Medical Profile: Orthopedic & Sports Physical Therapy Associates

St. Clair Hospital Opens Outpatient Breast Care Center

Do You Need a Flu Shot?

November ADA Diabetes Expo Preview

senior living guide
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women’s health: Understanding Varicose Veins • Genetic Counseling • Breast Cancer
orthopaedics: Ankle Replacements • Shoulder Surgery
Diabetes Update: Are You At Risk for Diabetes? • Diabetes and Hearing Loss
Medical Profiles: Dr. Judith Balk • Dr. Blair A. Jobe • Dr. Jason A. Smith • Dr. Malay Sheth
Children’s Health: Signs of Autism • Teenage Addiction • Help for Your Special Needs Child
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UPMC Recruits Military Vets

As part of a system-wide, concentrated effort to recruit and provide veterans with employment opportunities, UPMC has partnered with a number of military friendly organizations to bridge the gap between employees and candidates, educate staff about veterans’ unique skills and provide meaningful employment opportunities.

UPMC is working with 100,000 Jobs Mission, a coalition of 54 employers across the country that have set out to hire 100,000 veterans by 2020. UPMC also has developed resources to assist veterans in identifying relevant career opportunities at UPMC and to help recruiters best meet the unique needs and concerns of veterans.

A veteran-specific portal – which can be found at the website upmc.avature.net/military – provides direct access to job-transition coaching, and special training has been provided to recruiters to help evaluate the unique skill sets possessed by members of the military.

POWRR for Veterans, a UPMC workforce readiness program, offers workplace readiness courses for veterans focused on how to be successful at UPMC, how to make successful transition to civilian employment, and the program guarantees that attendees will be reviewed in the recruitment process. In November, UPMC will host a citywide veteran hiring event to further encourage employment of veterans.

Hearing Valley Chippewa Adds State-of-the-art MRI Services

New, state-of-the-art mobile MRI technology that improves patient comfort and accessibility is available at Heritage Valley Health System diagnostic center locations, beginning with Heritage Valley Chippewa. The mobile Espree Open Bore MRI is operating at Heritage Valley Chippewa and will begin traveling to other Heritage Valley diagnostic centers in Moon and Center Townships later this summer. The new mobile MRI unit provides high power to achieve quality images and an extra-large opening to accommodate and give patients more space during testing. The larger opening gives the patient one (1) foot of additional headroom and the MRI’s shorter design enables many exams to be done with the patients head outside of the unit. The MRI’s design helps to alleviate anxiety and fear of tight spaces among patients undergoing testing. The Espree Open Bore MRI will also be available at Heritage Valley Moon Township and at the Heritage Valley Women’s Health Center.

For more information or to schedule an appointment, contact Heritage Valley Radiology at (866) 901-4624.

Westminster Recreation and Outreach Center (WROC) Offers Fall Athletic Programs

Why enroll in the WROC athletic programs and not a health club?

Because we offer more than programs! The WROC is part of something bigger. It is part of a family - first the church family and then our extended community. The WROC instructors care for the whole person through prayer, encouragement, and knowledge of health and fitness.

Join us in our large, air conditioned gym, with certified instructors, reasonable prices, and child care for select classes. We have programs for a range of fitness levels from low impact to high intensity. Try us the first time for free - you’ll feel the difference!

• Adult Open Basketball and Volleyball
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• Cardio Sculpt
• Energy Boost Cardio/Strength Workout
• Essential CORE and Strength
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• M-W-F Aerobics
• Personal Training
• Strength-Sculpt-Stretch
• Tai Chi for Health
• Yoga
• Zumba
• Zumba Sentao

For dates and times for classes, call WROC director Kathy Long at (412) 835-6630 ext. 200 or visit wroc.westminster-church.org.

Jefferson Regional Celebrates 10 Years of Excellence in Cardiac Care

In 2002, a community-based facility to treat heart disease became a reality with the opening of The Heart Institute at Jefferson Regional Medical Center in Jefferson Hills. Ten years later, The Heart Institute is an award-winning center with a reputation for outstanding patient care, advanced technology and highly-skilled cardiologists and cardiothoracic surgeons who treat the most complex cardiac cases.

The Heart Institute offers full-service diagnostic and interventional procedures for the treatment of cardiac, thoracic and vascular diseases. A team of more than 20 board-certified cardiologists, four board-certified cardiothoracic and vascular surgeons and a highly trained staff provides the highest level of comprehensive, quality cardiac care.

The cardiac team at The Heart Institute at Jefferson Regional, led by Sang Park, MD, medical director for a second decade of service to the communities it serves.

Dr. Chong Park said it’s easy to understand why the heart program has done so well and how it will continue to advance the level of cardiac care into the next decade. “At Jefferson Regional, our main focus is our patients,” he said. “If we continue to focus on our patients, they can be assured of excellent cardiac care now and in the future.”

For more information, call (412) 469-5000 or visit www.jeffersonregional.com.
There are three main categories of veins in your legs. Deep veins, found at the bone and muscle level, carry most of the blood back to the heart. Superficial veins, closer to the skin surface, carry the blood to the deep veins. Perforator veins join the deep and superficial systems. Along the blood’s pathway are many one-way, cup-like valves that open as blood travels upward, then snapping shut to keep the blood from flowing backward. When the valves do not close properly, blood escapes and collects in the vein. The excess blood weakens the vein walls and causes the vein to bulge and twist, often seen through the skin’s surface. This condition, known as venous insufficiency, can lead to complications such as varicose veins.

Common causes of varicose veins include genetics, aging, pregnancy, standing or sitting for long periods, obesity, chronic constipation and a sedentary lifestyle. Legs that swell, throb, burn, cramp, itch, feel tired or heavy can also be warning signs of varicose veins. Left untreated, they can progress to more severe complications such as phlebitis (inflammation of the veins), skin ulcers, and blood clots.

A qualified physician can accurately diagnose venous insufficiency by utilizing an ultrasound exam that charts the blood flow in the veins, and rules out other leg disorders. Endovenous Laser Treatment (EVLT) or Radiofrequency Ablation (RFA), nonsurgical treatments for varicose veins, are extremely successful, in-office, minimally invasive procedures that are completed in less than an hour and are covered by most insurance carriers. Following an EVLT or RFA procedure, most patients are able to walk out of the office and return to their daily routines.

Treatment is also available if prior surgery has left you with varicose vein recurrence, or if unsightly spider veins are making you feel self-conscious. From severe vein complications to cosmetic spider veins, Greater Pittsburgh Vascular Associates is your solution to pain-free beautiful legs.

Call today to schedule an evaluation with Dr. Bocharov or Dr. Geskin at our new Greensburg location.

412-469-1500
www.jeffersoncardiology.com
F for some women, having a mammogram is an ordeal; for others, it's viewed as a necessity, but also as a nuisance. Few women look forward to the experience: the drive to the hospital, the search for a parking space, the trek through the garage and then long hospital corridors, the wait for elevators and the time spent in a crowded waiting room with a blaring TV. Then there's the actual mammogram: changing into a gown in a community dressing room, walking the halls in that gown, having the mammogram and then reversing the whole process. Add to all this, private setting dedicated entirely to this service. Imagine the convenience of valet parking and the reassurance of private rooms. Picture yourself waiting in a serene and elegantly decorated room, sitting beside a quietly babbling waterfall. Consider the peace of mind of knowing that, right there, some of the region's foremost breast care specialists are prepared to offer you the most advanced diagnostics and care, with compassion and expertise.

All this is available to women of the Pittsburgh region, now that St. Clair Hospital has opened a brand new, state-of-the-art outpatient Breast Care Center. Located on the Third Floor of the St. Clair Hospital Outpatient Center – Village Square, 2000 Oxford Drive, Bethel Park, near South Hills Village, the center blends spa-like ambience with the most advanced diagnostic imaging technology. Specialists in radiology and breast surgery provide comprehensive, expert breast care services in a warm and caring environment where comfort and convenience are priorities. "We have opened the Breast Care Center in order to bring the best technologies to St. Clair Hospital, with the goal of offering women the highest quality breast care services in a way that is efficient and comfortable for them," says Sherri Chafin, MD, a diagnostic radiologist at St. Clair who specializes in breast imaging.

The Breast Care Center is located on the Third Floor of the St. Clair Hospital Outpatient Center, Village Square, on 2000 Oxford Drive in Bethel Park, near South Hills Village.

By Nancy Kennedy

Dr. Sherri Chafin, a diagnostic radiologist at St. Clair who specializes in breast imaging.
Dr. Judith Balk Brings Expert Care to Midlife Women at New Magee Specialty Services in Mt. Lebanon

By Nancy Kennedy

The women of the Pittsburgh region who have been fortunate enough to experience the exquisite care of Magee-Womens Hospital obstetrician-gynecologist Judith Balk, MD, will most likely name her expert clinical skills, her personal interest in her patients, her easy approachability and her openness to blending conventional medicine with complementary care as some of the traits they value in her. Balk is an exceptional physician: an OB-GYN who specializes in women’s health at midlife, a critical time in a woman’s life when she makes the transition from the childbearing years to the wisdom years. In her busy practice at Magee, Balk not only helps her patients with the physical challenges of peri-menopause and menopause, but also facilitates their journey to successful aging. As a clinician, she delivers excellence and expertise, but it is her self-chosen role as advocate for women, and her passion for women’s health, that truly sets her apart. When it comes to caring for and about women, Balk is a powerhouse of energy, empathy and empowerment.

At Magee, Balk is a staff physician with the Midlife Health Center, an associate professor in the Department of Obstetrics, Gynecology and Reproductive Science, and assistant professor, Clinical and Translational Science. “I provide gynecology care with a focus on menopause,” she explains. “Today, menopause is viewed differently than in the past, and we are learning more about it all the time. We used to think it was all hot flashes and mood swings. Now we have better knowledge of how hormonal changes affect the body and the brain as well. Many women simply don’t feel like themselves; they’re tired and anxious. Some of these changes are hormonal but some probably are not. Menopause gets blamed for a lot of things that are more likely lifestyle issues. By the time they are 50, women need to be taking better care of themselves.”

Good self care means living a healthy lifestyle, primarily, plus seeing a doctor for regular check-ups and getting appropriate screenings, such as mammograms. But to Balk, it’s much more than that. “Health and successful aging are not achieved through medication and doctors. As I see it, health is composed of four essential factors: effective coping skills; social support; a healthy diet, and exercise. It’s never too late to start creating these in your life.”

For Balk, that approach is multifaceted. “When I see women with menopausal symptoms, who are suffering, I have options for them: pharmaceuticals, including hormone therapy, anti-depressants and gabapentin for hot flashes and sleep; in addition I have non-medical therapies, such as nutritional supplements, yoga and acupuncture. There is decent evidence that these things can be effective.”

Not everyone is a candidate for hormone therapy, including women with known heart disease, high risk for cancer and certain metabolic diseases. Balk, who also practices acupuncture, strongly believes that change is possible. “It’s never too late to feel better and improve one’s quality of life. I know that people can change; I also know that it can be very hard. I see many women who are quite distressed, living in crisis, for many reasons: illness, addiction, weight, family, emotional problems. The most distressed are those who are alone – they’re angry, disappointed and they feel isolated. This is not a medical issue, but it affects their health; loneliness is a factor in illness. I try to help them find ways to cope.

“I love my job, in part because I get to see women make it through crisis, change their behavior, and come back looking and feeling better. “My message to women is that health is how you live your life. It’s not the medications you take, or what doctors you see, or even how you look. The quality of your life depends on a healthy lifestyle, not on health care.”

Now, Dr. Balk’s special brand of midlife care is available to women across a much broader geographic region, with the opening of her office at Magee Specialty Services in the South Hills. “We have all the specialty services here, making it more convenient for women to access the care they need, closer to home, without having to go into Oakland,” she says. “Our location on Bower Hill Road is close to Interstate 79, so that women from not only the South Hills but even the North Hills can get here easily.”

To make an appointment with Dr. Judith Balk, call (412) 641-1441.
Nutrients for Your 40+ Skin

By Paula Martinac, M.S.

When we reach middle age, we all start to notice changes in our bodies, including in the skin, which is our largest organ. During the natural aging process, collagen, a protein that gives your skin its strength and firmness, begins to break down, as does elastin, which keeps your skin supple. You start to see little lines in your face and neck that weren’t there five or 10 years earlier.

Although you can’t turn back the clock, you have options other than cosmetic surgery. A healthy diet full of a wide range of colorful fruits and vegetables can help keep your skin looking young and even give you a radiant natural glow.

Here are a few key nutrients to help fight off the effects of the natural aging process.

1. **Vitamin C** doesn’t just help you minimize colds; it also supports healthy skin. This powerful antioxidant does battle with the free radicals that cause oxidative damage to your skin and other tissues. Some of the best food sources are broccoli, kiwi, citrus fruits, bell peppers, papaya, parsley and strawberries. Women in middle age should get about 75 milligrams daily; a cup of sliced strawberries provides you with 98 mg.

2. The mineral **copper** helps your body metabolize vitamin C. It’s widely available in foods, especially shellfish, nuts, legumes, dried fruit and whole grains. At 40, women need about 900 micrograms a day; just a half-cup of raisins supplies a whopping 263 mcg.

3. **Carotenoids** belong to a family of plant compounds that help maintain healthy tissues, including skin. Beta-carotene, in particular, can diminish the damage done to the skin by ultraviolet light and the breakdown of collagen caused by aging. Eat plenty of orange and yellow produce, such as carrots, cantaloupe, yellow peppers and sweet potatoes, to benefit from this nutrient and give your skin a natural glow. Green veggies such as parsley, kale, spinach, collards and other greens also supply beta-carotene.

Paula Martinac, M.A., M.S., is a nutrition educator and holistic health coach in private practice at the Nuin Center in Highland Park. She can be reached at (412) 760-6809 or Paula.NutritionU@gmail.com. Visit her website at www.nutritionu.net.

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Michael Bonidie, MD

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For more info: www.AtOmYogaPittsburgh.com

Email: AtOmYogaPittsburgh@gmail.com
Not The Same Old Stuff - Women’s Breast Cancer

By Margie Webb, RN, NCTMB, LMT

In 2011, the politicians said to women that their first mammogram should be at age forty. General Mills had on the back of their cereal box, five beautiful women sharing the topic, “we are all in this together – share Hope at PinkTogether.com. All the women are breast cancer survivors. All found Breast Cancer before the age of forty.

Crystal, 31 6 year survivor age 25
Jackie, 47 2 time survivor 7 years age 40
Molly, 45 2 time survivor 12 years age 33
Irene, 37 2 year survivor age 35
Linsey, 26 3 year survivor age 23

Why do women have to fight for early detection? Regardless of age, decisions should remain in the hands of women and their doctors. Breast cancer strikes young women as well as those beyond the age of forty.

In 1968 at age 19, I had my first mammogram. Why? My female doctor said, “I don’t know what I’m feeling. It’s like buck shot.” Just what a teenager wants to hear! I thought having a lumpy breast was abnormal. I was told to perform monthly self breast exams, MSBE, to look for a lump. After several visits to the doctor for false alarms, not knowing what I was feeling, I became discouraged and gave up the monthly exams.

Fast forward to 2001, I learn that Breast Massage was part of a program at a massage school in Toronto. As I read the textbook through the eyes of a registered nurse, I was alarmed that I had been misled about many “so called” facts. First we are not told that breasts are lumpy.

Second, we’re not told that the breast tissue changes throughout a woman’s life from teens to senior. What evolved was a breast health program that I developed so I can share this information with women: a program with hard facts and humor which includes information on the female anatomy, how to empower yourself and know your lumps, review of new guidelines for self breast exams, and how to boost your immune system. I have dedicated my massage practice to women’s health and wellness. Call or email for a program near you.

For more information contact, Margie Webb at Ahhh a Massage at (412) 877-8569 or margahhhamassage@aol.com or visit the website at www.ahhhamassage.com. Call or email for more information about the Breast Health Program, “Not The Same Old Stuff” for dates and times or to book the program for your agency, club or church.

Next issue: Male Breast Cancer
Genetic Counseling Can Help Determine if Cancer Risk is Greater for Certain Patients

By Vanessa Orr

There are many risk factors that determine whether or not a person gets cancer—everything from environmental issues to lifestyle choices to genetics. And with one in three individuals being diagnosed with cancer at some point in their lifetimes, it’s important to learn who is at most risk, especially if early diagnosis and treatment can prevent the disease from occurring.

According to West Penn Allegheny Health System Certified Genetic Counselor Megan Marshall, MS, CGC, seven to 10 percent of cancers are inherited and can be traced to a single genetic factor. "There are a number of different factors that can indicate a hereditary predisposition to cancer," she explained. "These include the fact that multiple generations of a family have the same or a related type of cancer, such as a mother, daughter and grandmother all having breast cancer."

Because cancer is a disease of aging, someone who gets cancer at a younger age—such as breast, ovarian or colon cancer before the age of 50—can also signal an inherited predisposition. A patient or patient’s relative who has more than one primary cancer, such as breast and ovarian cancers, or has a primary cancer in bilateral organs (breast, ovaries, kidneys or adrenal glands), may also raise a red flag, as can being a member of a family that has a rare cancer type, such as male breast cancer. Certain ethnicities, such as the Ashkenazi Jewish, may also carry an inherited predisposition to the disease.

"While a person who has some or all of these factors may be more at risk to get the disease, there is not a 100 percent chance that it will happen," explained Marshall. "Some people have 'reduced penetrance,' which means that though they carry the gene mutation, they do not develop the disease."

While many patients are referred to a genetic counselor by their doctors, other individuals may self-refer if they have questions or concerns about their family histories. In an informal meeting, a genetic counselor will go over a patient’s medical and family history to determine if he or she may have a hereditary link to the disease. "In addition to talking about risks, we also provide medical management options and talk about psychosocial issues which can impact both the patient and his or her family members when they learn that they have a hereditary predisposition to the disease," said Marshall. Working with surgeons, medical oncologists, nurse navigators and the patient, genetic counselors may suggest earlier or further screening and medical management based on published guidelines.

Those who may have a hereditary cancer risk are often screened at earlier ages than typical patients, and may undergo different screening techniques, such as a breast MRI to look for breast cancer. While insurance covers genetic testing on a case-by-case basis, Marshall says that in her experience, 90 percent of patients are covered at 90 percent or better.

"What's important to remember is that genetics do not predetermine survival," she added. "That can depend on many things, including the condition of the patient, aggressiveness of the cancer and the biology of the individual cancer diagnosis."

For more information about genetic testing, call (412) 359-8064 or visit www.wpahs.org/specialties/cancer-institute/cancer-genetics.

Early Detection Saves Lives

By Bethany Narey, CCT

When it comes to your health there shouldn’t be any surprises, and especially not the kind that can be avoided. A brand new state of the art technology called thermography now allows women to detect cancer far earlier than traditional testing. Breast thermography, also known as infrared imaging of the breast, is a pictorial representation of the infrared emissions of the breasts. A heat-sensing imaging device is used to detect subtle cell changes up to 10 years before other diagnostic tools. Thermography is also non-invasive, painless, and has NO radiation.

Today 1 in 8 women are diagnosed with breast disease however traditional practice is for a woman to have her first mammogram between the ages of 40-50. This leaves a dangerous void for young women. Until now there have been no options available for women too young to receive a mammogram or those who find them uncomfortable or do not care to expose themselves to radiation. Thermography provides a safe alternative and earlier detection for ALL women.

Breast thermography scans are able to detect the very first signs that cancer may be forming... up to 10 years before other traditional procedures and long before a tumor is dense enough to be seen with mammography. Early detection can lead to earlier diagnosis and better treatment options. Annual thermograms are just like going to your primary care doctor or your OB/GYN yearly, your annual thermograms allow you to monitor your breast health and changes that occur year by year.

Women today are more health conscious than ever. We know the benefits of detecting disease at an early stage. Thermography is one the latest tools available to enhance the well being of women in our community.

We invite you to visit Health Enhancing Thermography at our brand new location at 110 Fort Couch Road in Bethel Park.

Call Health Enhancing Thermography (855) 254-HEAT or visit us online at www.heat-images.com.

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IF YOU HAVE THEM OR KNOW SOMEONE WHO DOES, THE WORDS ‘SORE,’ ‘PAINFUL’ AND ‘UGLY’ SOUND VERY FAMILIAR. PHRASES LIKE, “I CAN’T FIND ANY COMFORTABLE SHOES,” OR “I CAN NO LONGER WEAR ATTRACTION SHOES,” OR EVEN, “ALL OF MY SHOES HAVE AN UGLY, WORN-OUT BUMP” DESCRIBE YOUR FOOT FASHION.

I f you’re rubbing your foot as we speak, you’ve probably considered doing something about it, but for some reason have not. I can assure you, now is the time to do something!

I was a former bunion procrastinator and can promise that the issue doesn’t just go away. Instead, it gets worse. I used every excuse in the book including, “I can’t take time off work,” and “I have kids to run around after,” and “I’m afraid of surgery,” and “My bunions don’t look that bad.” Even “They don’t hurt that much!” If I’d come in sooner, there would have been a lot of other options available to treat the issue before it progressed to the point of needing surgery.

Finally, I agreed to have surgery. “Wow! What a relief!” It looks fantastic. Now, my new shoes won’t need to be two sizes too big to be comfortable because of the ugly bump. When I reach down to rub my foot, I’m not saying “Ouch!” to myself. I have to look twice because the area is smooth and pain-free! Then I look at my other foot and say … “You’re next!”

If you have any questions about bunions, as well as various other lumps and bumps and cysts and tumors, call Beaver Valley Foot Clinic at (724) 375-1577. They are located in the CranMar Plaza on Rt. 19 in Cranberry Township and have four other locations in Beaver, Butler and Allegheny Counties. For more information, visit www.BVFootClinic.com.
Q. Do I really need a flu shot every year?

A. Influenza is a contagious respiratory illness caused by viruses that infect the nose, throat and lungs. The illness can be mild to severe and in some cases lead to death. The best way to prevent the flu is by getting a flu vaccine each and every year. The CDC recommends that everyone 6 months and older should get a flu vaccine especially if you are at high risk of having serious flu related complications or if you live with or care for people at high risk for developing complications. So who are those high risk people? They include adults 65 years of age and older, children younger than 5, pregnant women and individuals with certain medical conditions such as asthma or chronic lung disease, heart disease, diabetes, a weakened immune system and others. Be sure to check with your doctor to see if you fall into this high risk category. Yearly flu vaccination should being in September and continue throughout the flu season. Flu season can begin early as October however most of the time season flu activity peaks in January or February.

Vaccination is just one way to protect you from the flu. Good hand washing and hygiene is also very important. The flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are up to about 6 feet way. To avoid this, people should wash their hands often with soap and water or use an alcohol based hand rub. Most health adults may be able to infect others beginning one day before symptoms develop and up to a week after becoming sick. That means that you may be able to pass on the flu to someone before you know you are sick.

Some people should not be vaccinated without first consulting their doctor. These include people who have an allergy to eggs, people who have developed Guillian Barre syndrome and children under 6 months of age. Also, if you are ill with a fever you should wait until your symptoms lessen before getting vaccinated.

Flu can be unpredictable and its severity can vary from one season to the next and one factor that we can control is how many people get vaccinated. No time to be sick? Make time to stay well. Finding a flu shot clinic is easier than ever. Be sure to talk to your doctor or pharmacist about a flu shot this season.

Beth Biedrzycki, Clinical Director, Hometown Pharmacy/RxMap, can be reached at (412) 921-7731 or visit www.myrxmap.com. See our ad on page 49 to learn more about RxMap, a medication compliance packaging system.
Do you feel pain on the bottom of one or both of your feet when you step out of bed in the morning? Or when you have been on your feet all day? You may be dealing with a painful inflammatory condition known as plantar fasciitis. Plantar fasciitis is caused by excessive wear and tear to the fascia of the foot.

This can occur for several different reasons:
1. You have either high arches or flat feet.
2. You have abnormal pronation of the feet, meaning they roll inward when you walk.
3. You are carrying around extra weight.
4. You walk or stand for long periods of time on hard surfaces.
5. The shoes you wear either don’t fit well or they are worn out.
6. Your Achilles tendons or calf muscles are too tight.

Most people with plantar fasciitis have pain when they take their first steps out of bed in the morning or after they have been sitting for long periods of time. This is primarily because the fascia has tightened up (contracted) during those periods of rest. Many of the symptoms lessen as they move around and loosen the fascia.

Diagnosing plantar fasciitis is relatively simple with a past history of illness or injury, when and where the symptoms occur, and what types of physical activity are performed on a daily basis. Your doctor should check your gait and the position of your arches while you are standing. Several different treatments have been effective, even though it typically takes at least six months to resolve all of the symptoms. Plantar fasciitis does have a good long-term prognosis generally.

Treatments that have been effective include:
1. Chiropractic adjustments of the feet and ankles
2. Stretching the Achilles tendon and plantar fascia
3. Resting, limiting the activities that seem to aggravate the condition
4. Cold compression or ice massage
5. Arch supports or heel lifts, possibly getting new shoes
6. Therapeutic ultrasound

A chiropractor can help with each of these treatments, as well as aligning your spine. When you are looking for a chiropractor, make sure to ask if they work with extremities. Some chiropractors only work with the spine and not the extremities. Your feet are your foundation and when they hurt, the rest of your body is affected. This is one condition that can be helped, so don’t wait any longer.
By Nancy Kennedy

For people who are suffering with severe pain and physical limitations as a result of ankle arthritis, there are a number of medical and surgical options that can relieve pain, stabilize the joint and provide improved mobility.

That’s the good news from a regional expert, David M. Welker, M.D., an orthopaedic surgeon who practices with the Advanced Orthopaedics and Rehabilitation (AOR) group, based in Washington, PA. Welker specializes in problems of the lower extremities and has successfully treated numerous patients over the years for arthritis, fractures and other musculoskeletal problems of the legs, knees and ankles.

One of Dr. Welker’s specialties is ankle surgery. He sees many patients with ankle arthritis, usually due to one of three causes: the normal “wear and tear” degeneration of osteoarthritis; rheumatoid or other autoimmune forms of arthritis; or post-traumatic arthritis that sometimes develops following a fracture.

Each type is treated differently, but treatment may include activity modification; steroid injections; brace immobilization; anti-inflammatory medications and the use of assistive devices such as canes to reduce weight bearing and ease pain.

Welker performs both ankle fusions and ankle replacements. “Surgery is always a last resort, when conservative measures are no longer effective to maintain the person’s lifestyle. Ankle fusion and ankle replacement are options, and both procedures produce good outcomes. The decision always has to be tailored to the individual. The patient and I decide together.”

Having an ankle replacement versus ankle fusion depends on several considerations. Primary among them are age and activity level. According to Welker, if you are young, age 40-50, and you lead an active, athletic lifestyle, you would be a candidate for fusion rather than replacement. An ankle fusion relieves pain and restores function, although some flexibility is sacrificed; it also has the benefit of durability, usually lasting a lifetime. An ankle fusion procedure involves removal of the surface cartilage of the joint so that the ankle bones, the tibia and talus, grow together, or fuse. Screws are placed across the end of the tibia and the top of the talus and replacing them with prosthetic (artificial) parts. “Ankle replacement is not new but is becoming increasingly accepted,” Welker says. “The procedure had a bad reputation for awhile, back in the 70’s, but that has changed. The quality of the prosthetic ankle joint is much improved, with better design, providing greater durability and longevity.”

Ankle fusion and ankle replacement are actually opposite procedures, Welker explains. “When you do a fusion, you eradicate the ankle joint. In a replacement, you preserve the joint. Both are equally challenging for me as a surgeon. Both involve a fairly long recovery period; you can’t bear weight on the affected foot for six weeks. Physical therapy is provided to strengthen the joint, reverse muscle atrophy and improve gait.”

Welker grew up in Altoona, where he was active in school sports, and attended Juniata College and West Virginia University. He is married to Melissa, who was his junior prom date, and they have identical twin daughters, Hannah and Sarah. Welker knew he wanted to become an orthopaedic surgeon when a high school friend suffered a sports injury that required knee surgery. “I thought it would be cool to be able to help people after an injury like that,” he recalls. He is still an athlete who runs marathons and competes in triathlons.

Welker has always been sympathetic to the pain and immobility that orthopaedic injuries can create for his patients, but in May of this year, he gained firsthand knowledge of this when he suffered a ruptured Achilles tendon while playing basketball. “My injury gave me the patient’s perspective. It gave me new insights and made me more committed to helping people who are living in pain. I’ve always been eager to help those whose lives are limited by pain and loss of mobility, and I want people to know that there is no need to live in misery. You may not need surgery, but we offer other great solutions that that can ease your pain and keep you active.”

Ankle Replacement

Ankle replacement surgery is not nearly as common as hip or knee replacement, but it is an increasingly popular option for people who have severe ankle pain. Welker says that ankle replacement is probably the better choice if you are older, in the 60-75 age group: “Ankle replacement is best suited for those who live a less active lifestyle. They lower the demand on the new joint and are less likely to wear the joint out.”

Ankle replacement involves removing actual bone, taking off the end of the tibia and the top of the talus and replacing them with prosthetic (artificial) parts. “Ankle replacement is not new but is becoming increasingly accepted,” Welker says. “The procedure had a bad reputation for awhile, back in the 70’s, but that has changed. The quality of the prosthetic ankle joint is much improved, with better design, providing greater durability and longevity.”

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AOR’s expert, highly credentialed surgeons perform joint replacement and other elective orthopaedic procedures at Advanced Surgical Hospital (ASH), a dedicated, state-of-the-art hospital that AOR opened in Washington, PA in 2010. The entire facility is dedicated to orthopaedic specialty care and serves as a ‘one-stop shopping’ setting, where patients have access to all the services that they need under one roof. AOR is based in Washington but also has offices in the South Hills, Mon Valley and Greene County.

To learn more about ankle fusion surgery or joint replacement, about AOR or Advanced Surgical Hospital, visit www.advancedorthopaedics.net.

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Excellent Care with a Special Human Touch

By Nancy Kennedy

ANYONE WHO IS CONCERNED THAT A SENSE OF HUMAN CARING HAS BEEN LOST IN THE COMPLEX, HIGH-TECH WORLD OF HEALTHCARE, WILL BE REASSURED TO LEARN THAT THERE ARE OUTSTANDING ORGANIZATIONS THAT STILL PUT PEOPLE FIRST.

One of these is Orthopedic and Sports Physical Therapy Associates (OSPTA), an exemplary healthcare organization that offers a broad range of the highest quality, state-of-the-art clinical services within an environment of compassion, empathy and respect.

OSPTA is a family business, in more ways than one. It was created 25 years ago by brothers Alan Henson, P.T., C.S.C.S. and Jim Henson, P.T., C.S.C.S., two physical therapists who shared a vision of a patient-centered facility where they could provide highly individualized care with convenient access and hours. “We both worked in hospital PT departments, and saw a need for services in the evenings for working people,” recalls Alan Henson. “It definitely met a need—we would work at our hospital jobs, and then see patients until 11 o’clock at night. We decided to launch a business.” They founded OSPTA in 1984, and have shepherded their company from a fledgling start-up, using borrowed office space, into the successful enterprise that it is today. Their early expansion was gradual and careful, Jim Henson says, but in 1997, they made a pivotal decision. It was the era of mergers and acquisitions in healthcare, and many PT practices were selling to national groups. The Hensons were tempted to accept one of the offers that came their way, but instead chose to hold on to OSPTA and initiate an expansion. It was a risk, but one that they have not regretted.

As their company grew, the Henson’s thoughtfully honed philosophy evolved. They practice exceptional responsiveness to the human needs of their patients and their staff: at OSPTA, relationships matter, and everyone—patients, staff, visitors—is treated like family. “We want our patients to feel comfortable with us, from the first phone call through treatment to discharge,” the brothers say. That means providing superb, individualized customer service and creating a culture of genuine community throughout their system. It also means providing services with a human touch—literally.

“At OSPTA, physical therapy is hands-on care. We believe in the laying on of hands as an essential aspect of healthcare,” explains Jim Henson. “We have a staff of very skilled professionals in physical and occupational therapy and we are current in all the latest therapeutic techniques and technology in the field. We also believe in the power of touch, and use our hands as part of the healing process for our patients. Healing has both mental and physical aspects, and hands-on care impacts both. Touch affects the neurological and endocrine systems and produces muscle relaxation; a relaxed muscle is more receptive to treatment. Our therapists know what is expected of them and each has a unique way of expressing our philosophy in their work.”

OSPTA has 25 locations throughout the region and features a home care division. The company has a staff of 205 that includes 44 physical therapists, 11 occupational therapists, 6 certified hand therapists and 2 speech therapists. The clinical team also includes aides, technicians and administrative staff, most of whom are long-time employees. Eric Walt, M.S., P.T.; Mark Kerestan, P.T.-PA.-C., CEAS; and Mark Aaron, M.S., P.T. are employees who are shareholders in OSPTA. In addition, Alan’s two children, Jody and Laura, are both physical therapists who work for OSPTA. Jody is in charge of the home care division and OSPTA human resources; Laura is beginning to take an active role in the growth of the company. Jan Pieri, Marketing Director, has been with OSPTA for 22 years. “Working here is rewarding; we have a great team. Most of the staff, like me, has advanced beyond their original positions. The Hensons believe in education and career development for their employees.”

OSPTA offers traditional physical therapy services for patients of all ages who are recovering from surgery, injuries and other problems, or are working to improve their strength and mobility. As the baby boomer generation begins aging, they are likely to need increased PT services. Alan Henson explains: “As you age, you lose strength and may get injured. There’s no magic tool; exercise is the way to correct the deficits of aging and help you function effectively in your daily life. Our attitude is, “Let’s teach people to move well, then encourage them to move more.”

There are special programs at OSPTA, offered at various locations:

- The Women’s Health Program focuses on urinary incontinence and teaches patients to strengthen their pelvic floor muscles. The Hand Center is staffed by certified hand therapists, who are PT’s with advanced training in treating problems of the hands and wrists. Sportsmetrics is a knee injury prevention program for women, to minimize the risk of ligament tears, which are more common in women. The Industrial Rehabilitation Program offers PT for the workplace and includes injury prevention programs and ergonomic assessments. The Vestibular Rehabilitation Program is an exercise approach to the management of dizziness and disequilibrium for patients with vestibular disorders.

> To learn more about OSPTA or to schedule an appointment, visit www.osptainc.com or call 1-800-337-6452.

COVER PHOTO: Staff of Orthopedic & Sports Physical Therapy Associates (OSPTA) include (pictured l-r) James B. Henson, PT, Vice President of OSPTA; Jody Henson, M.P.T., Alan’s son; Alan Henson, P.T., President of OSPTA; and Laura Henson, D.P.T., Alan’s daughter (sitting).
Ouch!
Get expert evaluation as soon as tomorrow with Ortho1Call.

Making an appointment is pain-free. Call 412-469-7711.
Sprain? Strain? Tear? Don’t wait another day to find out. If you’re in pain, but it’s not an emergency, try Ortho1Call, a new program by the Orthopedic Institute at Jefferson Regional Medical Center. You’ll get great orthopedic care in one easy step. Just call and a medical professional will see you as soon as possible. You’ll find our board-certified doctors offer comprehensive, award-winning care. In fact, our Joint Care Center earned the Gold Seal of Approval from the Joint Commission. And we’re designated as an Aetna Institute of Quality for orthopedic surgery. So if you’re suffering with an injury, call our experts. The sooner you know what’s wrong, the sooner you’ll be back in action.
The shoulder is a remarkable part of the human anatomy. It is the most flexible joint in the body, able to move in a range of directions that allow us to reach, lift, throw and perform countless essential functions with our hands and arms. That marvelous mobility, however, also means that the shoulder is exceptionally vulnerable to injury. In fact, 7.5 million people seek medical help for shoulder pain every year.

In the Pittsburgh region, shoulder specialist Christopher M. Manning, MD, a board certified orthopaedic surgeon at South Hills Orthopaedic Surgery Associates (SHOSA), sees patients of all ages and activity levels who have shoulder pain, often as patients of all ages and activity levels who have shoulder pain, often as a result of activities that involve excessive repetitive overhead motion such as tennis, weight lifting and painting.

Although these types of activities place the shoulder at risk for injury, Dr. Manning explains that what might feel like an injury may actually be age related “wear and tear.” “A significant percentage of my patients will not be able to recall a specific event that caused their pain,” he says. “They often have a gradual onset of pain, radiating down the side of the arm. This pain is often at its worst at night.”

The shoulder joint consists of a large ball (the humeral head) and a very shallow socket (the glenoid) and is comparable to a golf ball resting on a tee. The stability of the joint is afforded by numerous ligaments, a soft tissue rim called the labrum and a healthy rotator cuff. The rotator cuff is a sleeve of four tendons that envelop the humeral head and help provide motion, strength and stability to the joint.

One of the most common sources of shoulder pain is arthritis, in which the cartilage between the ball and socket wears out over time, leading to pain, stiffness and loss of function. Shoulder arthritis can often be treated conservatively with anti-inflammatories, home-based exercise, cortisone injections and finally surgery.

The most common surgical treatment for shoulder arthritis is a shoulder replacement. There are several types of shoulder replacement options, ranging from a partial shoulder replacement, in which only the humeral head is replaced, to a total shoulder replacement in which both the ball and the socket are replaced. “In most situations, I’ll recommend a total shoulder replacement instead of a partial replacement because the pain relief and range of motion return are superior,” Manning explains.

However, a total shoulder replacement is more technically demanding and time consuming. Patients who are very young (in their forties) or those who have fractures or who have worn out their sockets severely, may not be good candidates for a total shoulder replacement but still may benefit from a partial replacement.

A newer type of shoulder replacement is the reverse total shoulder, which has a long track record in Europe and has been FDA approved in this country since 2004. The procedure was originally developed for patients with irreparable rotator cuff tears but it also may be used in complex revision cases and for patients with severe fractures. According to Dr. Manning, “In the past these patients had no viable options to treat their pain; however the reverse shoulder replacement has been a wonderful advancement in the field for patients with these problems. From my perspective, it is a great feeling to restore a patient’s ability to raise his or her arm overhead, especially when they gain a new level of independence because of the procedure.”

Shoulder replacement surgery has become increasingly common in the United States, with over 53,000 procedures being performed every year. This is in comparison to approximately 900,000 hip and knee replacement procedures performed annually. Dr. Manning points out that over 90% of the patients who undergo a shoulder replacement will have it done by physicians who perform 2 or less annually in their practice. Studies show that physicians who perform over 25 to 30 shoulder replacements per year will have lower complication rates and better outcomes. Dr. Manning, who does over 250 shoulder procedures a year, completes approximately 75 shoulder replacements per year.

Dr. Manning explains that “I started my practice with the primary focus on hand and wrist surgery because there was a need for a full-time hand specialist in the South Hills and specifically at St. Clair Hospital. However, my true professional passion has always been and always will be the treatment of patients with problems of the shoulder.” He utilizes the most current non-operative and operative techniques and modalities to treat patients with both routine problems of the shoulder and those who have complex and revision problems.

Dr. Manning completed his medical school and residency training at the University of Pittsburgh and completed an additional year of upper extremity and micro vascular training as well. He is a native of Upper St. Clair and currently resides there with his wife, Maria, son Niko (8) and daughters Tomasina (6) and Francesca (3). “I’m blessed to have had the option to stay here and treat the great people of this area,” he says.

At South Hills Orthopaedics, Dr. Christopher Manning specializes in shoulder surgery.
When a bad fall resulted in shoulder surgery for Vicki, she was determined to get back to her new hobby – kayaking. To help her regain strength and motion, she chose UPMC Centers for Rehab Services. We offer access to expert physical and occupational therapists, and with our many locations throughout the region, you can find a location that’s close to you. We also accept most major health plans. We helped Vicki get back to doing what she loves. Let us do the same for you.

To schedule an appointment, or to learn more about Vicki’s story, visit UPMC.com/MyCRS or call 1-888-723-4CRS (4277).

UPMC Centers for Rehab Services

Affiliated with the University of Pittsburgh School of Medicine, UPMC is ranked among the nation’s best hospitals by U.S. News & World Report.
For those living with diabetes, November’s Free Diabetes EXPO Pittsburgh is a can’t miss event, whether you are newly diagnosed, or already accustomed to living with the condition. You’ll not only be educated about diabetes but also entertained, at the popularly featured Divabetic area, featuring this year’s theme of Gilligan’s Island Experience— a tropical stage show with self-care games, fitness demonstrations and diabetes care advice.

The American Diabetes Association (ADA) EXPO is being held November 10, 2012 at the David L. Lawrence Convention Center from 9:00 a.m. to 4:00 p.m. All age groups and family members are encouraged to attend this highly interactive event, with activities available for everyone and focus areas that include:

- **Making Healthy Food Choices:** Enjoy healthy food sampling, cooking demonstrations and tasty and healthful recipes.
- **Getting Active on the Let’s Move & Groove Area:** Learn how to work fitness into your everyday life in the “Let’s Move & Groove Area,” offering plenty of exercise tips and ongoing fitness demonstrations.
- **Free Health Screenings:** While supplies last take advantage of free screenings for A1C (measure of estimated average blood glucose), Cholesterol, Blood Pressure, Foot Screenings, Diabetes Risk Assessment, Eye Screenings, BMI.
- **Ask the Experts**, sponsored by UPMC. Bring your health care questions to our onsite professionals from the community who will answer your diabetes questions.
- **Youth & Family Anchor:** Healthy living programing and entertainment for the entire family.

### Realistic Strategies for Thriving with a Chronic Medical Condition

Throughout the day nine interesting and essential workshops are being led by diabetes experts. **Beyond Survival: Strategies for Thriving with a Chronic Medical Condition**, is presented by Dr. Timothy Cline, PhD, MCC, and the Senior Director of Clinical Training and Development for UPMC Health Plan. Dr. Cline discusses the common stages individuals typically undergo when diagnosed with a chronic medical condition like diabetes. “The diagnosis represents a loss to most people, with the unspoken idea that ‘life as I know it will never be the same.’ This loss brings with it normal stages of grief—denial, anger, bargaining, depression, and acceptance. For most, having the right social and emotional support plays an important part in how well the person navigates those stages and adjusts to living with a chronic condition.”

Dr. Cline explains that beyond a positive attitude, healthy adjustment is evidenced in individuals who acquire the knowledge, self-management skills and discipline to stay on track with their self-care plan— even when the going gets tough. “It’s also a very promising sign when the person shifts from being a passive recipient of health care, to partnering with the medical provider in managing their condition,” he asserts.

Another important factor Dr. Cline observes with individuals who successfully come to terms with a chronic condition, comes from the field of Positive Psychology.

Centered on the Japanese concept of ikigai— whose closest meaning is the French term, raison d’être (what one lives for, for what you mean and purpose in life) — a significant factor psychologists look for is how strongly individuals feel that life is worth living. Among older Japanese men and women, those with a strong reason to live, for example to see grandchildren grow up, emotionally support a spouse or fight for a cause, have a reduced risk of death from any cause. They appear to have higher immune system functioning, be more resilient, recover more quickly from illness, and are more likely to take on the behaviors needed to manage a chronic condition. “But you don’t have to feel that your cause is one that will change the world to have a strong sense of ikigai. This motivating factor is available to everyone,” says Dr. Cline. Beyond Survival: Strategies for Thriving with a Chronic Medical Condition will be presented by Dr. Cline at 10:30 a.m.

### Are You at Risk for Diabetes?

by Jennifer Holst, M.D.

Diabetes is among the top 10 leading causes of death in the United States. One out of every 10 people in our country has the disease. Some 8.3 percent of the population has been diagnosed with diabetes, while another 2.3 percent have the disease, but don’t know it.

And, the number of people at risk for diabetes is growing. Millions of people in the United States have what’s known as pre-diabetes. People with pre-diabetes have blood sugars higher than normal levels, but lower than diabetic levels. Elevated blood sugar means a higher risk for heart attack, and a higher than average risk of developing diabetes.

### Factors that increase risk for diabetes are:

- Being overweight
- Carrying excess weight in your belly (as opposed to carrying excess weight in your hips, thighs, and buttocks)
- Little or no physical activity
- Smoking
- Having a close relative with diabetes
- A history of gestational diabetes when pregnant
- Being Asian, Latino or Black

Your doctor can perform tests to determine if you have pre-diabetes or diabetes. The most common test is the fasting blood glucose, where the blood sugar is checked after fasting for eight hours. A fasting glucose between 100 and 125 indicates pre-diabetes. A less commonly performed test is called an oral glucose tolerance test. In this test, the patient drinks a sugary beverage, and the blood sugar is checked two hours later. If the glucose is between 140 and 199, pre-diabetes is the diagnosis.

### Diabetes can be prevented or delayed:

- Dropping excess pounds will help prevent diabetes. You don’t need to get down to a “normal” weight to make a difference. Just losing five percent of body weight reduces risk. For example, if a person weighs 200 pounds and loses 10 pounds, that represents a five percent loss in body mass and a decreased risk.
- Eating healthier foods also helps to prevent or delay onset of diabetes. Increase fruit, vegetable and whole grain consumption. Stay away from refined grains such as white flour and processed cereals as well as sweet drinks like soda (diet soda is o.k.), and juice.
- Being active for 30 minutes a day. You don’t have to go to the gym, walking or gardening for 30 minutes counts as activity.
- Quitting smoking may reduce your risk for developing diabetes, as well as reduce the risk for heart attack or stroke.

Jennifer Holst, M.D., is the Associate Medical Director of Joslin Diabetes Center affiliates at West Penn Allegheny Health System. She sees patients in Bloomfield and Peters Township. For more information, call the Joslin Diabetes Center at Allegheny Valley Hospital (724-367-2400), Forbes Regional Hospital (412-858-4474) or West Penn Hospital (412-578-1724).
Preventing Diabetes: You Can Do It
New Program Starts in September 2012

ARE YOU AT-RISK FOR DIABETES?

☑ Family History
☑ Overweight
☑ Age
☑ High blood pressure
☑ History of pancreatic disease

Check one or more – this class is for you.

YOU WILL LEARN...

☑ What is pre-diabetes
☑ Signs and symptoms
☑ Am I at risk for diabetes?
☑ What to ask your healthcare provider
☑ How to prevent or delay diabetes
☑ Ways to keep a healthy weight

Allegheny Valley Hospital - First Thursday of each month - 9 to 10 a.m., 724.367.2400
Forbes Regional Hospital - Call to schedule, 412.858.4474
West Penn Hospital - Fourth Thursday of each month - 11 a.m. to noon, 412.578.1724

Cost: $20 per participant/class (cash or check)

Presented by a certified diabetes educator from the Joslin Diabetes Center, Affiliate at West Penn Allegheny Health System.
People With Diabetes More Likely to Suffer Hearing Loss

By Nicole Wasel, Au.D.

A recent study published by the Annals of Internal Medicine suggests that diabetics are susceptible not only to vision problems, but to hearing problems as well. For years, physicians who treat people with diabetes have regularly ensured that their patients receive regular vision check-ups. This important study underscores the need for physicians now to encourage each of their patients to get their hearing checked as well.

In the study, National Institutes of Health (NIH) researchers analyzed data from hearing tests administered to 5,140 participants between 1999 and 2004 in the National Health and Nutrition Examination Survey (NHANES). Their findings? Patients with diabetes are more than twice as likely to suffer hearing loss than non-diabetics. More than 40 percent of the patients who participated in the study had some hearing damage. “People with diabetes should ask their doctors to check their hearing,” said Sergei Kockin, Ph.D., executive director of the Better Hearing Institute (BHI). “A hearing check can be invaluable in identifying diabetic patients with potential hearing loss, and giving them an opportunity to receive the treatment they need.”

Studies conducted by BHI, a not-for-profit education organization whose mission is to educate the public about hearing loss treatment and prevention, show that people with untreated hearing loss experience a lower quality of life than people with normal hearing or people who use hearing aids.

The Better Hearing Institute has designed a “Quick Hearing Check” to help people quickly assess whether they have a hearing loss requiring a comprehensive hearing test by a hearing professional. The quick check is available online at www.hearingcheck.org.

Washington Ear, Nose & Throat has been the regional leader in the diagnosis and treatment of hearing loss for over 10 years. Our board-certified Ear, Nose and Throat (ENT) physicians and Doctors of Audiology are committed to bringing university quality care to the patients in our community and surrounding areas.

If you suspect hearing loss, ask your primary care doctor about getting your hearing tested.

Nicole Wasel, Doctor of Audiology, Washington Ear, Nose and Throat, can be reached at nwasel@washingtonent.net or (724) 225-8995. For more information, visit www.washingtonent.net.

Kidney Walk Scheduled for November 4

Stroll through the Pittsburgh Zoo & PPG Aquarium this November and help to call attention to the prevention of kidney disease and the need for organ donation. Participants of the 2012 Kidney Walk will aid the National Kidney Foundation Serving the Alleghenies in reaching its $200,000 fundraising goal. The noncompetitive walk will be held on Sunday, November 4, 2012 at the Pittsburgh Zoo & PPG Aquarium. Registration begins at 7:00 a.m. and the Walk starts at 9:00 a.m.

Walkers can participate as individuals or form a team with family and colleagues. The Walk will feature a walk warm-up, live music, special appearances by favorite Pittsburgh mascots, refreshments, and more. The official walk commencement will take place at 9 a.m., and participants can begin to run, walk, or wheel their way through the picturesque Pittsburgh Zoo. To register for the event, call (412) 261-4115 or sign up online at www.kidneywalk.org. On-site registration will also be accepted. While a registration fee is not required, a donation will be required in order to enter the Pittsburgh Zoo free of charge.

Do You Know Someone With Vision Loss?

We Can Help 412-368-4400

Blind & Vision Rehabilitation Services of Pittsburgh Changing the lives of persons with vision loss by fostering independence.

Diabetic Retinopathy

Diabetic retinopathy often has no early warning signs. In many cases, individuals do not notice a change in their vision until late in the disease. This is why it is so important for diabetics to get yearly dilated eye exams.

The symptoms of diabetic retinopathy include blurry vision, seeing a smudge in the center of your vision, spots “floating” in your vision, and trouble seeing at night. Diabetic retinopathy often has no early warning signs. In many cases, individuals do not notice a change in their vision until late in the disease. This is why it is so important for diabetics to get yearly dilated eye exams.

While diabetic retinopathy can be treated to prevent blindness, persons with this eye disease may still experience mild to severe vision loss. For those individuals, low vision devices are available to restore vision for reading, testing blood sugar and preparing insulin.

SOME EXAMPLES:
- simple eyeglass loupes provide hands-free magnification so you can use your glucometer and insulin pen
- raised markings on appliances make setting dials and pushing buttons easier
- small lighted magnifiers are effective for reading food labels
- strong reading glasses or video magnifiers are helpful for reading small print and for handwriting

Persons with vision loss from diabetes or other reasons can learn techniques that will keep them safe around the home and restore their enjoyment of activities. Kathryn is a Type II diabetic. She learned to use a talking scale and talking alarm clock through the low vision rehabilitation program at Blind and Vision Rehabilitation Services of Pittsburgh. Her optometrist prescribed a lighted magnifier for reading food labels and telescope glasses to watch TV. At age 91, and living alone, she and her family are grateful for the help from low vision services.

Blind and Vision Rehabilitation Services of Pittsburgh (BVRS) is the sole nonprofit rehabilitation agency in Allegheny County for persons who are blind or vision impaired. This 102-year-old agency is located near the Waterfront shopping area at 1800 West St., Homestead. Low vision services also are available at 4411 Stilley Road at Route 51, Brentwood.

Erica A. Hacker, O.D., is an optometrist in the Client Services/Rehabilitation Department at Blind and Vision Rehabilitation Services of Pittsburgh. For more information on Blind and Vision Rehabilitation Services of Pittsburgh, call (412) 368-4400 or visit www.BlindVR.org.

Yearly Eye Exams Are a Must for Persons with Diabetes

By Erica A. Hacker, O.D.

Diabetes can cause damage throughout the body, including the eyes. Over time, high levels of sugar in the blood affect the circulatory system of the retina. The retina is the thin, light-sensitive tissue at the back of the eye. Damage to the tiny blood vessels prevents the retina from receiving the proper nutrients it needs to maintain vision. Diabetic retinopathy is the result. The longer a person has diabetes, the more likely he or she will develop diabetic retinopathy.

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How Does Food Impact Diabetes
Passavant Hospital Foundation Diabetes Symposium Presents Powerhouse of Diabetes Information

by Lisa Bianco

On September 27, a day-long Diabetes Symposium was held at the Passavant Hospital Foundation Conference Center and Legacy Theatre. This free event boasted interesting and informative hour long presentations, free health screenings, resource tables and a veritable powerhouse of diabetes information free to the public at the Conference Center at Cumberland Woods Village in Allison Park (on the campus of UPMC Passavant McCandless).

Jennifer Sotirake and Luann Berry, registered dietitians and diabetes specialists at UPMC Passavant’s Diabetes Center spoke on, “How Does Food Impact Diabetes.” The pair used a fun, interactive Jeopardy questions format to teach the audience how food impacts diabetes, the way specific nutrients impact blood sugar and making the best dining and restaurant choices.

About their presentation Jennifer Sotirake commented, “People don’t truly understand how food impacts blood sugar. They think it’s just a matter of cutting out white sugar and refined carbohydrates altogether. It’s really more vital to balance carbs with other nutrients, proteins and fat. And you also have to work with meal timing and portion size. But it’s really not as complicated as it sounds.”

She explained to listeners that people can personalize their menus to fit their families, special needs, food preferences, and individual health issues. “We help our clients learn how to make healthy restaurant choices. For instance, you can order items grilled not fried and ask the waitress for details about the entrée. With the large portions restaurants typically serve, expect to take half the food home with you. Or, we advise ordering a senior portion.” Jennifer also recommended an excellent website—CalorieKing.com—that helps with many restaurant choice decisions.

Jennifer stressed the value of attending educational events like the Diabetes Symposium. “Being around other people who are dealing with the same issues is motivating. Attendees learn from each other and come away encouraged. Chances are, they also leave feeling empowered to get back on track with their diets and stay on track.”

Being an educator is one of Jennifer’s primary duties as a Diabetes Specialist. Over the years she has witnessed many people come to her, newly diagnosed with diabetes, and scared about how it will change their lives. She teaches them that change is managed through small steps. Clients make small changes and they realize, ‘I can do this.’” “Many times I’ve seen clients change one or two things about their eating habits—when they eat, how much they eat, or better balancing protein, fat and carbs—and then they clearly see that it impacts their blood work for the better. That’s tremendously motivating to them.”

Jean Wagner, Director of Foundation Services and Board Relations for Passavant Hospital Foundation remarked, “We wanted community members to be able to meet local diabetes experts who could answer their questions, and give them the opportunity to learn about a well-rounded approach to diabetes education and self-care. We’re enormously pleased at the hundreds who turned out for the event.”

The 2012 Diabetes Symposium was presented by Passavant Hospital Foundation in collaboration with UPMC Passavant Diabetes Center and with the support of PNC Bank.
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Hope for Hard-to-Heal Wounds

by Sherry Chappell, RN, BS

When most people think of a wound care center they usually think of a patient with an open or surgical type wound. However, there are many cases where those with non-healing diabetic ulcers or infections may also benefit. Fortunately, technology has come a long way in assisting those with chronic or non-healing wounds.

We are often asked, ‘When is it time to seek specialized wound care?’ Generally, if a wound has not responded to normal medical care within 30 days, it’s time to consider specialized wound care treatment. In addition to traditional wound therapies, such as surgery and antibiotic therapy, we also offer hyperbaric oxygen treatment, which is designed to further enhance and speed the healing process.

Hyperbaric Oxygen Therapy (HBOT) involves placing a patient in a clear chamber with the goal of increasing the oxygen level to the wound. Patients generally participate in 20-30 ninety minute treatments. While in the chamber, they can speak to members of the treatment team, watch a movie or just relax.

Since the chamber is clear, many report feeling quite comfortable during treatment.

3 Easy Ways to Overcome Food Guilt

By Lindsey Smith

As much as I enjoy food now, I used to spend more time worrying about how many cookies I was going to indulge in at a family outing than I did actually enjoying and savoring both the taste of the cookies and the time spent with family.

I felt ashamed for worrying and having to constantly think about food at events. I felt stressed about my weight and body. I felt upset that I couldn’t engage in quality time with people. I love because I was fixated on whether or not I would give into the temptation of the dessert table. I was suffering from major “food guilt.”

People who experience food guilt tend to see food as black and white, good and bad, and calories in and calories out. We feel bad when we eat something we know we shouldn’t. We mentally stress about our food choices at home, at work, and at social gatherings. We think about what diet we can start next to overcome the cake and ice cream we had for dessert. Negative thoughts of food crowd our mind, making it hard to think about anything else.

But when it comes down to it, we need food to live. So how do we have our cake and eat it too? How can we start experiencing food in a new way in which frees us from the guilt we have been continuously hanging over?

Three simple ways to help you to stop stressing and start enjoying:

1. Cook with Love: Anytime you are cooking up a dish, express gratitude and love during the entire process, from sautéing to chopping. You will be so fulfilled from the cooking process that you will take more time to enjoy your food and spend less time worrying about it.

2. Eat with Love: Go into every situation you have with food with a sense of love and appreciation. Whether it’s a bunch kale or a few cookies, express the same sense of love by appreciating your food and where it came from, showing gratitude, and taking time to savor every bite.

3. Love Others: Know that your friends and family are a sense of nourishment too! The more time you spend with people that love you, the more full you will feel. No cookie can do justice! The more time you spend with people that love you, the more full you will feel. No cookie can do justice!

And remember, these small changes and shifts in mindset add up to big results! Start with one and work your way up!


Esophageal Specialist Joins West Penn Allegheny Health System
Surgeon to lead clinic to treat esophageal and thoracic diseases

By Vanessa Orr

For the past 19 years, Blair A. Jobe, MD has been a specialist in the field of esophageal disease. As one of the country’s leading experts, he was intrigued by the idea of creating a multidisciplinary center to treat patients suffering from esophageal cancer and other esophageal disorders as well as thoracic disease.

In July of 2012, Dr. Jobe joined West Penn Allegheny Health System (WPAHS) and the staff at Canonsburg General Hospital to make this concept a reality. "The idea of working together with others who specialize in the field excited me," he explained of the large-scale effort to develop a clinic specifically designed to help patients with esophageal cancer, Barrett’s esophagus, esophageal mobility disorders, gastroesophageal reflex disease (GERD) and thoracic disease. "To have all of these minds looking at the disease from different perspectives can only help our patients."

In the last 30 years, the incidence of esophageal cancer in the United States has increased by 500 percent and the death rate for those diagnosed with the disease is quite high. In the United States in 2008, for example, the American Cancer Society estimated that there were 16,470 new cases of esophageal cancer and 14,280 persons were expected to die of the disease, resulting in a mortality rate of 87 percent. And patients with Barrett’s esophagus, which affects about 1 percent of the population, are 30 to 40 times more likely to develop esophageal cancer.

"There is definitely a need for this," said Dr. Jobe of the clinic, which offers medical treatment, surgical treatment and novel, emerging procedures that are showing strong benefits for patients. "Instead of one surgeon working in isolation, there are many experts working on each case, and the whole is greater than the sum of its parts. This multidisciplinary approach is also much easier for patients—they don’t need to go and see five different specialists to achieve the goal of therapy."

In addition to offering treatment for benign esophageal problems such as GERD, surgical options such as Nissen fundoplication can help patients with more severe GERD, or for whom medical therapy hasn’t worked. "When done right on the right patient, this procedure is tremendously successful," said Dr. Jobe. A new FDA-approved procedure, the LINX Reflux Management System, is also offered as an alternative to the Nissen procedure and has been found to have fewer side effects, with approximately 90 percent of patients able to stop taking all proton pump inhibitors within 12 months of surgery.

Patients with Barrett’s esophagus can now be treated on an outpatient basis with new technologies including radiofrequency ablation, in which the inner lining of the esophagus is burned off to enable new stem cells to grow back, and endoscopic resection, in which the diseased inner lining of the esophagus is removed. “Patients with dysplasia, or who need to have their esophagi removed as a result of esophageal cancer, can now be treated with novel endoscopic approaches,” added Dr. Jobe. “For example, we can now remove an entire esophagus through a minimally invasive esophagectomy that requires small poke incisions in the abdomen and chest. This limits post-operative pain and allows the patient to recover more quickly.”

Dr. Jobe will be seeing patients at the West Penn Allegheny Health System’s Outpatient Care Center in Peters Township. For more information, call (412) 260-7300.
Dr. Jason A. Smith, Urologist

Kidney Stones

Treating kidney stones is part of Dr. Smith’s practice, and he said that they are a big problem in this region, and a lot of misconceptions surround them. “The reality is that there are a lot of different varieties of stones and many causes. So the key for me is to treat the stones that the patient may have now, and go into prevention mode, seeing what we need to do, whether medications vs. surveillance vs. dietary. Certain dietary factors can affect what kind of stones the patients have, and that’s why we can’t group everybody in the same classification. We need to test everybody, we can’t treat everybody the same. There’s no ‘magic bullet.’”

The idea of using a robot to assist with surgery is fascinating but that's not what interested Dr. Smith in medicine in general, and in becoming a urologist in particular. His father is a family doctor in Waynesburg, so he has been around medicine his whole life, and while in college, he shadowed some doctors and discovered he liked the surgical aspect of medicine. “I followed around general surgeons who kind of steered me to urology. I liked what they did, and in med school, I was really surprised at how diverse urology was. I got more and more interested and decided that was the way I wanted to go.”

By “diverse,” Dr. Smith said most people are surprised to learn that his practice covers everything from cancers to incontinence to sexual dysfunctions to kidney stones. He also compared urology with other types of surgical specialties, saying “They may fix the problem and you never see the patient again. But for us, we see people with cancers and make sure they don’t have recurrences, or people with stones and make sure they don’t get new ones. So we usually get to build some nice, long-term relationships with our patients.”

For more information, call Washington Urology Specialists at (724) 222-8871 or visit www.washingtonphysicians.org

Urologist Treats Everything from Cancer to Kidney Stones

By Lois Thomson

One of the reasons Dr. Jason A. Smith joined Washington Urology Specialists of The Washington Hospital in July is because the hospital recently acquired a robot, and that forms a good match with his urology practice. Dr. Smith trained on robotics while in residency in Philadelphia, so he is familiar with the process and commented, “Robotics has been a growing area in urology. We are able to offer more and more procedures performed with the help of a robot.”

He said that robotics is becoming a more common means to treat some of the complex urologic problems, such as kidney, prostate, and bladder cancers, and explained why it is better than the traditional methods: “The robot affords a better vision, we’re able to make smaller incisions and get down to tighter spaces with the precise movements of our hands being transmitted to the robot. There’s magnification in the areas by a camera so we’re able to see things very clearly, and do maneuvers we’re not able to do with an open procedure.” The result is that patients may be discharged from the hospital and return to their normal lives faster, and with decreased blood loss and complications.

Dr. Smith added with a chuckle, “It sounds kind of like a space-age procedure, but it’s really not. It’s the same procedure that we’ve always been doing, we’re just able to do it more precisely with the robot. The surgeon is in complete control, we are in charge of the robot, but the robot affords us movements that we couldn’t get to in an open procedure.”

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24 Guide to Good Health www.guidetogoodhealth.com Fall 2012
Robotic Surgery 'The Next Great Step'

By Lois Thomson

Dr. Malay Sheth has been serving patients with his gynecological practice at The Washington Hospital for nearly 20 years. During that time he has seen numerous changes and advances in the field, but he considers the da Vinci Surgical System, or the use of robotics, to be the latest in advanced technology.

"In the operating room, it's one of the most interesting things I've seen in 19-plus years," he said. "It's just building on all of the great things we've already done. When I first started performing laparoscopic surgeries that was the amazing thing. This is the next great step."

Laparoscopic surgery transformed traditional, open surgeries that required large incisions, to ones that could be performed by making a series of small incisions, anywhere from 1/2-inch to one inch long, according to Dr. Sheth. "We could do multiple types of surgeries, whether it was gynecologists removing the ovaries or the uterus, or general surgeons taking out gall bladders or the appendix or even performing bowel surgery. Urologists have used it to take out kidneys. Now the robot is an extension of laparoscopic surgery in the sense that instead of me directly controlling the instruments through the laparoscope, I control the instruments with a robot, the da Vinci system."

Dr. Sheth discussed why the new technology is such an improvement: "You have greater control of the instruments because they can move in multiple dimensions. Right now, a regular laparoscopic instrument can only move in two dimensions because that's how they're made. The da Vinci robotic instrument moves in all three dimensions. It basically acts like a wrist and hand. The way you can move your wrist up and down and side to side and back and forth, you can do the same with the instruments through the da Vinci system."

He went on to describe the system as being 3D. "It's almost as if you literally put the surgeon inside somebody's abdomen, that's how well you can see." Because of that, surgeons have greater control over the operation and it has allowed patients to have hysterectomies or have their gall bladder or their prostate removed through multiple small incisions rather than one large one. So recovery is therefore much faster, there are fewer complications, infections are less likely, and especially important - people can get up and move around sooner. "One of my partners did a robotic hysterectomy on a Monday," Dr. Sheth said, "and the patient called on Friday and said she wanted to go back to work."

He concluded, "I think it's a great technology that's well received, and something great to offer to patients. That's the beauty of the da Vinci robot."
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Chronic constipation is a common, debilitating disorder affecting 12-19% of the general population that worsens with age, affecting 40% of those 65 and over. Likewise, irritable bowel syndrome (IBS), which also commonly afflicts women, affects 10-15% of the population. “Both are problematic for patients and physicians alike with little in the way of available pharmacologic therapy. When these two conditions overlap, treatment becomes especially problematic” according to Dr. Michael A. Pezzone, M.D., Ph.D., Adjunct Associate Professor of Pharmacology & Chemical Biology at the University of Pittsburgh, and Director of Pezzone Gastroenterology Associates, P.C. Dr. Pezzone recalls asking a scientific question to the C.E.O. of Ironwood Pharmaceuticals at a Physician Investigator Meeting prior to participation in several clinical trials for linaclotide (Linzess) which he conducted at the University of Pittsburgh and more recently at his South Strabane office. To Pezzone, the drug’s mechanism of action for constipation was novel but straightforward, but “how did linaclotide improve abdominal pain and sensitivity and other symptoms of IBS in patients with Constipation-predominant IBS?” Pezzone’s intriguing question and his expertise in visceral pain led to a personal invitation to visit Ironwood Pharmaceuticals where he presented his research findings and discussed future studies with Ironwood scientists.

In collaboration with Ironwood, a group from France, and a group from UCLA, Dr. Pezzone performed two pre-clinicals confirming the beneficial effects of linaclotide on intestinal pain fibers. A publication detailing these studies was recently submitted to the scientific journal, Pain. Linzess will be available later this year.

Dr. Pezzone has received research support from Ironwood Pharmaceuticals but has no financial interests. To be considered for treatment with Linzess or management of constipation and IBS, call Dr. Pezzone at (724) 503-4637 or visit the website www.DrPezzone.com.
The other reason pertussis has made such a comeback is that fewer people are getting vaccinated. Parents who refuse vaccines for their children are helping the Bordetella pertussis bacteria enjoy a resurgence.

- Dr. Brian W. Donnelly

**Whooping Cough Makes Comeback**

By Brian W. Donnelly, M.D.

In 2010, California was the site of an epidemic of pertussis, or whooping cough. For that year, there were 9,154 reported cases, the most since 1947. Ten infants died. This year, Colorado is battling another pertussis epidemic. By June 16, the number of reported cases had reached 2,520, a 1,300% increase compared with 2011, and the highest number of reported cases since 1942. 135 of these cases involved infants. 41% of the infants requiring hospitalization were less than 2 months old. No fatalities have yet occurred from pertussis in Colorado this year. Unfortunately, through June 14, eight infants in the United States have died from whooping cough.

Pertussis begins just as a typical cold. But it is diagnosed primarily by the cough. In infants, spasms (or paroxysms) of cough are interrupted by a gasping, high-pitched noise, which sounds like a "whoop." These coughing spells are often followed by emesis. Because of the smaller diameter of the baby's airway, the disease is worse for them. Their work of breathing is increased, resulting in higher hospitalization and mortality rates. Adults who suffer from pertussis deal with an annoying cough, which often lasts much longer than expected. In fact, in the old days, pertussis was referred to as "the 100 day cough." Often, pertussis is undiagnosed in adults and adolescents.

The most effective treatment for pertussis is a macrolide antibiotic. This includes erythromycin, azithromycin, and clarithromycin.

Once someone has contracted pertussis, and has taken the macrolide, the best prevention is to cover their cough, and to avoid contact with infants. The linchpin of prevention is vaccination. The pertussis immunization is given along with the diphtheria and tetanus components, starting at 2 months old. Since 1997, the acellular pertussis vaccine has been used in the United States. The previous whole cell vaccine caused many more side effects (fever, malaise, and, rarely, convulsions), but it was more effective. The other reason pertussis has made such a comeback is that fewer people are getting vaccinated. Parents who refuse vaccines for their children are helping the Bordetella pertussis bacteria enjoy a resurgence.

Brian W. Donnelly M.D., North Hills Division, Pediatric Alliance, can be reached at (412) 364-5834.

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Is Your Child in Danger?

By Diana Fletcher

A new school year! You receive reminders about physicals, vaccinations, team sign-ups and after-school clubs.

Taking care of your children involves a lot of time, attention and planning. However, there is one more thing you need to do. You need to protect your child from the dangers that many times people don’t want to talk about.

Predators come in all shapes and sizes. Often, sexual abuse takes place in the home or a place where they frequently go, and the abuse is from someone you know and trust. Children may be told that they must keep the abuse a secret or their family will be killed or hurt or that they won’t be believed.

You need to commit to making time every day to listen to your child, pay close attention to their moods and open up conversations to all sorts of subjects, without judgment or punishment.

You must make sure your child knows that they can tell you anything and you will protect them. They must never keep secrets about something that does “not feel right.”

Children who are abused will suffer over and over again and are vulnerable to further attacks. They bear emotional scars that other predators will believe.

You need to do. You need to protect your child from the dangers that many times people don’t want to talk about.

HERE ARE A FEW WARNING SIGNS THAT SOMETHING MAY BE WRONG IN A CHILD’S LIFE:

1. Sudden change in behavior or grades
2. Expensive gifts being given to your child or teen
3. Dropping out of activities they used to enjoy
4. Fear or depression
5. For girls, a boyfriend considerably older
6. Suddenly not wanting to spend time with certain people without explanation

Children need to know that we are watching out for them. This goes for parents, aunts, uncles, teachers and everyone who comes into contact with children. We all have a responsibility to this most vulnerable group.

If you need help dealing with a situation, get help! Call the police, call rape hotlines, tell other people.

If you need help dealing with a situation, get help! Call the police, call rape hotlines, tell other people.

SPECIAL NEEDS TRUSTS and PLANNING

LEGAL FEES WAIVED!

$500 expense fee charged

Special Needs Planning legal fees normally are between $4,500 to $7,500 - these fees are waived

D’Onofrio Law Office, P.C.
Moon Twp, PA
412.893.2552

WHAT WILL HAPPEN TO YOUR SPECIAL NEEDS CHILD IF SOMETHING SUDDENLY AND UNEXPECTEDLY HAPPENS TO YOU?

The Allegheny YMCA, the Wilmerding YMCA and the Homewood Brushton YMCA offers programs such as The Healthy Family Home Training Camp. This program helps families prevent obesity by engaging them in activities that support a healthy lifestyle. Incentives like family memberships are offered to participants at no cost. Groups are now forming. To learn more, contact Gretchen North at (412) 227-3820 or gnorth@ymcapgh.org.

The following tips can help families live healthier:

Eat Healthy: Make water the drink of choice (supplemented by 100 percent fruit juices and low-fat milk) and have fruits and vegetables available at every meal. Snack time should include foods that contain whole grains and lean protein instead of saturated and trans fats.

Play Every Day/Go Outside: Kids and adults should have at least an hour a day of unstructured play outside (when possible) at least three times a week by getting 20 minutes or more of physical activity.

Get Together: At least once a day families should dine together, with kids involved in meal preparation and clean up. In addition, adults should spend one-on-one time each day with their kids.

Reduce Screen Time: Time spent in front of a television, computer, cell phone and video game should be limited to two hours per day.

Sleep Well: Kids and adults need to keep a regular sleep schedule – 10-12 hours per night for kids and seven to eight hours for adults.

The YMCA of Greater Pittsburgh— a leader in youth development and healthy living—wants to help families in Pittsburgh understand the risks of childhood obesity and how to incorporate regular physical activity and healthy eating into their lives.

“At the YMCA of Greater Pittsburgh we want families to understand the risks of childhood obesity and the lifetime benefits of eating right and getting physically active,” said Gretchen North, AVP, Healthy Living. “Small changes can make a big difference when it comes to healthy living and the Y is a great place for families to get started.”

The YMCA of Greater Pittsburgh offers health tips:

Eat Healthy

Food Groups

Play Every Day

Sleep Well

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WHAT WILL HAPPEN TO YOUR SPECIAL NEEDS CHILD IF SOMETHING SUDDENLY AND UNEXPECTEDLY HAPPENS TO YOU?
The inclusion of young children with special needs into child care centers and preschools has been encouraged internationally as a positive means of enhancing early development. Also known as “blended child care,” inclusive programs offer children with and without disabilities the chance to participate in the same routines and play experiences. “A Child’s VIEW: Vision In Extraordinary Ways” is an early childhood center located on the Oakland campus of the Western Pennsylvania School for Blind Children providing comprehensive blended child care opportunities for typically developing children and those with visual impairments ages 6 weeks to 5 years. This innovative program is designed to benefit all children, no matter their ability levels or sensory deficits.

The benefits of blended child care programming have a great impact on all young children. As they play and learn together, they develop a sense that everyone, regardless of skill level, has an important contribution. Other benefits include:

- Children develop an appreciation of diversity rather than taught to do so later in life.
- They learn to respect their differences while cultivating empathy and sensitivity to others.
- Children thrive in an environment where an emphasis is placed on being responsive to individual strengths and needs.

Understanding the advantages of an inclusive child care environment, the Western Pennsylvania School for Blind Children introduced an integrated child care program in 2012 that blends young children with visual impairments with typically developing sighted peers. At “A Child’s VIEW,” we recognize children as distinct individuals with special interests, challenges and ability levels. The uniquely qualified staff continually makes creative modifications to routines and activities so that each child benefits from participating. Each day we strive to meet the needs of each child and work with our parents to maintain a partnership that helps every boy and girl reach his or her full potential.

Everyone Benefits From Inclusion During Early Childhood Development
Western Pennsylvania School for Blind Children Introduces
“A Child’s VIEW: Vision In Extraordinary Ways” Blended Child Care Program

Early Signs of Autism

Having a child diagnosed with autism can be a difficult time. As a parent or caregiver, one of the most important things to do is to educate yourself and become familiar with the developmental milestones of your little one’s life. As we know, there currently is not a cure for autism but with early intervention and treatment, symptoms related to autism can greatly improve.

Autism is a neurodevelopmental disorder that impacts the normal development of the brain in the areas of social interaction, communication skills and cognitive function. Individuals diagnosed with the disorder experience difficulty with communication and social skills and often engage in repetitive patterns of behavior, interests, or activities. Since the first diagnosis of autism in 1943, we have learned a lot more about the disorder. In fact, doctors throughout the United States have seen and treated an increase in patients with autism. Currently one in 88 children is diagnosed each year. A diagnosis can range from very mild to very severe and occur in all ethnic, socioeconomic and age groups. However, males are four times more likely to have autism than females. Autism generally appears before age 3, although some children can show no signs before age 1 or 2 and then suddenly digress.

Early signs of autism:

- No babbling by 12 months
- No words by 16 months
- No meaningful, two-word phrases by 24 months
- Does not reach out to be picked up
- Does not smile when smiled at
- Lack of interest in playing with other children
- Little or no eye contact
- Does not ask for help or make other basic requests
- Fixates on an activity or object

We are looking for babies and toddlers who are normally developing, ages 6 to 17 months, for a study looking at how babies and toddlers respond to sounds. The study will take place at the University of Pittsburgh. Compensation for participation and parking will be provided.

Please call 412-383-6570 for more information.
What Will Happen to Your Special Needs Child if Something Happens to You?

By Attorney John A. D’Onofrio

The one question that I receive on a daily basis, as a Special Needs Attorney, is “what will happen to my special needs child if something happens to me?”

Where will my Special Needs Child live? Who will take care of my child on a daily basis? How will my Special Needs Child get to doctors’ appointments, school, or to other activities? Where will the money come from for housing, clothing, food, medical needs, and other necessities?

Special Needs Parents need to plan in advance for the support and protection of their Special Needs Child. Do not wait until you are older, like most people who for some reason or another think that they will live forever. The time to plan is now!

Keep in mind that unlike a healthy child, a Special Needs Child will not be able to fend for himself or herself and thus the plan that you put into place is going to answer that most important question asked above.

A good Special Needs Plan consists of a Last Will and Testament, General Durable Power of Attorney, and a Living Will for each parent as well as a Special Needs Trust and other ancillary documents. Together these documents will provide for monies, a Guardian, Custodian, and Trustee for the Special Needs Child and will also ensure that the Special Needs Child will not lose his or her government benefits if the documents are drafted properly and implemented correctly.

This short article is meant to get you thinking about your estate plan and the many options available to ensure your Special Needs Child’s care when you are no longer here.

If you don’t have an estate plan at all, or are worried that your previous plan is not appropriate, your next step should be to contact Attorney John A. D’Onofrio today at (412) 893-2552 or at john@donofriolawoffice.com. D’Onofrio Law Office, P.C. is located in Moon Township, PA and can be found on the web at www.donofriolawoffice.com.
In-home and community-based Educational services including

Customized programs to meet the unique needs of every child:

People of Social workers available

Te

Occupational Therapy

Speech/Language Therapy

Improve flexi

lines of communication open between children and parents.

Children take great pride in their work, so talk about their accomplishments and successes as often as possible.

1. Talk to your children about school – One of the most important things that a parent can do to help their child be successful in school is to know what’s happening, especially in these days of bullying. Unfortunately, even small things like classmates making fun of a child's clothing can set the tone for the rest of the school year. Talk to your child and ask plenty of questions about their school experience. If the child doesn’t like school, find out exactly what the child doesn’t like.

2. Journaling – Keeping a short, simple school journal with your child is a great way to continually talk about school on a daily or weekly basis. The journal doesn’t have to be a novel. It can simply be a few short sentences, pictures, art projects, drawings, fill-in-the-blank questions, etc. Ask children questions such as “What did you like about school this week?” “What did you not like about school this week?” “What did you learn?” “What were some of your great accomplishments?” For little kids, this helps with their verbal abilities. It's almost like creating a joint diary between the parent and child.

3. Capitalize on the positive – Parents need to capitalize on what children do like about school, rather than what they don’t. A lot of times, kids get wrapped up in what they don’t like and can be negative about school.

4. Acknowledge anxieties – We’re all anxious about different things. We shouldn’t deny any anxieties, but help children to understand how to work through anxiety. It is a good idea to act out scenarios that make children anxious so they can practice a response/behavior. For example, children can get anxious about being able to find their room, having a toy taken from them by another child, being able to get dressed and undressed when having to use the restroom, etc. If you discuss a child’s anxieties and a plan of action before they occur, children feel safer when a situation arises.

If your kid is feeling anxious about school either at the beginning of the year or during the school year, it’s a good idea to look at yourself as a parent. It is very possible that parents who are continually anxious about their child's school experience can pass along their feelings of anxiety to their children. The best way to combat negative school experiences and to keep them from reoccurring is to keep the lines of communication open with children.

The Early Learning Institute’s early learning centers are located in Kennedy Township (Ohio Valley Learning Center) and in Wilkins Township (Penn Center East). For more information, please visit www.telipa.org or call (412) 922-8322.
“There has been this perception that teenagers in nice suburbs in nice houses don’t use drugs, but that simply isn’t the case,” said Dr. Neil Capretto, Medical Director of Gateway Rehab. “Chemical addiction doesn’t discern between race, gender or family income. Simply, it doesn’t discriminate. It cuts a swath across the suburbs as well as urban areas.”

Capretto added that, unfortunately, not only is drug abuse widespread across all our communities, but it is increasing. For that reason, he said it is critical that family members understand that no one is immune from chemical addiction, and parents especially need to be vigilant in looking for the warning signs.

“Parents, in particular, need to trust their gut,” Capretto said. “If they think something is wrong, 99 percent of the time they’re right. The sooner they act, the better. At Gateway Rehab, we have a 20-year history of successfully treating thousands of adolescents with addiction issues. In the great number of those cases, parents tell us they suspected problems long before they sought help for their child. It’s important to get ahead of the problem.”

Capretto offered some tips for families when they suspect a child has an chemical addiction problem.

• **Know your kids:** By knowing your child well, you are more likely to recognize a change in behavior.

• **Know your kids’ friends:** Peer pressure is still an influencing factor in today’s society. If their close friends especially their best friends are using drugs, warning sirens should be going off.

• **Be a role model:** Your behavior sends messages to your kids. Parents who indulge in excessive alcohol or drug use open the door for their children to follow suit. These parents are much less effective in providing positive support for their children.

• **Learn all you can about alcohol and drug addiction and the process of recovery:** Addiction is a family disease. If a child is involved in treatment, the entire family needs to be involved in the recovery. Attend family educational and therapy meetings.

• **Investigate drug and alcohol rehabilitation clinics before making a commitment.** It is important that you find a clinic where the treatment staff is passionate about the organization’s mission. A quality staff is critical, and you want one that works very closely with families and recognizes addiction as a family disease.

• **Capretto said it is important to recognize addiction as a chronic disease that requires lifelong management.**

“Dealing with a loved one who has the disease of addiction can take its toll on any member of the family, so I encourage family members to get help for themselves, as well,” Capretto said. “That may include working with a therapist as well as being involved with family groups such as Al-Anon or Nar-Anon. It is important that you take care of your mind body and spirit. The better you take care of yourself, the better able you are to take care of a loved one.”

For more information, contact Gateway Rehab at 1-800-472-1177 or visit www.gatewayrehab.org.

Dr. Neil Capretto

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**Reiki for the Recovering Alcoholic and Addict**

By Philip Buttenfield, LCSW, JD

Withdrawal from drug or alcohol dependency is extremely stressful, both physically and emotionally. Physical symptoms include muscle pain, bone aches, headaches, vomiting, tremor, diarrhea, cravings, seizures, sleep disorders and loss of appetite. Psychological symptoms, which can last longer than the physical discomfort of withdrawal, include anger, shame, grief, guilt, low self-esteem and extreme moodiness. The pain of these symptoms often drives the addict back into using again.

Empirical reports from Reiki programs in recovery centers indicate that Reiki can be a powerful adjunct to more traditional methods of withdrawal. The calming effect of a Reiki treatment helps the recovering addict to relax, which alleviates the intensity of his or her physical symptoms. Concomitantly, the peacefulness and compassion communicated by the gentle touch of the Reiki practitioner creates a safe space for emotional healing to begin. Many people in recovery have reported experiencing a feeling of unconditioned acceptance during a Reiki session. Awareness that one is not being judged is an essential foundation for resolving psychological issues.

Furthermore, there is a considerable body of evidence indicating that when an individual is calm and relaxed, and feels supported, there is less of a tendency to fall into automatic patterns of behavior and thought. (For the person in recovery, such automatic behaviors most often include seeking recourse to drugs or alcohol.) The mind is less defensive, more open. The individual is more objective, more creative. This allows a recovering alcoholic or addict (or anyone, for that matter) to address painful, difficult issues in a more skillful manner.

This effect occurs not only in the initial withdrawal stages, but in the longer term. As life involves stress, regular Reiki treatments can assist the person who is in recovery from addiction in learning to tolerate the “slings and arrows of outrageous fortune”, in finding creative and constructive ways of managing stress, rather than falling back into the self-destructive patterns of addiction.

The benefits of Reiki are available through self-treatment as well as treatment by a Reiki professional. Reiki can be learned in a weekend, at a reasonable cost.

Philip Buttenfield is a principal of Key Stone Reiki, an association of independent Reiki practitioners; see their website at www.KeyStoneReiki.com. Philip also offers psychotherapeutic and Reiki services through his private practice, Green Stone Therapies - www.greenstonetherapies.com. He can be reached at (412) 805-6811 or greenstone1@verizon.net.
The Verland Story
Making a difference in the lives of those with intellectual and physical disabilities.

There are those who have the confidence and the sense of mission that leads them to accept great challenges and find the resources to accomplish their goals. The founders of Verland are just such people. Established in 1978 as a non-profit residential agency for individuals with intellectual disabilities, Verland was created by three women who were motivated by compassion for children in their own lives with such disabilities. They are Carol B. Mitchell, Theo Hanzel O’Neil and Nancy D. Chalfant. Together, their perseverance overcame daunting issues of location, funding and the regulations governing the support of persons with disabilities. On donated land in Sewickley and with a $2 million bond issue and a loophole in the regulations, Verland was born.

“In the 1970s, many facilities treating these individuals decided not to deal with lower-functioning kids," explained Virginia Hill, who signed the incorporation papers for the organization along with Bob Prince and Eleanor “Sweetie” Nevin. “When the time came to phase these places out, there was nowhere for the children to go. We didn’t want to put them in state institutions, like Western Center, where there were already huge waiting lists.”

Carol Mitchell, an employee of such a facility, knew there was a better way to treat these individuals. She was inspired by her connection with David Tresch, a young boy living at the facility she directed. “Those of us who started Verland did so because we wanted to help someone we loved," explained Mitchell, who is now the organization’s CEO. “I personally believe that all of us need help at times from someone else, and people with disabilities especially need this support. If their families can’t do it, there needs to be a place like Verland.”

Hanzel O’Neil and Chalfant also found inspiration from their children, Andrew Hanzel and Verlinda Chalfant. Though both were severely challenged, their bravery and love inspired their mothers to join with Mitchell to create a better place for “God’s most challenged people.” “Verland might not have come into being if the three of us had not met one another,” said Hanzel O’Neil of the organization’s founding. When ground was broken in 1979, the women honored Verlinda, Andrew and David’s contributions by naming the organization with a part of each of their names.

In January 1981, Verland formally opened its doors on 14 acres of land in Sewickley that was donated by Helen F. Grove. Continuing to grow, Verland’s main campus includes 10 large homes, and an Adult Training Center. It is now an Intermediate Care Facility (ICF) for those with profound disabilities. There are also 37 other community homes in seven counties, supported by three training facilities, and one Intermediate Care Facility for persons who have physical disabilities only - all under Verland’s auspices.

“We provide 24 hour residential services, and physical, occupational, speech and hearing, equestrian, aquatic and music therapies,” said Mitchell. “We also provide all medical and nursing services that our clients need, including medical specialties on a consulting basis from dentistry to neurology.”

Verland currently serves 222 individuals, with an average age of 50. “When we first started we had more children, but our average age has increased over the years,” said Mitchell. “More services are now provided for children with intellectual disabilities, so not as many people come to us at a young age.”

According to Virginia Hill, Verland provides a dignified, loving home for people with challenging medical conditions who can’t be cared for at home. “Because of the wonderful supports they’ve received, many of the Verlanders have lived full, wonderful lives far longer than they were expected to,” she said. David Tresch’s brother, John, added “The people who work at Verland obviously care about their clients—they are concerned about their welfare and it shows. I know that my brother receives outstanding care; I couldn’t hope to find anywhere better.” David is now 56, and still makes his home at Verland.

Mitchell believes it takes a special person to work at Verland. “You have to be very compassionate and have a really warm heart to work with our clients,” she said. “But as Mother Teresa said: ‘It is an honor to be invited to help with God’s work on earth.’ I believe that we’re doing God’s work here.” To continue their mission, Verland relies on donations and holds several annual fundraisers. There is the Verland - John Siciliano State of the Heart Golf Tournament held in June and the Verland Annual Open at The Club at Nevillewood in August. Also, visit www.verland.org for details.

Mitchell hopes for continuing growth to help some of the thousands of people with intellectual disabilities still on waiting lists in Pennsylvania and the nation. “At the time we started, we never thought the success we see today was possible,” said Hanzel O’Neil. “A lot of this is because of Carol; she never stops working and never stops pushing for Verland.”

For more information on Verland, call (412) 741-2375 or visit the website www.verland.org.

(Sadly, co-founder, Nancy Doyle Chalfant, who was very active in supporting many other charitable organizations in addition to Verland, passed away in April 2012.)

LIVING WITH A DISABILITY

Wheelchair accessible vans for sale or for rent, scooter lifts, hand controls and much more.

For more Health News You Can Use, visit us online at www.guidetogoodhealth.com
I’m Getting a Mobility Scooter ... Now How Do I Transport It?

By Lance Alexander

There are many options from which to choose when deciding how to best transport your new mobility scooter device. The best option is usually determined by having a professional Certified Mobility Consultant (CMC) perform a needs analysis with you. He/she will ask questions about your physical abilities and limitations, anticipated type and frequency of use, the scooter itself and the type of vehicle being used to transport it. Once the CMC knows that information, they can recommend adaptive equipment that is compatible with your vehicle, your scooter and your lifestyle.

Sometimes a client will simply use a scooter lift that is concealed in the trunk of a car or cargo area of an SUV. Other times an external lift mounted to a tow hitch may be indicated. And there is always the option of getting a lowered floor minivan with an automatic ramp. The door and ramp can be operated remotely from a key fob, so the scooter operator can simply drive right inside to transfer.

A scooter should never be occupied during transport. Four point tie downs or a scooter docking station should always be used to secure a scooter, to assure that it never becomes a projectile in the event of an accident.

When selecting any adaptive driving equipment for your scooter, always make sure that it is FMVSS and NHTSA compliant. For further safety assurance, make sure that the equipment is supplied by a NMEDA member in good standing. This will make certain that the equipment meets all federal safety standards, and is installed by an accredited Quality Assurance Program distributor.

Lance Alexander is the General Manager at MobilityWorks located in Wall, PA. For additional information, contact MobilityWorks at 877-857-9759, email ask@mobilityworks.com or visit www.mobilityworks.com.
Providing exceptional care and quality of life for you and your loved ones.

Professional, Collegiate Sport Teams and Olympians have utilized this type of therapy for many years to improve recovery following an injury. For many years, skilled nursing facilities and rehabilitation centers as part of their treatment plan have included this advanced therapy. It has been essential in meeting the complex needs of aging adults following a hospitalization.

Our new treatment programs are based on scientific research and address a wide range of conditions to include: Pain Management; Joint Replacement Recovery (Hip and Knee); Stroke Recovery; Knee Osteoarthritis; Rheumatoid Arthritis; Chronic Obstructive Pulmonary Disease; Heart Failure; Bladder Control; Strength and Balance; Neuropathy; Wound Healing; and Neuromuscular Conditions (i.e. Parkinsons).

The equipment used in our specialized treatment programs have been used safely and effectively with people of all ages. These proven therapies are comfortable and well tolerated by most people. By decreasing pain, inflammation and edema, our state-of-the-art therapeutic equipment can increase patient comfort for other rehabilitation techniques. They can also help therapists treat more complex conditions, increase strength, accelerate recovery and improve neuromuscular control in patients with orthopedic and neurological diagnoses.

We want the community and our area medical professionals to know we are committed to quality care and progressive therapy techniques. Our healthcare team is really excited about these new programs. We are convinced it is going to make a difference in the lives of our patients and their families.

For more information, contact Christina Lonigro, Community Liaison, Interim HealthCare, Inc., at (412) 436-2200 or clonigro@interim-health.com.
A New Approach to Alzheimer’s Disease Training and Education

By Lucy Novelly

Recently, the local Home Instead Senior Care offices introduced an approach to help area families manage the challenges of Alzheimer’s and other dementias. Called the Alzheimer’s or Other Dementias CARE: Changing Aging through Research and EducationSM Training Program, it offers a personal approach to help families care for seniors with Alzheimer’s disease at home, where 60 to 70 percent live, according to the Alzheimer’s Association.

The foundation of the Alzheimer’s CARE Training Program is an approach called “Capturing Life’s Journey®” that involves gathering stories and experiences about the senior to help CAREGivers provide comfort while honoring the individual’s past. Because people with Alzheimer’s disease have difficulty with short-term memory, the Capturing Life’s Journey approach taps into long-term memory. The Home Instead Senior Care network assembled the top experts in Alzheimer’s disease to develop the CARE approach, including geriatrician Dr. Eric Rodriquez, an associate professor of medicine in the geriatrics division of the University of Pittsburgh.

While area offices offer free community workshops to train family caregivers, their own professional CAREGivers began extensive training, too. At the South Hills and Washington County offices, more than 80 percent of the CAREGivers have participated.

“We have made this training a priority, because statistics show that nearly half of people aged 85 and older have Alzheimer’s disease or other dementias. For our CAREGivers to be able to manage behaviors, engage their clients in meaningful activities while keeping them happy and safe is a priceless accomplishment for our clients, their families and our company,” said Marge MacNeal, Manager of CAREGiver Relations at that office.

By the end of the year, almost half of the CAREGivers at the Oakmont office will be trained.

“One CAREGiver shared her story of how she carried on a conversation with her client concerning the baby she believed she was caring for. At the end of the conversation, the client was smiling with joy, because her CAREGiver was relating to what she believed to be true,” said Kathy Lenart, co-owner of the Oakmont Home Instead office.

The Munhall and Jeannette offices have dozens of CAREGivers trained and are holding training monthly. Other area offices in Forest Hills, Coraopolis and Beaver and Butler Counties have begun training their CAREGivers as well.

Lucy Novelly is Franchise Owner and CEO of Home Instead Senior Care. For more information, contact Home Instead Senior Care at 1-866-996-1087 or visit the website at www.homeinstead.com/greaterpittsburgh.
Is it Time for Hospice?

by Debbie Kaylor

When the “H” word, Hospice, is mentioned, it often brings a lot of feelings and emotions along with it. Initially, they are not always positive. They may catch people off guard and consist of overwhelming feelings of fear, thoughts of giving up, and even impending doom. Although these are very real feelings at a time when someone is already vulnerable from having a disease and recent, often exhausting treatment, these thoughts could not be further from the truth.

To understand this, it’s important to know what hospice is really all about. Hospice care is for those with a life-limiting illness who have made the difficult decision to focus on comfort rather than cure. It’s an empowering choice to take control of the care you receive with an emphasis on making the most of the time you have left. It not only addresses physical needs, but also the emotional and spiritual needs of the patient, as well as those of their loved ones through education and support.

So, when should you decide to choose hospice? By choosing to have hospice involved earlier rather than later, patients and families can optimize their quality of life, share in important decision-making and delivery of care, improve communication throughout the process and preserve the dignity of their loved ones.

Hospice care may be delivered in a number of settings. Care is delivered based on patient need rather than where they reside. Therefore a hospice nurse begins assessing pain from the very first visit. The individual, physician, pharmacist and nurse come up with a pain management plan that fits the individuals needs based on type of pain, and ability to swallow. Pain medication can be in the form of pills that are taken orally, gels that can be rubbed on the person’s skin and liquids for under the tongue.

Hospice care can provide pain management. A hospice nurse begins assessing pain management. This type of care helps patients feel better and helps families enjoy their remaining time together.

There is no doubt that making the choice to accept the benefits of hospice is difficult. Once made, the benefits outweigh alternative options and many wonder, “Why didn’t I call hospice sooner?”

Deborah Kaylor, RN, BSN, is Director of Customer Relations with VNA, Western Pennsylvania. For more information on hospice care, you can reach Deborah at (724) 431-3283, email dkaylor@vna.com or visit the website www.vna.com.

Start the Conversation
Ask Physicians What Your Hospice Options Are

By LuAnn Onufer, RN, BSN

Hospice has many benefits and services to offer individuals with a life limiting illness. Many individuals think of cancer when they think of hospice but as we age, what was once a chronic illness can become life limiting.

Hospice can provide pain management. A hospice nurse begins assessing pain from the very first visit. The individual, physician, pharmacist and nurse come up with a pain management plan that fits the individuals needs based on type of pain, and ability to swallow. Pain medication can be in the form of pills that are taken orally, gels that can be rubbed on the person’s skin and liquids for under the tongue.

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The hospice admission process involves a visit by a hospice worker to meet with the patient and family and exchange information about what the individual’s needs are and what hospice can provide. There is no charge for this service. If the individual and their family decide that hospice is for them a registered nurse visits and does a physical assessment, reviews medications and gets a medical history. The nurse then calls the patient’s physician for review. The person’s physician will still remain in charge of the person’s care and will work with the hospice Medical Director to assure optimal care.

The patient and family should make the decision to choose hospice along with their physician when there are no more treatment options, the patient chooses not to pursue aggressive treatment, or wants to reduce emergency room visits and hospitalizations.

Families are often the onus to approach the physician and ask for hospice. Patients and families can start the conversation and ask their physician what their options are.

LuAnn Onufer is the Director of Compliance at Gateway Hospice. For more information, visit www.gatewayhospice.com.
Hospice Care: What is it Really?

By Lisa Conway, MSW, LSW

Through my work as a social worker with Celtic Healthcare, I have learned a lot about death, dying, and grief. In working with hundreds of families and talking to many in the community, I have realized that people do not fully understand what exactly hospice is. When I think of hospice, however, I think of compassion, love, dignity, and quality of life.

I know that there are many myths that are floating around out there and my hope is that through writing this article, I can educate the community about the benefits of hospice and help people to understand that hospice is all about making your loved ones comfortable, pain free, and hopefully supporting you and them so they can die with dignity and peace.

Hospice consists of a team of professionals from different specialties who coordinate and provide a variety of services and care to the patient and their family. Yes, I said, "AND their family". As hospice specialists, we believe it is important to support the family during this time in order for them to work through the upcoming loss.

The hospice team consists of Registered Nurses, Licensed Practical Nurses, Nurse’s Aides, Chaplains, Social Workers, Admissions Directors, Bereavement Counselors, Volunteers, and many, many more people behind the scenes.

The team members make ongoing visits and assess the patient and family to determine their needs. Whatever those needs are, we do our best within our capacity to help meet those needs.

Who can have hospice services?

Many people believe that one has to have been diagnosed with cancer to get hospice services, but this is not entirely true. Most times people cringe when they hear the word “hospice”. People think that a person has to be literally on their “death bed” in order to get services, but this could not be further from the truth. A person can qualify for hospice services if they have been diagnosed with a terminal illness and given a prognosis of six months or less to live.

Where are the services provided?

Hospice services are provided wherever the patient is. That includes the patient’s home, a personal care home, assisted living, and yes, even in the area nursing homes. Hospice provides any medical equipment the family needs to take care of the patient as well as some select medications related to the patient’s diagnosis and pain issues. All of these are overseen by the Registered Nurse and the treating physician.

The ultimate goal of hospice is to help provide the patient with some quality of life for whatever time they have left. Those whose family members have been on our hospice and died most frequently comment that they wish they had gotten their loved ones on the program sooner.

There are multiple benefits to one going on hospice early in receiving their terminal diagnosis. One is that pain can be managed much more efficiently if it is taken care of earlier. Also, the earlier the person gets on the program, the more time they have to bond with the hospice team, empowering the team to anticipate the person’s needs much sooner.

If you would like someone to speak to you, your family, or for a group, feel free to contact Celtic Healthcare at info@celtichealthcare.com or (800) 355-8894. Lisa Conway is Bereavement Coordinator for Celtic Healthcare.
Therapeutic Technology Works to Bridge the Generation Gap

By Stephanie Desmond

With the recent advances in technology, it can be said that the generation gap is at an all-time high. As grandparents, parents, and children grow further apart, any chance to bring them together is a rare opportunity. Some skilled nursing facilities are offering one such occasion, in a very unlikely place: the therapy gym.

Through the use of Accelerated Care Plus (ACP) rehabilitation equipment, Jefferson Hills Manor offers patients an extensive physical, occupational and speech therapy regimen. One of the most modern and innovative products offered is the OmniVR virtual reality augmented therapy system. This technology is the first 3D “virtual rehabilitation” system designed specifically for aging adults and others with physical limitations. Those in the younger generation may compare it to a Nintendo Wii or Kinect for Xbox 360.

“It brings seniors into the new age, which is something they’d never experience otherwise,” said Sandra Voytko, the daughter of 96-year-old patient Olga Szoko. “I think it’s a wonderful tool; I wish we had one at home.”

Voytko experienced something any family can only dream of: their loved one excelling in therapy and enjoying it. Her mother told her she could not wait to go to therapy because she’s “good at it.” Beaming, Szoko explained that one of the games she played required her to “kick” away bugs from the screen. At one of her last sessions, she hit a high score of 232 bugs, much higher than the average goal of 50. This and the rest of the games, such as bingo and volleyball, used on the OmniVR keep patients entertained and interested while utilizing important rehab techniques.

“If our patients are not engaged, they quickly lose focus and don’t hit their full potential,” commented Dr. Sean Leehan, medical director at Jefferson Hills Manor.

The OmniVR uses a unique “time of flight” camera and specialized software that enters the patient into a computer simulated environment. Precise movement is captured in real-time then broadcasted on the large screen. Therapeutic categories include seated exercises, upper extremity exercises, walking courses, cognitive activities and more. At the end of treatment, therapists receive a training summary that measures ongoing progress and performance.

Jefferson Hills Manor patient Olga Szoko improves her mobility with the OmniVR virtual rehabilitation system and help from Physical Therapy Assistant Morgan Flickner.

By Jessica Higgs

How we age is determined, in large part, by what we do with our years. And a lot of what we CAN do in our later years is dependent on our brain health. According to educator and world renowned author Paul Nussbaum, PhD., a Clinical Neuropsychologist with the University of Pittsburgh, our brains have the capability to form new neurons until the day we die. He has identified five components to a proactive brain-healthy lifestyle which we, at Providence Point, have incorporated into our brain health programs. They are:

• Socialization: Stay connected to friends and family. Continue to meet new people, engage in conversation, and find commonalities. Get involved in a church or community group, to keep social circles—and our brains—healthy.
• Spirituality: Take control and focus on your spirituality to give meaning to life. Prayer, meditation or other forms of spiritual discovery, keep us grounded, and teach us how to deal with the stress of day-to-day life.
• Mental stimulation: Stimulate, challenge, and keep your brain active. Whether it’s reading, writing, developing a new hobby, or doing puzzles—just keep on doing it.
• Nutrition: Eat a well-balanced diet. It is good for the body and the brain. Eating a diet rich in antioxidants and healthy fats helps the brain function properly as we age.
• Physical: With every heart beat, 25 percent of your blood travels to your brain. So exercise is vital. Research shows that physical activity lowers the risk of memory loss and dementia as we age.

Jessica Higgs, full-time Fitness Coordinator at Providence Point, works one-on-one with resident Shirley Stevens. Jessica teaches wellness and fitness classes and speaks about fitness and brain health as part of Baptist Homes Society’s outreach programs.

Dr. Nussbaum says, “Exposure to enriched environments across your lifespan will lead to new brain cell development and increased cellular connections.” In simple terms, it means we are never too old to learn or try something new. Just one new activity can affect several of the five components of brain health. For instance, learning tai chi can have social, physical and mental benefits. Learning to cook a new cuisine can mentally challenge and nourish the brain.

In short, keeping your brain healthy is simple if you commit to learning, doing, trying, and sharing throughout your life.

Jessica Higgs is Fitness Coordinator at Providence Point. For more information, visit www.providencepoint.org.
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If you are age 65 or older, October 15th through December 7th may be a very important time period for you. It is your window of opportunity to enroll in a Medicare Advantage Plan. There is a lot of confusion regarding Medicare. The topic has become a focal point in this year’s presidential election. Regardless of your political affiliation, the choices you have during this open enrollment period are very real and worthy of consideration.

There are many excellent options for Medicare-eligible seniors in Western Pennsylvania. Medicare Advantage Plans have become very popular. Thirty-eight percent of seniors in Pennsylvania have elected one of these plans, and the satisfaction levels are higher than with Original Medicare.

If you elect a Medicare Advantage plan (often referred to as Part C), you will have insurance that covers all the services that Original Medicare (Part A and Part B) covers. Medicare Advantage plans often offer extra coverage including routine vision, hearing, and dental care and can cost far less than Original Medicare plus a Medicare Supplement or Medi-Gap option. Many plan options also include Part D, which is the prescription drug benefit.

Sorting out which approach or plan is right for you can be confusing. Consider working with an expert. Here are just a few ways you can feel confident that you are working with qualified Medicare Advantage representative:

- Their services are always free and you are under no obligation
- They are not permitted under Federal law to discuss other products or services
- They are often willing to accommodate you by meeting at your home and will present identification
- They welcome you to have trusted family members attend meetings
- They will be prepared to look up your doctors and other medical providers to help determine which plan will meet your needs
- They will look up your prescription drugs to identify which plan includes them in their preferred drug list or formulary

At my firm, Matt Montgomery and Arlene Pushcar have been trained, certified and are experts and have helped hundreds of seniors make the right choices.

David Straight is the President and CEO of Benefits Network, Inc., a leading insurance agency and consulting firm specializing in employee benefits, property & casualty insurance, and individual and Medicare products. For more information, call (724) 940-9400 or visit the website at www.benefitsnetwork.biz.

Hey Seniors - It’s Medicare Advantage Open Enrollment Season
What You Need to Know

By David Straight

Medicare Advantage Plans have become very popular. Thirty-eight percent of seniors in Pennsylvania have elected one of these plans, and the satisfaction levels are higher than with Original Medicare.

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One of the keys good health and happiness as we age? Remaining engaged in the world around us. Certainly that can be more challenging over time but connecting with your community through your favorite civic activity or place of worship contributes to overall health and wellness.

And during an election year, what better way to engage than to get out and vote? The “buzz” surrounding Election Day this year is about Pennsylvania’s new Voter ID law, requiring every voter to present an acceptable form of photo identification prior to casting a vote. While this may not be a big deal for most voters, questions abound regarding how the new law affects seniors’ ease of voting. Here’s helpful information from the PA Department of State:

All photo IDs must contain an expiration date that is current, unless noted otherwise. Acceptable IDs include:

• Photo IDs issued by the U.S. Federal Government or the Commonwealth of Pennsylvania
• PA Driver’s License or Non-driver’s License photo ID (IDs are valid for voting purposes 12 months past expiration date)
• Valid U.S. passport
• U.S. military ID - active duty and retired military (a military or veteran’s ID must designate an expiration date or designate that the expiration date is indefinite). Military dependents’ ID must contain an expiration date

• Employee photo ID issued by Federal, PA, PA County or PA Municipal government
• Photo ID from an accredited PA public or private institution of higher learning, including colleges, universities, seminaries, community colleges and other two-year colleges
• Photo ID issued by a PA care facility, including long-term care facilities, assisted living residences or personal care homes

Don’t have one of the forms of ID listed above? You may be entitled to a new photo ID free of charge at a PennDOT Driver License Center. To find the Center nearest you, visit PennDOT’s Voter ID Website at www.dmv.state.pa.us and click on the “Voter ID Law”. The website at www.VotesPA.com is a great resource or you may call the Department of State’s Voter ID Hotline at 1-877-868-3772.

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Family Caregiving: A Growing Social Issue

By Sue Janosko

In any given year, more than 50 million people provide some level of caregiving services, often for sick or frail family members. According to the Bureau of Labor Statistics, their collective services are valued at more than $315 billion annually. In addition, with an estimated 25 percent of every business workplace providing care to an older loved one, lost productivity due to the employees’ need to address eldercare issues cost businesses on average $25 billion per year. Approximately 20 percent of these caregiving employees will utilize a family medical leave of absence or quit their jobs to provide care full-time care.

Caring for a loved one—whether full-time, part-time or long distance—takes a huge toll, both physically and emotionally, on the health of the family caregiver. It is now recognized that the stress of caregiving results in any number of long-term health effects for the family caregiver, including infectious diseases, depression, sleep deprivation and premature aging. Additionally, caregiving can result in constant anxiety, irritability or anger, feelings of detachment, numbness or exhaustion, withdrawal from usual activities and negligence or even hatred of caregiving responsibilities. They often end up more sick than the person for whom they are providing care.

TIPS FOR CAREGIVERS:

• Schedule regular afternoons or evenings out.
• If nothing else, take time each day for a phone conversation with a friend or family member.
• Eat nutritious meals. Avoid excess sugar and alcohol.
• Get enough sleep. Take naps if necessary.
• Exercise regularly, even if it means finding someone else to provide care while walking or going to exercise class.
• Join a support group, either locally or on the Internet.
• Draw strength from faith if that is appropriate for the situation.
• Find a time each day to relax and not provide care.
• Plan a weekend getaway or a weeklong vacation.
• Make a list of jobs that necessitate outside help and seek out assistance; such as home care for respite or geriatric care management.
• Hire ongoing home care to allow for consistent care; and for time away from direct caregiving.

In celebration of National Family Caregivers Month this November, Liken Home Care wants to honor the family caregivers who unselfishly make sacrifices in their own lives to provide care for their loved ones. Our professional Care Managers and Patient Care Coordinators can assist these families to find a balance with their caregiving needs.

Call Liken Home Care today for more information at (412) 816-0113 or visit us on the web at www.likenservices.com. Sue Janosko is Director of Operations, Liken Home Care.

Family Hospice and Palliative Care

Support for Caregivers

By Rafael J. Sciullo, MA, LCSW, MS

As Angie and Donna entered the room, the uncertainty on their faces was readily apparent. They were feeling a little lost, unsure, maybe even intimidated. After all, their husband and father was coming home from the hospital under hospice care.

Norm’s illness had progressed to the point where he just wanted to be comfortable, surrounded by those he loved.

Norm would need his wife and daughter now more than ever. They were no longer only family—they were now assuming the roles of primary caregivers.

Maria, the Family Hospice and Palliative Care community liaison who met with Angie and Donna at the hospital, suggested they attend our Family Hospice Compassionate Caregiver Training Session.

“You already know how to love Norm,” Maria told them, “but you’re entering a crucial phase of his life with him. The training session will enable you to address his needs as a patient. You’ll learn how to help him be comfortable.”

Compassionate Caregiver Training is an approximately two-hour session offered free to those with a loved one under Family Hospice care. Among the first programs of its kind nationally, the sessions are designed to provide knowledge, basic skills and confidence for those caring for their loved one at home. By the end of the session, caregivers are familiar with medical equipment, common medications and skills such as positioning, bathing and feeding. Compassionate Caregiver Training sessions began at our Center for Compassionate Care (inpatient center and administrative offices) in Mt. Lebanon. I am proud to report that the program has expanded in reach and is now available in several convenient locations:

• The Center for Compassionate Care, 50 Moffett St., Mt. Lebanon (Tuesdays, 10 a.m.-Noon; and by appointment).
• The Center for Compassionate Care/Canterbury, 310 Fisk St., Lawrenceville (by appointment).
• Grove City Medical Center, 631 N. Broad St. Ext., Grove City (Fridays, by appointment).
• Longwood at Oakmont, 500 Route 909, Verona (by appointment).
• Family Hospice’s Anderson Manor, 1423 Liverpool St., Pittsburgh’s North Side (beginning Fall, 2012).

The role of caregiver can be quite taxing both physically and emotionally. The sessions also address the importance of the caregiver taking care of him or herself. This aligns with the hospice philosophy of caring for the patient and the patient’s loved ones.

Angie and Donna had hands-on instruction. They asked a lot of questions. And by the end of the session, they were visibly relieved and felt confident in themselves that they could provide the support that Norm needed.

“Along with honoring Norm’s wishes for hospice, this is the best thing we could have done,” said Angie. “The educators at Family Hospice were patient, understanding, and thorough. What we learned, down to the smallest detail, was incredibly helpful. This has truly made all the difference.”

Rafael J. Sciullo, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciullo@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. More information at www.familyhospice.com and www.facebook.com/familyhospicepa.
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