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Health & Wellness[®] MAGAZINE

April 2022

Charlotte/South Sarasota Edition - Monthly

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**MODERNIZED
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THE FOREFRONT OF
PROSTATE CANCER
SCREENING**


**UNDERSTANDING
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- 2 Diabetic infections kill more people than breast cancer and AIDS. If diabetic, must see us now.
- 3 Ingrown toenails can lead to bone infection; we treat them fast.
- 4 Top pickleball injuries seen include foot fractures from ankle sprains.

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*AHCA 2019-2020 data, retrieved 10-01-21

Modernized Biomarkers at the Forefront of Prostate Cancer Screening

Prostate-Specific Antigen (PSA) came into use around 1990. This biomarker was a breakthrough in the diagnosis and management of prostate cancer. Men are now diagnosed at much earlier stages of the disease, and consequently, prostate cancer mortality decreased compared to the pre-PSA era. It should be noted that PSA testing needs to be combined with a digital exam for a thorough evaluation.

But it has certain limitations. Some men may find that the downsides of prostate cancer screening outweigh the potential benefits. Ultimately, whether to have a prostate cancer screening is something you should decide after discussing it with your physician, considering your risk factors, and weighing your personal preferences.

What is PSA?

Prostate-specific antigen (PSA) is a protein produced by both cancerous (malignant) and noncancerous (benign) prostate tissue. A small amount of PSA usually enters the bloodstream.

Prostate cancer cells usually make more PSA than do benign cells, causing PSA levels in your blood to rise.

Besides the PSA number itself, your doctor will consider several other factors to evaluate your PSA scores:

- Your age
- The size of your prostate gland
- How quickly your PSA levels are changing
- Whether you're taking medications that affect PSA measurements, such as finasteride (Propecia, Proscar) and dutasteride (Avodart)

PSA testing is sometimes combined with a digital rectal exam (DRE) to feel the prostate for abnormalities. Additionally, an elevated PSA does not mean prostate cancer is present. Benign prostatic hyperplasia and inflammation of the prostate can raise the number. There are now diagnostic tools like the 4K Score blood test and Select MDx urine test that gives additional information. Urologists use these studies to define further who does and does not need a prostate biopsy.



Is the PSA Test Right for You?

Based on the best available evidence to date, the American Urological Association has released guidelines for PSA screening for prostate cancer. However, these guidelines continue to evolve and should be individualized to each patient. To date, the guidelines are:

- Men younger than age 50 without significant risk factors for prostate cancer should not have routine PSA tests.
- Men older than age 70 benefit the least from screening, and men with a less than ten-year life expectancy should not be screened.
- Men between age 50 and 69 stand to benefit the most from screening, and each should have an informed discussion about the benefits and harms before being offered this testing.

In addition to the above guidelines, emerging data show that men with risk factors or concerns for prostate cancer may get a baseline PSA between age 45 and 49 to predict their future significant prostate cancer risk. Additionally, screening should be more intensive in African American patients as they are at a statistically higher risk of developing life-threatening prostate cancer.

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About Dr. Eric E. Coronato

Dr. Eric E. Coronato is Board Certified in Urology. He completed his Urology Residency at Albert Einstein Medical Center, Urology, Philadelphia, PA. His primary focus includes prostate procedures, kidney stones, male and female pelvic health procedures, and urologic cancers. Dr. Coronato is a member of the American Osteopathic Association. He treats patients in Port Charlotte and Punta Gorda, Florida.



About Dr. Marc A. Melser

Dr. Marc Melser completed his Urology Residency and Fellowship at Henry Ford Hospital in Detroit, MI. Dr. Melser manages all aspects of General Urology, such as kidney stones, low testosterone, benign prostate problems, and prostate cancer. He has lived and worked in Charlotte County since 1994. During that time, Dr. Melser served as the President of the Charlotte County Medical Society and as Chairman of Surgery for Fawcett Memorial Hospital and Bayfront Health Punta Gorda, Florida. Dr. Melser is a member of the American Urological Association, the American Medical Association, and the Florida Urological Society. He treats patients in Port Charlotte, Florida.



Treating Venous Ulcers at Joyce Vein & Aesthetic Institute

Venous dysfunction in the legs can lead to painful chronic skin ulcers that will not heal. To resolve this kind of problem correctly, there's only one solution: consult someone with extensive expertise in the field like Douglas H. Joyce, DO, founder of Joyce Vein & Aesthetic Institute in Punta Gorda.

"There are two systems of veins in the leg," explains Dr. Joyce. "The main system, in the middle of the muscles, is called the deep system. The other system is made up of all the veins you see under your skin, and are called the superficial veins. These two systems are connected by perforator veins. If you picture a ladder, with the superficial system being the left rail and the deep system being the right rail, the perforator veins are the rungs on the ladder going across between the two sides. The superficial side of the ladder is under low pressure, and the deep system side is under high pressure. Each perforator vein has a one-way valve. When you relax, the perforator valves open, and blood passively drains from the superficial into the deep system. When you walk, the deep system is compressed, generating the high pressure that returns blood back to the heart against gravity. All the valves in the perforators snap shut, so that the high pressure blood does not move out to the skin veins. "When perforator veins malfunction, each leg movement causes blood to flow backward at high pressure into the superficial system. This increases the pressure in the superficial system dramatically causing damage to the delicate superficial veins and skin. We call this problem chronic venous insufficiency and it is the cause of venous ulcers. Severe intractable ulcers can make life nearly unbearable. Patients suffer with painful, draining wounds which will not heal despite skin grafts and compression. The answer is to remove the reasons for the increased skin vein pressure by treating the dysfunctional perforator veins themselves."

Dr. Joyce has developed a non-invasive laser treatment called single needle ablation to accomplish this. Done in the office setting this procedure is performed through a small needle stick and takes



less than fifteen minutes. "Combined with our other venous laser treatments, we can reverse serious venous disease and heal "untreatable" ulcers that have been present on some cases for over a decade," states Dr. Joyce.

"It's tremendously rewarding to help these patients," adds Dr. Joyce. "Relatively few physicians treat this level of venous disease. We are pleased to be able to provide this care through The Ulcer Center at JVAI, not only to residents of Florida, but also to others who travel from around the country and even overseas to benefit from these procedures.

For more information and to schedule an appointment, call Dr. Joyce at 941-575-0123 or visit www.jvai.com

PATIENT TESTIMONIAL

I saw my leg had a little ulcer. It is not going away unless you fix it internally. Dr. Joyce understands this disease. He is always interested in you the patient. I was eager to come here because I wanted it done and I wanted it done right.

Michael C.



Dr. Douglas H. Joyce, DO, FACOS, FACPh
Cardiovascular & Thoracic Surgery

SPECIALITY

Triple Board Certified Phlebology (Venous Disease) Cardio-Thoracic & Vascular Surgery, and General Surgery

DEGREES

Bachelor and Masters of Science The University of Michigan, Ann Arbor

Doctorate Michigan State University, College of Osteopathic Medicine, East Lansing

Diplomate American College of Phlebology
American College of Osteopathic Surgeons International College of Surgeons

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Internship and Surgical Residency Lansing General Hospital, MI

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Former Assistant Clinical Professor of Surgery Department of Osteopathic Medicine, Michigan State University College of Osteopathic Medicine UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ



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Put Parkinson's on the Ropes with Boxing Exercise programs

By Scott Miller

While every individual has a unique game plan for living with Parkinson's disease (PD), exercise is an important part of the management strategy. Not only is it good for general health, but certain forms of activity can target specific Parkinson's symptoms. Although one distinct type of exercise isn't universally recommended for all people with PD, many have gotten hooked on non-contact boxing. A boxing program designed for people with Parkinson's is sweeping the nation.

This full-body workout focuses on balance, agility, and hand-eye coordination, all of which can be affected by Parkinson's. It also can build muscle strength, potentially help speech (some say grunting or yelling while punching aids with vocal projection), and even offer an outlet for frustration toward symptoms or the disease.

Like many types of exercise, boxing can ease a range of PD symptoms. Research suggests, however, that it might be doing even more with participants consistently showing improvements in walking, balance, performance of daily activities and quality of life in people who boxed regularly. Researchers are working to learn more about how exercise benefits people with Parkinson's and which symptoms respond to which types and levels of activity.



What is boxing for Parkinson's?

Parkinson's boxing classes are non-combat workouts, meaning you won't be fighting another person. Classes typically include exercises that help you improve hand-eye coordination, agility, speed, endurance, and strength. It can be modified for all levels of ability from high-active to low-passive such as sitting in a chair vs standing. It's really about the motion rather than donning boxing gloves and taping the wrists. The reach, the stretch, the rapid flexion and extension.

Benefits of boxing...

Boxing has received a lot of attention as a form of high intensity exercise with the potential to be engaging and accessible for people with chronic diseases.

A recent study compared boxing training to traditional group exercise on function and quality of life in a group of 31 adults with Parkinson's disease. The researchers found both groups had improvements in:

- balance
- mobility
- quality of life

While **ONLY** the boxing group had improvements in gait, velocity, and endurance

While we continue to learn more about Parkinson's disease and exercise, we do know that living an active lifestyle supports overall health. No matter what kind of exercise you choose -- boxing, biking or swimming -- if you enjoy it, you'll be more likely to make it a habit!

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Colorectal/Colon Cancer

When it comes to colorectal cancer, the facts can be scary. Fortunately, the availability of effective early screening and the ease of making simple lifestyle changes brighten the outlook.

Overall, in the U.S., 1 in 23 men (4.3%) and 1 in 25 women (4%) are at risk of developing colorectal cancer in their lifetime. It is the third most common form of the disease and the second leading cause of cancer death in the nation.

Colorectal, or colon, cancer encompasses cancer of the colon and the rectum, which are parts of our digestive system that process and help pass foods, water and waste material out of the body. The colon, or large bowel, is the first part of the large intestine and is about five feet long. The rectum and anal canal make up the last part of the large intestine, at six to eight inches long. The anal canal ends at the anus, the opening of the large intestine to the outside of the body.

This form of cancer occurs when cells grow out of control. These abnormal growths, called polyps, can over time become cancerous.

Few Early Warning Signs

There are often no signs or symptoms of colorectal polyps or cancer, which is why screening is so important. As a tumor grows, it may bleed or block the intestine. The most common warning signs include blood in the stool or in the toilet after a bowel movement, dark or black stools, or bleeding from the rectum. Any symptoms should be reported to your primary health care provider right away.

Early Screening Tests Matter

Screening tests can detect polyps at an early stage, so they can be removed before turning into cancer. According to the Colon Cancer Coalition, when detected in its early stages, colon cancer is more likely to be cured, treatment is less extensive, and recovery is much faster. The five-year survival rate when colon cancer is diagnosed at early stages (Stage 1 and Stage 2) is 90 percent.

Know Your Screening Options

The risk of developing colorectal cancer increases with age. The majority of cases occur in adults age 50 and older. For colon cancer, the average age at diagnosis is age 68 for men and age 72 for women. For rectal cancer, it is age 63 for both men and women.

The American Cancer Society recommends regular screenings beginning at age 45. The five most common tests are summarized here by the National Cancer Institute:



- 1. Fecal occult blood test** checks for blood in the stool that can only be seen with a microscope.
- 2. Sigmoidoscopy** uses a thin, tube-like instrument to look inside the rectum and lower colon for polyps, abnormal areas or cancer. Polyps or tissue samples can be removed and checked under a microscope for signs of cancer.
- 3. Colonoscopy** is a procedure that looks inside the colon and can remove polyps or tissue samples to be checked for cancer.
- 4. Virtual colonoscopy** takes a series of x-ray images to show polyps or other abnormalities on the inside surface of the colon.
- 5. DNA stool test** checks DNA for genetic changes that may signal cancer.

Decisions about screening tests and preparing for them may cause anxiety. It's best to consult your doctor to gain a full understanding of the benefits and any risks, and determine which test is recommended for you and how often you should be screened.

Know Your Risks and How to Reduce Them

If you have Crohn's disease, ulcerative colitis or other inflammatory bowel disease or a family history of colorectal polyps or cancer, you may be at higher risk. Radiation to the abdomen or pelvic area to treat prior cancers can also increase risk.

A lack of regular physical activity, being overweight or obese, a diet high in fat and lacking fruits and vegetables, as well as tobacco use and alcohol consumption, can also contribute.

A cancer diagnosis at any age can be life changing. Colorectal cancer treatments can include surgery, chemotherapy and radiation therapy. Your physician will personalize treatment options for your unique needs. Increasingly, thanks to ongoing clinical advancements, a growing number of patients diagnosed with colon cancer will go on and live a normal life.

World-Class Cancer Treatment Close to Home

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WILL MY HEEL PAIN EVER GO AWAY?

The dreaded **Heel Spur Syndrome** or **Heel Pain** is a term that many are unfortunately familiar with. It sidelines elite and novice athletes, alike. Many want to know if their heel pain will ever go away and when they will be able to return to their prior activity level without the recurrence of this offending heel pain?

First, let's start with a basic understanding of plantar heel pain also known as plantar fasciitis (PF). Contrary to what a majority of people believe, it is not the bone spur that causes the pain. Rather, it is caused by damage to the plantar fascia. The plantar fascia is a thick-band in the bottom of your foot that provides arch support and shock absorption. Pain associated with PF is typically isolated to the plantar heel (where the plantar fascia inserts on the heel bone) and can occur in the arch region as the plantar fascia travels from the heel to the ball of your foot. Pain can be severe with your first step in the morning or after being seated for an extended period of time. The pain may improve with movement only to return again. If the pain has been present for a short time, it is mainly inflammatory and a strain of the fascia (acute phase). If the pain has been present longer than six months, it is no longer inflammatory but related to degenerative changes. Chronic scar formation is seen with micro-tears of the fascia in this latter stage.

As an active person or athlete there are many factors that you can control to prevent PF. For instance, your training program plays an integral role. You want a program that gradually increases your activity level. This includes both the length and intensity of your program. For example, if you are a long distance runner your weekly mileage

should gradually increase. Sudden increases greatly increase your risk of developing PF. In addition, one should consider the environment he or she is training in. Athletes should avoid or limit training on hard surfaces like asphalt or uneven terrain. Hills or other steep inclines should also be gradually incorporated rather than sudden changes in one's routine. When training, an individual's exercises should be strategically planned. Activities that are very demanding or have a higher risk of injury (if performed incorrectly) should be performed early in your workout. For example, box jumps have a high risk of Achilles injury and/or plantar fascia injury if done improperly. They are a great example of an exercise that should be performed early in your workout. Footwear is another important factor. A person's footwear should be the appropriate size and be specific for that sport or activity-taking place. Worn down shoes or insoles must never be used during any activity or sport related activity. My recommendation for athletes, especially long distance runners, is to alternate shoes and/or insoles, as well as, changing your footwear or insoles every 6 months (this can vary depending on your activity level, sport, and how often a user alternates their insoles).

Incorporating recovery into one's training program is a preventative measure to aid in the prevention of PF. This include various myofascial release techniques like foam-rolling, hyper-volt, and massage. Stretching is another key component. A tight Achilles tendon directly contributes to developing heel pain. Routinely performing Achilles stretching exercises can significantly reduce the chances of developing heel pain and prevent recurrence. Finally, consideration of one's foot type is essential. For example, someone with flat feet should use some type of orthotics for arch support.

Awareness of potential causes of heel pain and the ability to manage the risks can greatly reduce the likely hood of developing PF and prevent recurrence. If you or someone you know develops heel pain, I highly recommend seeking professional treatment as soon as possible. A professional medical provider will be able to determine the exact cause of the heel pain. Once the etiology of the heel pain is determined, an appropriate treatment plan will be initiated specific to the patient's lifestyle, foot type, and designed around any sport related activity the patient is engaging in. The sooner professional treatment is given; the sooner the patient can return to their prior activity level.

Isin Mustafa DPM, MSHS, AACFAS

For more information, you may contact Dr. Isin Mustafa at Family Foot & Leg Center at (239) 430 - 3668 (FOOT). Family Foot & Leg Center has 8 locations throughout Collier, Lee, & Charlotte Counties to quickly resolve all your foot and ankle problems.

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WE KEEP YOU WALKING



Diabetic Retinopathy: You May Not Know You Have It

By Scott Prickett, O.D.

All of us should be getting our regular eye examinations to make sure our eyes are healthy, but the importance of people with diabetes getting their recommended exams is critical. In both type 1 and type 2 diabetics, the high blood sugar is highly involved in damaging the delicate blood vessels in the retina. This damage is called diabetic retinopathy. In diabetic retinopathy, serious complications can cause significant vision loss if left untreated. Sudden vision loss from these complications, such as, a vitreous hemorrhage, or tractional retinal detachment is extremely threatening issues that can cause blindness.

According to the American Academy of Ophthalmology:

Diabetic Retinopathy

You can have diabetic retinopathy and not know it. This is because it often has no symptoms in its early stages. As diabetic retinopathy gets worse, you will notice symptoms such as:¹

- Seeing an increasing number of floaters
- Blurry vision
- Vision that changes sometimes from blurry to clear
- Seeing blank or dark areas in your field of vision
- Having poor night vision
- Noticing colors appear faded or washed out
- Losing vision

Diabetic retinopathy symptoms usually affect both eyes

Treatment Options:

Medical control

Controlling your blood sugar and blood pressure can stop vision loss. Carefully follow the diet your nutritionist has recommended. Take the medicine



your diabetes doctor prescribed for you. Sometimes, good sugar control can even bring some of your vision back. Controlling your blood pressure keeps your eye's blood vessels healthy.¹

Medicine

One type of medication is called anti-VEGF medication. These include Avastin, Eylea, and Lucentis. Anti-VEGF medication helps to reduce swelling of the macula, slowing vision loss and perhaps improving vision. This drug is given by injections (shots) in the eye. Steroid medicine is another option to reduce macular swelling. This is also given as injections in the eye. Your doctor will recommend how many medication injections you will need over time.¹

Laser surgery

Laser surgery might be used to help seal off leaking blood vessels. This can reduce swelling of the retina. Laser surgery can also help shrink blood vessels and prevent them from growing again. Sometimes more than one treatment is needed.¹

4 Ways to Prevent Vision Loss from Diabetic Retinopathy

1. If you have diabetes, talk with your primary care doctor about controlling your blood sugar. High blood sugar damages retinal blood vessels.
2. Do you have high blood pressure or kidney problems? Ask your doctor about ways to manage and treat these problems.
3. See your ophthalmologist regularly for dilated eye exams. Diabetic retinopathy may be found before you even notice any vision problems.
4. If you notice vision changes in one or both eyes, call your ophthalmologist right away.

Get treatment for diabetic retinopathy as soon as possible. This is the best way to prevent vision loss.

Source:

1. N Gregori, M.D., *Diabetic Retinopathy: Causes, Symptoms, Treatment*, September 14, 2021, <https://www.aaa.org/eye-health/diseases/what-is-diabetic-retinopathy>



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Quigley Eye Specialists, founded in 1988, consists of more than 100 medical professionals, including surgeons, optometrists, retina specialists and technicians. Offices are conveniently located throughout Southwest Florida in Sarasota, Venice, North Port, Port Charlotte, Punta Gorda, Cape Coral, Fort Myers, Lehigh Acres, Bonita Springs, Naples and Coral Gables.

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About Quigley Eye Specialists

Dr. Prickett is a Board-Certified Optometrist with Quigley Eye Specialists, a world-class eye care practice specializing in cataracts, laser cataract surgery, glaucoma, iLASIK, dry eye, eyelid surgery, retinal issues, corneal conditions, facial plastic surgery and routine eye care. Dr. Prickett specializes in full-scope optometry including preoperative and post-operative surgical care, primary care, ocular disease treatment and management. Quigley Eye Specialists has served the region for more than 30 years with locations throughout Florida including Sarasota, Venice, North Port, Port Charlotte, Punta Gorda, Cape Coral, Fort Myers, Lehigh Acres, Bonita Springs, Naples and Coral Gables.

UNDERSTANDING HEAD AND NECK CANCERS

By Dr. Alan Brown

When patients receive a cancer diagnosis, they typically ask how it developed. Pinpointing a cause can be difficult.

Risk factors for head and neck cancer can often be attributed to use of tobacco products and alcohol, viral infections, genetics or exposure to occupational hazards like sawdust, asbestos or radiation, among other factors.

April is Head and Neck Cancer Awareness Month, and the board-certified radiation oncologists at Advocate Radiation Oncology join their colleagues nationwide in raising awareness about the risks, symptoms and treatment options for head and neck cancer, which accounts for nearly 4% of all cancers in the U.S.

Advocate's world-class physicians are experienced in treating the gamut of head and neck cancers, as well as breast, prostate, lung, brain, rectal, liver, bone, cervical and other types of cancers.

Brain Cancer vs. Head and Neck Cancer

Brain tumors can grow quickly, have a multitude of severe symptoms and disrupt the way your body functions, so it's understandable that a brain cancer diagnosis is worrisome. However, brain cancer is different than head and neck cancer, a broad term describing a group of cancers affecting the throat and sinuses. According to the American Cancer Society, there are five primary types of head and neck cancers:

- **Laryngeal and Hypopharyngeal Cancer:** voice box and lower throat
- **Oral Cavity and Oropharyngeal Cancer:** mouth and middle throat
- **Nasopharyngeal Cancer:** upper throat behind nose
- **Nasal Cavity and Paranasal Sinus Cancer:** nose and openings behind nose
- **Salivary Gland Cancer:** glands that make saliva



The variety of head and neck cancers also means symptoms can vary. Common signs and symptoms include lumps, hoarseness, sores, pain swallowing, nasal congestion or difficulty breathing, numbness, ear pain, ear infections, loosening of teeth, weight loss and loss of hearing, taste or smell.

Survival rates vary by cancer type and stage, but can be high if detected and treated early.

Treatment Options

Radiation therapy is a popular treatment option that uses targeted doses of radiation to kill cancer cells by damaging the genetic material inside them. This treatment prevents cancer cells from growing and spreading.

Radiation oncologists work collaboratively with otolaryngologists, medical oncologists, surgeons and other medical professionals to develop a personalized treatment plan based on an individual's medical history, the cancer's present state and other factors.

Radiation therapy can be used as the sole treatment option or in combination with chemotherapy treatments and surgery.

Because head and neck cancers affect our critical senses – hearing, taste, smell and sight – there is no room for error during treatments. Advocate has invested in the most innovative, precise cancer-fighting equipment on the market today, including Varian's Halcyon, TrueBeam and Identify machines that measure precision within a millimeter. Such precise treatments minimize damage to surrounding tissue, and thus lessen potential side effects of radiation while reducing treatment times.

We know our bodies best. If you suspect something is wrong or have a concern, the first step is immediately contacting your primary care physician. From there, Advocate will partner with you and your physician to develop a comprehensive plan to defeat cancer.



About the Author

Dr. Alan Brown is a board-certified radiation oncologist at Advocate Radiation Oncology. For more information, please visit AdvocateRO.com.

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Psychological Benefits of Quitting

Quitting tobacco is the single most important thing you can do to improve your health.⁴ As soon as an individual quits, the body begins to heal³ however, the benefits of quitting are not limited to improvements in physical health – there are numerous psychological benefits as well.

According to the British Medical Journal, smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke.¹ There may be some initial feelings of stress and anxiety as an individual adjusts to a tobacco free life, however, research supports that those feelings are a temporary result of changing habits and adjusting to new behaviors.

Tobacco cessation services provided during addictions treatment enhances rather than compromises long-term sobriety. In fact, participation in smoking cessation efforts while engaged in other substance abuse treatment has been associated with a 25% greater likelihood of long-term abstinence from alcohol and other drugs.²

Smoking is associated with suicide risk, and the heaviest smokers have the highest risk. Quitting smoking improves overall quality of life which positively impacts mental health, including suicide risk.⁵

In addition to improvements in mental health, there are numerous benefits to physical health that accompany quitting tobacco. Quit tobacco today and join many other ex-tobacco users as they savor these benefits for years to come!

Help quitting tobacco is free! Gulfcoast South Area Health Education Center (GSAHEC), as part of the Group Quit option of Tobacco Free Florida's Quit Your Way program—offers free group quit sessions to help someone quit all forms of tobacco. These group sessions held virtually and in-person, provide information about the benefits of quitting, managing stress and triggers, 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*) is 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 Change in mental health after smoking cessation: systematic review and meta-analysis, Taylor et al. <https://www.bmj.com/content/348/bmj.g1151>
- 2 Catherine Theresa Baca, M.D., Carolina E. Yahne, Ph.D. Smoking cessation during substance abuse treatment: What you need to know, Journal of Substance Abuse Treatment, 36 (2009) 205-219
- 3 <https://www.cancer.org/healthy/stay-away-from-tobacco/benefits-of-quitting-smoking-over-time.html#>
- 4 <https://www.cdc.gov/tobacco/features/surgeon-generals-report/quit-smoking-for-better-health/index.html>
- 5 Tools to Quit: Area Health Education Center (AHEC) Cessation Program Participant Toolkit, Area Health Education Centers. 2018.



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APRIL: PARKINSON'S DISEASE AWARENESS MONTH

2022 PARKINSON'S DISEASE SPRING SYMPOSIUM

By Ramon A. Gil, M.D., Medical Director, Parkinson's Disease Treatment Center of SWFL

Dear Friends:

Welcome to a new year of progress and innovation in the field of Parkinson's Disease (PD). Advances in PD research are not limited to the availability of new and better drugs, but also to a better understanding of the disease process. This understanding leads us to better targeted treatments for the disease and its complications, as well as new diagnostic tools to facilitate diagnosis when it is not clear. PD is presently "the fastest growing brain disorder, even faster than Alzheimer's" (Dorsey, R. et al. "A Prescription for Action. Ending PD"). The number of Americans with PD has increased by 35% in the last 10 years alone.

As the oldest medical organization in SW FL committed to promoting education and empowerment of PD patients and their family members, *Parkinson's Disease Treatment Center of SWFL, in association with the Charlotte County Medical Society, is proud to present the 2022 PD Symposium.* This year we are taking a multi-specialty clinic approach, one in which you will enjoy presentations from different specialists all involved in the evaluation and treatment of patients like you. Knowledge is the best remedy for fear, and we will make sure to educate you in areas that could negatively impact your quality of life if they are not properly addressed.

I will have the pleasure of opening the program with a presentation to help you personally judge whether your case of PD is optimally treated or controlled. Knowing that there are no two identical patients with PD, you need to understand what the medications do and what is available today to optimize your treatment. We will review clinical vignettes to illustrate the challenges you face and their available solutions.

Following a visit to the neurologist, you will attend a presentation by Dr. Manuel Hernandez. He is a Board-Certified Dermatologist and Fellowship Trained Mohs Surgeon who will review skin cancer, particularly melanoma, which is seen seven times more often in PD patients compared with non-PD individuals. He will teach you how to recognize these spots on your skin and how to reduce the risk of developing this potentially fatal form of cancer. Melanoma is one of the likeliest forms of cancer to spread to the brain, only lung and breast have higher percentages of spread.



The third presentation is about sleep disorders in PD. Ever since James Parkinson described this condition in 1817 and named it "Shaking Palsy", sleep disturbances have been reported as part of PD. These problems often impair your quality of life in ways never considered before. Until 20 years ago, we were not fully aware that the non-motor symptoms of PD, including sleep disturbances, are often more disabling than the motor-symptoms. Dr. Ernesto Eusebio, a sleep medicine specialist practicing in Lee County, will educate you about sleep hygiene and sleep apnea in the context of PD. Here we hope to help you improve your sleep patterns, allowing you to feel stronger and more energetic during the day. It is important to mention that untreated sleep apnea will increase the chances of developing dementia in PD and non-PD patients alike.

After a coffee break, we will bring you to a dental office. Yes, a visit to the dentist! You have all heard about the gut-brain axis and the research suggesting that PD starts in the intestines. Well, your mouth is a very important part of your digestive system, and you need to take very good care of it, especially if you have PD. Dr. Jose Gil will discuss dental habits that can prevent significant and needless complications over time. He will also present important information regarding new data supporting the association between dental health and dementia. Dr. Gil practices dentistry in the Lehigh Valley, PA.

Our last presentation is by Dr. Philip Tipton, Movement Disorder neurologist and faculty member of the Mayo Clinic in Jacksonville. Dr. Tipton will review the latest surgical options (Deep Brain Stimulation) as part of treatment for PD. Learn why and when you should consider surgical intervention. Dr. Tipton will explain why it does not make any sense to wait until all other options have been exhausted before considering DBS.

We will conclude the afternoon with a session of open Q & A.

We hope you will all join us. Please register now! As in previous years, seating is limited and we anticipate a full house.

AGENDA

11:30 am - 12:30 pm
On Site Registration and Lunch

12:30 pm - 12:45 pm
Welcome and Opening Remarks
- Ramon A. Gil, M.D.

12:45 pm - 1:30 pm
Is Your Parkinson's Disease Optimally Treated?
- Ramon A. Gil, M.D.

1:30 pm - 2:15 pm
Skin Cancer and Parkinson's Disease
- Manuel Hernandez, M.D.

2:15 pm - 3:00 pm
Parkinson's Disease, Sleep Hygiene
and Sleep Apnea
- Ernesto Eusebio, M.D.

3:00 pm - 3:30 pm - Break

3:30 pm - 4:15 pm
Dental Care in Parkinson's Disease
- Jose Gil, D.M.D.

4:15 pm - 5:00 pm
Deep Brain Stimulation: who, when and why?
- Philip Tipton, M.D.

5:00 pm - 5:30 pm
Questions & Answers
- Faculty

5:30 pm Adjourn



**For more info or to register
contact Jennifer at Dr. Gil's Office:
Phone (941) 743-4987
Fax (941) 743-4486
office@parkinsonsfl.com**



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Parkinson's Disease
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For more info or to register
contact Jennifer at Dr. Gil's Office:
Phone (941) 743-4987
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office@parkinsonsfl.com

Program Director:

- **Ramon A. Gil, M.D.**
Diplomate, American Academy of
Psychiatry and Neurology
Diplomate, American Board of Internal Medicine
Medical Director,
Parkinson's Disease Treatment Center of SW FL

Guest Speakers:

- **Manuel Hernandez, M.D.**
Private Practice,
Manuel H. Hernandez, MD, PA
Port Charlotte, FL
Board Certified Dermatologist
Fellowship Trained Mohs Surgeon

- **Philip Tipton, M.D.**
Assistant Professor of Neurology,
Mayo Clinic Clinician Investigator Fellow,
Mayo Clinic, Jacksonville, Florida
- **Ernesto Eusebio, M.D.**
Sleep Medicine Specialist,
Lee Health/Lee Physician Group,
Fort Myers, FL
- **Jose Gil, D.M.D.**
Private Practice at
Hamilton Dental Designs
Allentown, PA
Fellow, International Congress
of Oral Implantology

*Meet Our
Faculty*



Ramon A. Gil, M.D.



Manuel Hernandez, M.D.



Ernesto Eusebio, M.D.



Jose Gil, D.M.D.



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INFLAMMATION AND PARKINSON'S DISEASE

By Nasser Razack, MD, JD

April is Parkinson's awareness month. There are many actions we can take to impact the future of Parkinson's disease, but none greater than its prevention. Our emphasis must switch from the treatment of the disease to its prevention by promoting better health and well-being.

Inflammation is our immune system's response when the body is attacked by foreign substances. It allows the body to defend itself by producing a hostile environment to kill unwanted intruders. Inflammation is great when our body is under attack; however, inflammation can also be triggered to attack normal healthy tissue. In this scenario, inflammation produces a hostile environment within the body that damages healthy tissue instead of destroying unwanted invaders.

For decades, inflammatory changes have been recognized to occur within the brain of patients with Parkinson's disease. However, it was only recently that inflammation has been identified as a cause, and not merely a result, of this progressive disease.

Inflammation within the brain has unique inflammatory markers specific to their corresponding inflammatory disease. For example, inflammation of blood vessels within the brain results in arterial plaque that reduces blood flow (Figure 1). Inflammation in the brain of Alzheimer's disease patients results in the production of amyloid plaques and neurofibrillary or tau tangles (Figure 2). On the other hand, inflammation in the brain of Parkinson's disease patients results in the production of Lewy bodies (Figure 3).

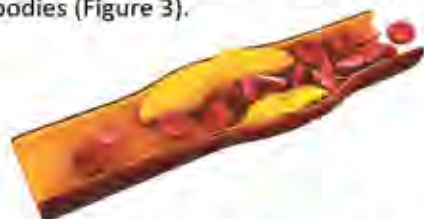


Figure 1. Arterial plaque is an inflammatory marker resulting from inflammation of blood vessels.



Figure 2. Alzheimer's disease "plaques" and "tangles" are inflammatory markers of inflammation in the brain.



Figure 3. Parkinson's disease Lewy bodies are inflammatory markers of inflammation in the brain.

It is not imperative to recall the names of these different inflammatory-related structures. Instead, it is more important to realize that all of these structures—arterial plaque, Alzheimer's disease-related plaques and tangles, and Parkinson's disease-related Lewy bodies—have long existed within the brain of patients with these progressive disorders. In fact, there is evidence that inflammatory markers begin to accumulate in people as young as 20 years old. As these markers proliferate, they trigger more inflammation which results in the formation of more of these inflammatory markers. This positive feedback cycle results in the progression and severity of the specific disease.

Numerous studies have been conducted to address factors that may contribute to the development of these progressive diseases. An article published in the *Annals of Clinical and Translational Neurology* on May 31, 2018, demonstrated certain types of immunosuppressant drugs administered to patients resulted in a lower risk of developing Parkinson's disease. Additionally, the long-term use of ibuprofen (also an anti-inflammatory drug) for pain relief was associated with a lower risk of Alzheimer's disease, according to a study published in the May 6, 2008 issue of *Neurology*®. This study demonstrated people who used ibuprofen for over five years were more than 40 percent less likely to develop Alzheimer's disease. The results also demonstrated that the longer ibuprofen was used, the lower the risk for dementia.

Now you're probably thinking that all you have to do is take these drugs to reduce your chances of developing Alzheimer's or Parkinson's disease, right? Well not exactly. Although studies demonstrate the reduction of both Alzheimer's and Parkinson's disease with these drugs, both drugs have significant side effects. In fact, nonsteroidal anti-inflammatory drugs (NSAIDs) have been associated with the increased risk of heart attack and stroke, not to mention liver, kidney and G.I. problems.

But what if we could reduce inflammation in the body without significant risk? Are there substances existing in nature that can naturally accomplish this without the negative side effects?

The answer is **YES!** In fact, recent research demonstrates that the dietary intake of polyphenols or phenolic compounds may exert neuroprotective properties that target multiple negative processes which result in cognitive disorders such as Alzheimer's and Parkinson's disease. While the investigation of the effects of these substances is still early, two things are certain. First, these compounds are well tolerated with little if any side effects and second, they are extremely potent anti-inflammatory agents. Additionally, polyphenols are now known to undergo metabolism and transformation by the gut microbiome into other bioactive molecules whose effects on the brain may be considerable.

Stroke, Alzheimer's and Parkinson's disease are inflammatory-based disease processes with specific inflammatory markers. These inflammatory markers and conditions in the brain and other parts of the body result in a positive feedback cycle, culminating in end-stage disease whether it be Parkinson's, Alzheimer's or stroke. Theoretically, blocking brain inflammation and other degenerative processes can delay the onset of inflammatory-based neurodegenerative diseases such as Parkinson's and Alzheimer's. For example, twin-based studies have demonstrated the use of ibuprofen can delay the onset of Alzheimer's disease and thus its incidence.

Recently, however, animal models have established that polyphenol compounds such as curcumin are more effective than ibuprofen and other nonsteroidal anti-inflammatory drugs in blocking inflammation with nearly no side effects. Neurcumin® is an all-natural supplement which, in addition to curcumin, contains many other polyphenols and other natural agents uniquely formulated to synergistically fight inflammation. To learn more about Neurcumin® and the prevention of inflammatory diseases such as Parkinson's, Alzheimer's, stroke and heart attack, please visit Neurcumin.com. You may also call 727-289-7139 or email us at strokenerd@gmail.com for more information.



About Nasser Razack, MD, JD

Dr. Razack currently practices as a neurointerventional surgeon in Naples, Florida. He dedicates a significant portion of his practice to educating in the diagnosis, treatment and prevention of stroke. He completed his medical training at the University of Virginia in Charlottesville, Virginia.

STRESS AWARENESS MONTH

Stress is inevitable, and stress is unavoidable. Stress is universal, and stress occurs daily for all living things. Stress is so profound that the **entire month of April** has been declared the **Stress Awareness Month** by The Health Resource Network (HRN). The HRN is a non-profit health education organization with a national, cooperative effort that strives "to inform people about the dangers of stress, successful coping strategies, and harmful misconceptions about stress prevalent in our society" (HRN).

The HRN was founded by board-certified internal medicine physician and corporate medical director Dr. Mort Orman in 1992, making **April 2022** the 30th anniversary of this group's mission. By increasing public awareness about the significant effects of stress, the HRN hopes to unite experts with those struggling with stress's negative connotations and consequences.

Like most things in life, stress can be perceived as either detrimental or beneficial towards one's health and well-being. While people face a variety of stressors all the time, everyone manages and copes with their stress differently. The subsequent outcomes of these stressors on an individual's health and well-being are primarily determined by how one handles and addresses these inevitable encounters of daily living. Fortunately, in this day and age of technology, the internet is bursting with helpful tips, tools, and aids that concentrate on helping people deal with everyday stressors in ways that redirect stress to one's advantage.

Experts agree that the ideal method in overcoming stress begins with developing a solid understanding of stress and forming an awareness of stress and its influence on **psychological, social, and physiological** health and well-being. To best do so, many specialists recommend visualizing stress on a spectrum divided by two extremes; 0-100, for example. On the one end, you have **eustress**. **Eustress** is a type of stress that positively influences health and well-being. Eustress generally causes a sense of challenge that increases motivation and personal performance and can enhance one's desire to act or make meaningful change. Yet, on the other side, you have **distress**, the type of stress you are more likely to be familiar with.

Distress causes negative influences on a person's health and well-being and generally creates anxiety, tension, strain, and increases personal pressure. These emotional states tend to decrease motivation, decrease performance, and often manifest into debilitating mental and physical problems if left uncontrolled.

Now that you have a better grasp of stress, it is time to discuss safe ways of controlling it. In the spirit of Stress Awareness Month, we would be remiss not to discuss **medical marijuana** and how it has exploded in popularity over recent years. The State of Florida legalized medical marijuana thanks to its wide range of medicinal purposes and properties, particularly those related to anxiety and stress management. These facts are made evident by the sheer number of medical marijuana patients who have been qualified, approved, and treated by **certified medical cannabis doctors** and medical marijuana treatment centers (dispensaries) under Florida's Office of Medical Marijuana Use Registry (OMMU).

With proper oversight, the therapeutic usage of cannabis has been proven and validated to successfully manage and treat conditions directly associated with distress. Current research literature demonstrates that conditions such as insomnia, anorexia, depression, PTSD, IBS, and even substance abuse disorders like nicotine addiction, alcoholism, and benzodiazepine dependence, can now be treated or avoided altogether using medicinal marijuana. With the growing number of health care professionals who focus **solely on** medical marijuana treatment options for debilitating conditions linked to stress, medical marijuana experts can be found at **cannabis doctor's** offices such as **Compassionate Healthcare of Florida**.

Whether seasonal or permanent, Florida residents can now set up an appointment and get the care they need as early as today! Compassionate Healthcare of Florida (CHF) is a family-owned company established in 2019 in Naples, FL, and has recently opened its **second location** in **Cape Coral, FL**. They are now open and eager to connect Lee County residents in finding effective relief from the multitude of adverse conditions and unhealthy states unmanaged stress frequently creates.

If you believe you are one of the many millions of Americans suffering from unrelenting and unbearable stress-related anxiety, consider reaching out to the healthcare professionals at Compassionate Healthcare of Florida and hear how they may facilitate **same-day medical marijuana cards** on-site!

Additionally, in light of Stress Awareness Month, **throughout April**, Compassionate Healthcare of Florida will be offering all new patients, patient transfers, and patient renewals a limited-time **15% discount**. Just mention "Stress Awareness Month" or "Health and Wellness Magazine" and make this the perfect time to join the hundreds of others who have already experienced relief at CHF!

For more information on Stress Awareness Month or becoming a medical marijuana use patient, please visit www.flmmjhealth.com or dial **(833)-NEED-MMJ (833) 633-3665**.



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ARTHRITIC KNEE PAIN: DO YOU REALLY NEED SURGERY?

By Physicians Rehabilitation

Walking, standing and exercising put a lot of strain on our knees. For example, a person that weighs 150 lbs. walking up a flight of stairs will put approximately 500 lbs. of pressure on their knees with each step. Not only is the knee one of the most intricate of all the joints in the body, but they are also the most susceptible to arthritis. Multiple types of arthritis affect the knees, but osteoarthritis is by far the number one type that surpasses all others.

What is Osteoarthritis (OA) of the Knee?

Positioned between the three bones of the knee (the femur, tibia, and patella) the articular cartilage provides a smooth gliding surface and acts as a shock absorber. This cartilage is smooth and resilient but susceptible to wear and tear. Once the cartilage begins to break down it is difficult to stop and often the cartilage breaks down completely and wears away. This can cause soreness, swelling, and stiffness, and it is the beginning stages of osteoarthritis, or bone rubbing against bone, which in turn causes bone spurs and a great deal of discomfort.

Articular cartilage has no blood supply. The cells that make the cartilage are nourished by the synovial fluid, and hydrostatic pressure of the joint influences the health and pathological condition of arthritis. The wear and tear process can be slowed often by weight reduction, strengthening the muscles surrounding the joints, and by minimizing or reducing activities that put excessive weight on the knee joints. However, there are well-known non-invasive treatments that have helped numerous people regenerate knee joint function and tissue.

Osteoarthritis develops slowly, and the often the pain becomes worse with time. This type of arthritis is also known as degenerative joint disease, because it is often associated with the aging process. But occasionally, this process can also affect younger people too. The pain can be debilitating and interfere with daily activities, affect your ability to work and create limited range of motion in your life.

MANY PHYSICIANS WILL RECOMMEND SURGERY, BUT DO YOU REALLY NEED IT?



Knee Replacement Surgery is Permanent

Starting with a more conservative approach is a better choice. Knee replacement is a very extreme measure to take without considering all of your options for a condition as common as knee arthritis. Physicians Rehabilitation has an effective knee program that entails several non-invasive treatments that can alleviate pain, increase weight bearing and strength, and regenerate tissue.

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Viscosupplementation

Viscosupplementation is an FDA approved, guided, hyaluronic acid injection. It is a gel like substance that is very similar to the synovial fluid in our joints, which reduces inflammation and increases cushioning and lubrication of your knees immediately. This treatment protocol is used to treat the symptoms associated with arthritis.

Viscosupplementation (also known as hyaluronic acid injection) involves injecting a lubricating fluid into the knee joint to promote more comfortable knee movement, reduce friction in the joint, and slow the progression of arthritis. This treatment is also commonly paired with physical therapy to help strengthen the joint and improve range of motion. At Physicians Rehabilitation, we perform viscosupplementation with the guidance of advanced fluoroscopic technology to achieve enhanced precision and provide our patients with optimal results. Viscosupplementation is considered to be a safe procedure, and is covered by Medicare and most insurances.

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.

Research studies and clinical practice have shown PRP therapy is 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

We are a leading provider of nonsurgical orthopedic solutions in the Florida. We cater to patients of all ages and lifestyles who are at their wit's end with symptoms of osteoarthritis and other debilitating joint conditions. If you're ready to find meaningful relief from your knee pain, we encourage you to consult with our board-certified physicians about your non-surgical treatment options – even if other doctors have told you that surgery is the only answer.

Hearing Loss in Parkinson's Patients

By Dr. Noël Crosby, Au.D.

It is well known that aging is related to hearing loss. However, Parkinson's disease also affects the cochlea, which is the sensory organ of hearing.

The important neurotransmitter dopamine, the absence of which causes Parkinson's disease, helps to protect the cochlea from noise exposure. Inadequate dopamine can thus lead to damage to the cochlea and result in hearing loss.

Even though the most common causes of hearing loss are excessive noise and ageing, both causing dead or damaged hair cells in the inner ear, many people also suffer from hearing impairment due to other diseases associated with muscle degeneration.

The types of hearing loss are mostly defined by the cause or the character of the hearing loss. But the two major types of hearing loss are sensorineural hearing loss and conductive hearing loss. The other types of hearing loss are either sub-types or a combination of one of the two. A sensorineural hearing loss is related to hearing problems in the inner ear, whereas a conductive hearing loss is related to problems with conducting sound into the inner ear. Keeping an eye on developing certain health conditions is a part of the aging process everyone faces at some point, whether it's heart disease, dementia, or diabetes. But with more than 1 million confirmed cases and 60,000 patients in the U.S. diagnosed a year, Parkinson's disease is another potential concern that shouldn't be overlooked. Fortunately,



mounting research is providing the medical community with a better understanding of how doctors can treat the neurological condition and any red flags that could help them detect and diagnose it as soon as possible. And according to a new study, two particular symptoms could be the first signs of Parkinson's disease.

Allison Inzerro writes *Epilepsy, Hearing Loss Might Signal Future PD Diagnosis*, published on March 10, 2022 in the *American Journal of Managed Care*. "Researchers said two additional warning signs of Parkinson disease (PD) may be the onset of hearing loss and epilepsy years before the hallmark features of the disease appear, adding new weight to the idea that the neurological condition has a long prodromal phase."

The study was carried out in London, where everyone has access to universal health care and where investigators were able to delineate which manifestations and issues led patients to visit primary care in the decade before receiving a PD diagnosis."

Being able to hear, and engage with the world, is key to a healthy outlook on life; and an increased feeling of wellbeing. Regardless if hearing aids or other hearing assistive devices are needed, it is always a good idea to have your hearing checked periodically or as soon as you notice a loss of hearing, especially if it is a sudden loss.

Untreated hearing loss can cause a person to lose confidence, withdraw socially, become isolated or even depressed. What appears to be memory loss or dementia may be hearing loss. Depending on the cause of the hearing loss, a person's balance may be affected. Trying to get a loved one to see a hearing specialist and face their hearing loss isn't always easy but it's the right thing to do.

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DON'T LET SCIATICA NERVE PAIN GET IN THE WAY OF YOUR LIFE

By Omar Henriquez, M.D.

Anyone who has suffered from sciatica, a symptom referring to the pain that starts in the low back and radiates into one or both hips, buttocks and legs, knows how miserable it can be. Sciatica can manifest itself as anything from a stabbing, shooting pain to a burning ache that makes it difficult to get comfortable to a tingly sensation or weakness in the legs, or a combination of all of these sensations. Sciatica isn't a disease, but rather the symptom of a mechanical dysfunction affecting the nerves in the lower part of the spine.

When there is disorder or inflammation in the low back, the spinal nerves that pass into the legs can become irritated or pinched. The most common cause of sciatica is a herniated or "slipped" disc, where two adjacent vertebrae undergo enough pressure that the cushioning gel between them is forced outward. This "gel" can press against the nerves running from the low back into the legs.

Other common causes of sciatica are injury or inflammation of the piriformis muscle that sits within the buttocks, and can radiate pain into the hips and legs; spondylolisthesis, a condition wherein two vertebrae are pushed out of line and impinge a nerve; and spinal stenosis, which is a narrowing of the spaces within the spine that can cause friction against nerve roots. "A physical exam and appropriate diagnostic tests can help us determine the specific cause of sciatica pain so that an effective course of treatment can be developed," says double board certified Anesthesiologist and Interventional Pain Management, **Omar Henriquez, M.D.** from Family Spine and Pain Care Institute. "Luckily we have tremendous success with non-invasive treatments for sciatica, making surgery unnecessary for most sufferers."

Treatment for sciatica includes a change in resting platforms and/or postures, **Epidural Injections**, and medication to relieve pain and reduce inflammation. "We outline a series of stretching and strengthening exercises and corrections of bad habits that can reduce pressure on low back nerves and eliminate sciatica pain now and help prevent its recurrence," says Dr. Henriquez. "With a little commitment, these methods can have a remarkably positive impact."



In most cases, patients can benefit from spinal injections of an anti-inflammatory steroid directly into affected areas of the spine. Once the inflammation is under control, pressure on spinal nerves is relieved and pain subsides.

Whatever the cause, sciatica pain can drastically impact one's quality of life. If you suffer from chronic or recurring sciatica pain, schedule your appointment today. It could mean saying goodbye to sciatica and hello to more comfortable and active living.

At Family Spine and Pain Care Institute, we want our patients to feel right at home.

From our warm and friendly staff to our most advanced up-to-date medical treatments, we strive to give our patients the highest quality of comprehensive care available. We understand that pain is debilitating, and that it can lead to a vicious cycle of depression, inactivity, fear, and anxiety, which can severely affect the lives of our patients and their loved ones.

No one deserves to live a life of pain. Our goal is to help our patients break the cycle of pain, so you can take back control of your life, and start doing what you love most. Trust, compassion, communication, and care formulate the core foundations of our beliefs. Our team wants each one of our patients to feel like they are part of our family.

Omar Henriquez, M.D.

Dr. Henriquez is double board certified in Anesthesiology and Interventional Pain Management by the American Board of Anesthesiology.

He is well versed in the use of fluoroscopy and ultrasound guidance to perform many spine and joint procedures such as epidurals, facet blocks, spinal cord stimulators, kyphoplasty for vertebral fractures, nerve blocks, migraine headaches, joint injections, and much more. He is very passionate about the new innovative field of regenerative medicine and has dedicated much of his time to learning and researching the best options out there for his patients.

"The one thing missing in the medical field today is being able to take the time to listen and understand our patients. It is through this process where we can formulate a comprehensive plan to produce the best possible outcomes."

— Dr. Omar H. Henriquez

Dr. Henriquez is a true Florida native having lived most of his life in Florida. When he is at home he enjoys spending time with his wife and four children, exploring their city, and playing outdoors. They are very excited to have chosen Sarasota County as their home and continue their journey as a family and helping out in the community through charities and fundraisers.



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BACK PAIN? We may have your solution.

Every Year, nearly 200,000 people are diagnosed with spinal compression, which causes significant pain in the spine and surrounding back muscular structure. Osteoporosis usually causes spinal compression and mostly affects the aging population, but can also be attributed to other diseases of the bone, cancers, tumors, long-term steroid use, herniated discs, and arthritis.

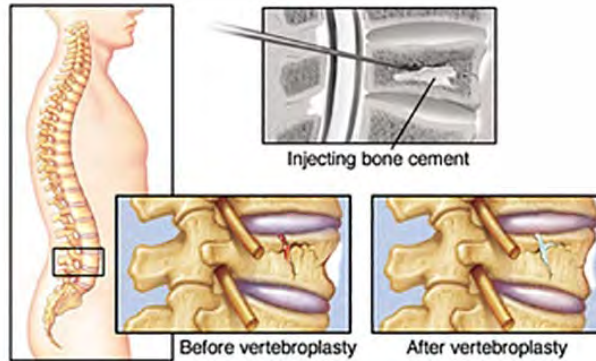
While there are treatment options for spinal compression, like physical therapy, anti-inflammatory, and pain medications, these choices usually offer only temporary relief from the discomfort associated with the disorder.

Individuals suffering from spinal compression have a difficult time bending, lifting, carrying heavy objects, and sleeping as the pain affects their daily activities and lifestyle, inhibiting their abilities and quality of life.

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The physical symptoms of spinal compression are a hunched-over, slouching appearances, and a shorter stature, as the spine shrinks. The good news is there is an effective treatment called Vertebroplasty that shows promising results for many patients that have undergone the procedure.

Vertebroplasty is a minimally invasive procedure performed under image-guided fluoroscopy. During the procedure, the physician will inject an orthopedic medical-grade cement-like material into the affected vertebrae to build the bony portion backup, allowing it to support the spine strongly. Additionally, sometimes a balloon will be inserted in between the vertebrae and injected with the same cement if there is not enough of the patient's natural bone present.



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VITAMIN C ON THE GO

By Amanda Tezyk, APRN, BSN, RN

Tired? Overwhelmed? Feeling sluggish? Haven't fed your body the best "fuel" lately?

When you can't get a dose of Vitamin Sea to reset your mind, a high dose IV of Vitamin C might be right kind of fuel your body is craving to get back on track.

High dose Vitamin C administered through IV will support your immune system, aids in iron absorption, and has antioxidant properties that help protect against damage from stress.

Vitamin C is an essential vitamin, meaning your body can't produce it. Yet, it has many roles and has been linked to impressive health benefits. Vitamin C is water-soluble and found in many fruits and vegetables, including oranges, strawberries, kiwi fruit, bell peppers, broccoli, kale, and spinach. While it's true we should be eating our vitamin C from fresh foods, many people turn to supplements to meet their needs.

Here are 7 scientifically proven benefits of taking a vitamin C supplement.

1. May reduce your risk of chronic disease

Vitamin C is a powerful antioxidant that can strengthen your body's natural defenses. Antioxidants are molecules that boost the immune system. They protect cells from harmful molecules called free radicals. When free radicals accumulate, they can promote a state known as oxidative stress, which has been linked to many chronic diseases. Studies show that consuming more vitamin C can increase your blood antioxidant levels and helps the body's natural defenses fight inflammation.

2. May help manage high blood pressure

Approximately one-third of American adults have high blood pressure. High blood pressure puts you at risk of heart disease. Vitamin C may help lower blood pressure in both those with and without high blood pressure. People with high blood pressure should not rely on vitamin C alone for treatment, but it can lower high blood pressure in the short term.

3. May lower your risk of heart disease

Heart disease is the leading cause of death worldwide. Many factors increase the risk of heart disease, including high blood pressure, high triglyceride or LDL (bad) cholesterol levels, and low



levels of HDL (good) cholesterol. Vitamin C may help reduce these risk factors, which may reduce heart disease risk.

While eating Vitamin C rich foods most likely means you follow a healthier lifestyle, adding at least 500 mg of vitamin C daily may reduce the risk of heart disease.

4. May reduce blood uric acid levels and help prevent gout attacks

Gout is a type of arthritis that affects approximately 4% of American adults. Gout is incredibly painful and involves inflammation of the joints, especially those of the big toes. People with gout experience swelling and sudden, severe attacks of pain. Gout symptoms appear when there is too much uric acid in the blood. Uric acid is a waste product produced by the body. At high levels, it may crystallize and deposit in the joints. Several studies have shown that vitamin C may help reduce uric acid in the blood and, as a result, protect against gout attacks.

5. Helps prevent iron deficiency

Iron is an important nutrient that has a variety of functions in the body. Iron is essential for making red blood cells and transporting oxygen throughout the body. Vitamin C supplements can help improve the absorption of iron from the diet. Vitamin C assists in converting iron that is poorly absorbed, such as plant-based sources of iron, into a form that is easier to absorb. This is especially useful for people on a meat-free diet, as meat is a major source of iron.

6. Boosts immunity

One of the main reasons people take vitamin C supplements is to boost their immunity, as vitamin C is involved in many parts of the immune system. Vitamin C helps encourage the production of white blood cells known as lymphocytes and phagocytes, which help protect the body against infection. Vitamin C helps these white blood cells function more effectively while protecting them from damage by potentially harmful molecules, such as free radicals. Vitamin C is an essential part of the skin's defense system. Vitamin C is actively transported to the skin, where it can act as an antioxidant and help strengthen the skin's barriers.

Low vitamin C levels have been linked to poor health outcomes. For example, people who have pneumonia tend to have lower vitamin C levels, and vitamin C supplements have been known to shorten the recovery time of pneumonia patients.

7. Protects your memory and thinking as you age

Dementia is a broad term used to describe symptoms of poor thinking and memory. Studies suggest that oxidative stress and inflammation near the brain, spine, and nerves (altogether known as the central nervous system) can increase the risk of dementia. Vitamin C is a strong antioxidant. Those with low levels of vitamin C have been linked to an impaired ability to think and remember. People with dementia generally have lower blood levels of vitamin C. High vitamin C intake from food or supplements has been shown to have a protective effect on thinking and memory as we age. Vitamin C supplements may aid against conditions like dementia if you don't get enough vitamin C from your diet.

To discuss how IV Cocktails can benefit you and your overall wellness, contact Amanda and Steven Tezyk at BR Rejuvenation and Hydration Therapy in Punta Gorda.



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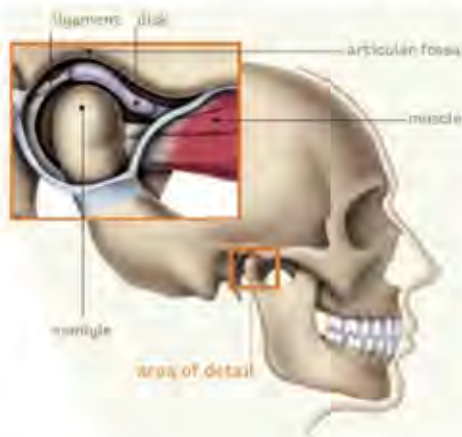
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The Daily "Grind"

By Dr. Joseph Farag

Too much stress can contribute to a wide range of health problems. From a dental perspective, stress often plays a role in the development of Temporomandibular Disorders, or TMD. Grinding of teeth which causes headaches, jaw soreness and pain, among many other symptoms can be exacerbated during times of high stress. The temporomandibular joint (TMJ) is the hinge joint that connects the lower jaw to the temporal bone of the skull, which is immediately in front of the ear on the side of your head. The cause of TMD is not clear, but dentists believe that symptoms arise from problems with the muscles of the jaw. Severe cases can be caused by injury to the jaw. In more common cases, grinding or clenching of the teeth puts a lot of pressure on the TMJ and people feel tooth sensitivity, earaches, and neck tension and pain.



Treatment Options

If stress is causing you to grind your teeth, ask your doctor or dentist about options to reduce your stress. Also, avoid foods and drinks that contain caffeine, alcohol, and do not chew gum. Relax your jaw muscles at night by holding a warm washcloth against your cheek. When these

options do not relieve your pain, your dentist can offer a variety of treatment modalities for your specific case. An occlusal guard, often called a nightguard, can be fabricated by your dentist to allow your muscles to rest and protect your teeth from further wear.

Patients who present with TMD should also have an occlusal analysis

This helps determine if there are any bite discrepancies that may be corrected with a simple procedure to reshape how the teeth come together when you bite. Medications such as over the counter ibuprofen are helpful because they reduce inflammation to aid in the healing process. Occasionally, a mild muscle relaxant may be prescribed for a few days or weeks to help relieve pain. Surgery for TMD should only be considered after all other treatment options have been tried and you are still experiencing severe, persistent pain.

Relaxation Techniques May Help Alleviate TMJ Symptoms

Simply becoming more aware of tension-related habits — clenching your jaw or grinding your teeth — will help you reduce their frequency. Because stress can contribute to TMJ disorders, relaxation techniques like yoga, meditation and deep breathing may also help alleviate TMJ symptoms.

This season, survive the holiday grind with a little planning, prioritizing and perhaps a trip to your dentist. To learn more about TMD or to schedule an appointment, please call Dr. Joseph Farag at Port Charlotte Dentalcare, 941-764-9555.



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TENANTS BY ENTIRETIES AND EXPECTATION OF PRIVACY

By James W. Mallonee

Privacy Expectations:

Imagine being in your backyard and your neighbor places a camera on their roof top that is pointed into your yard and recording what you are doing. Would that annoy you to the point of bringing a law suit against your neighbor to enjoin them from having the camera operational? That was the question put forth before the courts in a recent case.

The tortious claim is called "intrusion upon seclusion." The facts of the case initially involved a privacy fence that two neighbors agreed to put up for the purpose of privacy, but more importantly to grant one neighbor to allow their dogs to roam. We'll call that a common fence to contain another's dogs.

As with most things between neighbors, what started out as a good thing turned sour and the neighbor with the fence terminated the right of the other neighbor from using the fence to contain his dogs. In essence, the neighbor with the dogs was told to have his own fence put in. Eventually, the neighbor with the dogs (presumably in retaliation) put up a camera which was pointed into the other neighbor's yard to the point that a majority of the entire back yard was viewed.

The end result was a lawsuit demanding that the camera be removed. The neighbor with the dogs won the initial courtroom drama to keep the camera which was based solely on the fact that the recordings were not published to anyone.

The common law elements used by the courts in these types of cases is: *One who intentionally intrudes, physically or otherwise, upon the solitude or seclusion of another or his private affairs or concerns, is subject to liability to the other for invasion of his privacy, if the intrusion would be highly offensive to a reasonable person.* As you can see there is nothing in the elements of the law which requires the invasive act be published to anyone. More importantly, what is considered offensive to a reasonable person is always a problem of definition because what may be offensive to one person is not to another.



The outcome of the case was appealed and the Second District Court of Appeal got it right by noting that there is nothing in the law that says the recording has to be published. The outcome of the case was returned to the court with instructions to rehear the case to determine the level of offensiveness. Thus, the next time you use your pool in the backyard and there sits a camera watching you, consider the intrusion upon seclusion law.

Tenants by the Entireties:

It has long been thought that to obtain the asset protection given to a husband and wife you needed to identify the asset was held jointly with your spouse and titled in such a manner as to make it known you are married. The titling term used is "tenants by the entireties." In 2001, the Florida Supreme Court case of *Beal Bank SSB v. Almond & Associates*, dispelled the requirement for some form of nomenclature identifying husband and wife to be included in the title of property; but title companies still required the terms "husband and wife" when it came to real estate.

In a recent case, *Ramos v. Estate of Eleida Ramos*, where the husband and wife purchased real property; but the title agency did not list them as husband and wife or any nomenclature stating they were married created a family fight after both the husband and wife died. The initial thought by one of the step children was that the estate was tenancy in common requiring each parent's interest in the real estate to be separately administered.

The Third District Court of Appeal found otherwise, stating that there has never been a requirement that husband and wife (or any other description) be used in a title to gain the tenants by the entireties reference. The only requirement is that they be married at the time of purchase and remain married throughout the ownership of the property. This ruling is a game changer where property was inadvertently not titled with the husband and wife nomenclature and the individuals ultimately die. If it can be proven that the two parties were in fact married at the time of purchase with no intervening divorce, then the notation in the property title showing husband and wife is no longer required to assure tenants by the entireties for asset protection. In essence, at the death of the first spouse, the property automatically goes to the survivor.

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



James W. Mallonee (Jim Mallonee) is a graduate with a B.A. degree from the University of South Florida and a Master of Science degree from Rollins College in

Winter Park, Florida. He obtained his Juris Doctorate from the University of the Pacific, McGeorge School of Law in Sacramento, California. Prior to returning to Florida to practice law, Mr. Mallonee was employed by Intel Corporation for 22 years in such locations as New Jersey, Florida and California.

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

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

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FALLING BACK ON PHYSICAL THERAPY

By Dr. Cynthia Vaccarino, PT, DPT

Many people tend to believe physical therapy is only needed when recovering from an injury. Makes sense, right? However, that's not always the case. As we get older, physical therapy can play just as much of a role in preventing injuries as it does in helping us successfully through our recovery. That's why it's important as we age to be proactive about high-risk injuries such as those that result from falling.

Falls are a worldwide public health concern, especially for seniors. According to the World Health Organization (WHO), 37.3 million falls that are severe enough to require medical attention occur each year. Additionally, the WHO noted that falls are also the second leading cause of unintentional injury deaths worldwide. Strategies to prevent these falls from occurring should include additional education, training, and safer environments according to the WHO.

So, what proactive measures can you take to prevent these potentially life-threatening falls? This is when physical therapy can come into play. The physical therapist will evaluate and assess the patient for risk of falls, and physical therapist assistants will assign fall prevention strategies and interventions to seniors based on select tests and measures that are designed to gauge one's strength, agility, and balance. For example, physical therapist assistants conduct tests such as the Functional Reach Test and the Timed Up & Go Test (TUG) as ways of better understanding a patient's fall risk and



recovery potential. Physical therapist assistants can then assign and assist in exercises with senior patients to properly counteract these risks.

The Shirley Ryan Ability Lab details the Functional Reach Test as an exercise that is administered while a patient is standing next to, but not touching a wall. The patient is then instructed to, with the arm that is closer the wall, "reach as far as you can forward without taking a step." Three trials are done, and the final score of the test comes out to the average score of the second two trials. The TUG Test begins with a patient sitting in a chair with their back against the chair's backrest and arms on the chair's arm rests. From that position, the patient is then timed while standing up, walking three meters, turning around, and returning to their original resting position in the chair. Test results from these quick and easy evaluations help provide a reliable foundation for physical therapist assistants to measure a patient's fall risk and conduct the necessary preventative training.

As a patient, or to perhaps avoid becoming one, taking care of your body through the proper preventative measures before an injury happens is just as important as the recovery process after an injury has already occurred. That's why we often see professionals in fields that require a lot physically constantly training in attempts to get ahead of potential injuries. But you don't have to be a professional athlete, bodybuilder, or manual laborer to take the important steps necessary to take care of your body. That's why when working with a patient, injured or not, it's vital for physical therapist assistants to understand the full scope of their patients' strengths and limitations to assign the correct interventions to prevent any injuries in the future. Workouts and testing exercises such as these are a significant part of a physical therapist assistant's training and responsibilities in the field.

Working with a physical therapist assistant today can prevent tomorrow's injury.

For more information on Hodges University's Physical Therapist Assistant Program, Visit Hodges.edu.

Dr. Cynthia Vaccarino, PT, DPT, is the Director of the Physical Therapist Assistant Program at Hodges University.



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It's no secret that having a pet adds so much to a person's life. In fact, most households in the United States have at least one pet. Beyond the love and attachment we have for our furry friends, studies have shown that the bond between people and their pets can be tremendously beneficial to our health, too.

This is especially true for seniors. For older adults, having a pet (*especially a dog!*) helps them get out of the house, go for walks and exercise, and have the opportunity to meet new people. Pet ownership reduces stress, anxiety, blood pressure and depression. Plus, they're wonderful companions that bring joy to our lives.



The Terraces at Bonita Springs understands how much value pets bring to their owners, so it welcomes residents to bring their pets. But more than simply welcoming pets, The Terraces is designed inside and out to create a pet-friendly home for our four-legged residents. Our dog park is a perfect place for pets to mix, mingle and exercise. Our walking paths are perfect for long strolls. The Terraces even hosts programs that welcome pets to accompany their owners to special events, from "yappy hour" to walking clubs.

Terraces at Bonita Springs

The Terraces at Bonita Springs is a one-of-a-kind Life plan community in gorgeous Florida that offers luxury retirement in a boutique setting. Here, you'll find an intimate community with elegant surroundings and a worry-free lifestyle that allows you to take advantage of the comforts of home without the responsibility of home maintenance.

Our seamless access to amenities, events, programs, and health care are offered in one convenient location, under one roof – making it easy for you to focus on living vibrantly. Here, you can pursue new interests, enjoy friends, loved ones, and live life to its fullest.

The Terraces at Bonita Springs offers independent living, assisted living, memory support, skilled nursing and rehabilitation.

Schedule a community tour and private lunch or dinner today by calling **239-204-3469** or take a virtual tour right now!

The Terraces
— at Bonita Springs
A SantaFe Senior Living Community



Resident Services

- LifeCare health services with priority access
- Chef-prepared meals
- Interior and exterior maintenance
- Weekly housekeeping and flat linen services
- Concierge services
- Personal one-car garage
- Complimentary valet parking
- Wellness programs for mind, body and spirit
- Vitality program with personalized wellness plans
- Utilities (except phone and internet)
- 24-hour security
- Property taxes included
- Cultural, social, educational and recreational events
- Transportation services
- In-home emergency alert systems

Community Amenities

- Multiple dining venues
- State-of-the-art fitness center and wellness programs
- Indoor and outdoor pool and spa, group water fitness classes
- Certified fitness instructors
- Therapeutic massage
- Performing Arts Center
- Gated community
- Beautiful landscaping with lighted walkways
- Tennis and bocce courts
- Putting green
- Outdoor BBQ area
- Library and resource center
- Business center with computers
- Creative arts studio and crafts room
- Billiard's room/game room
- Beauty salon/barbershop
- Guest suites

When You Are At Your Wits End

Have you ever been at your wits' end? Have you ever been so confused that you didn't really know which way was up? Have you ever had the feeling, "I know I need to do something... but I don't know what 'something' to do."

The Bible tells the story of a group of sailors who went out to sea and encountered a huge storm that almost killed them:

²³Others went out on the sea in ships; they were merchants on the mighty waters. ²⁴They saw the works of the LORD, his wonderful deeds in the deep. ²⁵For he spoke and stirred up a tempest that lifted high the waves. ²⁶They mounted up to the heavens and went down to the depths; in their peril their courage melted away. ²⁷They reeled and staggered like drunken men; they were at their wits' end. ²⁸Then they cried out to the LORD in their trouble, and he brought them out of their distress. ²⁹He stilled the storm to a whisper; the waves of the sea were hushed. ³⁰They were glad when it grew calm, and he guided them to their desired haven. ³¹Let them give thanks to the LORD for his unfailing love and his wonderful deeds for men. Psalm 107:23-31

Can you relate to this group of sailors? Maybe the circumstances in your life have caused your courage to melt away. Perhaps you are going through a storm of your own. You may find yourself at your wits' end without any clear direction as to what to do next. If so, follow the example of the sailors in the Bible.

There first thing they did was cry out to the LORD in their trouble. Don't underestimate the power of prayer. An old gospel song says, "when God is all you have, you'll find He's all you need." God responded to the sailor's prayer by bringing them out of their distress. In fact, it says he stilled the storm to a whisper and the waves of the sea were hushed. God can do that in your life and in your situation as well. Call out to him. His timing is not always as quick as we may like but He knows what is best for each of us.

When the storm was over, the text says that God guided the sailors to their desired haven. They found their place of rest and peace. Storms don't last forever... and neither will yours. Keep your faith in God. Cry out to Him in your pain. Trust that He knows what's best and keep praying and seeking your desired haven... it may be just around the corner.

And then, don't forget to thank God when He does bring you through the storm. The story concludes by saying, "Let them give thanks to the LORD for his unfailing love and his wonderful deeds for men."

Storms, crises, pain and problems are an unfortunate reality of life. We grow through the pain and learn valuable lessons during these times. Don't give up, give in, or quit. When you find yourself at your wits' end...hang on, cry out to God, and look for His deliverance.



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.



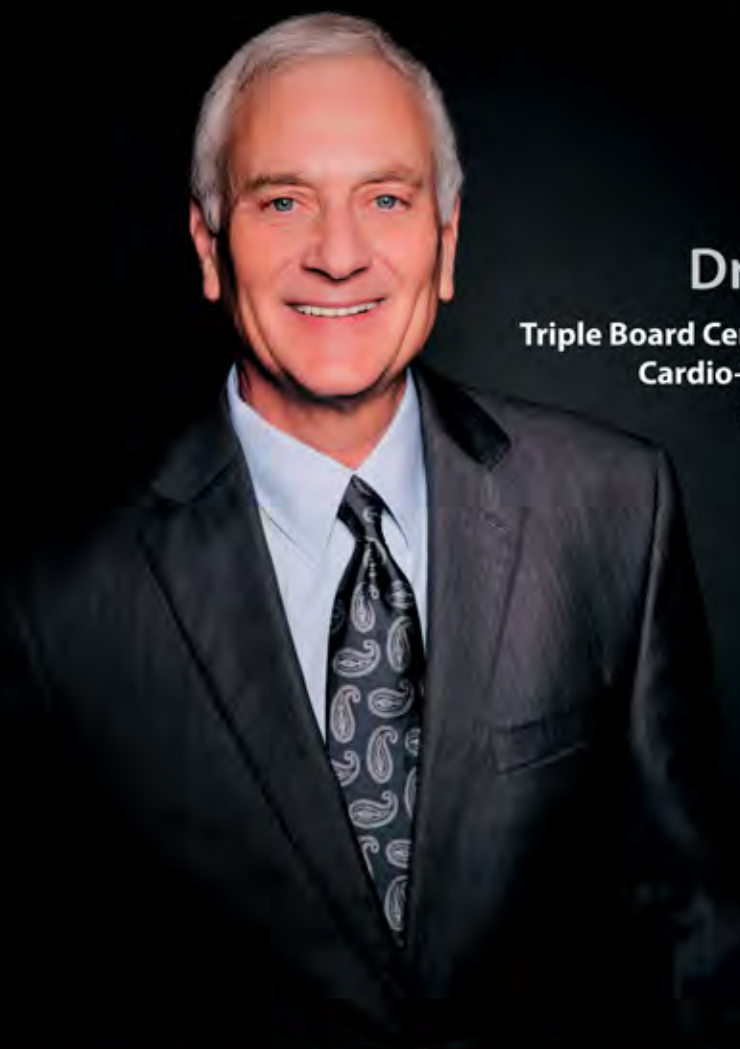
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IF YOUR LEGS LOOK LIKE THIS:

- VARICOSE VEINS
- SORES/ULCERS
- DISCOLORATION
- SPIDER VEINS

IF YOUR LEGS FEEL LIKE THIS:

- TIRED, HEAVY, RESTLESS
- ITCHY
- ACHY
- SWOLLEN

Varicose Veins



Swelling



Skin Changes



Ulcer



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