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The Spine Issue

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A Simple Recipe, Really





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MEDICAL NEWS for your

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On MY Mind



It's our third birthday! Three years ago, the IGE Media team, at the time publishers of just *Medical News*, saw a need for a healthcare publication with local content that was — *key words* — easy to read. We knew there was a lot of information out there for

healthcare consumers, but it was often confusing. Creating the mission statement was easy: to help you navigate the healthcare maze.

We take our mission seriously. In addition to our monthly publication, we have educated the community on changes in healthcare, such as changes to Region 3 Medicaid. We will soon be educating the community on the health insurance exchange in Kentucky. Our goal is simple: to break down complicated information so that you can make the best healthcare decisions for you and your family.

Of course, none of this would be possible without our talented team. Our publisher, Ben Keeton, always sees the big picture and has the ability to condense complicated healthcare concepts into a few words. Our editor-in-chief, Melanie Wolkoff Wachsman, brings great ideas to the table everyday and was instrumental in the re-design of *Medical News for You*. Our editorial assistant, Chelsea Nichols, keeps us hip and social with her degree in electronic media and broadcasting from NKU. Finally, our creative director, Brian Orms, multitasks and juggles all of the projects we send his way with ease. Yes, they are smart and talented, but the best part about our team – we have a great time together.

We are so thankful for the support we have received over the past three years. Simply put, the success of MN4U could not be possible without our writers, readers and distributors. Because of the support of our underwriting sponsors and advertisers, MN4U is able to provide valuable, free healthcare news and information to more than 10,000 people in the Louisville metro. We thank everyone for believing in our paper and supporting our growth.

As always, I would love to hear from you. Please call or email if you have information to share or stories to tell. We can all learn from each other. I can be reached at (502) 333-0648 or at sally@igemedia.com.





I want to send a message to all adults that it is against the law for anyone under the age of 21 to drink alcohol. There are good reasons for the law:

- Alcohol kills six and a half times more young people than all other illegal drugs combined
- Youth who drink are seven and a half times more likely to use any illicit drug
- Youth who drink are twenty-two times more likely to use marijuana, and fifty times more likely to use cocaine than youth who never drank
- Underage drinking is the leading cause of adult alcoholism

Underage drinking is against the law and that includes drinking at private residences. Here's why:

- Studies suggest that children whose parents host teen parties where alcohol is served drink twice as much as kids whose parents have a no-tolerance policy
- Analysts say that nearly 65 percent of kids who drink get their alcohol from family and friends
- According to drug and alcohol surveys, 29 percent of parents and teens know of parents who host teen alcohol parties
- Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking

What does a parent need to do when hosting a party?

- Set party ground rules with your teen before the party
- Limit attendance and hours. Specific hours and a smaller group are easier to manage
- Provide entertainment
- Welcome calls from other parents
- Keep guests in the party location
- Never provide alcohol to guests under 21
- Be aware of social host liability laws
- Frequently walk through the party Adult presence is important
- Watch for any strange behavior

If you suspect or know your teen is using alcohol or other drugs, you can contact the Early Intervention Program (EIP), an assessment and educational program for youth 13-17 years of age, at cphillips@sevencounties. org or call Craig Phillips at (502) 589-8600.

Dodie Huff-Fletcher, Ph.D.
Prevention Center of Seven Counties Services, Inc.



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March 4, 11, 18, 25 5:30 - 7:30 p.m. Learn How to Manage Diabetes Shawnee Health Center 234 Amy Ave., 40212 Registration (502) 574-6663

March 4 6-8:30 p.m. Family and Friends CPR
Marshall Women's Health & Education Center
Norton Medical Plaza III –
Suburban, Suite 108
Registration (502) 629-1234

March 5 11 a.m. - 12 p.m. Cooper Clayton Smoking Cessation Program Family Health Center Portland 2215 Portland Ave., 40212 Registration (502) 574-6663

March 6 6-8 p.m.

Understanding Eating Disorders
Waggener High School
330 S. Hubbards Lane
Registration (502) 629-1234

March 9 10 a.m. Walk with a Doc at the Parklands The Parklands of Floyds Fork Beckley Creek Park at the Egg Lawn www.walkwithadoc.org

March 13 6:30 - 8:30 p.m. Movie Night: Someday Melissa Learn about eating disorders and treatment options

Marshall Women's Health & Education Center Norton Medical Plaza III – Suburban, Suite 108 Registration (502) 629-1234

March 14 6-7:30 p.m. What is a Migraine?
Marshall Women's Health & Education Center
Norton Medical Plaza III –
Suburban, Suite 108
Registration (502) 629-1234

March 21 6-8 p.m.

Herbs for Heart Health Marshall Women's Health & Education Center Norton Medical Plaza III – Suburban, Suite 108 Registration (502) 629-1234

March 25 6:30 - 7:30 p.m. iHealth

Smartphone applications for a healthy lifestyle Marshall Women's Health & Education Center Norton Medical Plaza III – Suburban, Suite 108 Registration (502) 629-1234

March 27 6-7 p.m.

Fight Cancer with Your Fork Earth Fare at The Summit 4320 Summit Plaza Drive Registration (502) 629-1234



Study proves exercise in 10-minute increments good enough

A study recently conducted by Paul D. Loprinzi, PhD, assistant professor in the department of exercise science at Bellarmine University, indicates that it is not necessary for a person to follow a structured pattern of exercising or give away a chunk of time everyday to physical activity. If one has a lifestyle that includes active engagement in physical activity for less than 10 minutes multiple times a day, they can benefit in the same way as they would from more structured exercise.

For the study, the researchers analyzed data of 6,321 subjects aged between 18 and 85 years, whose activity levels were measured along with blood pressure, glucose and total cholesterol levels. The findings of the study were published in the *American Journal of Health Promotion*.

Know your kidney score

Most Americans know that heart disease and cancer can be silent killers and understand that monitoring blood pressure and cholesterol are critical to protecting their health. Chronic kidney disease (CKD) is another common, lifethreatening illness that often goes undetected until it's too late.

The leading causes of CKD are diabetes and high blood pressure. If you have diabetes and/or high blood pressure, or if you have a parent or sibling with diabetes, high blood pressure, or kidney disease, you are at risk for developing CKD. Additionally, African Americans have a four times greater risk of developing kidney disease. Thirty percent of the people on dialysis are African American.

If you have any of these risk factors, it is very important to know your Kidney Score. Your Kidney Score is a simple blood test that tells you the percent of your kidney function. You can also talk to your doctor about a urine test to determine if you have protein in your urine (an early indication of kidney damage).

Undiagnosed and untreated, CKD can lead to serious health problems including kidney failure. Caught early, it can often be managed, and kidney damage can be slowed or stopped. That's why early testing for people at risk is so important.

If you want more information about CKD or the National Kidney Foundation, contact April Enix at (502) 585-5433 or *April.Enix@kidney.org*. To learn more about CKD risk factors, prevention and treatment, visit *kidney.org*.

Kentuckians' views on integrating healthcare: Kentucky Health Issues Poll (KHIP) results

New poll data indicates that the majority of Kentuckians favor healthcare providers offering physical and mental health services in the same place. Some Kentucky providers now offer their patients physical and mental or behavioral healthcare in a coordinated, convenient way, offered in the same place. The Kentucky Health Issues Poll (KHIP) found about seven in ten Kentucky adults (69 percent) either strongly or somewhat favor such an integrated approach. KHIP highlights include:

- Thirty-five percent strongly favor offering physical and mental health services in the same place. Thirty-four percent somewhat favor offering physical and mental health services in the same place.
- Kentucky adults earning less than 100 percent of the federal poverty level were more likely than those with higher incomes to strongly favor integrated care (44 percent).
- Democrats (43 percent) were more likely to strongly favor integrated care than Republicans (28 percent) or Independents (34 percent).

To download the full report visit healthfoundation.org/kentucky-health-issues-poll.

Children receive new smile

Smile Kentucky!, a community partnership that provides dental education, screenings and treatment to children in Louisville and surrounding counties, provided nearly \$100,000 dollars in free dentistry to 300 children at 23 schools. Six treatment days are scheduled in February and March. Many children received treatment at the UofL School of Dentistry in February or private dental offices.

Smile Kentucky! complements a national effort by the American Dental Association, *Give Kids a Smile*. The Louisville-based program, Smile Kentucky! began in 2002 as a community partnership to provide free dental education and dental screenings at school and free, comprehensive treatment to underserved children. Smile Kentucky! includes more than 50 partners, and since 2002 has provided over \$1 million dollars of free dentistry. The education program is now part of a statewide effort.

Walk with a Doc

Walk with a Doc is a nationwide program that works to empower patients to improve their health through physical activity, exercising side-by-side with their healthcare providers. Walkers will have the opportunity to learn about important health topics, ask medical questions in an informal manner and receive free blood pressure screenings. Walk with a Doc events will be held monthly at The Parklands of Floyds Fork (15712 Shelbyville Rd.) on the second Saturday of each month, with the next one scheduled for March 9 at 10 a.m.

The Walk with a Doc program began in Columbus, Ohio in 2005 and has spread to 24 states and five countries. For more information, visit *walkwithadoc.org*.

Adult and child obesity in Kentucky

A report was recently released by the Kentucky Department for Public Health Obesity Prevention Program. This report includes the Kentucky Obesity Fact Sheet with nutrition, physical activity and obesity data and resources.

In 2013, Kentuckians are estimated to spend close to \$2.4 million in medical costs linked to obesity. Experts project Kentucky healthcare costs attributable to obesity will be \$6 million in 2018, or \$1,836 a year per adult.

Kentucky ranked tenth highest in the U.S. for adults who were obese. Kentucky is one of the 12 states with obesity rates greater than 30 percent. 66.2 percent of adult Kentuckians are overweight or obese.

Only 46.8 percent of adults in Kentucky achieved the CDC's recommendation of 150 minutes of aerobic activity a week. 26.3 percent of adults in Kentucky participated in muscle-strengthening activities more than two times per week.

Only 24.4 percent of adults consumed the recommended servings of fruits per day and 29.4 percent for vegetables. Carbonated soft drinks are the single biggest source of calories in the American diet, providing about seven percent of calories.

The apple doesn't fall far from the tree. Among Kentucky's children age two years to less than five years, 16 percent were overweight and 15.6 percent were obese. Only 35.4 percent of high school students and 45.5 percent of middle school students in Kentucky attended daily physical education classes. 36.6 percent of middle school students and 32 percent of high school students in Kentucky watched three or more hours of TV per day.

NEWS YOU CAN USE



Navigator, defined

Role and definition varies widely by program.



Look in the dictionary and "navigator" is defined broadly as a person who navigates a ship or aircraft, and it is defined historically as a person who explores by sea. However, when viewed through a healthcare lens, the definition becomes more specific. Patient navigators, in various forms, help patients and their families navigate the healthcare system.

Patient navigation and advocacy are gaining attention as an emerging profession because they both fill in gaps in the current healthcare system. Because of this growing need, there are many places to receive certification to become a navigator, such as the Harold P. Freeman Patient Navigation Institute, which was created in 1990 to eliminate barriers to timely cancer screening, diagnosis, treatment and supportive care.

Common Services Provided

Services provided by patient navigators vary by program and the needs of the patient, but often include:

- Facilitating communication among patients, family members, survivors and healthcare providers
- Coordinating care among providers
- Arranging financial support and assisting with paperwork
- Arranging transportation and child care
- Ensuring that appropriate medical records are available at medical appointments
- Facilitating follow-up appointments
- Community outreach and building partnership with local agencies and groups
- Ensuring access to clinical trials

Navigator Programs Around Town

The names for this work may vary (patient advocate, navigator, healthcare advocate or consultant, medical advocate) but the basic idea is the same: to help healthcare consumers navigate the healthcare maze.

For example, federal law requires states to create online health insurance marketplaces, or exchanges, so that all Americans can access quality healthcare. An exchange will provide one-stop shopping for individuals and small businesses to purchase health insurance. A navigator function is a key component of this program to ensure that Kentuckians are informed and have access to the resources necessary to make decisions about their health insurance.

Meanwhile, Jewish Hospital & St. Mary's Healthcare, a part of KentuckyOne Health, has a community care navigator in transition program, which sends navigators to visit patients prior to discharge. These navigators follow up with weekly phone calls and visits in hopes of reducing 30-day patient re-admissions.

Jewish Hospital has also recently created the Pharmacy Plus program to help improve access and adherence to medications for patients in three areas: transplant, oncology and heart failure. For each of these patient populations, medications are key to their long-term health and wellness.

Floyd Memorial Hospital in New Albany, Ind., has several types of navigators. The associate nurse navigator provides personalized plans of information, education and resources to help employees and family members manage their health and wellness.

The ortho/spine nurse navigator works with patients who are having joint replacement and spine surgery. This navigator meets with patients prior to surgery, gives education

classes, visits daily with patients after surgery and does a follow up after discharge.

While the breast cancer nurse navigator at Floyd Memorial meets patients at the time of diagnosis with the surgeon to provide emotional support and education.

Louisville-based Norton Healthcare Centers for Prevention and Wellness has a senior bilingual lay health navigator. A primary function of this navigator is organizing health fairs around our area, as well as advocacy for those who have limited proficiency with the English language. 🕅

Up Next

This month you can read about another navigator on page 7: the MS navigator. *Medical News for You* will take a closer look at the role of local navigators in the coming months.



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DETERMINED NOT TO BE A VICTIM

Local woman stresses importance of educating yourself when diagnosed with MS.

BY BAILEY PRESTON

ultiple Sclerosis (MS) is a disease that is often misunderstood. MS involves an immune system attack against the central nervous system (brain, spinal cord and optic nerves). The disease affects each person differently, leading people to have different perceptions of what the disease is and isn't.

Symptoms may be mild, such as numbness in the limbs, or severe, such as paralysis or loss of vision. The progress, severity and specific symptoms of MS are unpredictable and vary from one person to another. Today, new treatments and advances in research give new hope to people affected by the disease.

Michelle Husted is the board chair of the National MS Society, Kentucky-Southeast Indiana and also happens to have MS. Husted grew up in Beech Grove, Ind. and attended the University of Louisville in 1990 on a volleyball scholarship. She has three daughters and is currently engaged. Professionally, she has been an insurance broker for 13 years at Wells Fargo Insurance.

Husted is also training for the MS Challenge Walk in Charleston, S.C. in March with her fiancée. There, they will endeavor to walk 50 miles over three days and raise \$3,000 for research to find a cure for MS.

Husted is living her life to the fullest and shares her story below in hopes of educating and inspiring others.

When were you diagnosed, and what symptoms did you have?



Michelle Husted (far left) is pictured with her team of friends and family at Walk MS Louisville 2012

Michelle Husted: I was diagnosed with relapsing/remitting multiple sclerosis (MS) in 2006. The time leading up to my diagnosis was very scary. I could barely feel the right side of my body and my vision was blurry in my right eye. I knew something was amiss, but I am an eternal optimist. I thought it was the result of my college volleyball days. However, when I struggled walking and lost my vision completely in my right eye, I knew I had something more serious to contemplate. My best friend urged me to call our mutual friend, Kimathi Doss MD, a neurosurgeon in Louisville, for guidance. Doss urged me to get an MRI. I set an appointment with my doctor the next day, and two days

later I got the call that they believed I had MS. It hit me like a rock in the gut; I literally could not breathe for a brief moment. I thought and imagined the worse.

How do you manage your MS today?

MH: Through much guidance from my family, I found an amazing immunologist/neurologist who got on top of my diagnosis right away. It took two tries of different treatments and two serious relapses until I was put on Tysabri in 2008. We found the ticket. I receive infusions once a month, and I feel great.

How does it affect your life today?

MH: Minimally. However, once or twice a month I will have a day that

I call my, "MS tired vs. my single mom, three kids, and full-time job tired." Thankfully, my employer has provided a laptop computer for times just like those. I typically drop the girls off at school and go crawl in my bed and sleep for about three hours. Then I work on my laptop while sitting in bed.

What resources have been helpful for you and your family?

MH: My friends, family, work family, and the National MS Society Kentucky-Southeast Indiana staff and board make up my support network. I could not stay so positive without the people who have surrounded me with encouragement.

continued on page 7

continued from page 6

I am thankfully the board chair for the chapter and it gives me the outward focus on others fighting the disease in a much tougher position. Helping others, as well as raising awareness and funds for research gives me purpose that transcends my own worries about my MS.

What do you want to tell someone who has been recently diagnosed with MS?

MH: I would tell anyone that is newly diagnosed to reach out to the National MS society and the wonderful and caring staff who can lead you in the right direction. Also,

do not allow yourself to be a victim. Educate yourself, learn about the disease and find a neurologist that will give you immediate treatment.

What are your words to live by?

MH: The words I try to live by are the golden rule, "treat others how you would want to be treated." It is a very simple message but a lot harder than it seems.

Bailey Preston is the programs and marketing coordinator for the National MS Society, Kentucky-Southeast Indiana Chapter. 🐧

The Role of a MS Navigator

Finding answers and making decisions relies on having the right information at the right time. That's what MS Navigator provides answers to your questions and access to information about all of the options available to you.

Our MS Navigators are highly skilled professionals—equipped to respond to your needs. Whether you are a person with MS, a family member or are concerned about someone with MS, the National MS Society is your partner—helping you find the information and resources you need.

Finding Information You Need— When You Need It

finding the right information can be a challenge. MS Navigators have the resources to provide you with the latest information about MS including:

- What you need to know when newly diagnosed
- Treatment options and symptom management strategies

- · Accessing optimal health care
- · Meeting workplace challenges
- · Understanding benefits such as health insurance
- · Facing financial challenges and future planning
- Facing caregiver challenges
- Finding help in the home
- · Managing life changes

Locating Resources You Need

MS Navigators have the information on national resources, and those that are available right in your area. MS Navigators can help you:

- · Deal with a crisis
- Connect with others living with MS
- Information is everywhere, but Find what you need to maintain independence
 - · Access comprehensive educational programs, and more

To help you navigate the challenges of MS with personalized response to your unique needs, call (800) FIGHT-MS (344-4867) Option 1, from 9 a.m. to 7 p.m.

MS Awareness Week is March 11 - 15. To find out more about how you can create awareness or the National MS Society, Kentucky-Southeast Indiana Chapter, go to nationalmssociety.org/kyw or follow us on Facebook.

MS Facts

- Different people are likely to experience different symptoms.
- MS is different from muscular dystrophy (MD). Although MD has some symptoms in common with MS—such as weakness and problems walking—MD affects the muscles directly while MS affects the central nervous system.
- MS is not contagious and is not directly inherited.
- Most people with MS have a normal or near-normal life expectancy.
- The majority of people with MS do not become severely disabled.
- There are now FDA-approved medications that have been shown to reduce the number of relapses and "modify" or slow down the underlying course of MS.

— National MS Society

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MENTAL WELLNESS for you

Trauma Informed-Care makes a difference!

BY TISH GEFTOS, MA

Trauma is an event that threatens our safety, personal integrity or life. Chances are that you or someone you know has experienced it. Trauma includes a wide range of occurrences such as abuse, physical and sexual assault and bullying, fighting or living with war and terrorism, and surviving a natural disaster or accident.

Trauma is widespread and can happen through direct experience or by witnessing someone else's experience. Trauma happens to children and adults, males and females, and increases the risk for mental health disorders and addictions, chronic physical problems, and suicide and premature death. Trauma sometimes happens only once or it can continue throughout an entire lifetime.

Healing is possible, which is why trauma-informed care matters. A national movement is emerging that encourages and supports trauma-informed care in all healthcare environments. It's become widely understood that treating health problems can't be effective if the patient is also experiencing untreated trauma

People who suffer because of trauma receive services from a wide array of community providers. Any of these organizations can move towards becoming trauma-informed and when they do, the individuals receiving their services are better satisfied, more engaged and experience more successful outcomes.

When a healthcare organization works to become trauma-informed, every part of the organization focuses on how trauma affects an individual's life. Through understanding trauma and its impact, trauma-informed organizations strive to be supportive and avoid re-traumatization. Trauma informed organizations ask the question "what has happened to you?" instead of "what's wrong with you?"

How do you know if you or a loved one is receiving trauma-informed care? Ask these questions to find out:

- Are you asked if you've experienced some kind of trauma and encouraged to discuss how this has affected your life?
- Are trauma treatments available for your services and being used to assist you?
- Does your provider help you feel empowered that you can heal from the trauma you've experienced?
- Do you feel safe and free from being traumatized again when receiving care?

If you're concerned about the answers, speak with your provider and let them know that you would like to maximize your healing through trauma-informed care!

Tish Geftos, MA, is a licensed psychological associate and director of Quality Improvement at Seven Counties Services.



"SIT UP STRAIGHTIP

Mom was right: Good posture isn't just important for vanity reasons, but for our health, too.

BY JULIA BLOOM

Sit up straight!" I'm sure many of us have heard those words growing up. We probably adjusted our posture in the short term to appease Mom, but then quickly went back to our slouching ways once mom was gone. I'm sure for most, this was not on purpose. After all, slouching is easy and feels normal.

We need to find a new normal. Good posture really does have health benefits, and bad posture really can cause health problems.

"Posture is as important to the human spine health as the foundation of any building. And as in the case of a building, the inherent upright nature of the structure is dependent on many, many factors," said David P. Rouben, MD, with Norton Spine Specialists in Louisville. "Some factors you can control and some you can't. In the case of the human spine, we can directly control only the quality of our bone and the strength of our muscle support. However, those alone can't guarantee the maintenance of proper posture."

Effects of Bad Posture

More specifically, bad posture can cause problems with everyday living. Karen Lawson Bonn, RN of Restorative Medical in Brandenburg, Ky., believes that appropriate posture is vital.

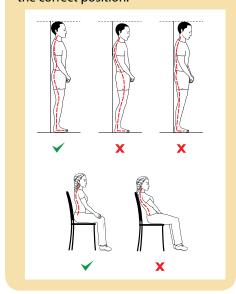
Stooping, specifically, effects basic functions such as breathing. "When we stoop over we cannot get enough oxygen in our lungs and carbon dioxide out of our lungs," she said.

Stooping has a snowball effect. "We lose muscle tone, causing us to lean forward even more," Bonn continued. "It becomes harder to eat and drink, harder for the heart to pump, harder for our internal organs to function." Simply put, stooping causes pain.

Rouben agreed. "If you do not maintain core strength of the muscles

Practice Makes Perfect

To achieve good posture you must make it a habit. You will have to build the muscles that keep your body in the correct position.



that support the spine, then you are more likely to live with recurrent back pain problems, injury, and limited activity levels," he said.

Correcting Bad Posture

Can bad posture be fixed? Yes, according to the American Chiropractic Association (ACA). But you must have conscious awareness of your own posture and know what correct posture looks like (see above).

"A commitment to core strength of the spine muscles, maintaining good bone health and practicing proper bending, lifting, and work ergonomics (will all help improve posture)," Rouben said.

With much practice, the correct posture for standing, sitting and lying down will gradually replace your old posture.



BY SALLY MCMAHON

t's our third birthday! Three years ago, the IGE Media team, at the time publisher of just *Medical News*, saw a need for a healthcare publication with local content that was — *key words here* — easy to read. There is a lot of information out there, but it is often confusing.

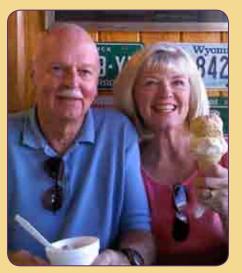
Creating our mission was easy – to help you navigate the healthcare maze. Our goal is simple: to break down complicated information so that you can make the best healthcare decisions for you and your family.

This month we are celebrating our third birthday by catching up with a few people we have interviewed over the years. These people had compelling stories and worthy lessons to share when faced with medical challenges. From the beginning, I always marveled at how willing people were to share their stories. My hope is that we can all learn from each other and be inspired.



Where are they NOW?

Alzheimer's is not just a disease of old age



Barbara Webb and her husband, Al

Summary: We interviewed Barbara Webb in 2011 and learned about her

experience as primary caregiver to her husband, Al, who had been diagnosed with early onset Alzheimer's disease (AD) at the age of 65. When first diagnosed, Barbara and Al were living in Florida enjoying their life as a retired couple, keeping busy gardening and volunteering at church. Their world changed when Al was diagnosed AD. Knowing she would need support, Barbara moved home to Kentucky and began her life as caretaker.

Have any significant changes occurred to Al's health?

Barbara Webb: I am happy to report that Al's health has not deteriorated significantly, but there are enough changes that make daily life quite frustrating for both him and me.

You said that the biggest challenge of this diagnosis was seeing the slow decline in Al and not being able to change anything – is that still your biggest challenge?

BW: I can't speak for what goes through his mind, but I do know what goes through mine – frustration with my inability to help him more, sadness at what we have lost, fear of the unknown and future.

Are there any helpful resources that you have discovered since our interview?

BW: If you are ever able to see Teepa Snow speak, don't walk but run to her. She is a very knowledgeable professional who speaks with much humor and

love. I highly recommend the book *A Dignified Life-The Best Friends Approach to Alzheimer's Care* by Virginia Bell and David Troxel (HCI, September 2002). This is a wonderful book that has helped me immensely in trying to continue to allow Al to lead a life of dignity and hope while keeping our relationship in tact as much as possible.

MEDICAL NEWS IN ATT

How do you take care of yourself each day?

BW: I love massages so I have made a commitment to get a massage once a month. (I signed a yearly contract so I would have to follow through!) I am also making a more concerted effort to say no when outside obligations are asked of me. (I haven't fully accomplished that one.)

Bringing awareness to ovarian cancer

Summary: We interviewed Frank Edwards in 2010 and learned about his experience of losing his wife, Dee, to ovarian cancer. At the time Dee was diagnosed, they were both working at jobs they enjoyed and were raising their little boy, Sean. Frank never expected to be a widow at the age of 42, but that is what happened. At the time of our interview he was organizing the Dee Edwards Memorial Whisper Walk, which raises money for Ovarian Awareness of Kentucky (OAK). His



Frank Edwards with Dee and Sean in Ocean Park

mission was (and still is) simple: to let others know that ovarian cancer is not a silent disease – it whispers.

Has anything significant changed since we last spoke?

Frank Edwards: Sean is 11 and now attends Crosby Middle School, which is where Dee taught. There are many teachers there that know us and are keeping eyes on Sean. I think that is a good thing for him.

continued on page 11

WHAT OUR

READERS THINK

"(This was the) first copy I have had a chance to read. (There were) great statistics on diabetes. Policies to reduce obesity should be adopted by Michelle Obama. Everyone should know his/her BMI and carry a card to track it from eighth grade to age 65. BMI should be part of an individuals annual physical. Keep the great information coming."

Rob Lindeman

Louisville, Ky.

"I like *Medical News for You* because it helps the low-income and the no-income by providing them the right information about where to get low cost or free health services."

Ecclesiaste Charlemagne Louisville, Ky.

"I recently picked up a copy of your magazine *Medical News for You* and was really impressed with all the information it contained. As one of the nurses here, I'm always looking for ways to inform the employees about health options and services, as well as activities in their community that encourage wellness.

Shannon Corum, RN BSN

U.S. Census Bureau, Jeffersonville, Ind.

"I just love *Medical News for You*. It is so informative and relevant to our mission, specifically of wellness. I had a friend who wanted to start volunteering, but did not know where to start. I pulled out the December issue: The Give Back Guide and told her to try Maryhurst."

Diane Andrew

Right Now Harvest Church, Germantown, Ky.

My parents have moved to Louisville from Georgia to be closer to Sean.

What is your role with OAK now?

FE: I am on the Advisory Board for OAK and am organizing the Whisper Walk. I enjoy raising awareness in the community about the risk factors and symptoms of this awful disease. I am proud of our Survivors Teaching Students (STS) program. STS allows us to teach medical students at UofL and UK about the disease, as well as

to share our personal history with the disease. It is a very powerful program.

You and your wife made a decision to "make memories for your son" so that he would remember her when she died. Has your son found this to be comforting?

FE: Yes he has, but he is now 11. He was 7 when she died and some of those memories when he was younger are fleeting. We have photo books of some of our "memories", and he will

take a look at those sometimes. But it is very difficult when Sean says he is not sure anymore what Mommies voice sounded like.

What has been your biggest challenge since our interview?

FE: Being a single dad with a demanding career. I travel out of state quite a bit for work, sometimes for a week at a time, and Sean and I always dread when I leave town. I realize my job and the required travel affords us

to live in the manner in which we do. Plus my career is rewarding as well. So we talk about that and he understands, but he still misses me when I am gone.

Also just being single at my age is challenging. I have started to date again, but that is very difficult. I was never very good at the dating game when I was younger and now trying to get back in it again has proven to be very challenging.

Type A personality finds relief



Sanford Fleck

Summary: We interviewed Sandford Fleck in 2011 and learned about his poor sleep habits, muscle aches and feelings of exhaustion. Fleck, married with two young children, works at a

national CPA firm and serves on several boards. After traditional approaches to treatment proved to be ineffective, he found relief from Kim Evans from the Institute for Integrative Medicine in Louisville, Ky.

Have there been significant changes in your life since our interview?

SF: My life has continued to evolve on a truly wonderful path. I am with the same company and have been given additional responsibilities that expanded my position nationally. My wife and I will celebrate our seventeenth wedding anniversary and both of our children are doing well.

What is your health status today?

SF: My philosophy has been "Don't go backwards." My health has continued to improve, we eat fairly clean and healthy and I feel great both inside and out. More than anything, I feel like I really know my body well and know what I need to do to keep feeling great.

What is your exercise routine like now?

SF: I do P90x, Bikram Hot Yoga and have added Insanity, additional weightlifting and recently bought a heavy bag for my son and I to start boxing. I have never been a runner, but I ran the Triple Crown last year and I will do it again this year. In regards to my weight, I am not where I want to be but I am getting closer.

What advice do you have today for people that are stressed out, working too many hours and not getting enough sleep?

SF: Truly take things one issue at a time. My journey began with getting good sleep, which gave me enough energy to exercise, which gave me the motivation to eat healthier. Good sleep serves as a foundation to my overall health. My recommendation is to address that first, in an all-natural way, then focus on the next issue.

PRINT TO WEB



To read the original interviews with Barbara Webb, Frank Edwards and Sandford Fleck, visit medicalnews4you.com/printtoweb.

I wanted to compliment you on the article, "Snoring is Nothing to Laugh About" in the August issue of *Medical News for You*.

Well done. The companion sections of "Ten Symptoms" and "Other Sleep Disorders" nicely bolster the content and are well researched. Thank you for your interest and your excellent article.

John M McCrillis, DMD

American Board of Dental

Sleep Medicine



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FATAL distractions

Distracted driving is not just a teen problem.

BY EDDIE REYNOLDS

wo-thirds of Kentuckians with brain injury are men. Men ages 14 to 24 are most likely to sustain a brain injury in a motor vehicle accident. Historically, speed was the major contributing factor to these accidents. Now distracted driving is becoming a major contributor to the death and disability from brain injury in Kentucky's male population. While there are many reasons for distracted driving, the increase in cell phone usage and the popularity of texting is a major contributing factor in the rise in brain injury in the state.

Traumatic Brain Injury

Traumatic brain injury, or TBI, is an

event that causes a change in the way the brain functions and will leave the person with a possible combination of physical, mental or emotional disabilities that changes their life forever. For many TBI is fatal to dreams, careers and the person's identity and self-worth. TBI is expensive, too. Over a lifetime, medical costs can easily exceed one million dollars, as can the cost to the person in lost wages and earning potential. Men with brain injury have one of the highest rates of unemployment in the state. The unemployment rate for survivors of TBI ranges from 50 to 90%, which leaves too many men unable to either work or work to their pre-injury level.

Over a lifetime, medical costs can easily exceed one million dollars, as can the cost to the person in lost wages and

This cost is passed on to families. Many families don't survive the extra stress and divorce is higher for this group than the general population.

earning potential.

Distracted Driving

Men are much more likely than women to talk on a cell phone or texting while driving than are women. The problem is also rising because, for many men, their cars or trucks have now become their offices. Now, we talk on the phone, send texts and look up files, all while driving a one or two ton vehicle down the road at dangerous speeds. The problem isn't the young girls who text and drive: the problem

A study released by the National Highway Traffic Safety Administration, or NHTSA, shows that distracted driving either kills or injures nearly a half a million people a year in America. Almost one-fifth of these distracted accidents were caused by the unsafe use of a cell phone in talking or texting while driving. Distracted driving is not just a teenage problem. This study also revealed that the age group that is most likely to talk or text while driving are adults aged 30 to 39.

This study also shows that 80 percent of all distracted driving accidents do not involve a cell phone at all. Most of our distractions are either something, or someone, inside the car; something outside the car such as an accident or construction and mental distractions such as day dreaming or problem solving.

Precaution

Can anything be done about the problem of distracted driving? There actually are steps that can be taken to

prevent the damage caused by distracted driving. First, we all need to take some personal responsibility and make sure that we limit the distractions such as eating and texting while driving. We need to keep a safe distance between us and the car in front and be sure to buckle up when we drive.

Publically, we need greater efforts to educate young drivers and especially experienced drivers of the dangers of distracted driving. Two survivors of accidents caused by distracted driving, Wil Craig and Jennifer Hornback, are actively involved in reaching their generation with the message of no texting while driving. In fact, Craig works for AT&T as their youth advocate against texting while driving.

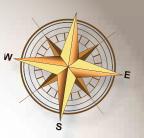
The automotive industry is also trying to get ahead of this problem by engineering cars and trucks that allow for more hands free driving. While their efforts at reducing the problems of texting while driving, there is plenty of room to debate the safety of all the distractions that are continually added to today's vehicles.

Finally, there is a need to address the problem of distracted driving with tougher laws and penalties. Currently in Kentucky, drivers convicted of distracted driving while using a cell phone face fines of \$25 for the first offense and \$50 for repeated violations plus court costs. Presently, the Kentucky Legislature is considering new fines that are between \$100 and \$300 and for even larger fines if the distracted driver causes an accident.

Tougher fines are also effective in changing public behavior. Seatbelt laws, for example are having a greater effect because of the higher fines. Ultimately, nothing beats us just manning up and making sure we are paying attention to the road while we are driving. We must overcome our fatal attraction to distracted driving.

Eddie Reynolds is the outreach director of the Brain Injury Kentucky Alliance. 🐧

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Overcoming 600 kidney disease A man's journey over the past 40 years.

WOMEN

BY CHERIE RAYMOND

im Statts, an Owensboro native, was born prematurely to a young mother in 1973. Doctors suspect this early birth caused kidney damage. His life would be an uphill battle, doctors presumed, one with brain damage and lots of complications. Statts proved them wrong by skipping grades in elementary, finishing high school as the youngest student and graduating from Bellarmine University in 1994. He took a job at Summit Energy and spent his free time cheering the Louisville Cardinals, Cincinnati Reds and the Bellarmine Knights.

In 2005, he prepared for dialysis and a couple years later, he received a new kidney. In an interview with Medical News for You, Statts shares his experience with kidney disease, the National Kidney Foundation and choosing to fight no matter what life throws at you.

What do you do for the National **Kidney Foundation?**

Tim Statts: I encountered the NKF two years after my transplant. A friend of mine posted on my (Facebook) wall that there was a Kidney Walk being done in Louisville and I decided to get involved. I raised around \$3,000 thanks to my friends and family. I met Abby Johnston, an employee of the NKF, who explained how I could be involved in the NKF in other ways. It sounded like a great way to help others better understand what kidney disease is all about and how it can be avoided or managed properly.

I was involved with the Gift of Life Gala, the Kidney Walk and Kappa Kidney Camp. After helping on these for a while, I wanted to do more. I joined the NKF Board of Directors for Kentucky and continued the other fundraising activities.

Why did you have to have a kidney transplant?

TS: For my entire life, I've known I would ultimately need a kidney transplant. In early 2005, at age



Tim Statts and Leno from kidney camp at a Cincinatti Reds game

31, I was told by my pre-transplant physician, that I would likely be on dialysis within a year. In early 2006, I began dialysis, going three times a week. After completing the required tests, I was put on the transplant list in April 2006. While I found out later a number of people secretly tested to be my donor—something that makes me cry even as I say it now—none were a match. I was in a waiting game on the transplant list.

During a meeting at work in July of 2007, I got "the call." It turned into a bit of pandemonium in an effort to get me to Jewish Hospital to receive my new kidney. It was my fifth time being called as a potential kidney recipient. I have no idea who donated my kidney, and while I thank this unknown person daily, I'm certain I'll never know the identity of this donor.

What did you learn during this process?

TS: I learned how fortunate I really am.

In dialysis, you see people who really have a difficult time, yet I drove myself to and from dialysis. I worked normal hours. Many are not that fortunate.

SENIORS

CHILDREN

I also realized how fortunate I am for having such great friends and family. So many people stepped up to help me out during dialysis and post-transplant. People from work were getting tested to see if they were a match.

What local resources were available to you after the transplant?

TS: I didn't know the NKF or other organizations existed. This is why I'm focused on creating awareness. Some who have kidney disease are quiet about it, but I'm the opposite. Even though it is invasive to have people know intimate

details about my life, I can help others who may go through the same thing.

What are your words to live by?

TS: The important thing is simply to do everything in your power to live well. I've been blessed to be able to do so through my transplant.

So many people say, "I can't believe all that you have been through," which always makes me laugh inside. I know they mean well, but there are so many people worse off than I've ever been. There are so many who fight much tougher battles every day, but they fight! They inspire me to make a difference and hopefully they inspire the rest of the world to do that as well.



Patient and Family Centered Care Initiative at UofL Hospital

Visit www.medistarawards.com to vote starting February 20. Winners will be announced on May 21.

Crime Victim's Services at ElderServe

Peanut butter makes mescream

Unpredictable reactions of sensory processing disorder.

BY CHELSEA NICHOLS

or a preschooler, Eleanor was athletic. Fearless on the playground, the little girl would race on and around the jungle gym, climbing trees and ropes when she had a chance. Eleanor was also quite the perfectionist, often upset with herself if things weren't just right.

The little girl was clumsy, too. At least that's what Brenda Jones, her mother, thought, but it was a bit worse than that. Eleanor's preschool teacher brought to Jones' attention that her daughter zigzagged when walking. She couldn't make it from end of the room to the other without bumping into something. It didn't end there. Loud, unexpected sounds had her screaming, hands over her ears and curled up in the fetal position. Busy places and bright lights did the same. It was her way of "retreating" from all the overstimulation.

What's Wrong?

Jones took her daughter to Cardinal Hill Rehabilitation Center in Louisville for evaluation.

Sensory processing disorder isn't a behavioral problem. Defined by the SPD Foundation, it is a condition that exists when sensory signals don't get organized into appropriate responses.

Most people have sensitivity toward something. Think nails on a

chalkboard. However, most people can override sensitivity. People with SPD cannot. It interferes with their daily lives. In an issue of Psychology Today, an author said some children with SPD sit still in class because of the lighting while others have fullout tantrums because of the smell of peanut butter and jelly. Their

will be able to organize the sensory information coming in through their nervous system and respond 'appropriately' or how we would expect in a given situation. A child with SPD would not," Mary Thompson said. "Their responses truly stand out."

Thompson is a division director of development and intellectual disabilities with Seven Counties Services. She said sometimes the lines between behavioral problems and SPD are muddled. That's why some people confuse it with autism and ADHD. To be clear, autism is a social and communication disorder and ADHD concerns behavioral and developmental issues. A child with autism or ADHD may exhibit characteristics of SPD; that's why SPD is often associated with these two diagnoses.

When Considering Therapy

reactions are atypical. "A typically developing child

A child with autism or ADHD may exhibit characteristics of SPD; that's why SPD is often associated with these two diagnoses.

Usually SPD is diagnosed by an occupational therapist. Thompson, who is such a therapist and specialized in sensory processing, recognizes the benefits of therapy. First, the child needs to be receptive to therapy. A child who fights therapy can worsen her disorder. Thompson said it's important to find a good fit between therapist and child.

"Children are often craving the sensory information they need in inappropriate ways," Thompson said. "Sometimes a therapist will suggest ways a parent can address those needs in a more productive, acceptable way so that the child can function more appropriately."

A "sensory diet" could be a starting point. Thompson explained that a sensory diet consists of strategies and experience that make up a child's day to help him function properly. While a sensory diet can reap rewards, Thompson advises parents and guardians to exercise precaution before your child starts such a regimen.

"Many professionals who get excited about the concept of SPD want to learn these strategies and how to implement them. Sometimes these professionals will try strategies that are inappropriate for the child," she said. "The family should talk to the therapist they work with and find out how much education and experience they have in this area [of] sensory processing."

Everyone Can Benefit

Therapy has been beneficial for Eleanor. Her sleepless nights were calmed by weighted blankets. Chewing gum relieved her anxiety.

She found peace in nature through camping and hiking. Her mother found solace, too.

"I benefitted from the therapy by simply understanding her better, being patient, hugging her even more and very tightly when she acted out," she said.

Now in second grade, Eleanor has become more aware of triggers and reacts more appropriately.

"[She] is very in tune with herself and her needs," Jones said. "She removes herself from activities she doesn't like and became better at verbalizing needs versus acting out."

Thompson added, "many of these parents didn't know what to do with or for their child. They often express relief and thankfulness for learning more about SPD."

Much More to Learn

SPD was conceived in the 1970s and has gained attention, both publicly and professionally, in the past ten years. However, it's still a young diagnosis. There's not even a standardized test for diagnosis. Education, research and support of SPD is an uphill battle.

The SPD Foundation sought to include the diagnosis of sensory processing disorder into the DSM-V, a manual of mental disorders, Thompson said. The foundation and its supporters wait for its acceptance, but more research and evidence is needed before it can be included.

Though the struggle is hard, the foundation, therapists and others press on for the sufferers and their families.

"These are the people who know and believe that SPD really does exist," Thompson said. "They have dealt with it in their lives and they have seen the benefits of intervention. It affects them on a very personal level."

Just ask Eleanor.





Grade school curve

Children have the most common form of scoliosis.

BY MOHAMMAD E. MAJD, MD

S coliosis is an abnormal curving of the spine along with rotation of the vertebrae. It affects approximately two to three percent of the U.S. population, or roughly seven million people.

The most common form of scoliosis is known as idiopathic scoliosis. Children as early as 10 years old may be affected. While the reason for scoliosis goes unknown, parents and guardians can look for some telling signs. It will be evident that the shoulders aren't aligned, one rising higher than the other. If you're walking behind your child, see if a shoulder blade bulges. If your child complains of clothes "hanging funny" or a pant leg dragging, you should visit a pediatrician.

School screenings are a great way to catch scoliosis in its tracks. A school nurse or pediatrician uses the Adams forward bend test to diagnoses the deformity. The child is asked to bend forward, arms dangling and knees and feet together. Though it's a good method to use, it's encouraged that this not be the lone test for diagnosis.

How Many Degrees?

With the help of X-rays, doctors can diagnose the problem. They look to see if the curve of the spine is greater than 10 degrees. Typically, the most common curve pattern is the shape of an S. As a child gets taller, there's a chance the scoliosis can progress and worsen. By examining the pelvic bone, a doctor can determine how much



Xray example of scoliosis

more the child will grow and predict the progression of scoliosis.

Treatment depends on the degree of the curvature. Regular X-rays and physical activity are encouraged for those who have a curvature less than 25 degrees. Wearing a brace can be beneficial for a child who has a curvature between 25 and 50 degrees. If the curvature is greater than 50 degrees, surgery may be necessary.

Fortunately, the majority of scoliosis cases are mild. However, if the condition worsens it can lead to not only back pain, but lung and heart problems.

Mohammad E. Majd, MD is an orthopedic and spine surgeon at Floyd Memorial Spine Center.

Not just a child's disease

- **Congenital scoliosis** Occurring in babies born with spinal deformity due to a failure to develop correctly. Of these children 25 to 30 percent also have birth defects of the heart and kidneys. Early diagnosis and treatment is critical.
- **Neuromuscular scoliosis** A condition seen in patients with a history of neuromuscular disease such as polio, cerebral palsy, myopathy or spina bifida.
- **Degenerative scoliosis** This type is mainly seen in women over the age of 40 who have a combination of multiple level disc degeneration, their hips or shoulders are not even and lean toward one side and they have mild to moderate osteoporosis or osteomalacia (softening of the bones due to a lack of vitamin D).

PHARMACY FACTS for you

Puff pointers

Getting the best use out of your inhaler.

BY DREW NGUYEN

o you worry about the cold weather and upcoming spring allergies that might worsen your asthma or chronic obstructive pulmonary disease (COPD)? Every day, people encounter many triggers such as airborne pollens, animal dander, cold air, smoke, chemicals and many more irritants that can lead to symptoms such as wheezing, coughing and breathlessness. There are many different types of inhalers that help to relieve those symptoms; the most common type is the metered-dose inhaler.

Knowing how to use your inhaler properly can greatly improve how you feel. Here are some instructions how to use metered-dose inhalers correctly:

- 1. There are four main components of a typical inhaler: canister, cap, actuator and a mouthpiece.
- On first use, make sure the canister attaches firmly to the actuator. Remove the cap from the mouthpiece and clean any foreign material from inside the mouthpiece.
- 3. Prime the inhaler by spraying it into the air (away from your face) before you use it for the first time, or if you have not used it for more than 14 days. Remember to shake well and spray the inhaler two more times to complete the priming process.
- 4. Shake the inhaler well before each use.
- 5. Hold the inhaler in the upright position with your thumb on

- the base below the mouthpiece. Breathe out completely through your mouth. Place the mouthpiece in your mouth and close your lips around it.
- Press down on top of the canister to release one puff, simultaneously breathing in deeply and slowly.
- 7. Hold your breath, and take the inhaler out of your mouth and finger away from the canister. Continue holding your breath as long as you can, up to 10 seconds.
- 8. If you are prescribed more than one puff, then wait at least one minute and repeat the whole process.
- 9. Replace the cap when you are done.
- 10. Make sure you store your inhaler at room temperature and keep it out of the reach of children.
- 11. Clean your inhaler frequently by taking out the canister and washing the mouthpiece with warm water. Finish by allowing it to air dry it.

The instructions above are specifically for *metered-dose* inhalers. It is very important to know what type of inhaler you have, its instructions for use and the number of doses you are prescribed. If you have any questions regarding your inhaled medications, talk to your doctor or pharmacist.

Drew Nguyen is a PharmD/MBA candidate at Sullivan University College of Pharmacy.







Four steps toward better healthcare

Taking a little time to understand coverage is a long-term health investment.

BY NICOLE DURITZ

Henry David Thoreau once said, "What is called genius is the abundance of life and health." It's a favorite quote of mine that reminds me of how important it is to be smart and intentional when it comes to your health by eating healthy foods and staying physically active. You can make the most out of their health coverage by thinking about it *before* getting sick or going to the hospital.

This is an underrated health lesson. In fact, investing just a little bit of time to understand your coverage is even smarter. Doing so can help you stay healthy and perhaps save money too. Take these smart steps below, and you, too, can enjoy good health and life in abundance:

- 1. Know how your health plan works. Find out what is and what is not covered in your plan. Learn about your deductibles, copayments and other out-of-pocket costs before beginning medical services or filling a prescription.
- 2. Select doctors carefully. If your plan has a network you should chose doctors that are participating providers or "in-network." When you go out of network, you may have to pay higher co-pays, plus any difference in your medical service's price. If your plan doesn't have a network of providers, ask your doctor's receptionist if your health coverage is accepted before you schedule your appointment.
 - 3. Put prevention first. Health

screenings and vaccinations can help you prevent illness. Most health insurance plans must now cover preventive and wellness benefits, such as screenings for certain cancers or diabetes, with no deductibles or copayments.

If you have Medicare, you are eligible for a one-time, "Welcome to Medicare" visit during the first twelve months that you're enrolled in Part B.

If you have had Medicare for more than twelve months and your doctor accepts Medicare, you are eligible for a free wellness visit.

Call your doctor's office and be sure to clearly state that you are scheduling your "Welcome to Medicare" visit or your yearly wellness visit. In order to avoid any surprises, ask in advance if the doctor will do any additional procedures that may result in a co-payment.

4. Learn about the health law. In addition to getting the most out of your coverage, there may be additional benefits and protections that you can get through the health law, called the Affordable Care Act. You can use AARP's online Health Law Guide (available in English and Spanish) at *aarp.org/healthlawguide* to learn more about how the law works for you and your family

Nicole Duritz is the vice president of health at AARP and leads the association's member and consumer health education and outreach program.



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Ask a local expert

Is acupuncture a solution to chronic back pain?

BY SALLY MCMAHON

oes acupuncture really work? The verdict is still out. Acupuncture is used by millions of Americans for relief from chronic pain. However, if you ask ten different people their opinions on acupuncture, you are likely to get ten different answers.

The National Center for Complementary and Alternative Medicine (NCCAM) states that there has been "considerable controversy surrounding its value as a therapy. Research exploring a number of possible mechanisms for acupuncture's pain-relieving effects is ongoing."

Medical News for You talked with Martha Graziano, who is with Classical Acupuncture & Herbs in Louisville, to learn more. Graziano is the president of the Kentucky State Acupuncture Association (KSAA). It was through KSAA's efforts that acupuncture became certified by the Kentucky Board of Medical Licensure and legally available to the public.

How long have you been in the acupuncture business and why did you choose it?

Martha Graziano: I have been in business since 2008 and I have been interested in acupuncture since 1972. Acupuncture is an amazing system that has been around for thousands of years and it really works to help people with a wide variety of issues. Ever since my graduate school days, I have read about the scientific research on acupuncture, showing measurable changes in circulation, blood pressure and levels of



Martha Graziano treating a patient.

neurotransmitters and hormones.

What type of ailments do you treat?

MG: I have a lot of folks who come in for back pain. Sometimes I go through periods where back pain seems to be the "backbone" of my clinic. Acupuncture is well regarded for treating both chronic and acute conditions including back pain, sciatica, neck/should pain, basically any part of the body in pain.

I treat a lot of headaches, migraines, allergies, asthma, digestive disorders, insomnia, fertility, arthritis, anxiety, stress, depression, joint pain, fibromyalgia and sports injuries. I also treat a range of women's health issues and gynecological disorders such as PMS, hot flashes and related menopausal problems.

Are people still skeptical about the effectiveness of acupuncture?

MG: People in Louisville are becoming more receptive to using acupuncture. Additionally there has been much more positive reports in the national and

Acupuncture stimulates points on the body by penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation. Practiced in China and other Asian countries for thousands of years, acupuncture is one of the key components of traditional Chinese medicine.

— National Center for Complementary and Alternative Medicine (NCCAM)

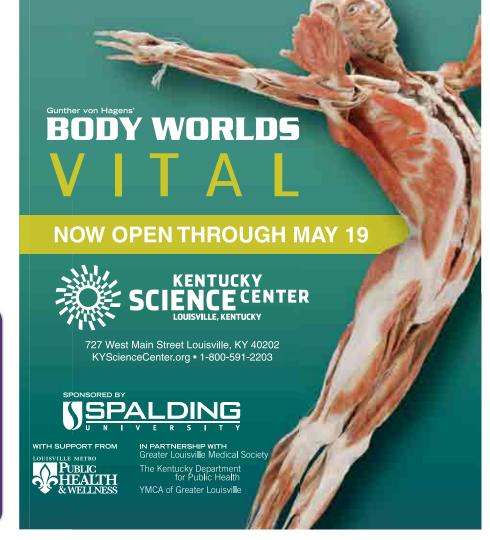
local news. More and more doctors are recognizing that acupuncture is a complementary practice that can help a lot of their clients.

What is the number one myth surrounding acupuncture?

MG: That the needles used are painful. People tend to have fear of needles or pain. Our needles are sterile and only used once. Typically you can fit 25 to 30 of our needles inside a doctor's syringe. Some people feel the needles go in, but once in, they don't notice pain. Most people find acupuncture extremely relaxing - so much so that people wake themselves snoring.

What do you want people to know about acupuncture?

MG: Acupuncture can be a very helpful stand-alone therapy, or it can also work as a complementary therapy to other Western medicine. It is now recognized that acupuncture can improve the odds for success in fertility, as seen by many women using acupuncture in conjunction with invitro fertilization or other high-tech fertility regimes. Also in regards to certain conditions, sometimes back pain or frozen shoulder, some people may choose to work with acupuncture in conjunction with a chiropractor, physical therapist or other modality.



Does Insurance Cover Acupuncture?

You can find out if your insurance provides acupuncture benefits by calling your insurance company's patient information or benefits line. This number can be found on your insurance card.

If your insurance provider does cover acupuncture, here are a few questions that you should ask:

- 1. How many treatments do I get?
- 2. How much does the insurance company pay?
- 3. What is the normal co-pay for acupuncture from a preferred provider?

Health Reform Ouiz SOURCE: KAISER HEALTH REE

The health reform law promises to deliver big changes in the U.S. healthcare system. But, as with other sweeping pieces of legislation, it can be hard to get the real facts about what it does. And it is all too easy for misinformation about the law to spread.

Take part two of our short quiz to test your knowledge of the law.

Answers

1. Yes, the in 2014, required who ap medical is all too easy for easy for easy for easy for easy for easy for ea

- 1. Will the health reform law prohibit insurance companies from denying coverage because of a person's medical history or health condition?
- O No, the law will not do this.
- Yes, the law will do this.
- O Don't know
- **2.** Will the health reform law require all businesses, even the smallest ones, to provide health insurance for their employees?
- O No, the law will not do this.
- Yes, the law will do this.
- On't know
- **3.** Will the health reform law provide tax credits to small businesses that offer coverage to their employees?
- O No, the law will not do this.
- O Yes, the law will do this.
- O Don't know
- **4.** Will the health reform law create a new government run insurance plan to be offered along with private plans?
- No, the law will not do this.
- Yes, the law will do this.
- O Don't know
- 5. Will the health reform law allow undocumented immigrants to receive financial help from the government to buy health insurance?
- No, the law will not do this.
- Yes, the law will do this.
- ODon't know

- 1. Yes, the law will do this. Starting in 2014, all health insurers will be required to sell coverage to everyone who applies, regardless of their medical history or health status.
- 2. No, the law will not do this. The law does not require employers to provide health benefits. However, it does impose penalties, in some cases, on larger employers (those with 50 or more workers) that do not provide insurance to their workers or that provide coverage that is unaffordable.
- 3. Yes, the law will do this. Businesses with fewer than 25 full time equivalent employees and average annual wages of less than \$50,000 must pay at least half of the cost of health insurance for their employees are eligible for a tax credit.
- 4. No, the law will not do this. The law does not create a new government-run health insurance plan. The existing Medicaid program will be expanded to cover more low-income people, government regulation of the health insurance industry will be increased, and tax credits will be provided to make private health insurance more affordable for people.
- 5. No, the law will not do this. Undocumented immigrants are not eligible to receive financial help from the government to buy health insurance, nor are they eligible for Medicaid or to purchase insurance with their own money in the new exchanges.

Next month: A Kentucky Health Insurance Exchange Timeline.





The ALS Association Kentucky Chapter

Leading the fight to treat and cure ALS through global research and nationwide advocacy while also empowering people with Lou Gehrig's disease and their families to live fuller lives by providing them with compassionate care and support.

5 Biggest Needs

- 1. Volunteers in our office or on Walk Day
- Office supplies (paper, staplers, tape, paperclips, jump drives)
- 3. Volunteers for the walk committee
- 4. Volunteers to form walk teams
- 5. Silent auction items to raise additional funds for ALS Care Services

For additional information, contact Jennifer Lepa at Jennifer@alsaky.org or (859) 331-1384 or visit the web site at alsaky.org.

American Lung Association in KY

To save lives by improving lung health and preventing lung disease.

- 5 Biggest Needs
- 1. Fight for Air Walk committee members
- 2. Derby Eve Gala table sales volunteers
- 3. Marketing and PR professionals
- 4. Smoke-Free Kentucky advocates
- 5. O2 Young Professional Society members

For additional information, contact Carolyn Embry, director of development, at (502) 363-2652 or cembry@midlandlung.org or visit the web site at kylung.org.

If you would like to be included in Give Me 5!, visit www.medicalnews4you.com and click "About Give me 5."

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Corinna Stephens

Alley Cat Advocates volunteer



Medical News for You: What's the mission and vision of Alley Cat Advocates?

Corinna Stephens: Our mission is to provide for the humane treatment of unowned cats in Kentuckiana by directing a Trap-Neuter-Return (TNR) program in the safest, most efficient and cost effective way possible.

We would like to see a community in which no unowned cats are euthanized in shelters, but where they are instead spayed/neutered and returned to the area they live in and allowed to live in peace and looked after by a caretaker (a concerned citizen who makes sure they're fed and have shelter). Unowned cats and cat colonies that are taken care of this way become invaluable members of their community (and are now officially actually called community cats) by controlling vermin like mice and rats.

MN4U: How did you find yourself volunteering for Alley Cat Advocates?

CS: I started volunteering for Alley Cat Advocates in 2001 because on my way to work I saw a lot of unowned cats roaming the area and breeding out of control. Many of them looked raggedy and skinny and many died because they were hit by cars. At night, I could hear them getting into mating fights.

I love cats and thought that there should be a better way for them to live than this, but I didn't know how to help them on my own. The problem just seemed too overwhelming. When I heard about Alley Cat Advocates, joining them was like a no-brainer.

MN4U: What do you do as a volunteer?

CS: I've done almost everything over the years. I've helped at their Big Fix clinics, the once monthly spay-and-neuter clinics where on average 130-160 cats get spayed/neutered in a weekend. This is a very hands-on experience where volunteers get to help with check-in, check-out or they get to help with the cats while they're under anesthesia.

Before surgery, a volunteer watches over them until our volunteer vets can get to them, to make sure they are breathing okay. After their surgery, the cats get rabies and FVRCP shots, flea treatment and fluids, they get their ears cleaned and eartipped (the tip of one ear is cut straight, the universal sign that they have been spayed/neutered) and then volunteers watch over them until they wake up from their anesthesia, at which point they are put back into their trap.

Volunteers continue to watch them through the evening and throughout the following day to make sure all is well. They also get fed once they're awake enough. I have also helped with office work. There is a lot to be done in the Alley Cat office, for instance processing donations, filing, data entry, and other clerical work. You do not need to handle cats (for those who are allergic, but still love cats) in order to help us.

MN4U: Why is volunteering important to you?

CS: It gives me a sense of having contributed something valuable to the community. I love cats and I enjoy anything I can do to make their lives better. It also helps the community at large. If I can prevent more unowned cats from being euthanized in shelters, then I think this will not only help the cats, but reflect well on the community as a whole.

MN4U: How can our readers get involved?

CS: We have a wonderful website, *www.alleycatadvocates.org*, where readers can find a lot of information about us. We also have a Facebook page that readers can friend, and when (hopefully) they decide they'd like to join us, they can call our hotline, 634-8777 and inquire about our next new volunteer orientation during which they will be able to learn even more about us. This is a phone line where they will have to leave a message, but we *will* return your phone call!



Carrot-Ginger Soup

Cynthia Chandler Culinary Nutritionist at Sullivan University

What You Need

2 lbs. carrots, peeled and chopped

1/2 c. minced ginger

2 shallots, minced

3 c. chicken broth

1 T. olive oil

1 c. orange juice

1/2 t. cinnamon

1/2 t. salt

1/4 c. heavy cream

How You Do It

- 1. In large Dutch oven, add oil and heat for one minute. Add shallots and stir until opaque.
- 2. Add ginger and cook an additional two minutes.
- 3. Add chicken broth and carrots and cook until carrots are fork tender.
- 4. Transfer mixture to a food processor or blender and blend until smooth
- 5. Return to pot and add orange juice and cinnamon
- 6. Finish with a touch of heavy cream if desired.



Coming Up...

April: Minority Health

May: Asthma & Allergy

June: Oral Health



