

S O U T H W E S T F L O R I D A ' S


Health & Wellness[®] MAGAZINE

September 2021

Manatee/Sarasota Edition - Monthly

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AND
THE UGLY"...**
of Cholesterols You
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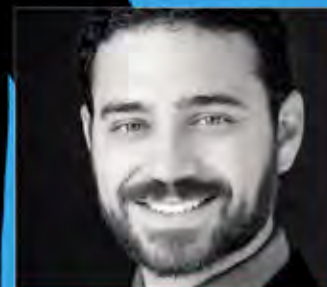
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SKIP & GAIL SACK

As a result of treatment - feeling great and enjoying life!

My wife and I consider ourselves very fortunate to have been treated by Sforzo | Dillingham | Stewart Orthopedics. Dr. Sforzo's assessment of my broken wrist and Gail's broken finger and rotator cuff damage was spot on. We both are physically as good as we were before our injuries. They are not only excellent and caring doctors, they actually see patients within minutes of the appointment time. Additionally, the staff is not only pleasant, they are cheerful and made us feel like we were among friends.
- Skip & Gail Sack



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Hip Replacement Surgery Restores Venice Woman to Active Lifestyle

By Heidi Smith, Contributor

For more than 30 years, Pamela "Pam" Pratt was a runner. Her favorite pastime took its toll, however, and in 2017, the 68-year-old Venice woman had her left knee replaced.

"I had a great experience with that surgery," Pratt said. "The surgeon's work was flawless. So when my right hip became so painful that it was really impairing my lifestyle, I knew where to go for help."

Pratt returned to the surgeon who had replaced her knee: John Paul Vidolin, M.D., with Gulf Coast Medical Group Orthopedics in Venice. A member of the medical staff at Venice Regional, Dr. Vidolin is a board-certified, fellowship-trained orthopedic surgeon specializing in total joint replacement.

"Pam was suffering from severe groin pain. She had difficulty walking, getting in and out of a chair or low car, climbing stairs – even putting on shoes," Dr. Vidolin recalled. "She had tried conservative measures, such as anti-inflammatory medications, modifying her activity, losing weight and therapeutic exercise."

X-rays and CT scans showed that the bone of the hip ball was rubbing on the bone of the socket.

"Pam's painful, end-stage degenerative arthritis was unresponsive to nonoperative treatment," Dr. Vidolin explained. "She requested joint replacement surgery as a last resort."

For the surgery, which was performed at Venice Regional, Dr. Vidolin used an anterior approach, meaning he accessed the hip joint from the front of the upper thigh.

"I started using the anterior approach in 2008 and haven't looked back," said Dr. Vidolin, who estimates he has performed more than 3,000 hip replacements in his career. "We go between the muscles on the front side of the hip, instead of cutting the muscles in the back of the hip (posterior approach)."



Courtesy Venice Regional Bayfront Health

Pamela "Pam" Pratt returned to her usual activities one month after hip replacement surgery.

"Patients generally have a faster recovery, they walk without a limp, and the replacement hip is less likely to dislocate. Usually when a patient returns three weeks after surgery, they aren't using a walker or cane and there's no limp. It's fantastic compared to a posterior approach."

Dr. Vidolin uses a technique to measure the patient's leg length both before and during surgery in order to make the leg length as accurate as possible. During surgery, he also uses real-time X-ray to confirm the position of the new joint.

"An advancement benefitting patients is the quality of the plastic used in the replacement hip," he explained. "In the 'old days,' we would expect the implant to last 10 years; now we expect 20 to 22 years because the materials are more durable."

Most patients stay in the hospital for one or two nights after surgery. Before returning home, they work with the inpatient physical therapy team to practice getting in and out of a car, walking up and down steps, and other daily activities.

Pratt has nothing but praise for Dr. Vidolin, his team, and the care she received at the hospital.

"The nurses were awesome, and the PT people were spot on," she said. "Dr. Vidolin is meticulous about preventing infections. He makes it clear that's a priority for him, and I really appreciate that. I also had excellent follow up from his office team."

"Pam is a great patient," Dr. Vidolin said. "She's willing to do what's necessary to achieve recovery – working hard at PT, being cooperative and following instructions."

"Recovery for me was nothing," Pratt recalled. "I used a walker for maybe five days and only needed three PT sessions. But I waited a month to return to my usual activities, as Dr. Vidolin instructed. He tells you exactly what you need to do."

Pratt now works out at the gym five days a week, walking on a treadmill and lifting weights. She also does water aerobics for flexibility.

"I fought having hip replacement surgery for five years, but now I feel like I have my life back," she said. "I wouldn't hesitate to recommend Venice Regional and Dr. Vidolin to anyone."



John Paul Vidolin, M.D.
Orthopedic Surgeon

Dr. Vidolin sees patients at Gulf Coast Medical Group in Venice. To schedule an appointment, call (941) 200-0606. To take a free joint pain assessment, visit GulfCoastMedicalGroup.com/JointPainRelief.



To take a free joint pain assessment, visit GulfCoastMedicalGroup.com/JointPainRelief.

Quitting Tobacco in Recovery: What You Need to Know

Everyone knows that using tobacco is bad for you. Yet in the alcohol and drug addiction treatment arena, helping individuals quit smoking has traditionally been a low priority.⁴ This creates a disparity for individuals beginning their recovery journey. Studies show that smoking is highly prevalent among people in treatment for substance use disorders, with most studies finding rates between 65-85 percent among patients in addiction treatment.³ As a result, clients in substance abuse treatment are at a higher risk for tobacco-related health issues.

There are several widespread myths when it comes to addictions treatment and smoking cessation:

1. Individuals in treatment do not want to quit smoking. This belief that clients do not want to stop is challenged by recent surveys finding most clients entering drug treatment do express an interest in quitting smoking when asked.¹



2. Individuals in treatment would not be able to quit smoking if they tried. On the contrary, evidence supports that smoking cessation interventions can be effective at increasing short-term quit rates in people with substance use disorders.¹

3. Individuals in treatment may relapse with another substance if they quit smoking. Studies have shown that treating multiple addictions at once does not seem to make recovery more difficult and, in fact, cigarette smoking increased the likelihood of relapse among people in recovery from substance use disorder.²

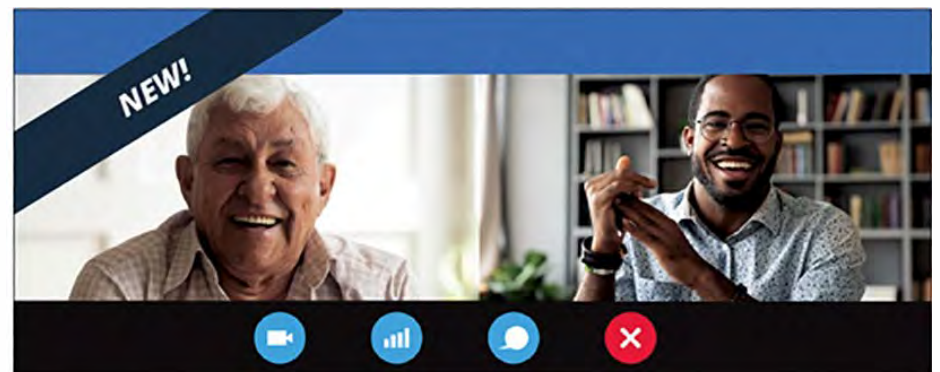
Understanding how nicotine interfaces with chemicals in the brain can be key to understanding the benefits to addressing multiple addictions at one time. Nicotine, the addictive substance in tobacco products, passes to the brain in under 7 seconds.⁴ Nicotine stimulates the brain's reward center which means that it reinforces specific behaviors that are beneficial for survival. Dr. Heather Kimmel, Health Scientist Administrator of NIDA's Epidemiology Research Branch explains that even though various substances have different pharmacological mechanisms, all drugs of abuse ultimately affect the same reward pathway. Abstinence from all of them will help the individual move to a new physiological state and, hopefully, a new mental state as well.²

Help with quitting tobacco is free! Gulfcoast South Area Health Education Center (GSAHEC), as part of the Tobacco Free Florida AHEC Cessation Program—offers free tobacco cessation sessions that are available to help someone quit all forms of tobacco. These group cessation sessions, held virtually and in-person, provide information about the effects of tobacco use, the benefits of quitting, and will assist you with developing your own customized quit plan.

Free nicotine replacement therapy in the form of patches, gum or lozenges (if medically appropriate and while supplies last) are provided with the session. Attendees will also receive a participant workbook, quit kit materials, and follow up support from a trained tobacco treatment specialist. Contact us today at **866-534-7909** or visit www.tobaccofreeflorida.com/groupquitcalendar to schedule a class or learn more about the program!

References:

- 1 Mythbusters: One addiction at a time? NZ Drug Foundation - At the heart of the matter. (n.d.). <https://www.drugfoundation.org.nz/matters-of-substance/archive/may-2007/one-addiction-at-a-time/>.
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- 3 National Institute on Drug Abuse. (2021, April 12). Do people with mental illness and substance use disorders use tobacco more often? National Institute on Drug Abuse. <https://www.drugabuse.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/do-people-mental-illness-substance-use-disorders-use-tobacco-more-often>.
- 4 Why giving up cigarettes in recovery is good for you. Positive Sobriety Institute. (2018, July 27). <https://www.positivesobrietyinstitute.com/quitting-time-giving-cigarettes-recovery-good/>.



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In-House Physical Therapy Department

Today more than ever, Sforzo | Dillingham | Stewart Orthopedics + Sports Medicine's personalized level of care is their top priority. Therefore, they set a high standard of patient care for their in-house physical therapy department. The ability to communicate daily with their physical therapists and clinicians is ideal in orthopedic patient care. Having the in-house physical therapy department allows the physicians to have insight and control over the advanced treatment their patients need and specifically design the best program for recovery.

Always on the leading edge of the most innovative treatment options, Sforzo | Dillingham | Stewart Orthopedics + Sports Medicine's physical therapy department and staff offer the most advanced treatment and therapeutics for their patients.

Along with numerous treatment options, two advanced Physical Therapy methods are Blood Flow Restriction Therapy and Dry Needling.

Blood Flow Restriction

After surgery and musculoskeletal injuries, the standard targeted therapy must be designed to provide optimal healing to the area. While physical strength training is the key to maintain muscle mass, range of motion, and flexibility, it needs to be tailored to the patient with careful therapeutic programs.

High-intensity training is the best way to build muscle and strength, but this is obviously not recommended with injuries or post-surgery. Lower load exercise is not intense enough to induce a hypertrophic strength-building effect. However, an advanced method the practice has implemented is therapy known as BFR (Blood Flow Restriction), which provides the results of high-intensity training without the risk.

To build strength, studies have shown that heavier loads as high as 70-80% of one-repetition maximum must be lifted, but with BFR training, only 20-30% of one-repetition maximum is needed to improve

strength and muscle size within a shorter time period, which means that patients can build their strength and muscle size back quicker, without putting unnecessary stress on the area, which avoids potential injury.

During BFR, the blood flow is impeded with a device that is similar to a blood pressure cuff. The physical therapist precisely monitors the area while the patient performs low-intensity exercises. The BFR unit restricts the vessels with a high enough pressure to decrease venous return but also allows adequate arterial blood flow. It is never cutting off circulation or blood flow, and it should only be performed under the supervision of a highly trained clinician who will measure the blood flow occlusion and other intricate variables.

Using BFR in therapy after an injury or post-operative surgery can speed up recovery time while decreasing muscle loss. Along with building muscle strength, it also induces Vo2Max (volume, oxygen maximum uptake). Vo2 is critical for cardiovascular strengthening. The Journal of Sports Science and Medicine published a recent study on the effects of Blood Flow Restriction and Vo2. They reported that BFR combined with low-level biking exercise increased muscle oxygen levels, cardiovascular uptake, and muscle mass within a short duration of only 15 minutes. Short-duration exercise combined with BFR improves both muscle hypertrophy and aerobic capacity.

Study Results

- Muscle volume increased 3.4 – 5.1%
- Strength increased by 7.7%
- Vo2Max increased by 6.4%

PRP and BFR

Several studies purport that Blood Flow Restriction increases metabolites such as CD34+ stem cells, platelets, white blood cells, neutrophils, lymphocytes, lactate, and glucose in the blood. Due to these findings the doctors recommend PRP (Platelet Rich Plasma) Therapy in combination with BFR to increase blood plasma and stem cell proliferation and intensify optimal healing.

Dry Needling

Dry Needling is another advanced procedure the practice includes in treatment programs. Dry Needling is performed by certified and highly trained physical therapists. Similar to acupuncture in the insertion of tiny microfilament needles, it is not the same concerning outcome or procedure goals.

Muscle fibers that have contractions or tight bands decrease range of motion and permeate pain and soreness. This is known as trigger points, which disrupt functionality. Dry needling is well known to increase blood flow, reduce pain and increase range of motion, and it can be used for numerous musculoskeletal and neuromuscular conditions. Physical Therapists need to take an extended course in dry needling and are certified to perform the technique. After evaluation and testing, the therapist will design a treatment plan specific to the patient.

Depending on the severity of the area that needs treatment, the needles can be inserted for a few minutes to approximately 15 minutes at a time. The insertion is not very deep, and again, the needles are fine gauge, so there is usually minimal to no discomfort. It can be used in conjunction with other therapeutics to increase healing.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3761718/>



Christopher Dillingham, M.D., Charles Stewart, M.D., Philip Meinhart, M.D., Christopher Sforzo, M.D.

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TOP DOCTORS
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AGING IN PLACE

Should You Buy a Retirement Home Sooner Rather than Later?

THE NUMBERS

Every day in the U.S., roughly 10,000 people turn 65. Twenty years ago, there were just over 35 million Americans aged 65 or older. By 2030, according to the US Census Board, there will be about 70 million American aged 65 or older -- that's almost 20% of the total US population.

According to a survey by AARP, nearly 90% of people over 65 want to age in place. 80% believe their current residence is where they will always live.

WHAT IS AGING IN PLACE?

Aging in Place means a person makes a decision to stay in the habitation of their choice for as long as they can with the comforts that are important to them.

Aging in Place has grown into a national movement aimed at enabling older adults to remain in their own homes by making available the social, health and home maintenance services that people need to live safe, happy, productive lives. Aging in Place represents a philosophical shift which includes a vision of healthy aging -- a new attitude regarding the needs of people in their 70s, 80s and 90s.

Keep in mind that aging in place doesn't have to mean staying where you are if your house isn't suitable. Aging in place isn't about refusing to move -- it's about making mindful choices about what locale and type of housing would work best for you.

SHOULD I MOVE BEFORE I RETIRE?

Prior to the health crisis that swept the nation in 2020, most people had to wait until they retired to make a move to the beach, the golf course, or the senior living community they were looking to settle into for their later years in life. This year, however, the game changed.

Many of today's workers who are nearing the end of their professional careers, but maybe aren't quite ready to retire, have a new choice to make:



should I move before I retire? If the sand and sun are calling your name and you have the opportunity to work remotely for the foreseeable future, now may be a great time to purchase that bungalow you've always dreamed of, the single-story home that's easier to live in and maintain, or the condo that provides carefree living. Whether it's a second home or a future retirement home, spending the next few years in a place that truly makes you smile every day might be the best way to round out a long and meaningful career.

Lawrence Yun, Chief Economist at the National Association of Realtors (NAR), explains:

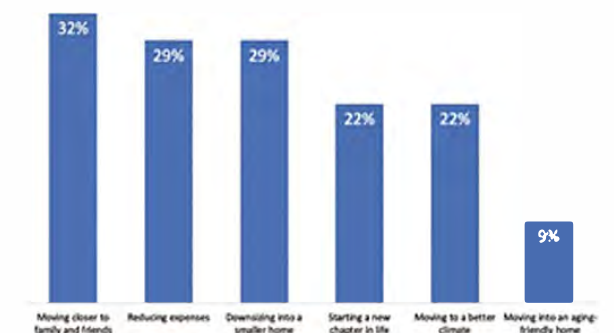
"The pandemic was unexpected, working from home was unexpected, but nonetheless many companies realized that workers can be just as productive working from home...We may begin to see a boost in people buying retirement homes before their retirement."

According to the 20th Annual Transamerica Retirement Survey, 3 out of 4 retirees (75%) own their homes, and only 23% have mortgage debt (including any equity loans or lines of credit). Since entering retirement, almost 4 in 10 retirees (38%) have moved into a new home. They're making a profit by selling their current homes in today's low inventory market and using their equity to purchase their future retirement homes. It's a win-win.

WHY HOMEOWNERS ARE MAKING THE MOVE NOW

The health crisis this year made us all more aware of the importance of our family and friends, and many of us have not seen our extended families since the pandemic started. It's no surprise, therefore, to see in the same report that 32% of those surveyed cited the top reason they're making a move is that they want to be closer to family and friends (see graph below):

Reasons Why Retirees Are Moving



20th Annual Transamerica Retirement Survey

The survey also revealed that 73% percent of retirees currently live in single-family homes. With the overall number of homes for sale today hitting a historic low, and with the buyer demand for single-family homes skyrocketing, there's never been a more ideal time to sell a single-family home and make a move toward retirement. Today's market has the perfect combination of driving forces to make selling optimal, especially while buyers are looking to take advantage of low interest rates.

If you're one of the 73% of retirees with a single-family home who want to move closer to your family, now is the time to put your house on the market. With the pace homes are selling today, you could essentially wrap up your move -- start to finish -- before the holidays.

Whether you're looking to fully retire or to buy a second home with the intent to use it as your retirement home in the future, the 2020 fall housing market may very well work in your favor. Let's connect today to discuss your options in our local market.


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How Did the New Clinic Form?

The diagnostic part of the clinic evolved from requests from partners such as Easterseals and The Florida Center for Early Childhood regarding the backlog they have for children requiring assessments such as ADOS (spectrum disorder) and general attention deficient. They've cited a several month waiting period, which is too long for many families trying to get help for their children. Our own private clients have also identified a long waiting time to get tests as a significant problem.

Since we already had two Doctors of Psychology working at the Brain Wave Center, it just made sense to help reduce the backlog and help more children and families get the care they need and deserve. Both of them have experience with standard testing and assessment methods and have utilized qEEG Brain Map analysis. This combination as help them develop successful treatment plans.



We are opening the therapy side of the clinic based on our own experience and peer-reviewed studies, that by merging advances in applied neuroscience, specifically, neurofeedback, with evidenced based models of psychotherapy, we often see superior results. At The Brain Wave Center, we will offer psychotherapy services alone or in combination with neurofeedback training sessions.

Our goal is to achieve break-through results, we use proven traditional treatment approaches, combined with leading-edge technology to build an individualized treatment solution. The stigma of mental health treatment has begun to fade, as people become aware that it's possible to experience a healthier, more fulfilling life.

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THE IMPORTANCE OF CAROTID ARTERY SCREENINGS

When carotid arteries build up with plaque, the risk of stroke is high; it's common for individuals to show no symptoms until the plaque build-up (atherosclerosis) is severe, this condition is referred to as Carotid Arterial Stenosis. Because atherosclerosis causes a blockage and narrowing of the artery, it prevents proper oxygen and blood flow to the brain. The plaque can break off, and/or blood clots can form in this area and travel the brain.

SCREENINGS AND DIAGNOSTICS

Duplex Scan

In order to get a picture of where the blockage is, very advanced machines using ultrasound can painlessly and non-invasively produce pictures showing the blood vessels and the blood flowing through them. This process is a little like radar. The test is called a duplex or ultrasound scan. When performed in an accredited vascular lab such as ours, this test should be all that is necessary to diagnose and plan treatment.

CT Scan

Most commonly, information not obtained about the carotid artery on ultrasound can be obtained by performing a CAT scan. During the CAT scan, dye is injected in the blood vessels through an IV. The procedure is otherwise noninvasive and only takes 15 minutes.

Angiogram

Rarely, an angiogram will need to be performed. In this procedure, the doctor will insert a needle into the artery and inject a special dye. This will allow detailed pictures of the inside of the arteries. The needle is usually inserted via the groin or femoral artery. A sensation of heat often accompanies the dye injection however, local anesthesia and sedation is used to eliminate pain.

TREATMENT OPTIONS

Medications

There are no medications that can make the plaque disappear; however in some patients, strict control of cholesterol can stabilize the plaque and decrease plaque progression.

However, some TIA (Transient Ischemic Attack) and strokes are due to dislodgement of blood clots from the plaque into the brain. These blood "clots"



are really aggregations of small blood particles called platelets. Using anti-platelet medication such as Aspirin may prevent this aggregation and subsequent TIA or stroke. Newer more effective medications are being added every year such as Aggrenox® and Plavix®. In patients with mild plaque these medications should be considered. However, side effects can occur, and you should discuss the potential risk/benefit with your doctor.

Surgical Endarterectomy

The surgical procedure to remove plaque is called a carotid endarterectomy. Although usually quite safe, some patients will suffer a stroke, nerve damage or heart attack from the procedure. Accordingly, the benefits of this procedure will depend greatly on the skill of the surgeon. It is imperative that you ask your board certified surgeon about his or her experience. A major study of stroke risk has been conducted under the auspices of the National Institute of Health. Current guidelines recommend treatment for asymptomatic disease >80% narrowing and symptomatic narrowing >50% (history of stroke/ministroke).

Stent/TCAR Procedure

Recently, a new procedure for the placement of stents in the carotid artery has been developed. This procedure is called TransCarotid Revascularization (TCAR). Sarasota Vascular Specialists is considered a center of excellence for performing the TCAR procedure. In the procedure, an incision is made low in the neck to isolate the carotid artery. A catheter and wire are then inserted through the artery. The procedure involves reversing the flow of

blood in the carotid artery before the artery is ballooned and stented. If material breaks off when the artery is ballooned, it is suctioned out of the body instead of going to the brain to cause a stroke. Not all patients qualify for the procedure.

Sarasota Vascular Specialists

All of the surgeons at Sarasota Vascular Specialists are board certified. Their practice is the premier medical practice in the Tri-county area dedicated to the treatment of patients with disorders of the veins and arteries. Unlike most vascular surgical groups, they are also uniquely trained and experienced to offer all forms of diagnosis and therapy including:

- Varicose veins, spider veins, deep venous thrombosis
- Carotid artery surgery and carotid stenting
- Medical management, angioplasty, bypass
- Thoracic and abdominal aortic aneurysms

Sarasota Vascular Specialists has an onsite lab to perform ultrasound and give rapid diagnostics. Their vascular lab can non-invasively diagnose all arterial and venous diseases. Their experienced vascular lab staff includes seven registered vascular technologists.

It's the first vascular laboratory in Sarasota to be certified by the Intersocietal Commission for the Accreditation of Vascular Laboratories. The lab was also featured as the gold standard facility by ABC Television's Prime Time when it evaluated vascular labs in Florida. They have over \$500,000 invested in state-of-the-art GE Ultrasound machines.

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Is My Rotator Cuff Tear the Cause of My Shoulder Pain?

By Regenexx Tampa Bay, Regenerative Medicine

What's causing your shoulder pain? Is it due to instability? Could it be a rotator cuff tear? A labral tear? Arthritis? Inflammation? Swelling? Bone edema? Tendinosis (tendon degeneration)? A pinched nerve? More and more studies continue to show that shoulder MRI results often cannot predict why the patient is experiencing pain.

This is the case for various body areas including the lumbar spine, knee, and certainly shoulder. The MRI can provide a lot of good information, but it has been repeatedly shown not to substitute for a thorough history, exam and a diagnostic ultrasound by the physician. This takes time and focus.

Although most patients and providers will blame the rotator cuff tear as the cause of pain, it is never a given that a rotator cuff tear is actually the source of the pain. In fact, the studies we will cover in this article show that it is often inaccurate to assume that a rotator cuff tear is what is causing your shoulder pain despite what is seen on an MRI. Let's dive a bit deeper into rotator cuff tears, surgery, and determining the cause of your shoulder pain.

What is a Rotator Cuff Tear?

The rotator cuff is a complex series of muscles and tendons that surround the shoulder and help lift the arm and stabilize the shoulder joint. A rotator cuff tear is simply a tear in the tendon usually close to where it attaches to the bone. While some rotator cuff tears result from trauma, the vast majority happen from wear and tear as we age- this is referred to as a degenerative tear.

The most common cause of a rotator cuff tear is simply a slightly more demanding movement than usual. How might this happen? It has been known for a considerable amount of time that the rotator cuff does not have a great blood supply which makes it harder for the body to heal an injury in that area.



So, what is the problem? It is likely to be a lack of healthy progenitor cells and stem cells to repair the damage as it occurs over time, and at some point with little provocation, the unhealthy tissue simply fails and a tear occurs.

What Happens During Rotator Cuff Surgery?

Rotator cuff surgery involves cutting into the shoulder and stitching the tear back together. Recovery time from surgery can be lengthy and there is a good amount of research showing that this surgery is often ineffective for many types of rotator cuff tears. The tissue is often too weak to stay together with a stitch.

In larger tears, approximately 6 in 10 do not heal properly, even with surgery. For patients over 60, shoulder surgery recovery is even more difficult, with 1 in 3 rotator cuff tears not healing.

It is also notable that a good number of surgical patients never return to their full range of motion following surgery and pain can linger. Additionally, many studies show that shoulder pain prior to surgery actually has little to no correlation with the rotator cuff tear or the severity of the tear. So, what is causing the pain?

Shoulder Pain and Inflammation

One study performed in Japan analyzed joint fluid obtained from 38 patients before and after orthopedic rotator cuff surgery for various chemical messenger molecules (cytokines). These cytokines work for the immune system and call our immune cells into action when there is inflammation, infection, or trauma.

Imagine that our immune cells are like firefighters, always ready and waiting. The firefighters might be at the station cleaning trucks, training, or stocking their equipment, but when that alarm sounds, they jump into action and race to the fire. For us, that alarm is our cytokines, and when it sounds, our immune cells race straight to the inflammatory fire as our first responders.

Interestingly enough, the study that we referenced earlier concluded that larger rotator cuff tears were associated with less pain and that more pain was accurately predicted by more IL-8 (interleukin 8) in the joint fluid. IL-8 is an inflammatory cytokine or an alarm sounding when inflammation is present. The pain that was studied in this study was due to the inflammation and not the tear itself.

Another study states that "the prevalence of full-thickness rotator cuff tears increases with age [and] many patients are asymptomatic and may not require surgical repair." Even while there was pain present, the study concluded that physical therapy rather than surgery should be sufficient to address the symptoms in most cases.

Does Rotator Cuff Repair Surgery Fix Pain?

Unfortunately, the answer is no. One study proved this disappointing result that rotator cuff repair does not fix pain or function in the shoulder. This should be eyeopening for patients, whose primary goal for undergoing a rotator cuff repair is to reduce or eliminate their pain. There are countless studies showing that shoulder pain is often not due to the presence of



a rotator cuff tear. If a surgeon repairs a tear in your rotator cuff to eliminate your pain, but your tear is not the actual source of your pain, why was it necessary to have the surgery? It may be that the tear caused inflammation which thereby causes the pain. Sewing up the tear may not get rid of the inflammation.

Why not use Cortisone or Anti-inflammatories to get rid of Inflammation?

The problem is that cortisone gets rid of inflammation at a cost. The tissue gets even weaker and unhealthier. The local stem cells are damaged or killed leaving the tissue in worse condition than it already was in. If someone receives a cortisone injection within a year of a rotator cuff repair, it is more likely to fail and need a revision.

In regards to NSAIDS, aside from the myriad of systemic problems they can cause (gastrointestinal bleeding, kidney damage, stroke and heart attack to name a few), they also have been shown to inhibit tendon healing and in Regenexx's laboratory, they have been shown to negatively impact stem cells.

The Best Alternative

If the reason that the rotator cuff fails in the first place is a lack of local stem cells, doesn't it make logical sense that replacing those cells is critical to get the structure as healthy as possible?

What if you could avoid rotator cuff surgery and have a much quicker recovery? Well, for about 70-80% of rotator cuff tears, you can. We have pioneered a procedure to do just that over the last 14 years that includes an ultra-precise injection of your own stem cells under image guidance using a patented protocol.

Rotator cuff tears are one of the most commonly treated conditions at Regenexx Tampa Bay, and we consistently see successful outcomes in these patients. With that said, while most tears will heal with

just a precise injection, there are a few massive tears that are unlikely to be helped without surgery. Keep in mind that even after surgery to repair a massively damaged rotator cuff, stem cell injections may assist in the healing and improvement of the tissue. For example, one study showed that using stem cells after surgery reduced the retear rate by half.

The Regenexx procedure addresses more than just the rotator cuff tear. Precise injections of the surrounding ligaments improve stability, injections of the other nontorn rotator cuff tendons and biceps tendons improve their strength and function, injections of the labral tissue, when there is evidence of damage, strengthens that tissue and injections of the joint and cartilage can improve any arthritis that is present.

In some cases, when there is edema (swelling) in the bone itself seen on MRI (which represents small microfractures), injections will help heal the bone. There may even be a component of a pinched nerve in the neck that is contributing to the pain and accelerated degeneration of the tissue in the shoulder. In these cases, platelet lysate injections around the nerve (epidurals) can help as well.

Following the procedure, skilled physical therapy will likely be recommended. For our patients in the Tampa Bay region, we recommend Competitive Edge Performance (CEP) therapy at our Tampa location with EXOS. As you can see, this is a comprehensive plan to get you back to the activities you love to do. CEP offers the latest in recovery science and "bio-tech" to expand the scope of physical therapy practice beyond injury rehabilitation into the realm of achieving optimal health and wellness for all clients.

Whether you've had surgery to repair your rotator cuff or not, Regenexx may be able to help you with your shoulder pain. Contact us today to find out how.



Dr. James Leiber

James Leiber, DO, is the founder and medical director of Regenexx Tampa Bay. He is a former officer, physician, and educator in the Air Force, including personal physician to the vice president and president at the White House. He is triple board certified in Neuromusculoskeletal Medicine (AOBNMM), Pain Medicine (CAQPM), and Family Medicine (ABFM), as well registered in Musculoskeletal Sonography (RMSK).

Dr. Leiber specializes in Interventional Regenerative Orthopedics with years of experience and is honored to have been the first Regenexx Network Provider in Florida. In 2012, Dr. Leiber began offering the nation's most advanced non-surgical stem cell and platelet treatments (PRP) for injuries and arthritis under image guidance utilizing ultrasound and fluoroscopy (X-ray).



Ron Torrance II, DO, FAOSM

Board Certified in Sports Medicine and recent co-author of *Exercise 2.0* for Regenexx and author of the 2018 best paper of the year on *The Concussed Athlete*. Dr. Torrance has achieved semi-professional ranking as a beach volleyball player and trains as a competitive CrossFit athlete.



Ignatios Papas, DO

is a non-surgical orthopedic physician specializing in Physical Medicine and Rehabilitation at Regenexx Tampa Bay. Dr. Papas has taught courses in musculoskeletal ultrasound to residents across multiple specialties and to medical students at Carolinas Medical Center in Charlotte.

He is a member of the American Medical Society for Sports Medicine, the American Academy of Physical Medicine and Rehabilitation, and the American Academy of Orthopedics just to name a few. When he isn't practicing medicine he enjoys spending time with his wife and new baby, playing soccer, practicing guitar, and listening to historical podcast.



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Investing During a Pandemic

C OVID has caused us all to focus on health issues. It is flaring up again as you read this. We tend to avoid focusing on a major future health issue which is the possible need for Long Term Care or assisted living situations down the road.

There are two main reasons for this. One, people think "I'm healthy. It won't happen to me." And they ignore it. Do they have a family history of medical issues that they aren't thinking about? Could this be a distinct possibility down the road? There are Medicaid spend down rules to think about and Long Term Care nightmares that could happen. People have heard the scare tactics side of it, but they lack the hard evidence that could help them make an informed decision that is right for them.

Roughly 85% of Americans over age 65 don't have Long Term Care insurance even though the government says roughly 70% will need some sort of care. This is a major disconnect. When you think of your home, almost everyone has their home insured but there is a very small chance of fire/hail/hurricane/etc. as only 5% of homes have a claim.

People also think that traditional Long Term Care Insurance is expensive and that they will either use it or lose all the premium cost paid in over the years or decades. This brings up the second reason they don't have coverage as **many people are not aware there are other ways to solve for the Long Term Care problem.** Obviously, they would benefit from further research like... "Am I in a certain risk group? What options are there other than paying for LTC premiums?" There are many including trust planning, asset based Long Term Care, gifting options, and more.

Vimvest offers educational events and has a no obligation discovery review where you can clearly understand what your options are. Learning more may help you preserve and protect your assets from the Medicaid spend-down rules, perhaps find the money falling through the cracks to pay for part or the entire Long Term Care problem and most importantly... assure your decision is right for you.



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To register for our **upcoming FREE educational dinner** event, please call

Sara at 941-925-2121

Ruth's Chris October 5th or
October 7th at 6:00pm



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Margaret Hixon
Founder & President

Stuart Dickson
Managing Partner

HOW MICRONING WORKS

SkinPen by Crown Aesthetics is the first FDA-cleared microneedling device on the market and is clinically proven to improve the appearance of wrinkles of the neck and acne scars in patients ages 22 and older. In as few as three minimally invasive treatments spaced 30 days apart, you can improve your appearance and step out with confidence.

How does microneedling work? It creates thousands of microchannels that stimulate your body's natural wound healing process, while minimizing cellular damage. This rejuvenates your skin from the inside out. The result is effective remodeling of scar tissue, while keeping the overall structure of the skin intact.¹

There are three phases to the wound-repair process:

- **Phase I: Inflammation.** Piercing the skin triggers your immune system to cleanse the wound, remove debris, increase blood flow and begin to create new tissue.
- **Phase II: Proliferation.** The wound is rebuilt with new granulation cells, which are part of the extracellular matrix. Additionally, a new network of blood vessels develops.
- **Phase III: Remodeling.** The wound is replaced with new dermal tissues and blood vessels.

Best of all, SkinPen works. Ninety percent of subjects in the clinical trial would recommend the procedure to family and friends.²

Benefits of SkinPen

- **Little Downtime:** It is a perfect treatment for patients with a busy schedule.
- **Natural Recovery:** SkinPen's mechanical process is versatile and usable year-round.
- **Safe for all Skin Types:** Clinically proven effective on all skin types, Fitzpatrick 1 – 6.
- **Safe and Sound:** The First FDA-cleared microneedling device on the market
- **Comfortable:** A light numbing cream may be used to minimize discomfort



Will microneedling work for me?

Unlike most alternatives, SkinPen has been clinically shown to be effective for women and men with skin ranging from skin-types light to very dark. Likewise, SkinPen's mechanical process is less abrasive than harsh peels. In addition, when you properly space treatments that are overseen by a physician, the procedures can be administered year-round.

Call to schedule with a licensed professional today! There's minimal downtime and pain-free!

Wellness and aesthetic procedures are a great way to boost your confidence, mood, and satisfaction. And who of us doesn't need more of that right now?



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TREATMENT-RESISTANT DEPRESSION

An Alternative Therapy also Helps with Social Anxiety, OCD and Phobias

In a series of ongoing randomized tests, Ketamine therapy has become more widely accepted for its capacity to revamp the brain's depressive episodes rapidly. Over the past several years, many physicians have studied the effects of Ketamine on depressed patients including those with PTSD and bipolar disorder. A board-certified anesthesiologist, Dr. Steven Reichbach of Gulf Coast Ketamine Center, has extensive experience in managing his patients that benefit from this therapy, and he consistently sees the value of Ketamine IV treatments in his patients that suffer from depression on a daily basis.

In addition to depressive disorders, there has been a lot of new information and studies on the effects of IV Ketamine therapy for treating treatment-resistant depression as well other mental health disorders such as social anxiety, OCD, and phobias. For people suffering from social anxiety, OCD and phobias, its emotional effects can be crippling. Everyday interactions may cause such distress in these people that it interferes with opportunities for employment, positive interactions with friends and family, and for students, not being able to reach their full academic potential in the classroom. These people may exhibit physical manifestations of their anxiety in the form of sweaty palms, high blood pressure and a racing heart. Over an extended period of time, these symptoms not only cause mental anguish but also affect one's overall physical health.

The mainstay of treatments up to now has been antidepressants, anxiolytics, and behavioral therapy. For up to 50% of patients, these are ineffective in treating their social anxiety adequately. Recently, the results of a double-blind, placebo-controlled study with 18 patients diagnosed with Social Anxiety Disorder using IV Ketamine were published in the journal *Neuropharmacology*. What they found was that people responded to Ketamine. They had significantly less anxiety which lasted up to 28 days. Patients who received one IV Ketamine infusion, had less social anxiety, avoidance, and fear when compared to patients who received a placebo. For patients who have not responded to more conventional treatment, IV Ketamine can hold a great deal of promise.



What is Ketamine?

Back in the 1960's Ketamine was developed to treat wounded U.S. soldiers that were serving in the Vietnam War. In the 1970's, Ketamine was the anesthetic of choice for surgery, and in the 1980's it became a popular street and club drug because of its "out of body" sensation that its users experienced.

How does Ketamine Work?

Ketamine works by creating new connections in parts of the brain that control mood and emotions. These new neurological connections help the brain to send positive signals to the psyche, along with beneficial physical conditions to the body. The effect is notable within hours, but most patients report the results are instantaneous. These astonishing changes are visible in brain scans and imaging, and the results are long-lasting.

In recent FDA and other professional associated studies, patient results with ketamine show:

- Reduced pain
- Decreased depression
- Diminished suicidal thoughts and episodes
- Rapid ability to reverse depression and its symptoms

With our ongoing drug-related crisis, ketamine therapy can reduce the risk of opioids, benzodiazepines and other narcotic addictions. Physicians are often overprescribing these types of highly addictive drugs to help minimize or mask patient's chronic pain, depression or other ailments. With Ketamine therapy, the treatment is safe, non-habit forming and highly effective.

How is Ketamine Administered?

During the treatment, the initial infusions usually take place over approximately 2 weeks with 6 infusions that are administered every other day.

Ketamine IV therapy impacts both mood and anxiety and can result in positive treatment outcomes for the following disorders:

- Severe or Chronic Depression
- Chronic Pain
- Bipolar Disorder
- Obsessive Compulsive Disorder (OCD)
- Post-Partum Depression (PPD)
- Post-Traumatic Stress Disorder (PTSD)
- Produces Rapid Onset of Neural Connections

One drug with no side effects or long-term adverse reactions is the answer many people are seeking to find. Unlike antidepressants that need to be taken at least once daily, the best part about Ketamine therapy is that after the initial treatment phase, most patients only need the injection once every one to two weeks.

If you or someone you know is experiencing depression, phobias, OCD, or social anxiety, please contact Gulf Coast Ketamine today at 941-213-4444, or visit their website at findpainrelief.com



Steven Reichbach, MD
Board-Certified Anesthesiologist
President and Founder,
Gulf Coast Ketamine Center



Lolita Borges, RN
Clinical Director, Gulf Coast
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Enjoy Healthy Aging at Freedom Village of Bradenton

Healthy aging takes some planning. It doesn't usually come naturally for most people, so having a clear idea of how to get there is essential. We all know that making healthy choices involves what we eat, when we eat, how much, exercise, daily activity, and limiting stress. But there is more that we can do to optimize our health as we age.

It's critical to maintain healthy relationships, socialize, take time to enjoy nature, relax and feel a sense of purpose. Taking care of your health by maintaining regular check-ups, getting medical screenings and taking medications or supplements to help alleviate issues and enhance overall health are also important.

At Freedom Village of Bradenton, our residents enjoy the luxurious coastal location, acres of land, local conveniences, peaceful walkways, daily activities, social events, gardening, and chef-inspired dining. No matter what makes you happy or what fills you with satisfaction, Freedom Village makes every effort to incorporate many of our residents' requests. Whether those are specific themed events, favorite recipes, outings, or poolside cocktail hour, we treat our residents like family because we genuinely care about their health and happiness.

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We offer a host of resort-like amenities and services designed for seniors who want to stay active and engaged. Your neighbors are diverse, interesting people who share your zest for exploring, traveling, and achieving. This is a place where you can nurture connections through a full social life, new learning experiences, fitness, recreation and more.

Our maintenance-free residences are ideal for seniors who lead a lock-and-leave retirement lifestyle or those who intend to spend time relaxing at home. Choose from villa homes or beautiful one-, two- and three-bedroom senior apartments, each with its own private balcony or lanai. You can add your own personal touches by choosing your favorite flooring and paint colors. And yes, our community is pet-friendly!



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As a Life Plan Community, Freedom Village of Bradenton is the perfect place to live a vibrant, active lifestyle now, with convenient access to higher levels of quality, on-campus care whenever you need it. What's more, we're one of the few Life Plan Communities in the area to offer the Life Care contract.

This means that along with senior independent living in a thriving community, you'll enjoy the unsurpassed financial predictability Life Care provides, and access to a high-quality continuum of care if you ever need it. We also guarantee that even if your needs change, you'll always be able to live in the community you call home. With just one move to Freedom Village of Bradenton, you can enrich your days and feel more confident about the future.

Aging well is a wonderful thing, so if you're ready to explore your independent living options, or if you or a loved one need more help, Freedom Village has got a place for you to enjoy and call home.

Freedom Village of Bradenton offers Independent Living, Assisted Living and Memory Care Options

As a CCRC, Freedom Village of Bradenton offers multiple phases of living for your specific needs, which include Independent Living, Assisted Living, Memory Care and Skilled Nursing.

At Freedom Village of Bradenton, they are committed to doing everything they can to make their senior living community the best it can be. That is why they are excited to announce that Freedom Village's management team will now be working with Life Care Services®, an LCS® Company*, the nationwide leader in senior living that provides management support to over 140 communities across the country. It is the same strong Freedom Village team with even better resources for a vibrant, active community! Freedom Village of Bradenton has been part of the Bradenton, Florida, community for over 30 years.

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*Life Care Services received the highest score in the J.D. Power 2019 Senior Living Satisfaction Study of resident/family member/friend's satisfaction with senior living communities. Visit jdpower.com/awards

THE 15 "GOOD... THE BAD... AND THE UGLY"... OF CHOLESTEROLS YOU SHOULD KNOW

By Denise Baker, M.D.

Did you know that more than half of adults in America have unhealthy blood cholesterol?

These floating particles of oil/lipids, day in and day out, are silently depositing microminature droplets of stickie oil along the 60,000 miles of vessels in your body. A build up over time will cause problems and potentially disastrous events to your body. These problems are usually preventable!

Here are The 15 "Good... The Bad... and The Ugly"... of Cholesterols

1. Whether you have low or high cholesterol, you feel the same. This is why it's important to get your cholesterol checked regularly and "Know Your Numbers." High cholesterol is an indicator for heart attack, brain attack, and circulatory issues. If you know in advance, you can DO SOMETHING ABOUT IT!

2. Good cholesterols have different features. Know which portions of good HDL YOU have.

3. Always have your vitamin D level checked when your lipid levels are evaluated. (Remember that sunshine converts cholesterol to vitamin D!)

4. Brain health requires saturated fat and cholesterol to remain strong for the young and not so young in age.

5. The body does need some particular dietary cholesterol each day in the form of lineolic acid.

6. Fats we eat have twice the calories (KJ or energy amounts) per gram than protein or carbohydrates. ———[You may want to eliminate ABC]. Substituting monounsaturated and polyunsaturated fats tends to improve blood cholesterol measurements

7. High Cholesterols have no side effects nor symptoms of which you can be aware until a health event occurs—the traffic light turns instantly from green to red.

8. I commend those who, after a heart attack, will change their behavior and live a low(er) risk lifestyle. Having pain with exercise may give you the warning time to see you doctor and change what you do. But having a heart attack kills part of your heart muscle pump with permanent damage even if it does not kill you. Better late than never to change.

9. An interesting perspective from Dean Ornish to consider: "I don't understand why asking people to eat a well-balanced and vegetarian diet is considered drastic, while it is medically conservative to cut people open (or journey through their arteries & veins) and put them on cholesterol lowering drugs for the rest of their lives."

10. Simply identifying HDL as the good Cholesterol and LDL as the bad cholesterol is like using eyeglasses from the 1950's-1960's. We now ask for fractionations/sub populations and descriptions of different types of cholesterol. If your physician doesn't, you should consider asking for more information such as Boston Heart Lab Panel® or Cleveland Heart Labs®. These are the gold standards of cardiac tests for prevention.

11. Have you ever heard this? A man goes to the doctor and says, "My latest blood test said my cholesterol was very high and my doctor recommended some medicine for it. I said "no" to his recommendation and he said "what are you going to do?" I said I ate my way into this and I'm going to eat and (and exercise) my way out of it!" Can this be you? If you take this approach, start TODAY and never stop. Make an appointment today with your naturopath, dietician, acupuncturist, functional medicine physician and exercise physiologist today to begin your recovery. Then...guide your family and loved ones with your knowledge!

12. Eating cholesterol and bad fat and extra calories will contribute to high blood pressure and heart (coronary) disease. This is because if you bathe them in overdoses of dietary fats and glucose that will overpower your liver and pancreas.



13. If you fail to prevent, (or fail to act when you know) you're prepared to falter and fail in your future life.

14. What is the strongest risk factor tied to early death? LOW FITNESS! Even more so than smoking, diabetes, high blood pressure, high cholesterol or even obesity! The #1 behavior to adopt is to exercise because these three things in the unhealthy triad leading to disability and death: cholesterol, blood pressure and diabetes are each deflated by exercise.

15. If you don't act on you abnormal cholesterol every day, you are following Steve Wright who says "I drive way too fast to worry about cholesterol."

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- Fibromyalgia • Lichen Sclerosus • Lyme Disease • Multiple Sclerosis Pain
- Post-laminectomy Syndrome (Failed Back Surgery Syndrome)
- Shingles Pain (Post-Herpetic Neuralgia) • Small-Fiber Peripheral Neuropathy
- Traumatic Brain Injury Pain • Trigeminal Neuralgia
- Other Forms of Neuropathic Pain



Lolita Borges, RN
Clinical Director,
Gulf Coast Ketamine Center



Steven Reichbach, MD
Board-Certified Anesthesiologist
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HEALTHY AGING: WHAT DOES IT REALLY REQUIRE?

Regenerative Medicine May Play a Larger Role in Healing Than Most People Realize

By Physicians Rehabilitation

We hear so much about Blue Zone centenarians' lifestyles and thoughts on how they age so well without major disease or illness, but when it comes to healthy aging, it's not just about what we eat, exercise, and socialization, although these are definitely critical. However, it is important to mention that the medical treatment you receive is highly subjective to your outcomes, overall health and wellness.

What do we mean by that? Many doctors over prescribe medications to mask your symptoms but these usually fail to get to the root cause of your disorder. If you are injured or suffer from chronic pain, many surgeons will tell you surgical intervention is necessary, but is it? Often these treatment plans leave people sicker, with multiple other symptoms and surgery many times, doesn't relieve the problem long term.

Regenerative medicine is different because it helps the body heal from within on multiple levels. It is never a bandage approach, and it aims to treat the root cause of your condition.

If you want to age well, you might want to reconsider your thoughts on standard treatment. In the case of musculoskeletal conditions, it's always best to start with conservative approaches. Surgery is permanent; there is no going back once you have a knee or shoulder replacement. While those might be necessary in severe cases, they can be treated with regenerative therapies that offer significant optimal restoration.

Regenerative Medicine

The purpose of Regenerative medicine is it to utilize the body's own ability to regenerate cells and tissues that have been damaged back to full functionality. When used in orthopedics, the goal is to regenerate soft tissues, cartilage, muscles, and tendons. Regenerative Medicine should be the first recommendation, and in many cases, it is the only treatment necessary when dealing with muscle strains, tears. When it comes to joint dysfunction or tears such as with sports injuries, physical therapy is also extremely beneficial as an add on treatment.



AT PHYSICIANS REHABILITATION THE TWO PRIMARY REGENERATIVE MEDICAL THERAPEUTICS FOR MOST SPORTS INJURIES ARE VISCOSUPPLEMENTATION AND PLATELET RICH PLASMA (PRP) THERAPIES

Viscosupplementation

Viscosupplementation is an injectable substance that mimics the synovial fluid found naturally in the joint. Synovial fluid is a high concentration of Hyaluronic Acid (HA) and is used to help protect the joint, act as a cushion and protector against damage and most importantly acts as a lubricant to enable smooth function of the joint. As you age, your body supplements with less Hyaluronic Acid (synovial fluid) and an increasingly less viscous Hyaluronic Acid replaces your thick and very well lubricating HA. This lack of fluid creates dried out joints which leads to cartilage, tissue, muscle, and bone breakdown – leading to Osteoarthritis and making it easier to have tissue and muscle damage within and around the joint.



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www.PhysiciansRehab.com

The procedure can be done in our office and only takes a few minutes. After locally numbing the area of concern, the procedure is monitored under a fluoroscopic image, which is a live X-ray. This allows us to see the inside of your joint while it is in motion and during the injection process. Using the fluoroscope, the practitioner will have the ability to see exactly where the Hyaluronic Acid is being placed to make sure it is in the joint space – because if it is not, it will do NO GOOD! You'll receive approximately five injections at one week apart. The results of the cartilage enhancement will last for around six months or longer. Physicians Rehabilitation has become the expert on providing great results when this process is paired with physical therapy. Many of our patients report feeling pain relief immediately, while others cumulatively see results within a few short weeks.

PRP (Platelet-Rich Plasma)

Fortunately for our patients today, advances in science have allowed us to find new and targeted approaches to treating degeneration and injuries. Platelet-rich plasma or PRP is an "autologous blood therapy" that uses a patient's own blood components to stimulate a healing response in damaged tissues. PRP provides an alternative to surgery by promoting safe and natural healing by spiking your body's natural ability to heal by using your own growth factors and proteins in your blood!

Research studies and clinical practice have shown PRP therapy to be very effective at relieving pain and returning patients to their normal lives. Both ultrasound and MRI images have shown definitive tissue repair after PRP therapy, confirming the healing process. The need for surgery can also be greatly reduced by treating injured tissues before the damage progresses and the condition is irreversible.

Physicians Rehabilitation

Physicians Rehabilitation is a patient-focused practice that provides comprehensive care to eliminate your pain non-surgically. We evaluate each patient and implement an individual care plan specifically designed to alleviate your pain and dysfunction. Trained and licensed providers, with years of clinical experience, work together to provide this plan of care that addresses the specific concerns and problems of each patient.

Early Detection of Prostate Cancer Saves Lives

Prostate cancer is a fairly serious blip on the male health radar as the second leading cause of cancer death in American men. Chances are you know someone who has battled prostate cancer because statistically speaking; one in seven men will be diagnosed with prostate cancer during his lifetime. The average age of diagnosis is 65, in fact 60% of those diagnosed are 65 and older.

Prostate cancer – and other prostate issues – can cause considerable discomfort, pain and even death, if they are left undiagnosed and untreated. No man looks forward to the annual prostate exam; but if you're smart, you'll bite the bullet and go anyway because early detection can save your life.

Regular screenings cannot only save you a lot of pain and discomfort – they may just save your life.

What is the prostate – and why does it need to be examined?

The prostate gland is a doughnut-shaped organ that is part of the male reproductive system. A healthy prostate in a younger man is only about the size of a walnut. The prostate sits just under the bladder and is wrapped around the beginning of the urethra. It is surrounded by nerves that control erections and its primary function is to produce a liquid that enriches and protects sperm.

Unfortunately, as men get older this little organ tends to act up. At times, some of the symptoms are simply a sign of aging; however, in many cases prostate trouble is an indication of a more serious problem. Prostate cancer is a primary concern, but other prostate disorders can be just as uncomfortable and a serious concern for male health.

So if you are experiencing symptoms like difficulty or discomfort while urinating, reduced ability to get an erection, blood in your urine or semen, or painful ejaculation, it's important to have your prostate checked out. Even if you aren't experiencing any symptoms, it's still wise to be screened from time to time, as you can pre-empt and prevent problems before they crop up.

Regular screenings ensure that problems are caught quickly. Catching a prostate problem right at the start, means that it can be treated and cleared up with far less difficulty.



So men, don't wait around till you run into trouble. A little momentary discomfort is a worthwhile trade for a long, happy, healthy life surrounded by your family and friends. Do yourself a favor and get your prostate checked out.

If there is concern as a result from the routine annual prostate exam, diagnostic imaging will be ordered. There are different imaging screenings available, the 3T wide bore MRI provides that best image quality in a non-invasive way.

Men travel from across the United States for advanced imaging with our Phillips 3T wide bore MRI.

Radiology Associates of Venice and Englewood is pleased to offer 3T wide bore MRI scans for obtaining superior-quality MRI images for diagnostic accuracy and exceptional comfort in an expanded range of patient scenarios.

What is a 3T MRI?

The term "3T" stands for "3 Tesla." Tesla is the name given to a measurement unit that expresses the strength of the electromagnetic energy field that MRI devices use for generating images. Standard MRI scanners operate in the range of about 1.5 Tesla. This means that our 3T MRI operates at approximately twice the electromagnetic energy level of a standard MRI.

Benefits of 3T MRI

Our wide bore 3T MRI scanner combines the superb diagnostic image quality gained through a stronger electromagnetic field with the exceptional patient comfort of a wide-bore configuration—70 cm in diameter, a full 10 cm larger than standard MRI scanners. The scanner is also shorter in length than conventional MRI scanners. These factors make this scanner less confining to patients, reducing symptoms of claustrophobia. Additionally, large patients who have trouble fitting into conventional scanners can have their scans done in this machine, which can accommodate patients weighing up to 500 lbs.

The stronger magnetic field allows the machine to detect stronger signals from the patient during the imaging. This increased signal strength can be used to generate more detailed pictures or reduce the total imaging time. Often the imaging protocols are designed to generate better pictures while still saving time compared to other types of MRI scanners, giving patients the benefit of a shorter exam without sacrificing diagnostic quality.



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CURE YOUR MIGRAINES

By Ian M. Kahane, MD

Nine out of ten adults in the U.S. suffer from severe headaches, and women are three times more likely than men to develop migraines. These painful headaches can affect individuals occasionally, frequently, or daily. Some migraines may be sharp and piercing, others may be dull and throbbing, but most migraines cause debilitating pain and nausea.

Migraines have existed since the dawn of humanity. They are a special type of head pain that is more intense than a regular headache. They are often accompanied by a constellation of other symptoms including nausea, numbness, light sensitivity, sound sensitivity, and others. Migraine symptoms and types can vary not only between people, but they can also vary from one migraine to the next within the same person.

Common Conditions that Exacerbate Migraine Headaches

- Muscle tension
- Allergies
- Bright lights
- Bulged discs
- Cheese
- Chocolate
- Preservatives
- Hormonal imbalance
- Hypermobility syndrome (joint disorder, usually genetic)
- Neck arthritis
- Red Wine
- Sleep deprivation
- Stress
- Strong odors
- Tight neck and shoulder muscles
- Weather conditions (barometric pressure)

For decades a deluge of medications, like topamax and propranolol, have been used to prevent migraines. There are also medications to help alleviate a migraine in progress like sumatriptan. These medications helped to make migraines tolerable, but for most people these meds remain insufficient. Around five years ago, a new type of medicine class emerged called CGRP antagonists. CGRP stands for Calcitonin Gene Related Peptide. Essentially, it is believed that there are receptors in your brain that when exposed to this CGRP it causes an inflammation that then triggers a terrible migraine. In fact, if



you give a migraine sufferer CGRP directly into their blood, they will get an extremely intense migraine within 3-4 hours.

CGRP Antagonists

These new medicines block the movement of CGRP in one way or another. As of today, there are now five unique medicines in this class each of which preclude the movement of CGRP slightly differently. Anyone who suffers for more than 4 days a month with migraines can qualify for these medications so long as they have failed a few of the other less expensive, earlier options.

For most patients, these medicines reduce the frequency of their migraines by half. For some, they totally remove all migraines, and they never suffer again. In my own practice I have often seen people that suffer from 8 migraines a month, now have 2-3 migraines in a month. I have even seen people with 20 migraines a month go down to zero. Whether the cause of the migraine be hormonal, traumatic, genetic, or otherwise, these meds seem to largely help most migraine sufferers.

While going from enduring 8 days of terrible head pain down to 2-4 might not sound like a tremendous victory on the surface, at the end of the year 4 days x 12 months is a month and a half of your life back! An extra 48 days to enjoy, spend with family, work harder, work smarter, or just be you! Migraines are easy to identify, easy to manage, and as these medications become more ubiquitous, more and more primary care physicians & neurologists are going to get comfortable giving them. I strongly encourage you to talk to your physician about your migraines at your next visit, they may be curable.

Complete Care

Internal Medicine is a specialized kind of primary care physician field. Internal Medicine Doctors are just like your regular general practitioner or family doctor; however, they are trained to handle more complex and difficult diseases.

Internal Medicine doctors are just as happy treating simple sore throats and completing physicals for work or school, but they are also equipped to handle complex cases from heart disease to complicated autoimmune diseases.



Ian M. Kahane, MD MBA

Dr Kahane has wanted to become a physician since the age of 3. Very few children complete grade school, middle school, high school and beyond with a singular career vision in mind. However,

Dr. Kahane never wavered from his dream to become a physician.

From kindergarten straight through to medical school, Dr. Kahane never took any time off to achieve his dream. He completed his medical school at Ross University School of Medicine in 2015 and became an established member of the Bradenton community by becoming a part of the first ever residency class at Blake Medical Center.

While there he served 1 year as Chief Internal Medicine resident. He is proficient in complex patient care, autoimmune diseases, and everyday medical concerns. Dr. Kahane is fluent in both English and Spanish and is excited to join the Complete Care team.

In his spare time Dr Kahane enjoys the beach, water sports, politics, watching football, and spending time with his dog.



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GAINSWave is Making Headlines Due to its Ability to Prevent & Treat ED

By Dr. David S. Zamikoff

With remarkable outcomes, GAINSWave is growing in popularity in regard to treating erectile dysfunction (ED) and Peyronies Disease, yet it's also used as a preventative treatment. GAINSWave treatment is available for any man looking to enhance sexual health and performance. A medical condition like ED or Peyronies disease does not have to be present for men to benefit. In fact, many healthy men without an issue opt for treatment to "biohack" or optimize their performance as a prevention method.¹

How Can GAINSWave Prevent & Treat ED?

The GAINSWave is a revolutionary, non-invasive treatment that addresses the underlying causes of ED. GAINSWave uses scientifically proven technology through soundwaves to stimulate blood circulation, tissue regeneration, and removes plaque build-up. These soundwaves or 'shockwaves' also are beneficial in preventing the buildup of plaque and increasing blood vessel growth and circulation. Traditional treatments for ED, such as pills or injections, lose effectiveness over time and have to be used every time a man wants to engage in sexual activity. GAINSWave helps men to feel like themselves again and to enjoy their lives.

GAINSWave utilizes high frequency, low-intensity soundwaves to improve blood flow to the penis, remove micro-plaque, and stimulates the growth of

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- ✓ Improve Sexual Performance
- ✓ Increase Sensation
- ✓ Treat ED & Peyronie's Disease



new blood vessels. GAINSWave uses a specific protocol designed to optimize efficacy, safety, and results. Over 80% of Erectile Dysfunction (ED) issues are caused by reduced blood flow. GAINSWave has developed a protocol to treat ED and Peyronies disease (scar tissue) as well as enhance sexual performance.

Younger Men Should Seek Treatment Early

Men who are just beginning to see ED warning indicators should seek the earliest treatment possible. The reason is that it has been well documented that if early diagnosis and treatment are started when a man is younger (the 30s, 40s, 50s) there is an increased chance that the ED will very likely no longer need medical treatment and their arteriosclerosis can dissipate. There have been multiple peer-reviewed studies that indicate that GAINSWave treatment can potentially cure ED in some patients. The sooner you intervene with treatment, the better your outcome will be.

Men are Preventing ED with GAINSWave

Many men are now understanding the importance of this technology and how it can benefit them in the long term. GAINSWave offers immediate results that are cumulative. Much like living a healthy lifestyle, starting GAINSWave treatments early is another way men can be proactive about their health.

SEEK EARLY TREATMENT & DON'T JUST MASK YOUR SYMPTOMS—TREAT THE ROOT CAUSE!

Source: GainesWave
<https://www.biospace.com/article/releases/mobility-spine-and-sports-is-helping-men-wave-goodbye-to-erectile-dysfunction-with-cutting-edge-gainwave-treatment/>

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Effective & Proven Chronic Pain Relief with VAX-D®

By Craig S. Aderholdt, BSc, DC

VAX-D, short for Vertebral Axial Decompression, is a patented non-surgical therapy proven to successfully treat chronic low back pain, caused by prolapsed, bulging, herniated or degenerative discs, facet syndrome, stenosis and sciatica. Even post-surgical patients and those suffering from central canal or foraminal stenosis have reported significant pain relief with VAX-D therapy. Over a series of relaxing treatment sessions, patients experience powerful pain reduction and healing. Some patients even notice relief after just one visit.

VAX-D's proven and patented technology is currently being utilized by leading physicians in orthopedic medicine, pain medicine, neurology and other specialties in hundreds of clinics around the world. Many doctors choose VAX-D over other devices because it employs the original, patented technology from which decompression therapy was born. VAX-D effectiveness is backed by clinical research. Back pain has grown to be a \$54 billion industry and has literally become a national epidemic. Due to the astounding array of varied treatment options, finding a back pain solution can be a daunting task. Knowing that a product backs its claims with clinical research makes all the difference, and that is what VAX-D offers. A recently completed 2 1/2 year study has demonstrated that VAX-D achieved a remarkable 88% success rate in the 283 chronic back pain patients studied! The patients selected for the study had been unsuccessful at finding relief with at least two previous non-surgical treatments.

VAX-D is not to be confused with traction. VAX-D lengthens and decompresses the spine, reversing high intradiscal pressure through the application of negative pressure via a patented "slow ramp-up" process. This reversal of pressure creates a vacuum inside the discs that not only takes pressure off of pinched nerves, but helps to reposition bulging discs and pull extruded disc material back into place. Simultaneously, nutrients, oxygen and fluids are drawn into the disc to create a revitalized environment conducive to healing. VAX-D stimulates the body's repair mechanism, providing the building blocks needed to actually mend injured and degenerated discs. VAX-D's process is the only patented treatment clinically proven to decrease disc pressures to the negative levels needed to facilitate healing!

How does VAX-D work?

High intradiscal pressures cause discs to bulge out and press painfully on nerve roots. They also make for a compressed, anaerobic environment unsuitable for healing. Decompression produces and sustains negative pressures within the disc, creating a vacuum effect which draws in nutrients and fluids to promote the repair of injured discs and surrounding tissues. This vacuum has also been shown to aid in the retraction of escaped cushioning gel from herniated discs. Much like gauging the air pressure in a car tire, scientists have been able to use pressure sensors to



measure the various pressures put on spinal discs while lifting, standing, sitting, lying down, undergoing traction, and during VAX-D Therapy. Like other pressures found in the body such as blood pressure, intradiscal pressure is measured in millimeters of mercury (mmHg). While traction, physical therapy and manipulation may reduce disc pressures to as low as 40mmHg, only VAX-D has been shown to achieve negative pressures within the spine. Clinical studies have shown that, with VAX-D Therapy, negative pressures as low as -160 mmHg* are created within the injured disc during the treatment session!

The key to the "distraction" of VAX-D is achieved through an intricately timed series of pulls, holds, and releases over the course of a treatment session. VAX-D's biofeedback system adjusts this curve of tension specifically to each patient's needs, making every session a truly individualized treatment.

VAX-D Therapy involves three phases that repeat fifteen times throughout a treatment session: the Decompression Phase, the Retraction Phase, and finally, the Rest Phase. During the Decompression Phase, tension slowly mounts, lengthening the spine; up to 99 pounds of tension may be exerted directly on the injured discs. This is where spinal pressures drop and decompression actually occurs. During the Retraction Phase, tension is slowly decreased and the spine is retracted slowly. This is followed by a short Rest Phase.

Is VAX-D Right for Me?

You may be a candidate for VAX-D if:

- You have chronic and/or severe back and/or neck pain caused by bulging or herniated discs, Degenerative disc disease, sciatica, and/or facet syndrome.
- You have been diagnosed with a clinically unstable low back.
- You have failed back surgery syndrome.
- You have been told to consider surgery.

Many patients have experienced more than a 50% reduction in pain after their first treatment! For those suffering from herniated and degenerated discs, the escaped nucleus pulposus may be partially or completely retracted back into the disc after just the first session (though usually it takes longer), relieving a great deal of pain. However, pain reduction does not indicate full recovery, and a full

recovery is essential to preventing re-injury. Each treatment session lasts approximately 45 minutes. A typical VAX-D treatment regimen consists of about 20 sessions. Some conditions require fewer visits; some require more. Many patients report relief from their pain and other symptoms during the first few treatment sessions, and most experience dramatic pain relief after completion of their prescribed VAX-D Therapy program.

VAX-D therapy is a non-surgical procedure to reduce pain by decompressing your spine and reducing the stress and pressure on your discs and spinal nerves. Contact Dr. Craig Aderholdt, at 941-756-5528 for a **free consultation** to see if you are a candidate for this revolutionary procedure. We hope you enjoy the information within and share it with others.

Contact Dr. Aderholdt today to find out if you can finally relieve your pain and suffering with this proven safe and effective nonsurgical breakthrough for neck and back pain.

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Dr. Craig S. Aderholdt, BSc, DC



At Back Pain Institute of West Florida, located in Bradenton, FL, our number one concern is to help our patients with a natural approach to pain treatment. Dr. Craig Aderholdt, BSc, DC, received his undergraduate degree from Pennsylvania State University State College, and his Doctor of Chiropractic from life University School of Chiropractic in Marietta, GA. He then later graduated Cum Laude.

Dr. Aderholdt also holds certification in chiropractic adjunctive physiotherapy from New York Chiropractic College and completed extensive postgraduate training in therapeutic modalities at National-Lincoln School. He is a member of the Florida Chiropractic Association and American Chiropractic Association and is a certified VAX-D consultant. He was also voted a Bradenton Herald People's Choice Awards Winner for 2008 and is the Manatee Herald-Tribune Awards winner for 2015, 2016, 2017, 2020 and 2021 and Sarasota Herald-Tribune finalist for 2016, 2017, 2018, 2020, 2021 and winner in 2019.



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Gerry Letendre, RPh, MBA, CHt

Topical Medications for Foot Pain Relief

Here in Florida, tile and hardwood floors are practical for their ease of cleaning and cooler surfaces but they can also cause painful foot conditions, especially among older people. We lose fat on the soles of our feet as we age and walking on harder surfaces increases the likelihood of nerve problems in the feet.

Among these are Morton's neuroma, which causes sharp, burning sensations in the ball of the foot; peripheral neuropathy, weakness and pain caused by nerve damage that affects 3 to 4 percent of adults over 55; and tarsal tunnel syndrome, when a compressed nerve around the ankle creates pain or numbness in the sole or base of the foot.

Dr. Jemaar Graham, a podiatrist at 360 Orthopedics, says he often prescribes compounded topical medications, usually a cream or an ointment, to treat his patients who have these conditions. He cites two main reasons for preferring topical medications.



Many of his older patients are taking many other prescriptions daily, so avoiding potential counter-indications can be challenging. This is not a concern with topical medications. They're not ingested so they don't have the drug interaction concerns of oral



medications. Additionally, there aren't side effects that often come along with oral medications.

Dr. Graham says another advantage of compounded topical medications is the ability to mix several medications into one treatment. Neuro-pathic topical treatment can combine an anti-inflammatory, an anesthetic and gabapentin, a nerve pain medication. In order to have all these benefits in oral medication, patients would have to swallow three separate pills every day. Dr. Graham believes there would likely be an issue of lack of compliance on the patient's part if there were that many different pills to take. When all the medications are together in a topical cream, the patient is more likely to be consistent with the prescribed treatment plan.

He has also observed that other commonly prescribed treatments are not as effective for many of his patients as compounded topical medications.

"I've had patients who've had chronic nerve pain that didn't get better with injections or orthotics," says Dr. Graham, "but they were able to try topical medication that calmed symptoms down."

With the help of topical medications, his patients are able to resume their usual activities without feeling restricted.

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A PAINFUL BLADDER CONDITION

What You Need to Know About Interstitial Cystitis

Interstitial Cystitis (IC/BPS) is a bladder condition that often gets misdiagnosed as a urinary tract infection (UTI) in the early stages. Interstitial Cystitis lingers and unlike a UTI, there is no infection present; however, it is a very painful disorder that causes pressure, discomfort, frequency, and an urgency to urinate. IC/BPS inflames and irritates the bladder and can cause scarring and stiffness. This disorder can affect both men and women. With interstitial cystitis, these pelvic nerves miscommunicate with the brain, and patients may feel the need to urinate more often and with smaller volumes of urine than normal.

It is estimated that approximately 12 million people have IC/BPS. It disrupts daily living activities and sleep, and it is a relentless disorder that is often gets underdiagnosed.

The following is information provided by the Urology Foundation:

Causes of Interstitial Cystitis

Experts do not know exactly what causes IC/BPS, but there are many theories, such as:

- A defect in the bladder tissue, which may allow irritating substances in the urine to penetrate the bladder.
- A specific type of inflammatory cell, called a mast cell. This cell releases histamine and other chemicals that lead to IC/BPS symptoms.
- Something in the urine that damages the bladder.
- Changes in the nerves that carry bladder sensations, so pain is caused by events that are not normally painful (such as bladder filling).
- The body's immune system attacks the bladder. This is similar to other autoimmune conditions.

No specific behaviors (such as smoking) are known to increase your risk of IC. Having a family member with IC/BPS may increase your risk of getting IC/BPS. Patients with IC/BPS may have a substance in the urine that inhibits the growth of cells in the bladder tissue. So, some people may be more likely to get IC/BPS after an injury to the bladder, such as an infection.

There are ways to alleviate the pain, but the treatment options are done through phases to best treat the patient's individual symptoms and thresholds.



These phases of treatment include:

Lifestyle Changes

- Pelvic Floor Physical Therapy
- Diet and Exercise
- Stress Reduction

Medications

- Oral and intravesical drugs can be administered. Intravesical drugs are administered directly into the bladder via a catheter.

Neuromodulation, Ulcer Cauterization, and Injections

- Neuromodulation delivers safe and harmless electrical currents to the damaged areas and nerves.
- Ulcer Cauterization-If there is an ulcer present, a urologist can cauterize it to remove and alleviate the issue.
- Injections can include steroid injections to alleviate pain, pressure and urgency or Botox injections to paralyze the muscles temporarily, which helps with urgency.

Cyclosporine

- Cyclosporine is an immunosuppressant and is reserved for only advanced cases that are not responding to other treatment.

Surgery

- Most patients do not require surgery. If necessary, a urologist will perform surgery to try and repair or strengthen the functions of the bladder.

Source:
<https://www.urologyhealth.org/urology-a-z/i/interstitial-cystitis>

If you have pain, pressure, urgency, or frequent urination, don't put off seeing a urologist, as these conditions only progress with time. Getting a proper diagnosis and early treatment is critical.

The Center for Urogynecology and Female Pelvic Health in Venice, Florida, provides comprehensive and personalized care in a relaxed, spa-like office. Under the care of John Devine, MD, a fellowship-trained urogynecologist, the practice specializes in women's pelvic health and urogynecology, providing care for women of all ages, from adolescents to adults.

Taking a patient-centric approach to care, Dr. Devine schedules ample time for patient appointments. He also makes himself directly available to his patients to answer any clinical questions.

The Center for Urogynecology and Female Pelvic Health provides comprehensive evaluations of female pelvic health concerns. Services include gynecology care to manage general health and wellness, as well as the evaluation and treatment of conditions and symptoms arising from menopause.

The practice also specializes in urogynecology, which is an OB/GYN subspecialty that focuses on the diagnosis and treatment of female urinary incontinence and pelvic floor disorders, like pelvic organ prolapse.

The Center for Urogynecology and Female Pelvic Health also provides care to women struggling with interstitial cystitis or fecal incontinence. Additionally, Dr. Devine offers consultations and surgical treatment for women experiencing complications from mesh.

For patient-centric care from an experienced physician with friendly and accommodating staff, call The Center for Urogynecology and Female Pelvic Health, or request an appointment today. Please call 941-457-7700.

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FOOT CARE AN IMPORTANT FACTOR IN HEALTHY AGING

For today's baby boomers, it's more important than ever to stay healthy and active as they age. While growing older causes some unavoidable body changes, more boomers are focusing on healthy lifestyles that can help them prevent problems associated with aging such as mobility issues related to the feet and legs. Impairment of the lower extremities is a leading cause of activity limitation in older people, according to the US National Center for Health Statistics (NCHS).

"Foot problems are a health concern that can lead to further complications like knee, hip, and lower-back pain, all of which undermine mobility," says Lori DeBlasi, DPM, a podiatrist at Family Foot & Leg Center in Fort Myers and member of the American Podiatric Medical Association (APMA). "The human foot has been called the mirror of health. Systemic problems often related to age, such as diabetes, arthritis, and circulatory disease often can first be detected in the feet."

Fortunately, boomers can do a lot to maintain and even improve their foot health. APMA offers the following advice to keep your feet pain-free.

Keep walking

Walking offers many benefits for both physical and mental health. If your feet hurt, however, you may find yourself less willing to get in the daily walking that's good for your overall well-being.

To keep your walking regimen comfortable, choose a good-quality, lightweight walking shoe with breathable upper materials like leather or nylon mesh. The heel counter should be firm, and the



www.NaplesPodiatrist.com

shoe heel should have less cushioning in order to position the foot's heel closer to the ground for stability. The front of the shoe should offer adequate support but also be flexible. For a list of footwear that has been awarded APMA's Seal of Acceptance, visit www.apma.org.

Shop for shoes in the late afternoon, because feet swell throughout the day, and have both feet fitted professionally. Wear the type of socks you intend to wear while walking and be sure the shoe fits snugly, but not tightly, over the sock. Your toes should have plenty of room to move around.

Deal with diabetes

"Diabetes symptoms often appear in the feet first, and the extremities can be hit hard by this chronic disease," says Dr. DeBlasi. "In fact, diabetes complications lead to more than 65,000 lower-limb amputations each year." Including a podiatrist in your diabetes care can reduce the risk of amputation up to 85 percent. Learn to recognize warning signs that often appear in the feet, including changes in skin color, swelling, numbness, pain,

open sores that heal slowly, ingrown or fungal toenails, bleeding corns and calluses, and dry cracks in the skin, especially around the heels.

If you have diabetes, inspect your feet daily for cuts, bruises, sores or changes to the toenails. Wear thick, soft socks without seams that could rub or cause blisters. Always have new shoes fitted properly and never go barefoot, not even in your own home.

Manage arthritis

Arthritis can affect the structure and function of your feet. Common symptoms in the feet include joint swelling, joint pain or tenderness, redness or heat in joints, limited movement, early-morning stiffness, and skin changes, including rashes and growths.

Podiatrists are often the first to diagnose a patient's arthritis. Treatment can take many forms, including physical therapy, exercise, and medication. Regular check-ups are vital to managing the condition successfully.

General foot health

In addition to shoes that fit properly, it's important to choose socks, pantyhose, or stockings that also fit well. If you have corns or calluses, never cut them with a razor, pocket knife, or other sharp instrument. Consult a podiatrist and only use over-the-counter foot products if he or she advises it. Bathe your feet daily in lukewarm water with a mild soap that contains moisturizers, or use a separate moisturizer after your bath or shower. Trim or file toenails straight across and inspect your feet every day. If you notice redness, swelling, cracks in the skin or sores, see your podiatrist.



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What Men Should Know About Prostate Cancer and Radiation Therapy

By Dr. Kevin Kozak

Every September, National Prostate Cancer Awareness Month presents an opportunity to increase awareness and discussion on prostate cancer, the second most common type of cancer among men in the U.S.

Nearly one in eight men will be diagnosed with prostate cancer during their lifetimes. The American Cancer Society estimates there will be 248,530 new cases diagnosed in 2021, and 34,130 deaths will be attributed to prostate cancer.

While these statistics may come as an unsettling shock, the disease is survivable. In fact, more than 3.1 million men in the U.S. who have been diagnosed with prostate cancer are still alive today.

Early detection, effective treatments and continued research are our best allies in the battle against prostate cancer.

Risk factors

Prostate cancer is more likely to develop among older men. That means the older a man is, the greater the chance of getting prostate cancer. Approximately six in every ten cases of prostate cancer are diagnosed in men 65 and older, and the average age at diagnosis is around 66.

Family history, race and diet are also risk factors associated with the disease. Men have a higher chance of getting or dying from the disease if they have family history of prostate cancer.

Detecting cancer early

Prostate cancer can be found early by testing for prostate-specific antigen (PSA) levels in a man's blood or with a digital rectal exam. Rectal exams are performed by a doctor who feels for any bumps or hard areas on the prostate that might be cancerous. The procedure can be uncomfortable but only requires a short amount of time.

Screening tests remain the most effective way to detect prostate cancer at an early stage, which allows patients to have more treatment options and higher survival rates.

Treatment & radiation therapy

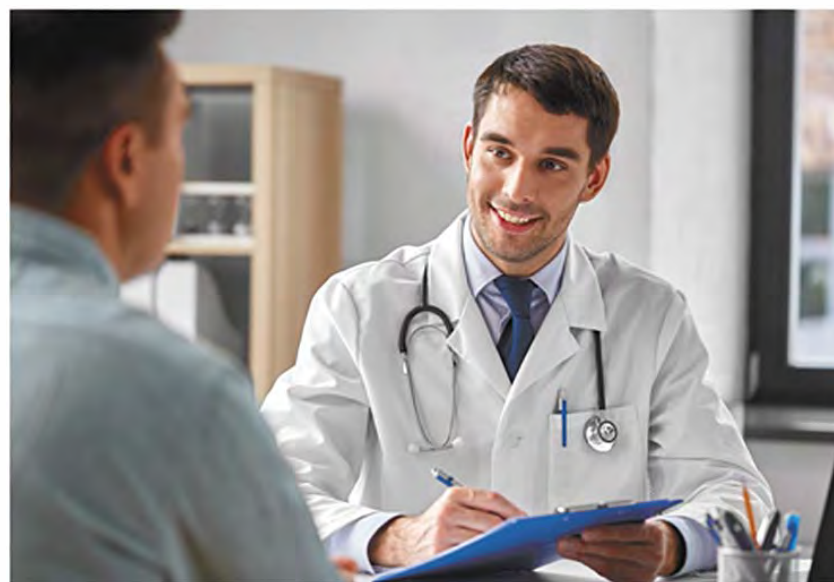
When it comes to treating prostate cancer, it's not a question of which treatment is better but rather which option best fits the patient's specific needs. There are many factors to consider when recommending treatment, some of which include:

- The wishes of the patient.
- The stage of cancer.
- The patient's age and health.
- The recurrence of prostate cancer.

Most men with prostate cancer are diagnosed early, when the cancer hasn't spread beyond the prostate gland. In this case, more management options are available, some of the most common include radiation therapy and surgery. In fact, some patients require no treatment and can be carefully monitored.

Fortunately, if radiation therapy is recommended, advances in technology have dramatically improved. Radiation therapy serves as safe and effective treatment for prostate cancer and uses high-energy rays to precisely target and destroy cancer cells.

Radiation techniques have greatly improved in minimizing the side effects of treatment so that patients can return to their daily lives following



each treatment. Using industry-leading machines, patients can complete a full course of radiation with little inconvenience due to more highly effective methods of prostate cancer treatment.

You might find it helpful to discuss your decision with family, friends or more than one medical opinion. At Advocate Radiation Oncology, we continue to stand proudly with our patients in their fight against prostate cancer.

About the Author

Dr. Kevin Kozak is a board-certified radiation oncologist at Advocate Radiation Oncology, a locally owned and operated practice with offices in Fort Myers, Cape Coral, Port Charlotte, Bonita Springs and Tamarac. For more information, please visit AdvocateRO.com.

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HOW OFTEN SHOULD I REPLACE MY HEARING AIDS?

By Dr. Noël Crosby, Au.D.

My patients often ask me: "How often should I replace my hearing aids?" The answer to this question can depend upon a number of important factors. Some of these factors are:

1. Are your current hearing aids functioning well?
2. Are your current hearing aids fully meeting your hearing needs?
3. Are your current hearing aids 4-6 years old?
4. Is it worth upgrading to take advantage of new hearing aid technology?

1. Are your current hearing aids functioning well?

For hearing aids to work correctly they require regular maintenance and an occasional repair. Hearing aids are worn on the body, and they go wherever you go. Hearing aids are exposed to rain, high humidity, extreme temperatures, dust, dirt, etc. Also, the ear is a very hostile environment and at least a portion of every hearing aid sits inside the ear canal. Ear canals contain moisture and earwax and these two things can have the result of a hearing aid not working well or not even working at all. Without regular maintenance, the performance of your hearing aids may change gradually over time because microphones, speakers, and other important components become "clogged up" with moisture, wax, and other debris. If your hearing aid begins to need frequent repairs, it might be time to look into purchasing new devices. If your hearing aids have been repaired multiple times and they keep breaking, this may be a sign for you to replace them.



2. Are your current hearing aids fully meeting your hearing needs?

Age-related hearing loss is a degenerative condition, it usually gets worse as you get older. If you're not getting good performance from your hearing aids, it may be time to see your hearing care professional for an adjustment or to find out if your hearing has changed to the point where it's beyond the range of your current hearing aids. You may need to upgrade to a more powerful hearing aid that is capable of meeting your changing needs. If you believe your hearing and hearing aids are working at peak performance one way you can validate it would be to ask family and close friends their opinion too. Sometimes family and friends don't want to tell you that they have noticed changes in a loved ones hearing until that loved one asks!

3. Are your current hearing aids 4-6 years old?

Hearing aids generally tend to work at their best until they are about 4-6 years old. After this time frame, internal parts can begin to wear out and the

overall performance of your hearing aids won't be as good as it was during the first few years. If your hearing aids have been repaired multiple times and they keep breaking, this may be a sign for you to replace them. Consult with your hearing care professional to find out if it is the same problem that keeps occurring, or if it is a different problem every time before you decide to buy new ones. Sometimes the problem can be solved with a repair as minor as an easily replaced part.

4. Is it worth upgrading to take advantage of new hearing aid technology?

Hearing aid companies are technology companies and their technology seems to improve every couple of years. A hearing aid that is 5 years old is most likely at least two generations of technology behind what you are currently wearing. Recent advances in hearing technology have introduced a lot of features that weren't available just a few years ago. They can connect easily to many of the new electronic devices that surround us, computers, smartphones, audio equipment and more. Today there are more options than ever for size and fit. There are more colors, completely invisible devices, and newer more comfortable external hearing aids. It pays to keep up to date with advances in hearing technology, regardless of how well your current hearing aids are performing. It is always worth checking with or asking your hearing care professional if there is anything new that could be worth trying.

All these factors are important to consider if you are thinking of purchasing new hearing aids. If you would like to have more information about new hearing aids, please contact my office to schedule a complimentary consultation.

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Dry Eye is an Inflammatory Disease That Should Not be Overlooked

If you wake up and your eyes are barely lubricated, find it hard to blink enough tears, have a gritty sensation in your eyes throughout the day, or are feeling that your eyes are simply irritated, you might be suffering from "dry eye". It occurs when the quantity or quality of tears diminishes and can no longer lubricate the eye adequately. Quigley Eye Center wants to educate the community on the importance of getting a proper diagnosis and understanding the issues that coincide with Dry Eye by sharing the following publication from the AAO (American Academy of Ophthalmology) concerning dry eye.

American Academy of Ophthalmology—Understanding Dry Eye:

Dry Eye Syndrome is one of the most common problems affecting the general population and can cause problems that range in severity from mildly irritating to debilitating. Dry eye syndrome is a general term that describes the state of the front of the eye in response to a breakdown in the natural layer of tears that coats the front of the eye, called the tear film. Normally, this layer of tears is a stable, homogenous layer that not only provides the cornea and conjunctiva a healthy buffer from damage were it constantly exposed to the air, but this interface between the tear film and the air is also responsible for a significant amount of the focusing power of the eye. When the tear film becomes unhealthy, it breaks down in different places on the cornea and conjunctiva, leading not only to symptoms of irritation, but also to unstable and intermittently changing vision.¹

While there are numerous different symptoms one can experience, prominent amongst these symptoms is tearing; naturally, a patient may wonder why their eye can be "dry" despite producing plenty of tears. This is because the unhealthy tear film and the irritation that comes from it stimulates the brain to produce a wave or reflex of tears to help counteract the irritation. However, this reflex tearing is simply insufficient to correct the overall problem. For this reason, dry eye syndrome could more appropriately be termed "Tear Film Dysfunction."¹

Other symptoms of dry eye syndrome or tear film dysfunction include:¹

- Burning
- Stinging
- Itching
- Tearing
- Sandy or gritty feeling
- Scratchy or foreign-body sensation
- Discharge
- Frequent blinking
- Mattering or caking of the eyelashes (usually worse upon waking)
- Redness
- Blurry or fluctuating vision (made worse when reading, computer, watching television, driving, or playing video games)
- Light-sensitivity
- Eye pain and/or headache
- Heavy eye lids
- Eye fatigue¹

Epidemiology

Dry eye is a common ocular condition and a major reason for visits to ophthalmologists. Its prevalence varies widely among epidemiological studies depending on how the disease is defined and diagnosed, and which population is surveyed. It is estimated to be 7.4%–33.7%.¹

Moreover, the definition of dry eye is still under continual revision, and the lack of a single diagnostic tool challenges ophthalmologists worldwide. The 2007 Report of International Dry Eye Workshop recommended to combine subjective symptoms with objective clinical tests to confirm dry eye diagnosis.¹

Causes

- Allergies
- Decreased hormones associated with aging
- pregnancy
- Thyroid eye conditions
- Eyelid inflammation (blepharitis)
- Medication/supplement use, including psychiatric medicines, OTC cold medicines, anti-histamines, beta-blockers, pain relievers, sleeping pills, diuretics, Hormones replacement, and oral contraceptives
- Sjogren's syndrome (dry mucus membranes throughout body)

- Other autoimmune disorders including Lupus and/or Rheumatoid Arthritis
- Chemical splashes / injuries to the eyes
- Eye surgery
- Infrequent blinking, associated with staring at computer or video screens, and Parkinson's
- Environmental (dusty, windy, hot/dry)
- Contact lens use
- Neurologic conditions, including stroke, Bell's palsy, Parkinson's, trigeminal nerve problem,
- Exposure keratitis, in which the eyelids do not close completely during sleep
- Post refractive surgery (LASIK or PRK), it may generally last three to six months, or longer
- Inflammatory eye conditions, including Herpes virus infections and uveitis / Iritis
- Diabetes
- Vitamin A deficiency (rare in US)¹

Management

Depending on the causes, there are numerous treatments for dry eye syndrome / tear film dysfunction, but the more common treatment modalities include:

- Artificial tears (preferably ones without a redness-reliever component in them)
- Longer acting agents such as artificial tear gel and ointments and lacrisert
- Tear conserving interventions such as punctal plugs
- Warm compresses
- Eyelash scrubs
- Prescription medicines such as Restasis (increase tear-production) or Xiidra (mechanism unclear)
- Topical ophthalmic steroids are helpful in controlling the inflammatory aspect of the disease.
- Oral flaxseed oil or fish oil supplements 2000mg/day has also been found to be useful in alleviating symptoms and decreasing the frequency of topical agents.¹

Reference:

1. D. Bustos, MD, AAO, EyeWiki, "Dry Eye Syndrome," November 8, 2018 eyewiki.aao.org



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Hope and Optimism

By Pastor Timothy L. Neptune

Hope is confidence in God...not wishful thinking. To have hope is to trust in God to meet our needs...even in the midst of difficult times. When we do go through tough times our confidence in God can get a little rattled, as the Old Testament figure Job experienced. In the midst of his pain and heartache he cried out, *"Where then is my hope? Who can see any hope for me?"* (Job. 17:15)

Ultimately, hope comes from God. The Scriptures say, *"May the God of hope fill you all with joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit."* (Romans 15:13) Hope is an essential element of the Christian's life. In 1 Corinthians 13 the Apostle Paul included hope as one of the top three qualities of a person's life: *"And now these three remain: faith, hope and love. But the greatest of these is love."* (1 Cor. 13:13)

As followers of Christ, we are called to be dispensers of hope. We should exude a confidence and trust in God that demonstrates that we have hope. Yet I pose the question, "Can a person be filled with hope without being filled with optimism?" According to the encyclopedia, optimism is "to anticipate the best possible outcome." Can we demonstrate hope in God without anticipating the best possible outcomes of the situations we face?

I believe we can. In fact, I think hope is best exemplified when it is demonstrated in the face of negative circumstances. There are many times when hope and optimism go hand in hand. David had both when he faced Goliath. He had confidence in God and he expected the best possible outcomes...Goliath's defeat and an Israelite victory over the Philistines. And yet, there are many examples of people who had hope in God but did not anticipate the best possible outcomes.

Simon Peter is a good example. He and the disciples had been fishing all night and had caught nothing. They had worked so hard and yet still had nothing to show for their labors. And then Jesus tells them to cast out the net one more time. Simon did not expect to catch any fish. He was pessimistic. But, he had confidence in Jesus, so he cast the net. Though the circumstances did not look promising, his hope in God made up for his lack of optimism.

Esther is another good example. She had confidence that God would ultimately provide deliverance for the Jews but as she prepared to go before the King she said, *"...I will go to the king, which is against the law; and if I perish, I perish!"* (Esther 4:16) She demonstrated hope but not necessarily optimism.

The point is this: hope and optimism are not the same thing. You can still be hopeful even if you are not optimistic. You can still be a dispenser of hope even if you think you are going to face hard times ahead because you know that God will meet your needs.

Jesus didn't sound very optimistic when he said, *"These things I have spoken to you, that in Me you may have peace. In the world you will have tribulation (a rather pessimistic view); but be of good cheer (maintain your hope), I have overcome the world (which is the basis of our hope)."* (John 16:33)

Hope doesn't mean that the best possible situations will always occur, but it does mean that in some way God will bring something good or useful out of the situation. As we look into the future, we may not always be filled with optimism, but we must always be filled with hope...God is still in control!



Tim Neptune is the lead pastor of Venture Church in Naples, Florida. Venture Church meets on the campus of FSW State College on Lely Cultural Blvd. in East Naples. For times and directions, visit www.venturenaples.com.



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