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-June B.



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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."



Before



After

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.



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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 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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Arthritis Awareness: Knowledge is Key to Addressing Osteoarthritis

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

Arthritis Awareness Month is an opportune time to begin a quest for knowledge in regards to being aware of your body, and remaining watchful for symptoms of serious conditions, such as osteoarthritis. Knowledge is power when it comes to your health, and awareness of osteoarthritis, its symptoms and treatment options is essential to living life to its fullest potential, while taking necessary precautions to ensure that you are both happy and healthy.

What is osteoarthritis?

Osteoarthritis is known as “wear-and-tear” arthritis. The ends of our bones that meet at the joint are cushioned by a protective layer of cartilage that prevents damage and provides shock absorption, and as we age, the cushioning cartilage between bones will break down. As cartilage deteriorates, the bones begin to rub against one another, causing inflamed joints and eventually leading to osteoarthritis.

While osteoarthritis can affect any joint, this disease occurs most often in weight-bearing joints of the hips, knees and lower back. According to the Arthritis Foundation, osteoarthritis is a common condition, affecting approximately 27 million individuals in the United States.

Symptoms of osteoarthritis

A joint affected by osteoarthritis may become painful and inflamed, and common symptoms of osteoarthritis include soreness, stiffness or limited range of motion in the joints. These indicators can range from mild to severe, and can make everyday tasks difficult to manage, such as climbing stairs, walking and grasping objects. The most common warning signs of osteoarthritis include tenderness in the joint after overuse or inactivity, stiffness that is relieved when activity resumes, pain that worsens at the end of the day, cracking when bending joints and swelling around the joints.



When to see a doctor

If pain or stiffness lasts longer than a few weeks, it is important to see a specialist to ensure that you are caring for your joints and overall health. Older age, obesity and injury are all factors that contribute to the development of osteoarthritis, and as we age, it is essential to stay in tune with our bodies so that we can see a doctor to address symptoms as soon as they arise. Early diagnosis is essential so that you can take necessary precautions to protect your joints and prevent further or permanent damage to your body. While osteoarthritis cannot be cured, treatment and rehabilitation can relieve pain and allow you to regain full motion and strength.

If pain is severe, surgery may be needed to replace affected joints. Before taking this step, your doctor will consider lifestyle modifications, such as weight loss, implementing a healthy diet and avoiding high-impact activities. Additional options include physical therapy to increase flexibility and range of motion, assistive devices, such

as canes or walkers, or pain medications. However, if the symptoms of osteoarthritis are debilitating and not relieved with non-surgical treatments, replacement may be necessary to treat osteoarthritis.

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



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

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.



ARTHRITIS:

WHAT IS IT, AND WHAT CAN I DO FOR IT?

By Joseph Kandel, M.D.

As we head into National Arthritis Awareness month, I thought this would be the perfect time to review the disorder, how it is evaluated, and what professionals and you can do to improve your condition!

First, arthritis is inflammation in the joint. This leads to stiffness, soreness, swelling, restriction of range of motion of the joint, and pain. With enough inflammation, the cushion, or "cartilage" (the rubbery material in the joint that acts like a shock absorber) breaks down. The most common type is the wear and tear arthritis, osteoarthritis. There are other types, including rheumatoid (immune system attacking the joint lining), gout (high uric acid), disease based (Lupus or Psoriasis), but they all lead to damage of the joint. Treatment is determined on the type of arthritis that is causing the damage.

How is your Arthritis diagnosed?

As with any other medical condition, diagnosis always starts with a medical history. When did the arthritis begin, which activities make it worse, is there any history of injury or trauma, and of course, are there other complicating medical issues such as obesity, diabetes, or a sedentary lifestyle. Also, getting a complete family history will be important. If other family members have a certain type of arthritis condition, you may be more susceptible to environmental factors that can trigger or aggravate your arthritis.

The clinical exam will consist of checking all of the joints for inflammation, swelling, redness, warmth, and even restriction of range of motion. Manual dexterity testing, strength testing, and coordination and balance testing will all be checked.

Laboratory testing is a common way to check for a variety of arthritic conditions as well as other medical problems that can affect the muscles and joints. If there is a swollen joint, aspiration (drawing fluid from the joint in a sterile fashion) will be done to send a sample of the joint fluid to the laboratory.



Imaging tests may include x-rays to assess the bones, cartilage loss, and bone spurs. CAT scans look at the joints and the surrounding soft tissue around the joint. MRI scans are very good at looking at the soft tissue including the cartilage, tendons, and ligaments. This is often the study of choice to determine how severe the arthritis is. Ultrasound testing is often done to look at the fluid filled structure called the bursa, and is very effective in guiding needle placement to aspirate the joint as well as inject the joint with medication.

How do I best treat my Arthritis?

There are multiple treatments, and the correct one is the one that works best for you.

Analgesic medications hide pain, but do not address the problem. Tylenol, prescription pain medications (Ultram, Norco, Percocet, etc.) are just some.

Nonsteroidal anti-inflammatory's (NSAID's) reduce pain and inflammation, such as Advil, Aleve, motrin, and many prescription strengths of these medications. Side effects may include stroke, heart attack, and bleeding from the stomach.

Disease modifying agents are often used to treat rheumatoid and immune based arthritis. These are almost exclusively prescribed by rheumatology physicians.

Biologic response modifiers are drugs that often work with disease modifying agents to target certain proteins that are involved in the immune response.

Lastly, **corticosteroids** such as prednisone and cortisone; these are used to reduce inflammation and suppress the immune system.

Physical therapy is often very important to improve joint function, range of motion, flexibility, and reduce pain. Splinting and bracing for joints that have become damaged may be necessary.

If the joints become too damaged or too painful, **surgery** may be an option. This may include joint repair, joint replacement, or even joint fusion.

Are there more natural in alternative options for treatment?

In the book, *"The Arthritis Solution"*, as well as in the book *"The Anti-Arthritis Diet, 28 Days to Health"*, I outline multiple alternative treatment options. Here are just a few:

Acupuncture: this uses time-tested Eastern medication techniques to reduce pain information.

Glucosamine: this has been studied extensively with mixed results, but in a JAMA March 15, 2000 medical journal it was shown that 100% of people who took this at 1500 mg per day did better than placebo. It did take 90 days to start to work.

Yoga, tai chi, pilates: all of these stretch and strengthen and lengthen the muscles.

Natural cures: Bromelain, Turmeric, Papain, Devil's Claw, Boswellia Extract, ginger, Rutin, Citrus Bioflavonoids, and Mojave Yucca (root) are just a few!!!

Dietary changes: avoiding refined carbohydrates, processed foods, blackened/ BBQ foods, nightshade vegetables, and especially SUGAR.

Exercise: This is the fountain of youth, and whether it is chair aerobics, water walking, or stretching and flexibility, the expression "Use it or lose it!" rings true.

For more information or a clinical evaluation of your joint pain, contact:


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Pelvic Organ Prolapse

By Joseph Gauta, MD, FACOG

Until recently, pelvic organ prolapse (POP) was rarely addressed because women were reluctant to discuss the embarrassing symptoms. Because of our increasing life expectancy, POP has become one of the most common disorders women will face in their life-times. Today, many gynecologists and primary care physicians routinely screen women for symptoms, and a new surgical specialty of urogynecology has arisen to treat pelvic organ prolapse and the incontinence that often accompanies this problem.

Pelvic organ prolapse is a term used to describe the dropping of a pelvic organ through or out of the vagina. Pelvic organs include the bladder and urethra, the rectum and anus, and of course the uterus and vagina itself. Pelvic organ prolapse is an unfortunately common problem, with childbirth, age, menopause, and hysterectomy being the most common causes and smoking, chronic coughing or heavy lifting, chronic constipation, diabetes, and obesity being common risk factors. With our aging population, POP is expected to affect half of all women and 1 in every 9 will undergo surgical treatment to correct prolapse.

Think of the vagina as though it were an empty pillowcase that can turn inside out in the wash. Prolapse is like the pillow case trying to turn inside out because the support structures of the vagina and pelvis have weakened and are not holding the tissues and organs in place anymore. Anything that can stretch or break these support structures (ligaments and muscles) can cause POP.

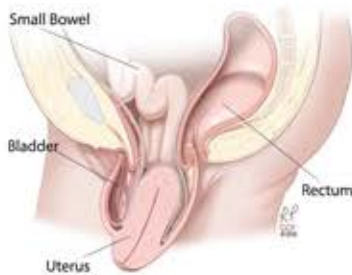
Symptoms - Sometimes a patient doesn't even know she has prolapse until her doctor points it out during her exam. However, many patients experience discomfort with a range of symptoms, including:

Pain and Pressure: lower back discomfort or pressure sensation in the vagina that gets worse by the end of the day or during bowel movements.

Urinary Symptoms: urinary frequency, stress incontinence or difficulty starting to urinate.

Bowel Symptoms: constipation, accidental loss of stool or pressure or pain during bowel movements

Sexual Difficulties: pain with intercourse due to irritated vaginal tissue.



Treatment: Women with mild to no symptoms don't need treatment, but should avoid risk factors that could worsen the problem such as smoking, lifting heavy weight or being overweight. If you are experiencing major discomfort, POP can be successfully treated using many different modalities, from exercise to medicine to splints (pessaries) to surgery. Let's summarize these treatments.

- Pelvic Floor Exercises have the advantage of being noninvasive, and in mild cases can help to relieve some symptoms of discomfort or maybe leaking. Prolapse is not reversed using this treatment.
- Medicine, like vaginal estrogen creams, can also alleviate some symptoms, but also do not reverse the prolapse.
- Pessaries are excellent in keeping the pillow case (vagina) from turning inside out by taking up space in the vagina like a pillow does in a pillow case. A pillow case can't turn inside out if the pillow is in it! Pessaries are great for temporary control of the prolapse or for people who cannot proceed with other treatments. They can provide permanent relief of the symptoms of prolapse, but must be maintained and cleaned periodically.
- Surgery is the treatment for any hernia in the body. With surgery the prolapsed organ will be repositioned and secured to the surrounding tissues and ligaments. When the benefits of surgery outweigh the risks, surgery may be the best choice. Surgery involves anesthesia and recuperation time, but may be the best long term option. Many surgeries for POP can be done on an outpatient basis.

If you've been diagnosed with POP understanding your treatment options is extremely important. All treatments have their advantages and drawbacks, which should be thoroughly discussed with your urogynecologist before decisions are made. Make sure your urogynecologist is Board Certified and has extensive experience in dealing with your specific problem.



239-449-7979

www.FloridaBladderInstitute.com

Joseph Gauta M.D.
Board Certified Urogynecologist

Dr. Gauta is now the first physician in S.W. Florida dual board certified in Urogynecology and Obstetrics and Gynecology. Dr. Gauta's practice, The Florida Bladder Institute, is solely dedicated to



Urogynecology. One out of every six women suffers from overactive bladder and half of all women will suffer from pelvic organ prolapse. A challenge for women seeking treatment is that they would go to a urologist for one problem, a gynecologist for another and a gastroenterologist for another. Dr. Gauta explains "A Urogynecologist has the skill and experience to assess the entire pelvic region including the uterus, bladder, vagina, rectum as well as the muscles, ligaments, connective tissue and nerves that support those systems. Evaluating your pelvic system as a whole ensures the best treatment and outcome". Some of the newer treatment options include biofeedback, electrical stimulation, Botox, and minimally invasive outpatient surgery. In addition to providing the most advanced medical care for his patients, Dr. Gauta is a preceptor for Boston Scientific, Medtronic and Olympus and trains other physicians from around the world on how to do the most advanced Urogynecology procedures. He is the recipient of the prestigious Castle Connolly's Top Doctors award, and is amongst the top 1% of physicians in the country who are honored with the Patient's Choice Award for 5 years in a row. Dr. Gauta received his training at Tulane University in New Orleans mentored by world renowned Urogynecologists David Herbert M.D. and Thomas Elkins M.D.

For more information or to make an appointment call, Dr. Joseph Gauta at The Florida Bladder Institute in Naples, Florida at 239-449-7979 or 239-592-1388. www.floridabladderinstitute.com

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

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

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

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

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

A complimentary assessment is offered to all first time customers.



SOME SWAN TREATMENT OPTIONS:



SKIN TIGHTENING & WRINKLE REDUCTION

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

Swan Centers uses a unique combination of Radio Frequency, Ultrasonic, Collagen infusion therapy and Red Light therapy in unison to help lift, tighten and restore the skin to a more youthful state.

This non-invasive, pain free treatment offers impressive results and is only found at Swan Age Reversal Centers.

FAT REDUCTION

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

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



SKIN RENEWAL for the FACE & NECK

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



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Offices in Naples, Bonita Springs, Fort Myers,
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1-800-965-3630

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.



(239) 590-3016

HHA: 299991763

Shape Up for Summer with Orangetheory

If you are looking for a great way to get into shape this summer, Orangetheory Fitness is the best way to achieve your goals

What is Orangetheory?

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

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

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

What to expect

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

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

Benefits of Orangetheory Fitness

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

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



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

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

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

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

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

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

FREE 1-HOUR WORKOUT

Summer's on the way. Start burning for your best swimsuit body with a results-driven workout that everybody from "The Today Show" to Shape magazine and Men's Journal is talking about. So join us for a 1-hour workout that keeps burning calories for up to 36 hours, for free.*

Start burning for summer.
or visit OrangetheoryFitness.com

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OTF SIX MILE CYPRESS
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- HEART RATE BASED INTERVAL TRAINING
- IT'S TOUGH! IT'S FUN! IT'S ADDICTIVE!

Orangetheory® FITNESS | KEEP BURNING

*First-time visitors and local residents only. Certain restrictions apply. \$25 minimum value. At participating studios only. See studio for details.
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**Including the afterburn. Individual results may vary.



Coping With Loss of Independence (& How to Fight It)

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

Losses occur at every stage of life, particularly in later years. As we age, we must cope with a variety of setbacks including physical, social and emotional setbacks, which may affect our ability to function independently, jeopardizing our freedom by relying on others for our needs. The extent to which we challenge these losses or accept and adapt to these losses affects the quality of life we achieve and maintain.

Physical Loss:

You may become aware of changes in your physical ability as you age. You may recognize challenges such as not remembering appointments, difficulty climbing stairs, opening jars or walking through the grocery store. Other changes may include:

- Vision and Hearing Problems
- Less Physical Energy
- Less Flexibility
- Less Stamina or Strength
- Deteriorating ability to Balance or Ability to move easily

Social Loss:

Physical losses can gradually limit an individual's ability to participate in social activities they normally enjoy such as sports, cultural outings or even dining out. One example of this includes when a person with significant hearing loss, even with a hearing aid, might avoid social situations for fear of having to ask others to repeat themselves. Another example would be a person with heart disease who suffers from shortness of breath, ceasing to participate in their daily morning walk with their friends. Over time, these types of avoidance strategies limit contact with others could lead to fading friendships.

Emotional Loss

Loss of independence can create tremendous frustration, feelings of uselessness, and sadness, due to a loss of control in one's life. For example, loss of mobility or vision may make necessary activities like going to the grocery store or attending medical appointments impossible without outside assistance. Being unable to do what used to be ordinary activities can be extremely frustrating. Another common frustration stems from loss of strength and balance which may require an individual to begin using an assistive device like a cane or a walker for the first time for safe mobility. While this may be necessary for safe mobility, many aging adults are resistant to this change due to feelings of frustration of this loss of independence. Some common reactions to this loss of independence include feelings of fear, anger, guilt, and confusion.

How Can I Cope with My Loss of Independence?

Be Patient: Losses are inevitable especially as you age. Acknowledge your losses and how these are effecting your life now.

Practice Self Acceptance: Recognize that losing independence is a common experience as people age, and not a sign of personal failure. It is normal and natural.

Recognize Your Feelings: Allow yourself to feel sad and frustrated at times without putting yourself down for not being able to do what you used to do.

Remain Open: Trusted family and friends might offer suggestions about things you could try to make life easier. Think about and discuss these options rather than closing your mind to these possibilities.

Pursue New Experiences: Develop new friendships, interests, hobbies, and other activities that you can physically do.



Seek and Accept Help: Some loss of independence is inevitable and cannot be avoided. Occasionally we must utilize adaptive equipment or modify our activities to ensure safety with daily activities. Alternatively, if you notice a deterioration in mobility or balance, you may be able to overcome these challenges through a guided strengthening or balance program designed by a trained therapist. There is nothing wrong with seeking assistance to help you fight or minimize your individual loss of independence every step of the way.

We here at Life Care of Estero are here to improve the health of the community for which we serve. As part of this vision, we provide a team of highly skilled Physical, Occupational, and Speech Therapists and the latest in cutting edge rehabilitation technology such as the AlterG anti-gravity treadmill and the Biodex balance system to help you regain your independence and facilitate you reaching your personalized goals. Please call our outpatient rehabilitation department at (239) 495-4046 if you have any questions or think we can help you maintain your functional independence.

Reference: "CDC Promotes Public Health Approach To Address Depression among Older Adults" www.CDC.gov
"The Psychology of Aging" Paper by the Australian Psychological Association

The Rise of Regenerative Treatments for Osteoarthritis

By Debra K. Brinker, RN

The popularity of regenerative, non-surgical treatments for osteoarthritis has grown in recent years and with good reason. People want options that are less invasive, do not require anesthesia or a hospital stay, and that have successful long-term results. Being diagnosed with osteoarthritis no longer has to mean giving up leisure activities and signing up for joint replacement surgery. Regenerative options can regrow cartilage and restore degenerated tissue, so that decreased mobility and chronic joint pain from arthritis become a thing of the past, along with some other outdated treatment options.

Why regenerative options make sense

Trace the process of osteoarthritis all the way back to the beginning. It is not just a disease of aging. An original injury to the soft tissue (such as ligaments, tendons, or other articular surfaces) whether through athletics, trauma, or insufficient recovery time, can result in weakness of the tissue. This creates imbalances and instability of the joint. The instability is part of the development of arthritis, occurring within a few years with severe injuries, or over decades when the injury is less severe. Since soft tissue is mainly responsible for the smooth movement necessary in the motion of the joint, when abnormal forces are placed on them, injury occurs that disrupts the balance between normal motion and instability. The disrupted balance in motion causes an uneven weight distribution inside the joint, with joint surfaces rubbing roughly and breaking down articular cartilage, limiting joint function, causing bone loss and eventually leading to the bony overgrowth of osteoarthritis. This is where the painful process begins.

Regenerative medicine aims to address the original soft tissue weakness or degeneration, to strengthen and repair these areas within the joint. By triggering the body to repair itself, cartilage can regrow naturally and the joint can stabilize, thereby resulting in diminished pain.

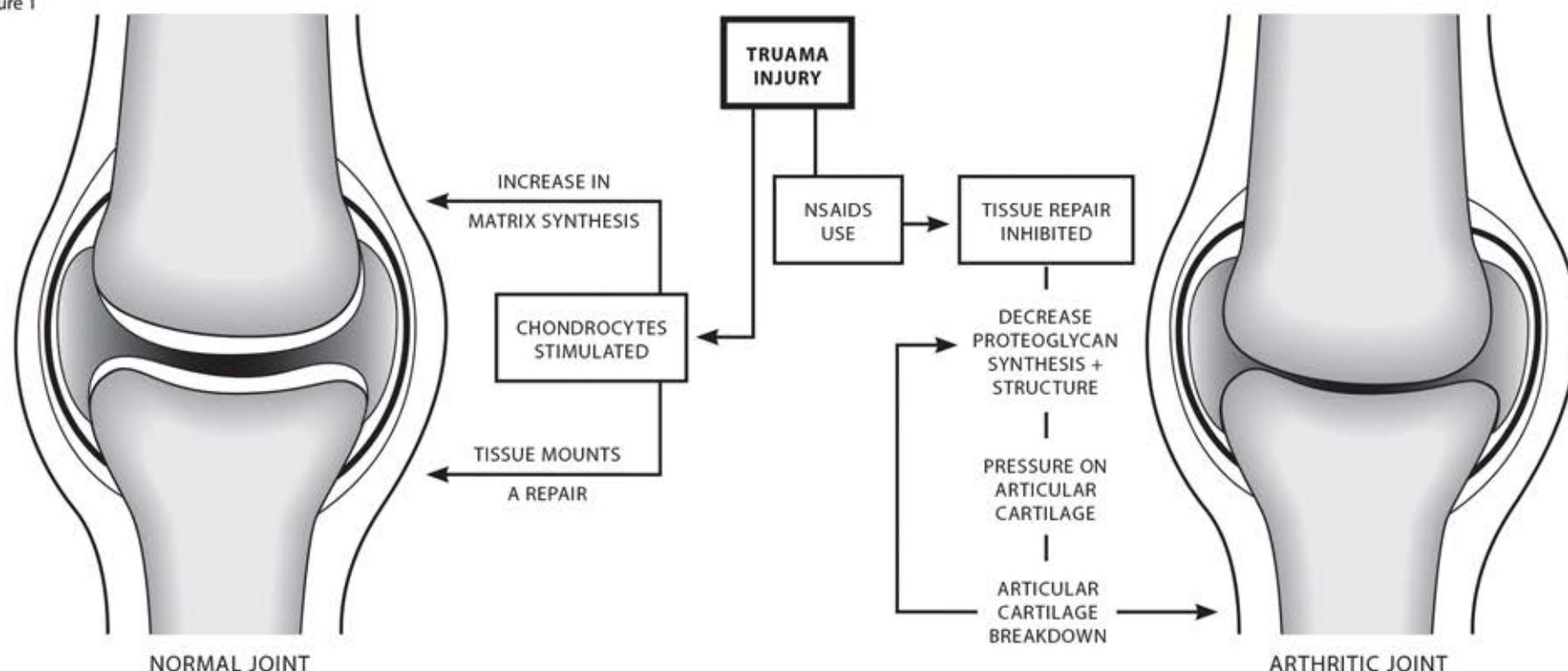
Cortisone injections and NSAIDs are not regenerative

Did you know that nonsteroidal anti-inflammatory drugs (NSAIDs) are among the most commonly used drugs in the world for the treatment of arthritis? Yet, one of the documented but lesser known long-term side effects of NSAIDs is their negative impact on articular cartilage. [See Figure] In essence, they accelerate the very disease for which they are most often used and prescribed. [See Figure 1]

Corticosteroid injection is another common treatment for osteoarthritis with deleterious effects on the articular cartilage. Corticosteroids cause the cartilage to become thin, shredded, fibrillated, ulcerated, eroded, and ultimately destroyed, retarding and preventing its ability to repair. [See Figure 2]

Since the hallmark feature of osteoarthritis is the breakdown in the articular cartilage of joints, further breaking down of the cartilage and accelerating the arthritic process by means of corticosteroid medications is not in any way reparative. This is why corticosteroid injections to a given joint are not to be performed more than three to four times per year, because of concern about the possible development of progressive cartilage damage through repeated injection in the weight-bearing joints.

Figure 1



The pathogenesis of osteoarthritis accelerated by NSAIDs. NSAID use inhibits the bodies repair processes, leading to decreased proteoglycan and extracellular matrix content and function, which ultimately leads to articular cartilage breakdown.

BEFORE PROLOTHERAPY



AFTER PROLOTHERAPY

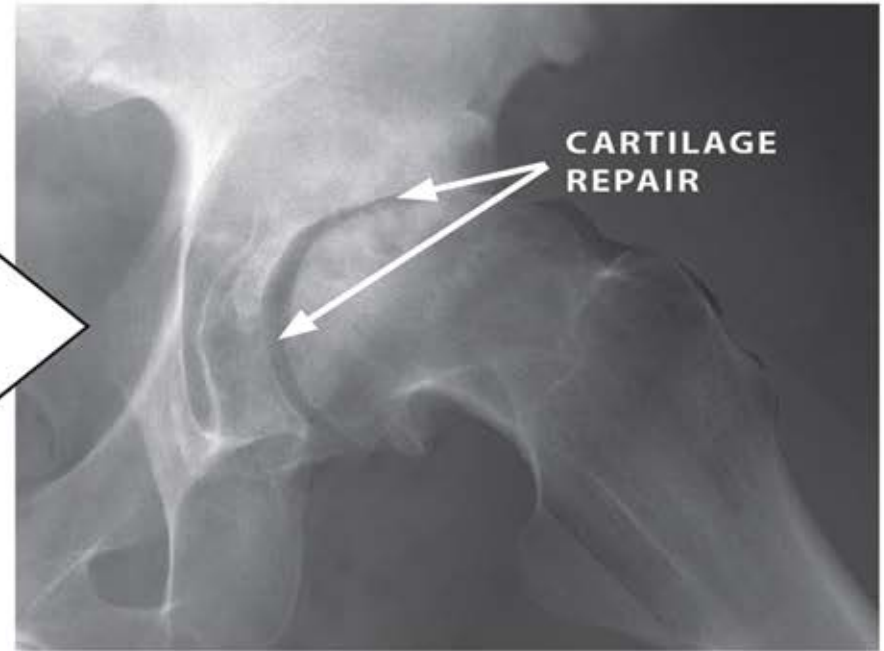


Figure 3

Prolotherapy regeneration of hip cartilage. Before and after hip X-rays of a patient treated with Prolotherapy.

Other treatments such as hyaluronic acid (viscosupplementation), exercise, physical therapy and lifestyle modifications are helpful at decreasing symptoms and improving mobility, but they do not repair the source of the problem or reverse the disease.

Prolotherapy – the regenerative option for osteoarthritis

Degenerative conditions like arthritis need regeneration. The regenerative injection treatment used to repair the joint and to support a pro-chondrogenic (cartilage forming) environment is known as Prolotherapy. It involves the injections of natural substances into the degenerated areas to stimulate healing. It restarts the repair mechanisms in tissues that have lost the ability to repair on their own. This regenerative therapy has been found effective for the treatment of ligament and tendon injuries, and has a long history of use in osteoarthritis.

Stem cell therapy – Prolotherapy using your own cells

Another therapeutic strategy of this type is the injection of an autologous stem cell preparation. These cells from a person's own fat or bone marrow can be injected directly into the damaged joint to accelerate the healing process in more severe cases of arthritis, in addition to comprehensively treating the surrounding soft tissues.

Cartilage improvement

The articular cartilage destruction is easily documented via standard X-ray. In the same way, improvement with Prolotherapy can also be documented by viewing X-ray changes. [See Figure 3]

Articular cartilage deterioration as evidenced by fibrillation, fissures, and flaking. NSAIDs and cortisone shots have been shown to cause these conditions.

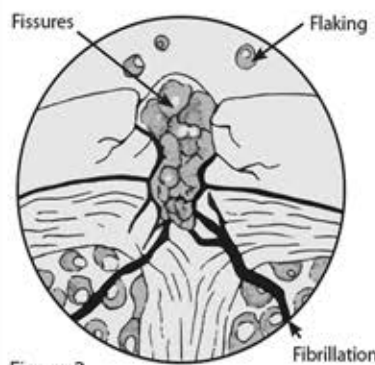


Figure 2

Prolotherapy, with or without the use of a person's own stem cells, can be utilized to treat and restore most of the degenerated structures as well as the functioning of the joint. Even the majority of bone-on-bone osteoarthritis cases can be helped without the need for surgery. Post-surgical pain cases are also typically still candidates for regenerative options like Prolotherapy or Stem Cell Therapy. Whether in the early or later stages, the regenerative options for arthritis pain are better than ever.



Prolotherapy Specialists

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with locations in Fort Myers and Chicagoland



3D Mammography

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

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

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

What is 3D Mammography?

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

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

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

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

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



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

What are the benefits?

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

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

 **Radiology Regional Center**
radiologyregional.com
(239) 936-4068
radiologyregional.com



How long will it take?

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

How much radiation will I be exposed to?

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

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

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

Why is RRC offering 3D Mammography?

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

How can I schedule an appointment for 3D Mammography?

Schedule your appointment by calling 239-936-4068.



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 Fort Myers office of Frantz EyeCare at 239-418-0999.

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

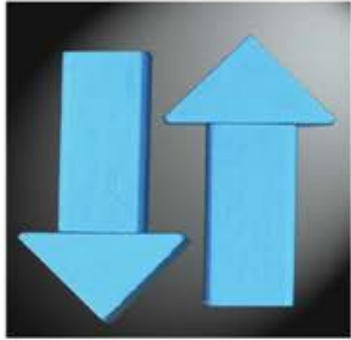
FRANTZ
EyeCare

239-418-0999

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.

Eleven Ways to Help Yourself Stay Sane in a Crazy Market



Words to ponder

"Investors should remember that excitement and expenses are their enemies. And if they insist on trying to time their participation in equities, they should try to be fearful when others are greedy and greedy when others are fearful."

—Warren Buffett

"Most of the time common stocks are subject to irrational and excessive price fluctuations in both directions as the consequence of the ingrained tendency of most people to speculate or gamble ... to give way to hope, fear and greed."

—Benjamin Graham

"In this business if you're good, you're right six times out of ten. You're never going to be right nine times out of ten."

—Peter Lynch

Keeping your cool can be hard to do when the market goes on one of its periodic roller-coaster rides. It's useful to have strategies in place that prepare you both financially and psychologically to handle market volatility. Here are 11 ways to help keep yourself from making hasty decisions that could have a long-term impact on your ability to achieve your financial goals.

1. Have a game plan

Having predetermined guidelines that recognize the potential for turbulent times can help prevent emotion from dictating your decisions. For example, you might take a core-and-satellite approach, combining the use of buy-and-hold principles for the bulk of your portfolio with tactical investing based on a shorter-term market outlook. You also can use diversification to try to offset the risks of certain holdings with those of others. Diversification may not ensure a profit or guarantee against a loss, but it can help you understand and balance your risk in advance. And if you're an active investor, a trading discipline can help you stick to a long-term strategy. For example, you might determine in advance that you will take profits when a security or index rises by a certain percentage, and buy when it has fallen by a set percentage.

2. Know what you own and why you own it

When the market goes off the tracks, knowing why you originally made a specific investment can help you evaluate whether your reasons still hold, regardless of what the overall market is doing. Understanding how a specific holding fits in your portfolio also can help you consider whether a lower price might actually represent a buying opportunity.

And if you don't understand why a security is in your portfolio, find out. That knowledge can be particularly important when the market goes south, especially if you're considering replacing your current holding with another investment.

3. Remember that everything is relative

Most of the variance in the returns of different portfolios can generally be attributed to their asset allocations. If you've got a well-diversified portfolio that includes multiple asset classes, it could be useful to compare its overall performance to relevant benchmarks. If you find that your investments are performing in line with those benchmarks, that realization might help you feel better about your overall strategy.

Even a diversified portfolio is no guarantee that you won't suffer losses, of course. But diversification means that just because the S&P 500 might have dropped 10% or 20% doesn't necessarily mean your overall portfolio is down by the same amount.

4. Tell yourself that this too shall pass

The financial markets are historically cyclical. Even if you wish you had sold at what turned out to be a market peak, or regret having sat out a buying opportunity, you may well get another chance at some point. Even if you're considering changes, a volatile market can be an inopportune time to turn your portfolio inside out. A well-thought-out asset allocation is still the basis of good investment planning.

5. Be willing to learn from your mistakes

Anyone can look good during bull markets; smart investors are produced by the inevitable rough patches. Even the best investors aren't right all the time. If an earlier choice now seems rash, sometimes the best strategy is to take a tax loss, learn from the experience, and apply the lesson to future decisions. Expert help can prepare you and your portfolio to both weather and take advantage of the market's ups and downs.



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Remember that while they're sound strategies, diversification, asset allocation, and dollar cost averaging can't guarantee a profit or eliminate the possibility of loss. All investing involves risk, including the potential loss of principal, and there can be no guarantee that any investing strategy will be successful.

6. Consider playing defense

During volatile periods in the stock market, many investors reexamine their allocation to such defensive sectors as consumer staples or utilities (though like all stocks, those sectors involve their own risks, and are not necessarily immune from overall market movements). Dividends also can help cushion the impact of price swings. According to Standard & Poor's, dividend income has represented roughly one-third of the monthly total return on the S&P 500 since 1926, ranging from a high of 53% during the 1940s to a low of 14% in the 1990s, when investors focused on growth.

7. Stay on course by continuing to save

Even if the value of your holdings fluctuates, regularly adding to an account designed for a long-term goal may cushion the emotional impact of market swings. If losses are offset even in part by new savings, your bottom-line number might not be quite so discouraging.

If you're using dollar-cost averaging--investing a specific amount regularly regardless of fluctuating price levels--you may be getting a bargain by buying when prices are down. However, dollar cost averaging can't guarantee a profit or protect against a loss. Also consider your ability to continue purchases through market slumps; systematic investing doesn't work if you stop when prices are down. Finally, remember that the return and principal value of your investments will fluctuate with changes in market conditions, and shares may be worth more or less than their original cost when you sell them.

8. Use cash to help manage your mind-set

Cash can be the financial equivalent of taking deep breaths to relax. It can enhance your ability to make thoughtful decisions instead of impulsive ones. If you've established an appropriate asset allocation, you should have resources on hand to prevent having to sell stocks to meet ordinary expenses or, if you've used leverage, a margin call. Having a cash cushion coupled with a disciplined investing strategy can change your perspective on market volatility. Knowing that you're positioned to take advantage of a downturn by picking up bargains may increase your ability to be patient.

9. Remember your road map

Solid asset allocation is the basis of sound investing. One of the reasons a diversified portfolio is so important is that strong performance of some investments may help offset poor performance by others. Even with an appropriate asset allocation, some parts of a portfolio may struggle at any given time. Timing the market can be challenging under the best of circumstances; wildly volatile markets can magnify the impact of making a wrong decision just as the market is about to move in an unexpected direction, either up or down. Make sure your asset allocation is appropriate before making drastic changes.

10. Look in the rear-view mirror

If you're investing long term, sometimes it helps to take a look back and see how far you've come. If your portfolio is down this year, it can be easy to forget any progress you may already have made over the years. Though past performance is no guarantee of future returns, of course, the stock market's long-term direction has historically been up. With stocks, it's important to remember that having an investing strategy is only half the battle; the other half is being able to stick to it. Even if you're able to avoid losses by being out of the market, will you know when to get back in? If patience has helped you build a nest egg, it just might be useful now, too.

11. Take it easy

If you feel you need to make changes in your portfolio, there are ways to do so short of a total makeover. You could test the waters by redirecting a small percentage of one asset class to another. You could put any new money into investments you feel are well-positioned for the future, but leave the rest as is. You could set a stop-loss order to prevent an investment from falling below a certain level, or have an informal threshold below which you will not allow an investment to fall before selling. Even if you need or want to adjust your portfolio during a period of turmoil, those changes can--and probably should--happen in gradual steps. Taking gradual steps is one way to spread your risk over time, as well as over a variety of asset classes.

Autoimmune Diseases Are Frustrating to Diagnose

By Yollo Wellness

The symptoms may be vague at first—aching joints, weakness or fatigue. They might recede for a while, but then chest pain, mouth sores or other more specific signs emerge.

The issue could be an autoimmune disease, a category of more than 80 conditions in which the immune system goes haywire and attacks the body's own tissues.

Estimates on the exact number of Americans grappling with autoimmune disease range from 24 million to 50 million, but medical professionals and researchers do agree that the ailments are far more prevalent in women. Ninety percent of people with lupus, for instance, are women.

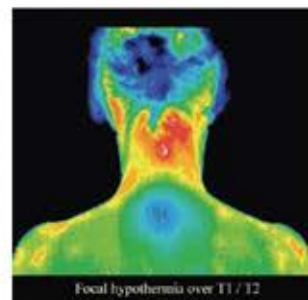
Getting a diagnosis for autoimmune disease often feels like following a meandering path. Many patients spend nearly four years and see at least four physicians before receiving answers, according to survey results from the American Autoimmune Related Diseases Association Inc.

At YOLLO Wellness, we use Medical DITI, a noninvasive adjunctive diagnostic technique that allows the examiner to visualize and quantify changes in skin surface temperature. An infrared scanning device is used to convert infrared radiation emitted from the skin surface into electrical impulses that are visualized in color on a monitor. This visual image graphically maps the body temperature and is referred to as a thermogram. The spectrum of colors indicate an increase or decrease in the amount of infrared radiation being emitted from the body surface. Since there is a high degree of thermal symmetry in the normal body, subtle abnormal temperature asymmetry's can be easily identified.

Medical DITI's major clinical value is in its high sensitivity to pathology in the vascular, muscular, neural and skeletal systems and as such can contribute to the pathogenesis and diagnosis made by the clinician.

Medical DITI has been used extensively in human medicine in the U.S.A., Europe and Asia for the past 20 years. Until now, cumbersome equipment has

hampered its diagnostic and economic viability. Current state of the art PC based IR technology designed specifically for clinical application has changed all this.



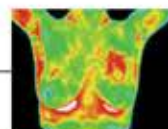
Skin blood flow is under the control of the sympathetic nervous system. In normal people there is a symmetrical dermal pattern which is consistent and reproducible for any individual. This is recorded in precise detail with a temperature sensitivity of 0.01°C by DITI.

The neuro-thermography application of DITI measures the somatic component of the sympathetic nervous system by assessing dermal blood flow. The sympathetic nervous system is stimulated at the same anatomical location as its sensory counterpart and produces a 'somato sympathetic response'. The somato sympathetic response appears on DITI as a localized area of altered temperature with specific features for each anatomical lesion.

Active Cancer Cells Double in Number Every 90 Days

90 days	2 cells	
1 year	16 cells	
2 years	256 cells	Detectable with Thermography
3 years	4,896 cells	
4 years	65,536 cells	
5 years	1,048,576 cells	(still undetectable)
6 years	16,777,216 cells	
7 years	268,435,456 cells	
8 years	4,294,967,296 cells	(doubled 32 times) *

*Normally detectable by Mammogram at this stage
40 Doublings (Aprox 10 Years) considered lethal.



The mean temperature differential in peripheral nerve injury is 1.5°C. In sympathetic dysfunction's (RSD / SMP / CRPS) temperature differentials ranging from 1° C to 10° C depending on severity are not uncommon. Rheumatologically processes generally appear as 'hot areas' with increased temperature patterns. The pathology is generally an inflammatory process, i.e. synovitis of joints and tendon sheaths, epicondylitis, capsular and muscle injuries, etc.

Both hot and cold responses may co-exist if the pain associated with an inflammatory focus excites an in-

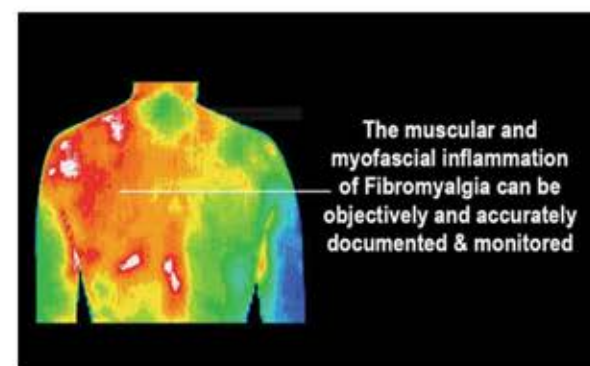
crease in sympathetic activity. Also, vascular conditions are readily demonstrated by DITI including Raynauds, Vasculitis, Limb Ischemia, DVT, etc. DITI is helpful in monitoring thermal abnormalities present in health problems such as fibromyalgia and thyroid dysfunction, even when all thyroid levels are within normal levels in a patient's blood work.

A pattern of hypothermia (cool areas) over T1/T2 (the first and second thoracic vertebrae) in a thermogram indicates autoimmune dysfunction, but cannot determine if there is hypothyroidism or hyperthyroidism. This pattern, often seen in patients that also suffer from symptoms of fibromyalgia and chronic fatigue syndrome, is helpful in confirming a suspected diagnosis and monitoring a patient's response to treatment. As the patient improves and the body returns to more normal thermal symmetry, the hypothermic pattern will be reduced. Conversely, if the patient is not responding to treatment or is regressing, the pattern will either remain the same or the temperature differentials will increase and the pattern will become more pronounced.

Medical DITI is filling the gap in clinical diagnosis

- X ray, C.T. Ultrasound and M.R.I. etc., are tests of anatomy.
- E.M.G. is a test of motor physiology.
- DITI is unique in its capability to show physiological change and metabolic processes. It has also proven to be a very useful complementary procedure to other diagnostic modalities.

Unlike most diagnostic modalities DITI is noninvasive. It is a very sensitive and reliable means of graphically mapping and displaying skin surface temperature. With DITI you can diagnosis, evaluate, monitor and document a large number of injuries and conditions, including soft tissue injuries and sensory/autonomic nerve fiber dysfunction.



Medical DITI can offer considerable financial savings by avoiding the need for more expensive investigations.

Medical DITI can graphically display the very subjective feeling of pain by objectively displaying the changes in skin surface temperature that accompany pain states.

Medical DITI can show a combined effect of the autonomic nervous system and the vascular system, down to capillary dysfunctions. The effects of these changes show as asymmetry's in temperature distribution on the surface of the body.

Medical DITI is a monitor of thermal abnormalities present in a number of diseases and physical injuries. It is used as an aid for diagnosis and prognosis, as well as therapy follow up and rehabilitation monitoring, within clinical fields that include Rheumatology, neurology, physiotherapy, sports medicine, oncology, pediatrics, orthopedics and many others.

Results obtained with medical DITI systems are totally objective and show excellent correlation with other diagnostic tests.

Wendy Law, Deb Bost, Rodney Law and Amber Law are level II thermographers certified by the American College of Clinical Thermology.

YOLLO Wellness offers an autoimmune/pain protocol using a combination of hyperbaric oxygen therapy, inflammatory food/other agent blood testing, micronutrient blood testing which formulates into an individualized program just for you.

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LIFE-THREATENING SLEEP APNEA AND THE CPAP ALTERNATIVE

By Dr. Rich Gilbert

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

SNORING VS. SLEEP APNEA

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

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

SERIOUSNESS OF OSA

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



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

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

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

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

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

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

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

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

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

TREATMENT OPTIONS

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

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

SCREENING FOR OSA AT THE DENTIST OFFICE

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

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

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



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HEART DISEASE STROKE



Several types of heart disease are risk factors for stroke. Likewise, stroke is a risk factor for coronary heart disease. Coronary heart disease and stroke share many of the same risk factors such as high LDL "bad" cholesterol levels, low HDL "good" cholesterol levels, high blood pressure, smoking, diabetes, physical inactivity, and being overweight or obese.

Individuals with coronary heart disease, angina, or who have had a heart attack due to atherosclerosis, have more than twice the risk of stroke than those who haven't. If you have atherosclerosis in the coronary arteries you are very likely to have atherosclerosis in other parts of your body.

Hard Arteries

Atherosclerosis is often referred to as "hardening of the arteries."

Quivering Heart

In atrial fibrillation, the upper chambers of the heart (the atria) quiver instead of beating effectively to move blood into the ventricle.

Problems at the Pump

Heart failure (HF) can also increase stroke risk. HF is a condition in which the heart cannot pump out all the blood that returns to it.

What You Can Do

Although heart disease and stroke account for the vast majority of deaths each year in America, there are things you can do to lessen your risk

Be mindful with your diet.

Healthy food habits can help you reduce three risk factors for heart disease and stroke - high blood cholesterol, high blood pressure and excess body weight. The American Heart Association outlines a healthy diet. It's based on these dietary recommendations, which are easier to follow than you may think.

Use up at least as many calories as you take in.

Start by knowing how many calories you should be eating and drinking to maintain your weight. Don't eat more calories than you know you can burn up every day.

Eat a variety of nutritious foods from all the food groups.

You may be eating plenty of food, but your body may not be getting the nutrients it needs to be healthy. Nutrient-rich foods have vitamins, minerals, fiber and other nutrients but are lower in calories. To get the nutrients you need, choose foods like vegetables, fruits, whole-grain products and fat-free or low-fat dairy products most often.

- Vegetables and fruits are high in vitamins, minerals and fiber-and they're low in calories. Eating a variety of fruits and vegetables may help you control your weight and your blood pressure.
- Unrefined whole-grain foods contain fiber that can help lower your blood cholesterol and help you feel full, which may help you manage your weight.
- Eat fish at least twice a week. Recent research shows that eating oily fish containing omega-3 fatty acids (for example, salmon, trout, and herring) may help lower your risk of death from coronary artery disease.

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



Dr. Louis J. Scala MD, FACC, FASA

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

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Eat less of the nutrient-poor foods.

The right number of calories to eat each day is based on your age and physical activity level and whether you're trying to gain, lose or maintain your weight. You could use your daily allotment of calories on a few high-calorie foods and beverages, but you probably wouldn't get the nutrients your body needs to be healthy. Limit foods and beverages high in calories but low in nutrients, and limit saturated fats, trans-fats, cholesterol and sodium. Read labels carefully, the Nutrition Facts panel will tell you how much of those nutrients each food or beverage contains. As you make daily food choices, base your eating pattern on these recommendations.

- Choose lean meats and poultry without skin and prepare them without added saturated and trans-fat.
- Select fat-free, 1 percent, and low-fat dairy products.
- Cut back on foods containing partially hydrogenated vegetable oils to reduce trans-fat in your diet.
- Cut back on foods high in dietary cholesterol. Aim to eat less than 300 milligrams of cholesterol each day.
- Cut back on beverages and foods with added sugars.
- Choose and prepare foods with little or no salt. Aim to eat less than 1,500 milligrams of sodium per day.
- If you drink alcohol, do it in moderation. That



means one drink per day for women and two drinks per day for men.

- Follow the American Heart Association recommendations when you eat out, and keep an eye on your portion sizes.

Exercise every day.

Balance the number of calories you eat with those you use up each day to maintain your best weight. Walk or do other physical activities for at least 30 minutes on most or all days. To lose weight, burn more calories than you consume daily. But before you start, check with your doctor.

Know your blood pressure.

High blood pressure may not have any symptoms. The only way you will know if your pressure is high is to have it checked. If it is high, you may be able to reduce it with diet and exercise, but if that doesn't work, medication will likely be necessary. If you take medication, take it exactly as prescribed, not just when you feel like it.

Stop smoking.

There are many benefits to giving up tobacco. If you or a loved one needs an incentive to quit, check out some of the toxic substances in cigarette smoke.

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

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Protect Your Nose From the Sun's Harmful Rays



One in five Americans will develop skin cancer in the course of a lifetime.

Each year in the U.S. over 5.4 million cases of non-melanoma skin cancer are treated in more than 3.3 million people.

Non-melanoma skin cancer, which is the kind of cancer that affects the nose, has become one of the most common forms of skin cancer and it is estimated that one in every five Americans are affected by it. Nose skin cancer generally includes basal cell carcinoma and squamous cell carcinoma.

Strangely enough, not many people ask the right questions in their cancer-risk evaluation processes. For example, instead of asking "what" to look for, they should ask "where" to look for suspicious signs and symptoms.

Nose skin cancer symptoms and signs are easy to detect. One has to be aware of the signs and symptoms of nose skin cancer in order to preempt diagnosis. Nose skin cancer is common and aggressive, and must be detected early in order to have a chance at being cured or controlled.

What are the common signs and symptoms of nose skin cancer?

The first signs of nose skin cancer must be seen in the outer flaring and the tip of the nose, as these are most likely to demonstrate the development of nose skin cancer, through the formation of lesions and moles.

Lesions on the dorsum, ala, sidewall, tip and the columella often pass unnoticed or we take them to be aberrations of the skin.

This is not always the case and such lesions should always be checked by a doctor.



A skin bump that is pearly or waxy is the first thing that you should be on the lookout for.

The skin may even be simply slightly raised or sometimes even flat with a mild discoloration that we can even overlook. These are the things that you should look out for and get checked as soon as the symptoms are visible.

Some other common signs:

A sore that does not heal but that bleeds or oozes is a symptom of basal cell nose skin cancer. These are easy enough to notice.

Long term staying of wounds, development of new moles and spots on the skin, discoloration or skin whitening around the area of the nose are some of the other signs you need to be on the watch out for.

These signs and symptoms will also change texture, color and so on, and even that is a warning sign. Therefore all you have to do is subject yourself to a good scrutiny every once in a while to be rest assured. Early detection is crucial in any kind of cancer and therefore, testing yourself for signs and symptoms is very important.



facebook@noseguard
bscallan@comcast.net

Nose Guard

After having skin cancer removed from his nose, Naples resident Bob Scallan was advised by his dermatologist to keep his nose covered any time he is exposed to the sun. Not interested in having to constantly apply messy sun block, he created a peel and stick device called the Nose Guard.

"The statistics on skin cancer, particularly on the nose, are staggering, and I wasn't interested in having another occurrence", said Scallan. "I visited every pharmacy in the area and did an online search, but just couldn't find a convenient alternative to sun block. It was then that the idea of a peel and stick product was born."

Research shows that people do not apply enough sun block and do not reapply it after going in the water. The Nose Guard is a convenient and effective alternative to messy sunblock. Made with a latex free adhesive and an ultraviolet protection factor (UPF) of 50, it will stay on all day no matter how much one sweats or goes in the water and will block out 98% of harmful UVA and UVB sun rays.

Nose Guard is available in a variety of colors: flesh, neon pink and green, yellow, purple, and blue camouflage.

Each year there are more new cases of skin cancer than the combined incidence of cancers of the breast, prostate, lung and colon. Skin cancer is preventable. Don't become a statistic, protect your nose and skin from the sun.

For more information or to purchase a Nose Guard, e-mail bscallan@comcast.net.

Stroke Awareness Month

Strokes can affect people of all ages and backgrounds. Continue reading to learn how to safeguard yourself against stroke.

Every 40 seconds, someone in the United States has a stroke. In 2008 alone, more than 133,000 Americans died from stroke—or one person every four minutes—died from stroke, making it the fourth leading cause of death in the United States

A stroke, sometimes called a brain attack, occurs when a blockage stops the flow of blood to the brain or when a blood vessel in or around the brain bursts. Although many people think of stroke as a condition that affects only older adults, strokes can and do occur in people of all ages. In fact, nearly a quarter of all strokes occur in people younger than age 65.

Each year, almost 800,000 strokes occur in the United States. Strokes often lead to serious, life-changing complications that include

- Paralysis or weakness on one side of the body.
- Problems with thinking, awareness, attention, learning, judgment, and memory.
- Problems understanding or forming speech.
- Difficulty controlling or expressing emotions.
- Numbness or strange sensations.
- Pain in the hands and feet.
- Depression.

To help protect yourself and your loved ones, learn what steps you can take to prevent a stroke and how to spot a stroke if one occurs.

Lowering Your Risk for Stroke

Demographic factors such as family history, age, sex, and race/ethnicity can all play a role in an individual's stroke risk. Regardless of your background, however, there are several things you can do to lower your chances of having a stroke.

For example, cigarette smoking contributes to one in every five strokes in the United States. Smoking—and even exposure to second-hand smoke—can thicken the blood and make it more likely to clot. Thicker blood flow can lead to increased plaque buildup in your arteries and damage to the blood vessels leading to the brain, which can cause or worsen a stroke. So, quit smoking—or better yet, don't start.

In 2011, the Department of Health and Human Services launched the Million Hearts™ initiative to prevent a million heart attacks and strokes by 2017. A primary focus is on the ABCS to prevent cardiovascular disease, including stroke, and contribute to overall health:

• Know your ABCS of health:

- Appropriate Aspirin therapy: Ask your doctor if taking aspirin is right for you.
- Blood pressure control: Keeping your blood pressure under control reduces your risk of heart attack and stroke. More than half of the world's stroke deaths are caused by elevated blood pressure levels.
- Cholesterol management: Get your cholesterol checked regularly and manage it with diet and physical activity or with medication, if needed.

- Smoking cessation: Get help at 1-800-QUIT-NOW.
- Exercise regularly.
- Eat a healthy diet that's low in sodium.
- Maintain a healthy weight.
- Prevent or control diabetes.
- Limit your alcohol intake (fewer than two drinks per day for men, or one drink per day for women).

Recognizing the Signs of Stroke

When responding to a stroke, every minute counts. The sooner a patient receives medical treatment, the lower the risk for death or disability. If you or someone you know exhibits the following signs or symptoms, call 9-1-1 immediately.

- Numbness or weakness of the face, arm, or leg, especially on one side of the body.
- Confusion, trouble speaking, or difficulty understanding.
- Trouble seeing in one or both eyes.
- Trouble walking, dizziness, or loss of balance and coordination.
- Severe headache with no known cause.

Remember, getting immediate medical attention for stroke is crucial to preventing disability and death, so don't delay—dial 9-1-1.

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May is Better Hearing & Speech Month

RINGING EAR? YOU'RE NOT ALONE!

Do you hear unusual noise in your head? You are NOT alone! Between 25 and 50 million Americans are plagued with a condition that is imperceptible to other people. They look normal, but they are suffering. In some cases, their agony drives them to consider suicide. Tinnitus is frequently described as ringing in the ears. The sounds are described in many ways: hissing, chirping like crickets, electronic whines, static, rushing water, buzzing, whooshing or humming. Loudness varies, but it can get so intrusive it is hard to think, hear or sleep. Imagine trying to function with a radio stuck between stations at top volume. You can't turn it down and you can't turn it off. No one else can hear what the victim hears, but the sounds are not imaginary. Some people report it as a mild "nuisance", but for many people it can be a debilitating condition. It is now speculated that Vincent Van Gogh, was suffering with severe Tinnitus when he went mad and severed off his own ear! For decades doctors told sufferers there was nothing that could be done to quell the internal noise. Patients were often told to learn to live with it. Some were given drugs like Valium or Xanax to ease the stress brought on by constant ringing, hissing or buzzing. Such solutions are unsatisfactory for millions of patients. Living with constant intrusive noise can ruin the quality of life.

FINALLY there is HOPE for people who suffer with this often debilitating condition! There is a new F.D.A. approved treatment that has dramatically helped over 80% of people to be helped with their Tinnitus. Hoglund Family Hearing and Audiology Center and Southwest Florida Tinnitus and Hearing Center are offering FREE TINNITUS CONSULTATIONS throughout the month of May in honor of May's designation as **BETTER HEARING MONTH**. We will also discuss the remarkable success of the Oasis, the F.D.A. approved Tinnitus Treatment device as well as the Duke University studies that report that 86% of Tinnitus Patients treated at Duke reported at least a 40% reduction in their Tinnitus distress and many report that it is no longer a factor

in their lives! Please call (239) 992-4327 in Lee County or (239) 498-7142 in Collier County to find out more about this exciting breakthrough in Tinnitus Treatment!

"The results we've had have been fantastic!" states Hoglund, "We have DRAMATICALLY changed people's lives through this remarkable Neuromonics treatment process!" I'd encourage anyone who has been told, "There is NOTHING that can be done for you, you just have to live with it," to please arrange a Tinnitus Assessment and see that now THERE IS HOPE! "All it will COST is a little of your TIME...but the KNOWLEDGE you receive may be PRICELESS!

Here is some simple advice which may help you cope with the constant noise of tinnitus:

- Avoid anxiety or stress, as these stimulate an already sensitive hearing system.
- Have adequate rest and avoid fatigue.
- Avoid the use of stimulants to the nervous system, including coffee (caffeine), alcohol, and smoking (nicotine).
- Be aware that tinnitus is usually more noticeable after retiring for the night and the surroundings are quieter. Any noise in the room, such as a ticking clock or softly playing radio, helps to mask tinnitus and make it less irritating.
- Use of a Hearing Aid may dramatically reduce the impact of Tinnitus, if hearing loss is also present.
- Use a tinnitus masker hearing aid combination device that adds a Tinnitus Treatment program to an advanced digital hearing aid to solve both the Hearing problem and the Tinnitus distress.
- Avoid situations that can further damage hearing (excessive noise), and protect your ears from injury and occupational hazards. Use protective ear wear when appropriate.
- Many people receive considerable relief from the F.D.A. approved Neuromonics Tinnitus Treatment Program!

TESTIMONIAL:

Here is one of the remarkable success stories from local residents we have treated at Southwest Florida Tinnitus and Hearing Center.



"When I first was bothered by my tinnitus, it was very annoying and I felt like I had no control over this "ringing" that just wouldn't go away. Also, being 19 years old at the time when it first started, I really became stressed about how tinnitus was going to affect college, my job, athletics and other fun things I had planned to do in life. The first doctor I went to told me there was nothing that could be done and simply said find a way to cope; Well, that wasn't very encouraging news. So googled tinnitus treatment and found Hoglund Family Hearing Center and their Neuromonics treatment. From the beginning of this treatment to the end, there has been so much improvement in decreasing the noise, which I can barely hear now, and also in my mood towards tinnitus. I feel I am in control now because I always know I have something to go to if I need it. I'm very grateful for the Neuromonics device and treatment and the people at Hoglund Family Hearing. There is help for tinnitus and I know Neuromonics works for me."

God Bless, Kellen C.

Hoglund Family Hearing is offering **FREE HEARING TESTS** and **FREE TINNITUS SCREENINGS** throughout May in honor of Better Hearing Month! Call today to schedule these informative complimentary consultations!



John and Patricia Hoglund
LHAS, BC-HIS, ACA

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North Fort Myers, FL 33903
(239) 652-4327

HOGLUND FAMILY HEARING AND AUDIOLOGY CENTER
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10020 Coconut Rd. Ste.120 (Next to LabCorp)
Estero, FL 34135
(239) 992-HEAR (4327)

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, 239-768-6396. *Visit our website for free copy of report www.PhysiciansRehab.com



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Do you suffer from Ringing in the Ear?

There is help and hope for Tinnitus!

What is tinnitus?
The perception of sound in the ears or head where no external source is present. Some call it "ringing", or a "buzz" or "head noise". For many people it is disruptive and annoying.

Treatment is available!
Research at Duke University has shown that over 80% of all tinnitus sufferers experienced significant improvement after using a new F.D.A. approved treatment process.

Call 239-498-7142 Today
to find out if you are a candidate for this treatment!

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PRADER-WILLI SYNDROME AWARENESS

Still hungry for a cure.

By Dr. Ricardo S. Bocanegra, DDS

WHAT is Prader-Willi syndrome (PWS)?

PWS is a complex genetic disorder affecting appetite, growth, metabolism, cognitive function and behavior. It is typically characterized by low muscle tone, short stature, incomplete sexual development, cognitive disabilities, problem behaviors, and the hallmark characteristics—involuntary and uncontrollable chronic feelings of hunger and a slowed metabolism that can lead to excessive eating and life-threatening obesity. Those who have PWS need intervention and strict external controls, including padlocking access to food, to maintain normal weight and to help save their lives. PWS is a lifelong condition in which there is no known cure....YET!

WHO has Prader-Willi syndrome?

It is estimated that one in 12,000 to 15,000 people has PWS. Prader-Willi syndrome does not discriminate; anyone can be born with PWS, it affects both males and females of all ethnic backgrounds. Although considered a “rare” disorder, PWS is one of the most common conditions seen in genetics clinics and is the most common genetic cause of obesity that has been identified.

WHY does Prader-Willi syndrome occur?

Most cases of PWS are attributed to a spontaneous genetic error that occurs at or near the time of conception for unknown reasons. In a very small percentage of cases (2% or less), a genetic mutation that does not affect the parent is passed on to the child, and in these families more than one child may be affected. A PWS-like disorder can also be acquired after birth if the hypothalamus portion of the brain is damaged through injury or surgery.

WHAT is known about the genetic abnormality?

Basically, the occurrence of PWS is due to lack of several genes on one of an individual's two chromosome 15s—the one normally contributed by the father. In the majority of cases, there is a deletion—the critical genes are somehow lost from the chromosome. In most of the remaining cases,

the entire chromosome from the father is missing and there are instead two chromosome 15s from the mother (uniparental disomy). The critical paternal genes lacking in people with PWS have a role in the regulation of appetite. This is an area of active research in a number of laboratories around the world, since understanding this defect may be very helpful not only to those with PWS but to understanding obesity in otherwise normal people.

WHAT are the appetite and obesity problems associated with PWS?

People with PWS have a flaw in the hypothalamus part of their brain, which normally registers feelings of hunger and satiety. While the problem is not yet fully understood, it is apparent that people with this flaw never feel full; they have a continuous urge to eat that they cannot learn to control. To compound this problem, people with PWS need less food than their peers without the syndrome because their bodies have less muscle and tend to burn fewer calories.

Newborns with PWS often cannot get enough nourishment because low muscle tone impairs their sucking ability. Many require special feeding techniques or tube feeding for several months after birth until muscle control improves. Sometimes in the following years, usually before school age, children with PWS develop an intense interest in food and can quickly gain weight if calories are not restricted.

Unfortunately, appetite suppressants haven't worked consistently for people with PWS. Instead, an extremely low-calorie diet is required, as well as an environment designed to limit access to food. For example, many families have to lock their kitchen cabinets and refrigerators.

As adults, some individuals find controlling their weight is more easily managed in a PWS group home setting, as food access can be monitored without interfering with those who don't require such restriction.

WHAT kinds of behavioral issue do people with PWS have?

In addition to their involuntary focus on food, people with PWS tend to have obsessive/compulsive behaviors that are not related to food. Some are repetitive thoughts and verbalizations, collecting and hoarding of possessions, picking at skin irritations, and a strong need for routine and predictability. Frustration or changes in plans can easily set off a loss of emotional control in someone with PWS, ranging from tears and temper tantrums to physical aggression. While psychotropic medications can help some individuals, the essential strategies for minimizing difficult behaviors in PWS are careful structuring of the person's behavior management and supports.

WHO to contact for more information:

Contact the Prader-Willi Syndrome Association at (800) 926-4797 toll-free in the US or (941) 312-0400 or visit their website at www.pwsausa.org. PWSA is the only national membership organization that is dedicated to improving the lives of all persons afflicted with Prader-Willi syndrome and supporting them at every stage of life through research, education, support and advocacy. Headquartered in Sarasota, FL, it was formed in 1975 to provide a vehicle of communication for parents, professionals, and other interested citizens. Hospitals, physicians, and parents from all over the world consult with PWSA about medical emergencies and questions daily.

**Source: Prader-Willi Syndrome Association*

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Irritable Bowel Syndrome

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

Irritable bowel syndrome, IBS, is a symptom based gastrointestinal disorder, which is often challenging for patients and their health care providers. It is characterized by abdominal discomfort, cramping, bloating, and a change of bowel habits. Irritable bowel syndrome affects 10 to 20% of the population and it affects nearly twice as many women than men. Symptoms often begin in early adulthood and have to occur for at least three times a month within 12 weeks during the course of the year to be diagnosed.

Changes in bowel habits is an indicator of IBS with classifications of constipation-predominant, diarrhea-predominant, or an alternating stool pattern. Often an individual who has irritable bowel syndrome will have the sensation of an incomplete evacuation following a bowel movement and may possibly have relief of their symptoms once a bowel movement occurs. Irritable bowel syndrome can cause chronic pain and a significant reduction in the quality of life in its sufferers.

With a significant effect on the quality of life, studies have shown that IBS patients have a propensity for depression. The overall economic impact of irritable bowel syndrome is also very substantial. Research has shown a loss of work productivity in people who suffer from irritable bowel syndrome to be equated to 13.8 hours lost per 40 hour work week.

PATHOLOGY

Irritable bowel syndrome is a functional bowel disorder, without an organic cause. A functional bowel disorder means that the gastrointestinal organs are structurally intact, but the nerves and muscles that control the organs of the gastrointestinal tract are not working properly. The signals between the brain and

the intestines are altered. It is often triggered by a stressful life event, or following a gastrointestinal infection. Theories regarding the possible cause include alterations in colonic transit time, which is a result of the interaction of the nerves which supply the gastrointestinal tract and the brain.

DIAGNOSIS

The diagnosis of irritable bowel syndrome can usually be determined on symptoms alone. However, the presence of red flag symptoms makes the diagnosis less clear. Red flag symptoms include the following: weight loss, blood in the stool, pain that awakens one from sleep, age of onset greater than 50, abnormal physical exam, or signs of infection.

Once a diagnosis of irritable bowel syndrome is suspected, a health care provider will perform a medical history and a physical exam. During the medical history, questions regarding symptoms, stressful life events with a correlation of symptoms, dietary history, and a family history of gastrointestinal illness will be asked. It is important that medical illnesses that have similar symptoms are excluded. There are several diseases that may mimic irritable bowel syndrome; they include malabsorption from fructose or lactose, celiac disease, inflammatory bowel disease and bowel acid diarrhea. Blood tests and imaging studies may be ordered before a diagnosis is made. In patients over age 50, a colonoscopy is recommended.



TREATMENT

The treatment of irritable bowel syndrome (IBS) includes avoiding foods that are potential triggers. Caffeine, alcohol, and carbohydrates which are poorly absorbed in the small intestine, such as fructose and carbonated beverages, may trigger spasm in the muscles that affect the colon. Fiber supplementation has been shown to relieve the symptoms in patients who have diarrhea-predominant IBS.

It is important for patients who suffer with irritable bowel syndrome to develop coping mechanisms for reducing stress. Exercising 30 minutes a day, five times a week and relaxation techniques such as meditation have been shown to give symptom reduction. Lifestyle changes such as improved sleep habits may reduce anxiety leading to a reduction in gastrointestinal symptoms. Medications which reduce colon muscle spasms may reduce the pain and cramping resulting from irritable bowel syndrome. Some studies have shown that certain probiotics may improve symptoms as well.

Irritable bowel syndrome may be a lifelong condition. For some people, the symptoms can be disabling and have a huge social and economical impact. However, with proper treatment, symptoms can improve or be relieved. It is also important to remember that there is no correlation between IBS and cancer. If you or your loved ones have symptoms suggestive of irritable bowel syndrome, contact your health care provider.

Be well and stay well.



JAMES J. O'MAILIA, M.D., P.A.
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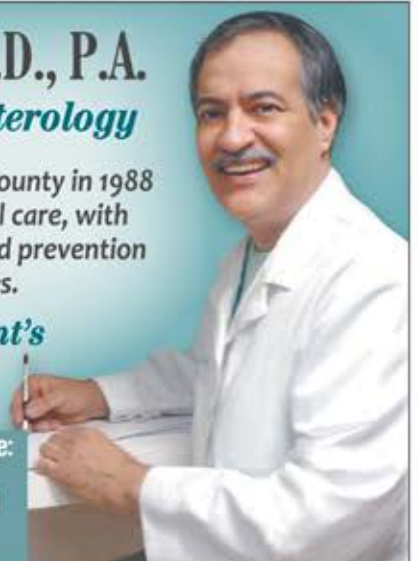
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Are Your Shoes the Correct Size?

By Christopher M. Cole, L.Ped

Foot pain can be due to all sorts of reasons, including footwear that does not fit properly. Ill-fitting shoes are a big problem in America. A recent study from the Institute for Preventive Foot Health found that 78% of adults have encountered foot pain at some point — usually due to shoes that are too tight, too small, too large, too high, or too floppy. Consumer Reports notes that a shoe size problem is actually quite easy to fix.

Do You Know Your Correct Shoe Size?

Did you know that most people wear shoes that are half a size too large or small? In fact, 12% of Americans may be wearing shoes improperly sized by 1.5 sizes or more, says Consumer Reports.

A study of older individuals conducted by the American Orthopaedic Foot and Ankle Society concluded that 8 in 10 were wearing shoes that were too narrow, and 7 in 10 women develop bunions, hammertoes, or other foot deformities from their ill-fitting footwear.

Why Do We Choose the Wrong Shoe Size?

As we get older, our ligaments and tendons stretch out, our arches fall flatter, and the soles of our feet lose padding. Weight gain or pregnancy may cause the feet to widen. In fact, experts say that people over 40 can gain half a shoe size every decade. Yet, many of us continue to buy the same shoe size year after year.

Foot Problems Caused by Wearing the Wrong Shoe Size

- Loose shoes can cause falls, blisters, calluses, ulcers, or painful injuries elsewhere in the body, as you begin to take shorter, more irregular strides.
- Pointy, cramped toe boxes can cause a painful lump on the edge of your toe known as a "bunion." Over time, the other toes may curl up to fit inside the narrow space, causing the other four toes to become "hammer toes."
- Heels that are too high can make the Achilles tendon shorten, which often leads to plantar fasciitis heel pain and neuroma nerve pain on the balls of the feet.
- Shoes that lack adequate arch support and cushioning can also cause plantar fasciitis.



How to Buy Properly-Fitting Shoes

Consumer Reports recommends measuring your feet regularly, especially at the end of the day when they are most swollen. Have your feet measured and assessed by an expert prior to purchasing footwear to ensure accurate sizing and design options. Ordering shoes online may sound convenient, but often cost you more time, money and pain. Visiting your local pedorthic shoe store will typically save you time, money and a lot of foot aches.

Podiatrist-Recommended Shoes

The American orthopedic foot and ankle society found that New Balance & Brooks are among the most highly recommended and prescribed brands by Podiatrist and Orthopedic Surgeons. Locally, in SWFL, we also get many recommendations for brands like Naot, Finn Comfort, Dunham, Aravon and Oofos; all offering a nice blend of style, comfort, and support. These brands also give patients many sandal options, with support equal to many walking shoes, while providing the foot more breathe ability.

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

Christopher M. Cole, L.Ped



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

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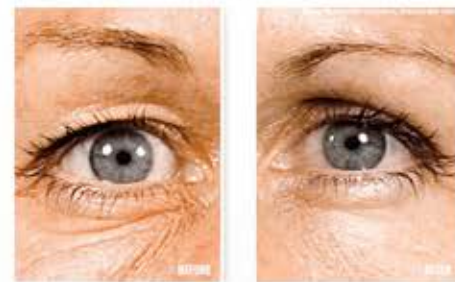
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KEYS TO OWNING REAL PROPERTY IN MEDICAID PLANNING?

By Steven J. Gibbs, Esq.

Hello Friends & Colleagues!

Here at Health & Wellness, it is National High Blood Pressure Education Month, and one thing that can get your blood pressure up is the problem of owning real estate and planning for long term medical care costs. So, if you or a loved one own real estate and are nearing the point that long term "skilled" nursing care may be necessary, what is the best course of action? Questions such as "will I lose my home" or "will the nursing home take all my assets" are very common indeed.

Of course, many folks at this point in life have accumulated significant assets and a substantial portion may be real estate.

Do you need to liquidate all real property in order to qualify for Medicaid? Is your primary home protected? Is reserving a "life estate" or transferring assets to adult children a good option?

These questions are the focus of today's article...

As a bit of background, Medicaid is a "need based" and "means tested" program that is intended as "payor of last resort" for those who are in dire need of long term skilled medical "nursing" care. With that in mind, there are some common misunderstandings to address as follows.

1. A Primary Residence Will Generally Not Be Defined As A Countable Asset For Medicaid Qualification Purposes Subject To Certain Conditions.

The general rule in Florida is that the primary residence will not be counted as an asset if there is an intent by the Medicaid applicant and a reasonable probability of returning to live there. Note, the probability doesn't necessarily need to be good...just a reasonable and albeit hopeful expectation.

With that in mind, there is a big difference between an asset not being "countable" and an asset being protected from a lien to be attached for Medicaid recovery. A nursing home care facility will sometimes suggest that a home is protected but neglect to inform the home owner that it may be subject to a Medicaid lien. The only way to protect the home from the lien would be to transfer it to a "well spouse". Because the home is not countable, if a well spouse holds full title, it would be protected and not subject to liens for the ill spouse's Medicaid repayment.



2. Real Estate Assets That Are Not Deemed A "Primary Residence" May Still Be Deemed "Not Countable" If Income Property Producing A Reasonable Return On Investment.

Under the current Medicaid rules, assets that are producing an "income" are not typically also defined as an "asset". The idea behind the income/asset distinction, in my opinion, is that if the applicant is relying on the income, then the asset is not available for sale by the applicant and is not countable. Thus, one way to hold real estate assets and still pursue Medicaid qualification is to rent out real property, at a reasonable market rate and backed by solid lease agreement that would pass muster under the Medicaid rules. There are formulas to evaluate the ROIs and there are suggested lease terms to help ensure that this strategy would be effective.



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3. Strategies Such As Purchasing a Life Estate, Reserving a Life Estate, or Transferring Assets To Adult Children May Result In Penalties or Disqualification From Medicaid Benefits.

Any "transfer" of real property for "less than full market value" can result in a penalty under the Medicaid rules. There was a time when a "life estate", which is basically a "life interest" in real property was a good strategy for protecting assets in Medicaid. An elderly person at that time could either purchase a life estate from a family member in an existing real property, thereby spending some "countable" liquid assets, or the elderly person could convey real property and reserve a life estate for themselves...finding a way to protect the asset and render it not countable. However, Medicaid has become more strict about life estates and only allows this strategy if the elderly person actually lives in the home, and thus we're back to the primary residence exemption.

Another common approach is to transfer real property assets to adult children in the hope of thereafter qualifying for Medicaid. As I've written in the past, there is a 60 month "look back" period in most states for transfers of less than Fair Market value and penalties can result from these transfers. Also, transferring assets to children can be problematic for other reasons such as divorce and bankruptcy.

A couple of other thoughts about protecting real property are, if the property is for sale, Medicaid may elect to go ahead and qualify the individual rather than hold them hostage awaiting the sale provided the property is listed with a real estate broker and offered at Fair Market Value. Fair market value is usually determined by licensed realtor, and any facts revealing deterioration of the real property can be helpful establishing why the value may be lower than average.

So, now you have some key insights about real property as it relates to the Medicaid rules. Remember that this article does not focus on the income limits under Medicaid and this is another matter to consider. All of this is a highly complex area, and every strategy should be carefully considered with your favorite expert elder law attorney.

As always, I hope this is helpful and... Until next time.

Steven J. Gibbs, Esq.



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

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

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

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

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

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

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

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

www.healthcare.gov or www.medicare.gov

Medicare – partial list below please check with Medicare

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



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

- Losing job-based coverage
- Losing individual health coverage for a plan or policy you bought yourself
- Losing eligibility for Medicaid or CHIP
- Losing eligibility for Medicare
- Losing co0verage through a family member
- Change in household size: Marriage; had a baby, adopted a child, or placed a child in foster care; divorced or legally separated and lost health insurance, death.
- Change in residence: Moving to a new home; a student moving to or from the place they attend school; seasonal worker moving to or from the place they both love and work; moving to or from a shelter or other transitional housing
- Other life changes: Change in your income that affect the coverage you qualify for; gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder; becoming a U.S. Citizen; leaving incarceration (jail or prison); AmeriCorps members starting or ending their service.

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

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

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



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Ah, May!

The days are notably warmer and longer. We start to see our summer thunderstorm pattern settle in. We come to Graduation season, and the pace for weddings picks up as well. Here in Southwest Florida, we finish saying "See you next Fall!" to most of our seasonal residents, and we get ready for summertime. It's a very transitional month.

It's also Better Sleep Month. So, how are you sleeping?

In a publication like this one, it's important to mention that some sleeplessness results from serious medical issues. Therefore, it's important to talk to your physician if you are having a real struggle in this area.

But for many of us, it's just the occasional restless night. Believe it or not, the Word of God has something to say about our sleep. When you consider how important sleeping is, and how much the Lord cares about us, perhaps it's not so surprising.

Psalm 127:1-2 remind us of some important principles about sleep:

*Unless the Lord builds the house,
the builders labor in vain.
Unless the Lord watches over the city,
the guards stand watch in vain.
In vain you rise early
and stay up late,
toiling for food to eat—
for he grants sleep to those he loves.*

There are three areas of concern addressed in these two verses. First, there are **projects**. Over the years, my wife and I have built several houses, and it's a remarkably stressful project. You're constantly checking, questioning, examining, and fretting. But, "unless the Lord builds the house, the builders labor in vain."

The second area of concern is **politics**. In ancient times, the security of the walled city was of utmost importance. In our lives this year, the political stakes seem incredibly high, and so both passion and anxiety are running at fever pitch. However, "Unless the Lord watches over the city, the guards stand watch in vain."

The third area of concern is **personal needs**. We're working more hours. We're paying a great deal of attention to where our money comes from and where it goes, but "In vain you rise early and stay up late, toiling for food to eat."

Know what all three of these areas have in common? They can all keep you awake at night. Who hasn't lost a good night's sleep over at least one of the areas above? And yet, Scripture assures us that the Lord who loves us "grants sleep." Evidently, as with all good gifts (James 1:17), sleep is His to give.



Know what else these three areas have in common? Your sleeplessness is not going to accomplish a thing. It won't fix that flaw in your sheetrock, and it won't get your candidate a single vote, and it won't put any food on your table. In fact, it's likely to set you back!

So, perhaps next time you're sleepless, you can consider that even as you sleep, the Lord is awake on your behalf. Here's what He has said to us in Psalm 121:1-4.

*I lift up my eyes to the mountains—
where does my help come from?
My help comes from the Lord,
the Maker of heaven and earth.*

*He will not let your foot slip—
he who watches over you will not slumber;
indeed, he who watches over Israel
will neither slumber nor sleep.*

Tonight, why don't you hand off whatever is troubling you to the Lord? He's going to be up anyway, and He cares deeply about you.

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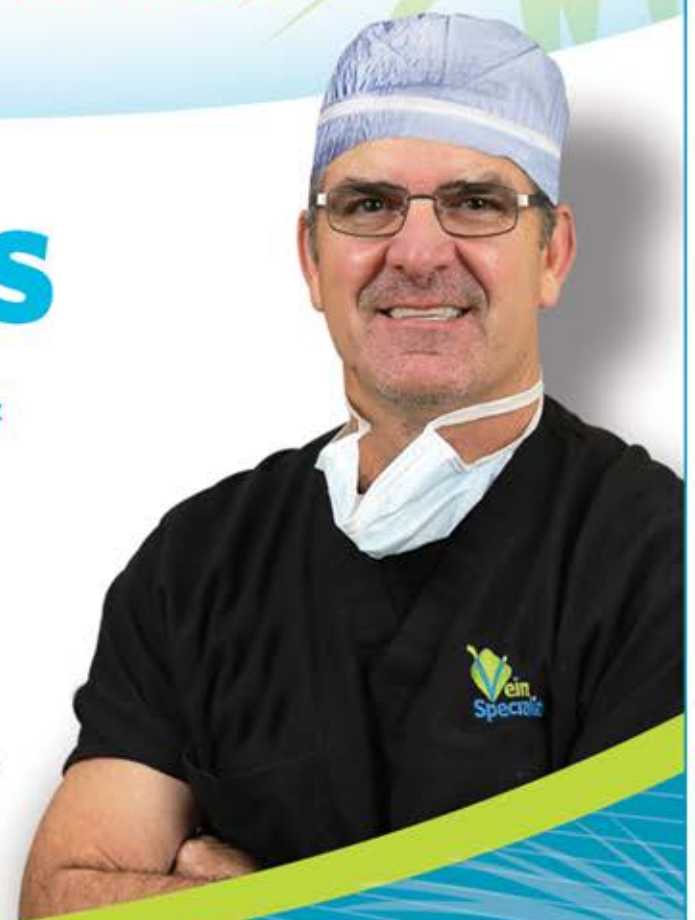
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