lubricates the joint and acts as a barrier against bone-on-bone grinding. In doing so, Supartz reduces the source of inflammation and damage caused by grinding and provides long-term pain relief for OA patients.

What to Expect from the Procedure

The knee injections are administered by a physician during a brief office visit. A typical treatment involves the OA patient receiving one injection per week for 5 weeks to achieve the maximum benefit from the treatment, coupled with individually designed physical therapy for creating superior joint healing.

Typical Supartz Injection Session Process

- Sterilization of the knee area
- Small amount of numbing medicine applied
- Lidocaine internal numbing
- Iodine (or other contrast dye) is injected to verify perfect Supartz placement within the synovial capsule
- Video fluoroscopy used to insure a precise injection administered (without use of this method there is a significant chance of missing the synovial capsule and losing benefit of the injection)
- Once completed, the patient is free to resume their normal daily activities

Little or No Side Effects

Though it can only be administered by a physician, Supartz is a naturally derived substance that is not considered a drug. The most common adverse effects reported are injection-site swelling and irritation, like any injection point you may have encountered.

Did you know that our knee protocol is covered by Medicare and most insurance plans? Call today to learn more and to schedule a consultation for your knee, 941-467-1666. *Visit our website for free copy of report www.PhysiciansRehab.com



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Bladeless Laser Cataract Surgery

Better vision, improved outcomes, more precise cataract surgery

By Jonathan M. Frantz, MD, FACS

If you have cataracts, making the decision to have Bladeless Laser Cataract Surgery or Traditional Cataract Surgery can sometimes be daunting. At Frantz EyeCare, we present you with a tremendous amount of information to digest and then do our best to help you understand it. One important part of this process is helping you realize the benefits of Bladeless Laser Cataract Surgery so you can make an informed decision. Sometimes the best decision is simply to have traditional cataract surgery, which is certainly fine.

Since performing the first laser cataract surgery in Southwest Florida in May of 2012, I have had the privilege of performing thousands of these procedures. Alcon, the company that makes the LenSx laser, which has the lion's share of the laser cataract surgery market, tells us that I am one of the Top 5 Laser Cataract Surgeons in the Country.

To help you make your decision about whether to have traditional cataract surgery or laser cataract surgery, I thought this list of some of the proven benefits of laser cataract surgery may be helpful.

- Laser incisions placed in the cornea to correct astigmatism are more precise than those that can be produced with a hand held blade used in manual cataract surgery. It is impossible for the human hand, no matter how steady, to produce incisions to correct astigmatism that are consistently precise. The literature is abundantly clear that the laser performs much better than manual at correcting astigmatism.

- The capsulotomy (a circular opening in the capsule that contains the cataract) created by the laser is more precise than what can be created by a hand held blade. The capsulotomy step is thought to be particularly important in visual outcomes. A precisely round, perfectly centered and properly sized capsulotomy is thought to influence the position of the lens implant or IOL in your eye. The more precise the placement of the IOL, the better your vision. One study compared manual capsulotomies

to laser capsulotomies and showed that only 10% of the time were manual capsulotomies as good as laser, 90% of the time the laser performed this step more precisely.

- Laser cataract surgery allows us to fragment the lens so that it can be removed more safely and with less ultrasound energy and fluid flow through the eye than manually breaking up the cataract for it to be aspirated from the eye. Because the inside of the eye is so delicate, decreases in ultrasound energy and fluid flow through the eye lead to better outcomes.

- Laser cataract surgery utilizes a sophisticated imaging system called Optical Coherence Tomography or OCT, which allows us to precisely map and image your eye down to the fraction of a millimeter. This, combined with the precision of a laser, allows us to perform your cataract surgery more precisely and safer than with a manual, hand held blade.

Frantz EyeCare is pleased to offer you such incredible sight saving technology. Many surgeons are still using the same technology now that they used 20 years ago, depriving their patients of the benefits of this remarkable procedure and the potentially better vision they could obtain.



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.

If you have been diagnosed with cataracts or are experiencing cloudy vision, join Dr. Frantz for a free informative seminar at noon on the following dates:

Fort Myers Office

Tuesday, May 3

Thursday, June 9

For reservations, call 418-0999

Naples Office

Wednesday, May 4

Wednesday, June 8

For reservations, call 430-3939



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www.BetterVision.net

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 dry eye and eye diseases, and facial and body rejuvenation, with office locations in Fort Myers, Cape Coral, Punta Gorda, Lehigh Acres, and Naples.

How to Handle TMS... Tired Mom Syndrome

By Nancy Jergins - iMOM.com

If you've never heard of TMS, you've probably had it—Tired Mom Syndrome. I coined the phrase after laughing with my children about my late evening fatigue that sets in after long days of running around and doing the things mothers do. The symptoms? A higher level of irritability. The desire to sequester one's self from the noise of loud children. And the slower movement associated with a tired body and mind!

I started joking about TMS because I wanted to help my children understand that even moms have limits. I explained to them that I love them very much, but that by the end of the day I don't have quite as much patience. I let them know that I can't handle a lot of craziness at this point in my day, and I ask them to please tone it down just a bit. I tried to help them relate by pointing out that neither one of them likes to be awakened in a loud, forceful way. I told them that's how I feel in the evening; I need a gentle approach, too.

Here's how to handle tired mom syndrome.

1. Pause before you lose it.

My children were in rare form on the way home from school the other day. They were loud, antsy, and were pretty much just letting off steam from a long day of studies. We were about a block from home when I felt myself near the point of losing it.

I did not want to say something I would regret later. So I asked them to get out of the car and walk home. Well actually, I firmly told them to please get out of the car... now.

That little bit of alone time helped me pull it back together, and we laughed about the situation. A better outcome than if I had lost it in the car. (And don't worry, they were on the sidewalk and I was keeping an eye on them in the rearview mirror.)

2. Act like a baby.

While I was on a walk with a good friend the other morning, we started talking about naps. We both observed that TMS is much more likely to strike when we're tired. Enter the nap. It can be as short as 10 minutes, but if you can get in a good half hour every now and then, do it. You'll think better. You'll have more patience. You'll be nicer to your children. My friend told me that she's stolen a quick nap in the school pickup line!

If you can't slip a nap into your day, try to get enough sleep at night. I know, it's tough. There is always one more thing to do at night that keeps us from hitting the hay. But try not to go too many nights without getting good rest.



3. Cut back.

I woke up this morning at 3:30 and could not go back to sleep. My mind was spinning with the appointments I needed to schedule, the bills I needed to pay, and the clothes—lots of clothes—I needed to fold. To beat TMS, you have to cutback on worry. Worry compounds TMS. But cutting back on worrying is easier said than done. Still, here's what helps: Pray. Ask God to help you realize that there is only so much you can do. A lot of things are out of your control. Those are the things that worry is wasted on. Cut out some of your responsibilities, if you can. I went through my duties and jettisoned the ones that were taking up too much of my energy and gave little reward.

So the next time you get TMS, try the steps above for relief, and let me know if they help!



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EXPLOITATION OF THE ELDERLY

By James W. Mallonee

I am frequently asked what someone should do if they are fairly sure that their loved one is being taken advantage of at the hands of a neighbor, son, daughter, sibling or care giver. The simple answer is to call Florida's Department of Children and Families (DCF) hotline and report your suspicion of elder abuse. Alternatively, you could institute a guardianship to protect the person who is being abused, but this can get expensive and may not result in the protection desired. Another alternative is to seek out a lawyer who can investigate and may file a lawsuit under Florida's Adult Protective Services, Chapter 415, Florida Statutes.

Florida's Adult Protective Services statute is designed to protect the elderly and disabled from exploitation by others. The statute even provides what the legislature was thinking when the law was written. Here is a sample of that language:

"It is the intent of the Legislature to provide for the detection and correction of abuse, neglect, and exploitation through social services and criminal investigations and to establish a program of protective services for all disabled adults or elderly persons in need of them."

The statute protects an elderly and infirm person who is now in the last remaining years of life and has accumulated enough wealth to live those years out comfortably; but, is the target of a third party who has managed to convince the elderly person to hand over those last few thousand dollars by intimidation, threat, or undue influence.

Chapter 415 of the Florida Statutes defines "exploitation" as a person who:

1. Stands in a position of trust and confidence with a vulnerable adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult; or



2. Knows or should know that the vulnerable adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

(b) "Exploitation" may include, but is not limited to:

1. Breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, resulting in the unauthorized appropriation, sale, or transfer of property;
2. Unauthorized taking of personal assets;
3. Misappropriation, misuse, or transfer of moneys belonging to a vulnerable adult from a personal or joint account; or

4. Intentional or negligent failure to effectively use a vulnerable adult's income and assets for the necessities required for that person's support and maintenance."

As you can see the definition of exploitation is very broad with its focus on protecting an elderly or disabled person from being manipulated by a third person for their personal benefit and not the infirm person's benefit. So how does exploitation occur?

The general consensus seems to be that exploitation of an elderly person is not a family member, but a friend or neighbor who hides behind the classic shield of being showered with gifts from the elderly person because the infirm individual is convinced that their children want nothing to do with them or that their children are conspiring to place them into a nursing home. In many cases this is simply a fabricated story to isolate the infirm and elderly person from the truth.

The exploiter (e.g. a caretaker) isolates the elderly person by not allowing him or her to communicate or socialize with their friends. When family or friends call or visit, the exploiter intercedes and tells them that all is well and typically will interject themselves into any conversation such friends and family members attempt to have with the elderly person. The classic case is an exploiter who prevents the elderly person from answering any questions placed before him or her by speaking for them. In short, the infirm person never speaks because the exploiter has seized control of the conversation. In addition, when family or friends pre-schedule a visit, the exploiter makes certain that the elderly person is out of the house or answers the door stating that the elderly person is resting and that he or she will call them (which never occurs) upon waking.

This is a slow process that takes place over an extended period of time. The isolation eventually causes the elderly person to submit to the exploiter's propaganda that they are all that the elderly person has in the form of friends. Furthermore, the exploiter continually suggests that the elderly person's family and close friends have abandoned them and without the exploiter's help the elderly person will be placed in a nursing home to wither away. Lacking any outside influences to expose the exploiters charade, the elderly person is eventually convinced of the family and friend's fabricated conspiracy.

The legislature has provided two means of protecting the elderly from such abuse and exploitation. One is through a civil complaint and the

other is criminal. Chapter 415 is a civil remedy and not criminal. There is a separate statute for criminal abuse and exploitation of the elderly which is not within the scope of this article. Suffice it say, the legislature provided a very broad means of bringing an exploiter to civil court and letting the judicial system decide if the elderly person has been the subject of neglect, abuse or exploitation. The legislature provided that the elderly person may recover actual and punitive damages for such abuse, neglect, or exploitation. More importantly, persons who can bring a civil complaint for exploitation of an elderly person include the exploited person as well as that person's guardian, or organization acting on behalf of the exploited person, or by the personal representative of the estate of a deceased victim without regard to whether the cause of death resulted from the abuse, neglect, or exploitation of the infirm person.

As you can see, Chapter 415 of the Florida Statutes provides a means for the elderly and disabled person to fight back and recover their lost funds and dignity. If you believe that you or a loved one has been the victim of misappropriation, abuse or neglect to one's person or property; or, that your parent has been victimized by a third party, please contact the Department of Children and Family Services or your attorney who can investigate your claims and recover misappropriated funds as well as the last remaining dignity that an infirm person possesses.

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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.

James W. Mallonee, P.A.

946 Tamiami Trail, #206
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All in one

Dental Visit with CEREC

By Dr. Joseph Farag

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

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

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



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



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Mary Alice Miller, Florida




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YOUR PATIENTS NEED YOU

Walking Over Niagara Falls

By Alex Anderson, Senior Associate Pastor at Bayside Community Church

During one of our Easter Services at Bayside Community Church, Nic Wallenda (one of our members) walked a high-tension cable over the audience in our auditorium as an illustration for our Lead Pastor, Randy Bezet's, message.

As Nic climbed onto the high wire and began his walk over our heads, he shared that his family had been high-wire walkers for seven generations. Recently his aunt had been featured in an article on a high-wire walk she had done at 80-years old.

To watch him on the wire over us was truly an extraordinary thing to see. He was calm, focused, articulate, funny and even picked on Pastor Randy's favorite football team, LSU.

But what I really liked was two very critical keys he shared from the wire that helped him be safe and successful. His success includes holding **nine Guinness World records** for various acrobatic feats, but he is best known as the first person to walk a tightrope stretched directly over Niagara Falls.

Nic said that while he is walking the high wire, doing these death-defying acts, **he talks to his dad** through a two-way communications piece attached to him. He said that once while he was riding a bicycle on a wire he got to a place on the wire and the bicycle tires started to slip and lose traction. He told his dad that he was going to back up and not cross the wire with the bicycle. His dad calmly and patiently talked him through it, and he went on and crossed safely and successfully.

The second thing he said is that even after months of preparation, while he was walking over Niagara Falls the winds were so gusty and strong that he had to stop the walk and **get down on one knee** and wait for the gust to pass while he talked with his dad.

What great examples for Christ-followers.

We constantly have a line of communication open to our Dad in Heaven and can talk to him at any time, especially when the scary winds of life are gusting all around and are threatening to harm us. Like Nic Wallenda, we can get down on our knees and let our Dad in Heaven talk us through it.



As a Christ-follower I have found that you can hear God speak to you in that inner place called the heart.

And actually the Lord Jesus said this,

"My sheep recognize my voice. I know them, and they follow me. I give them real and eternal life. They are protected from the Destroyer for good. No one can steal them from out of my hand. The Father who put them under my care is so much greater than the Destroyer and Thief. No one could ever get them away from him. I and the Father are one heart and mind."

(John 10:27-30 Message Bible)

What a great comfort to know that you have an open line of clear communication to your Dad in Heaven who is so much greater than anything that you could ever face.

Like Nic and his relationship with his dad, the key is to have a relationship with your Dad in Heaven through His son Jesus Christ. It's in a relationship with Him that you learn to trust Him and become familiar with His voice.

Nic Wallenda took his dad's advice for one reason: he knew his dad's voice. Nic's dad had Nic training on the wire since he was two years old. So he had

been hearing his dad's familiar voice all his life. And when those scary gusts of wind hit him on the wire, it was **his dad's familiar and trusted voice that helped him** not only get across the wire but also get nine Guinness World records.

Let's think about that for a minute. What amazing things could you accomplish if you were to come to know and trust your Dad in Heaven's voice? Not only could you endure through turbulent times but you could even obtain some amazing new records or goals in your life. You could go to a whole other level.

So start today...get down on one knee and unabashedly talk to your Dad in Heaven. Dare to ask Him for something outlandish. Reach beyond your normal everyday life. Live an extraordinary life of faith in what can be and should be. Live your life with intention and purpose. Do life on your own high wire with your Dad in Heaven's comforting voice constantly in your ears!

Go ahead...I dare you!

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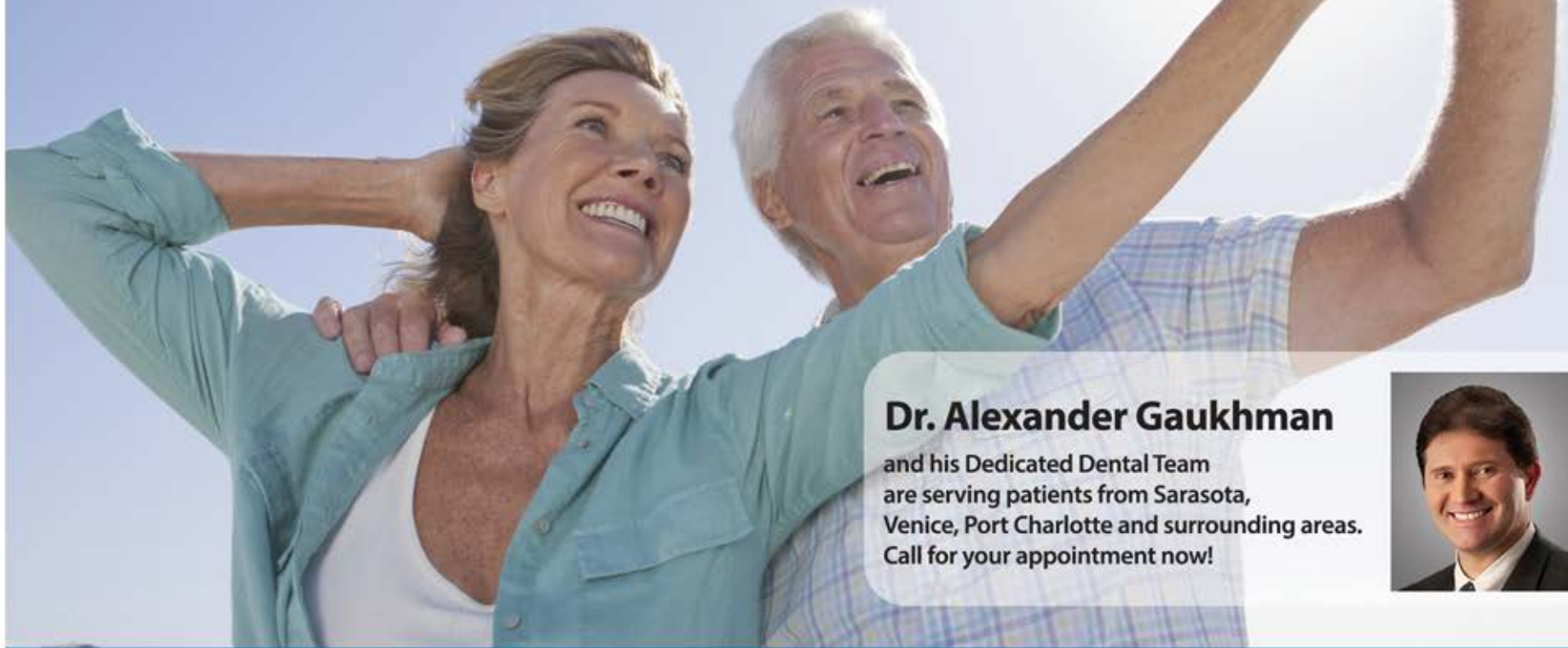
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