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I just found out recently that my daughter is expecting and I am about to become a grandmother for the first time. I'm thrilled, ecstatic … and just a bit anxious. Having never been a grandma before, I'm ready for some on-the-job training. I want to be there for my daughter, but not in the way. I want to support, but not suffocate. Most of all, I want my daughter to enjoy being a mom, and to raise practically perfect kids—just like I did! (Please excuse the immodesty. I'm still riding a natural high. I did mention that I'm about to become a grandmother, didn’t I?)

Funny thing is, when I look at my daughter today, I can’t help but see the little girl I rocked and hugged and giggled with not so long ago. Now she’s going to become a mom. I don’t know if she’ll need my help, but I hope she’ll accept it.

My mind is racing with all the thoughts and advice I want to share, each like a tiny burst, there for a moment, then gone. I’m compelled to write them down, hoping she’ll take the time to read them, think about them, and use what she can. Here’s what comes from the heart:

Remember, you’re a parent first, friend second. Parent is better.

In our culture, it’s really hard not to raise spoiled kids who think the world revolves around them. That’s why we have so many of them. At times, you will want to strangle the parents of your kid’s friends. Don’t.

Set rules and guidelines and stick to them. Most of the time. On the occasion when you lighten up, you get to be a friend and a parent. Those are some of the best times.

Provide a home that is loving and safe. Give the kids chores so they’ll feel ownership in their home. They’ll complain. Ignore it. Also, make their home a sanctuary from the world—a place they can chill, act silly, and be themselves. They’ll need a place that wraps them in love when the world beats them up.

Instill confidence in them. The rest of the world will try to take it away, so make sure they have an ample supply.

Teach your child respect, for himself and others. Remember, kids are like little sponges and they absorb more of what they see than what they are told. So lead by example. Don’t badmouth police, teachers, Clergy, neighbors, family … okay, anyone. Also, give them the gift of good manners: say please and thank you. Offer your seat on the bus to an elderly person. Hold the door for someone. Let another driver merge into traffic ahead of you and resist offering an obscene gesture.

Encourage your kids to embrace and enjoy learning. Swim against the tide of parents content to dumb down their kids by allowing them to watch too much TV or play too many—often inappropriate—video games. Read to your kids when they are young. Then encourage them to read. (A visit to the library is a great occasional substitute for a mall trip.) Don’t accept the idea that it’s natural for kids to hate school. Show interest in what they are studying and encourage them to pursue more knowledge about subjects that interest them.

Don’t avoid important discussions like sex or the dangers posed by drugs and alcohol. If you don’t guide them, who will?

Let your kid try and let him or her fail. Show him how to learn from failure. Don’t do everything for your child. You only create dependency.

Teach your daughter or son to be a good citizen. This is still a great country and we have an obligation to keep it that way.

Give your kids the gift of faith. It will strengthen and sustain them during the tough times.

Enjoy all phases of your kid’s life and remember: they really do grow up too fast.

Don’t try to buy your child’s affection with every new toy or electronic device. So what if “every other kid in the neighborhood has one”? (Probably not true anyhow.) Give him or her a more lasting gift: your time.

Love your child. Unconditionally …

… Like your father and I do you.

Nancy Lammie

You can reach Nancy Lammie at (412) 835-5796 or e-mail goodhealthmag@aol.com.
NEW MOTHERS, TAKE HEED: TAKE CARE OF YOURSELVES! THAT IS THE ADVICE OF SHANNON MCGRANAHAN, M.D., DOCTOR OF OBSTETRICS AND GYNECOLOGY AT ST. CLAIR HOSPITAL. “THIS IS ONE OF THE FIRST THINGS I TELL NEW MOTHERS BEFORE THEY ARE DISCHARGED FROM THE HOSPITAL AND IT’S SOMETHING I REINFORCE TO THEM DURING THEIR POSTPARTUM VISITS TO ME.”

Most new mothers are already sleep-deprived when they enter motherhood, just by the nature of pregnancy in the last few weeks, explains Dr. McGranahan. “That coupled with the new baby who does not understand what a schedule is all about compounds the situation.”

Take advantage of every opportunity, such as feeding time. “If you are breast-feeding, have your husband bring you your baby,” suggests Dr. McGranahan. “Also have him bring you a glass of water. Have him diaper the baby and put the baby back down again so that all you have to do for middle-of-the-night feedings is to wake up and be there. Similarly, for bottle-fed infants, let dad take on one or two of those feedings.”

Throughout the day, make sure you take several 15-minute breaks, she suggests. Place your baby in a safe place like a crib or bassinette and take a breather – away from your baby – several times throughout the day. “Sit down and have a cup of tea or glass of water,” she advises. “Or do something just for yourself – like a crossword puzzle.”

As the weeks progress, take advantage of the offers of your family and friends to care for your baby for an hour or so, in order for you to get away from the house and do something you enjoy – like visiting the local bookstore or library to read the newspaper.

The same principles apply for mothers with other children waiting at home. “Now you are struggling with a newborn as well as your other child or children. This means you are spread thinner – yet you don’t want to sacrifice something your older children want to do or need from you because you don’t want them to develop any feelings of resentment against the baby.”

As for the day-to-day tasks awaiting new mothers, Dr. McGranahan stresses simplicity. “Everything doesn’t have to be done your way. Remember there are many different ways to do things like holding, diapering and clothing your baby, so allow family members or friends to help you and let them do things the way they are comfortable doing them.”

Train your baby to live on a schedule. “This is something that has to be started very early on,” advises Dr. McGranahan. “I try to advocate feeding on a schedule, particularly when the pediatrician has given the OK that the baby is gaining weight and growing appropriately. If they are crying, it doesn’t necessarily mean they need to be fed. You might want to just let them cry it out a little to get them onto a schedule relatively early on.”

Similarly, train your infant that certain times of the day are for quiet time or for napping. “If you want your baby to do a morning nap, put him or her down in a safe place for a nap and reinforce that same time and same place every day,” suggests Dr. McGranahan. “Your baby doesn’t necessarily have to go to sleep every time, so it’s really a matter of getting your baby accustomed to rest during the same time and the same location.

However, today’s hectic lifestyles can undermine your attempt at schedule reinforcing, so try not to cart your baby everywhere you want to go because your baby will sleep on and off in the car.

Finally, don’t forget about your own nutrition. “New mothers want to get their pre-baby figures back right away,” cautions Dr. McGranahan. “But I reinforce the fact that it took nine months for them to put on this weight.” So don’t deprive your body the nutrition it needs. “Remember, you had a life of your own B.C. – or Before Children. You need to remember that you will only be as good as you feel.”

For more information, please contact Dr. McGranahan at St. Clair Hospital at (412) 561-5666 or in McMurray’s Waterdam Medical Plaza at (724) 941-1866.

Learn more about Waterdam on pages 50-53!
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Building Healthy New Habits Takes Time

By Diana Fletcher

WE START SOMETHING NEW. WE ARE FIRED UP!

We have great intentions and we plan our walk. We head out there, and after we walk for half an hour, we feel good! We do it the next day and it’s a little harder to get started.

The third day we think of an excuse not to go.

What happened? We know we want to get more exercise! We know we want to feel better!

“Why can’t I get motivated?”

It’s a matter of changing habits. It takes 21-28 days to establish a new habit. This tells you that it doesn’t happen overnight.

The best way to do it is to set the goal to add the habit to your daily life.

If you already know that it can take 21-28 days to establish the habit, tell yourself that all you have to do is a new activity for that amount of time.

Get a calendar that you can put a star or a big X on, and get started. (Fun!)

If your goal is to walk everyday, don’t make this a huge deal. Start with 10 minutes. (You are trying to establish a habit, not run a marathon!) For the first week, just get yourself out that door and walk for 10 minutes. (Or get on the treadmill for ten minutes.) If you want to walk more fine, but remember, you want to walk everyday.

You cannot store up and skip days! You are working on creating the habit.

The following week, add five minutes and the third, five more. At the end of 21 days, you will be walking 20 minutes a day.

And, if you can do 21 days, you can certainly do 28 days!

Once you have done this 28 days, you know you can do it! And if you can do it this long, you can do it forever!

You can do this with other activities, too. Break it down into shorter times, build the habit, and you can establish all sorts of new healthy activities!

Diana Fletcher is a Speaker, a Life and TotalHealth Coach, and the Author of Creating Space: 38 Strategies to Help You Make Time for What’s Important (available at www.creatingspacebook.com). She can be reached at (724) 733-7562. Subscribe to her free monthly newsletter at www.mytotalhealthcoach.com and get 100 Health Tips free!

RDP Studio Ltd.

By Nathalie Kuffer

STRESS SOLUTIONS

W e’ve officially entered the months where the days are short and cold. Gone are the relaxing vacations and picnics. We are now welcoming hectic school schedules, holiday gatherings and potentially, more stress. Summer is long gone and the demands of everyday life can easily overwhelm us. Before you let the dark clouds descend on your spirits, know these few tips to ease the tension and keep up with life’s load.

The American Institute of Stress (www.stress.org) revealed in a national survey (2007) that “one-third of Americans complained of stress and that half felt that their stress had increased over the past five years and had contributed to health problems, relationship difficulties and diminished productivity”. In short, the simple act of feeling stressed can lead to a slew of health ailments which may become severely detrimental to your overall wellbeing.

It is important to implement stress management strategies that will not only help you cope with the issues at hand but also help in decreasing the stress altogether.

IDENTIFY THE STRESSOR

Pay attention to the triggers that make you anxious, nervous and tense. Try to identify your mental patterns and physical warning signs (such as headaches, insomnia, upset stomach). Decide if the situation can be avoided. If not, set yourself realistic personal expectations.

TAKE CARE OF YOUR BODY

This covers your basic regimen of regular exercise, healthful nutrition and adequate amounts of sleep.

Make it easier on yourself by utilizing specialized services that cater to the overworked population. Cut the commute by hiring a wellness professional who comes to your location of choice. Take advantage of in home services that delivers healthy food. Delegating these obligations so that you are not inundated with daily necessities that turn into dreaded challenges and chores.

BE OPTIMISTIC

The power of positive thinking has recently gained great popularity with Rhonda Byrne’s book “The Secret”. Most of us can agree that pessimistic people attract negative experiences while optimistic people attract more positive experiences. Although it is a matter of perspective, the shift in attitude creates a higher tolerance and a more peaceful mindset.

TAKE TIME FOR YOURSELF

Life will always have its ups and downs but by creating time for yourself to do what you enjoy most, you are enabling yourself to become a better you. A you with less stress!

All of these factors are crucial in easing your nerves and providing a balanced body to cope with life and the journey ahead.

Nathalie Kuffer is a certified Personal Trainer, Aerobics Instructor, Nutrition and Wellness Consultant and Pilates Instructor. She is owner and founder of Fun ’n Fit - Mobile Fitness Services and can be reached by going to www.funnfit.us or calling (724) 290-7172.

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*The Holistic Wave of the Future*

by Dr Kathleen A Hartford, DC

The three most common requests I receive in my Health Pyramid office are:

1. TO BE FREE OF PAIN
2. TO LOSE BODY FAT
3. TO HAVE INCREASED ENERGY

These three areas are intimately related.

Only a healthy well-aligned body with balanced musculature can be free of pain and have the energy and ability to move, exercise and create more energy.

Only a non-toxic body can have the biochemistry to create low inflammatory indicators, supporting normalized cholesterol, blood pressure, blood sugar, C-Reactive Protein levels, lower body fat stores, enhanced bone mineral density and decreased pain.

Only a healthy gut (intestinal tract) with a balanced flora can support a healthy immune response (approximately 70% of your immune system is in your gut).

First we must create a Healthy Body through very targeted approaches then we can achieve our goals.

Integrated care includes “thinking back” over the last several decades, or for a child, years, months or days of their lives. Most patients when asked can tell me exactly when they lost their health.

It was right after:
- My mother died.
- My auto accident.
- The blind hit I took in football.
- My fall from the top of the cheer pyramid.
- I was hospitalized 10 years ago.
- My son experienced repeated ear infections, now we are dealing with asthma or ADD.

In your journey toward health we must explore, in partnership, what is causing the expression of pain, excess fat, depression, IBS, asthma, migraine, numbness, tingling etc and balance those areas in relation to the whole.

We must explore and integrate therapeutic approaches for:
- **Your Biochemistry** - to determine what systems are stressed and what the major stress indicators are. Then we must create a targeted nutritional approach to balance these biochemical stressors.
- **Your Spine** - to determine neurological and bone/joint stress due to misaligned spinal or pelvic bones.
- **Your Muscular Integrity** - correcting any imbalances through targeted exercise and rehabilitation to reduce unnecessary wear and tear on you joints.
- **Your Meridian System of Chinese Medicine** - to determine any interference to meridian communication, which can reduce your genetic expression of health.
- **Your Emotional Health** - To examine any suppressed emotion for suppressed emotion must find expression somewhere. It is usually through an expression of ill-health in the body. This is integrative healing. Everything has an origin and everything has a cause. We live in a cause and effect world. Our journey toward the highest level of genetic expression is to find the causative agents, the blocks to that highest genetic expression, remove them and allow the body to heal from the inside out.

Then we can move toward weight loss, freedom from pain, increased energy and vibrant health.

---

**Dr. Kathleen A. Hartford**

Dr. Kathleen A Hartford treats patients at her office, Health Pyramid Longevity and Vitality Center in Natrona Heights. She has been an Integrated Wellness practitioner for 22 years specializing in balancing the five aspects of health. Dr Hartford is available for speaking engagements and can be reached at (800) 893-5000 or visit www.healthypyradium.com.

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Physical Health

Ailment: Women often overlook – or avoid – exercise (See Sidebar) as a tool for maintaining good health. "When you are under stress, your body needs to release the stress hormones through exercise," explains Dr. Plank. "It’s all about the flight or fight mechanism in our bodies. But since we live in an environment where we don’t do either, we wind up with high levels of stress hormones running that can damage our blood pressure, brain, and kidneys. My concept of the blood supply under stress is that when you are stressed, you can’t think straight because the blood supply to your head is diverted to the heart in anticipation of running or fighting."

Remedy: One of the best and most effective ways to eliminate stress is by walking and Dr. Plank recommends the 10,000 steps program. Parking farther away from the mall or grocery store is one way to get in some extra steps every day. "It’s really an ongoing mindset you have to develop for the rest of your life."

Housework offers another way to exercise. "But you have to make it fun, so dance or play – or remember the sports you like and you can incorporate those moves into your exercises as your work,” she says.

Dr. Plank cautions women to remember to balance these contracting exercises with adequate stretching exercises such as yoga, massage, or just simply stretching before and after walking. "This is because your muscles release all that lactic acid and byproducts of muscle metabolism, and stretching helps get rid of these."

Nutrition

Ailment: Does picking at food as you prepare the kids’ school lunches sound familiar? “Don’t eat while standing at the kitchen sink as you hurry through your day,” advises Dr. Plank. "Digestion begins in the mouth as enzymes there begin the process in conjunction with proper chewing. Food begins to break down before passing into the stomach, where other enzymes continue the process in conjunction with proper chewing. Food begins to break down before passing into the stomach, where other enzymes continue the digestion process. If you eat mindlessly, your body may not receive the signal from your mind that you have just eaten, so you continue to overeat."

Remedy: Sit down, relax, and enjoy your meals, says Dr. Plank. "Mindfully eat so you feel about your place in the world."
Midlife is a time of great change for women. It is a time to re-evaluate goals for life at work, home and play. Women focus on their families, careers and health. It is a time to be proactive in all aspects of life, and to take control of where life leads you. Unfortunately, it is also a time of great hormonal changes which can cause unwanted symptoms.

The more common symptoms of menopause, hot flashes, night sweats, and vaginal dryness, are related to a decrease in estrogen levels. Some women will have few or mild symptoms, while others may have disabling symptoms.

If the symptoms are mild, treatment may initially start with lifestyle changes. Dressing in layers and sleeping in a light night gown or one made of a moisture-wicking material can often help with hot flashes and night sweats. Behavioral changes such as regular exercise, quitting smoking, and avoiding hot flash ‘triggers’ – such as caffeine, red wine, strong cheeses, spicy foods - may also help. In addition stress reduction through relaxation therapy, yoga, and/or meditation can often decrease the frequency and severity of hot flashes.

For women experiencing severe menopausal symptoms, lifestyle changes may not be enough. The most effective medication for the management of menopause symptoms is hormone therapy (HT). For those women that are candidates for HT, the goal of hormone therapy is to treat symptoms which a woman finds intolerable, using the smallest effective dose for the shortest amount of time needed. Many women are unable to take HT due to their past medical history.

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Skin Protection Important in All Seasons

By Vanessa Orr

Summer is almost over, but that doesn't mean that you don't have to worry about protecting your skin from the sun's rays. Sun affects the skin year-round, and while most people remember to take precautions to prevent damage from the sun while lying on the beach or sitting by the pool, it's just as important to protect your skin from the sun during cold, winter days.

“In the past, skin cancer tended to affect people who spent time out in the sun as part of their jobs,” explained board-certified plastic surgeon, Dr. Amelia Paré. “Now people tend to vacation more and having a tan is something to aspire to—and that is one of the reasons that skin cancer is becoming more prevalent.

“With winter coming up, it's important to remember that the sun is still out there,” she added. “People skiing or snowboarding can easily get sunburned, which is why it's important to wear sunscreen, and to wear sunglasses to protect eyes from ultraviolet light.”

Sunlight contains two types of ultraviolet light: UVA and UVB. Both can damage a body's DNA. When the skin is sunburned, the body begins repairing its cells; unfortunately, if there's too much damage, the body can't recover as quickly as it should.

“What many people don't realize is that sun damage is cumulative; the sun a person received as a child directly affects their risk of skin cancer in the future,” said Dr. Paré. “Even if you're careful as an adult but didn't wear sunscreen as a child, you are still at risk.”

According to Dr. Paré, the No. 1 reason that people that visit a dermatologist is for actinic keratosis, or thick, scaly patches on the skin caused by exposure to the sun. These 'age spots,' which affect one in six people, have a five to nine percent chance of developing into skin cancer. These skin patches are usually treated with a topical agent or are surgically removed when they are in more noticeable areas.

The most common type of skin cancer, basal cell carcinoma, affects 800,000 Americans per year. "This type of cancer tends to happen in older individuals, and in men more than women," said Dr. Paré. “People who are especially prone to basal cell carcinoma have fair skin, light hair, and blue, green or light-colored eyes. Often their ancestors lived in areas that didn't have a lot of sun— Ireland, for example, is not known for its long, sunny days." A more serious type of skin cancer, squamous cell carcinoma, affects 100,000 Americans per year. The good news, is that it has a 95 percent cure rate if treated. Unlike basal cell carcinoma, this cancer can invade the body beyond the skin, so it must be removed. “People who are at risk for this type of cancer do have a lower recurrence rate than standard surgery.

Dr. Paré adds that Mohs surgery does have a lower recurrence rate than standard surgery. “Another option is Mohs surgery, during which the mole is taken out and looked at under a microscope. If the mole's borders are not clear, they will take out additional tissue."

When moles are removed, they are sent to a pathologist to be checked to see if the person needs additional treatment,” said Dr. Paré.

Trips and outdoor work should be scheduled before 10 a.m. and after 4 p.m., and Dr. Paré recommends a sunscreen of SPF 15 or higher. “You will still tan,” she said, adding that sunscreens should contain titanium dioxide or zinc oxide. Many outdoor companies now also offer lightweight clothing specifically designed to protect wearers from the sun.

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By Robert J. Chiu, M.D.

People are living longer these days, and we are ever looking for ways to look as good as we feel. All of us would love to age gracefully and maintain a smooth and flawless face reflecting youth and beauty. Botox® can actually forestall wrinkle formation, but over time, sun damage and the natural aging process take their toll on the overall quality of your skin. Genetic and environmental factors cause formation of brown spots, drying of the skin, thinning and loss of collagen, textural irregularities, and wrinkles around the eyes, face and mouth.

While facelifts and mini-facelifts tighten the sagging face and neck, tradition methods of skin resurfacing including dermabrasion, chemical peels or CO2 (carbon dioxide) laser resurfacing were required to achieve the improvements in skin texture and quality that patients desired. All of these treatments remove the epidermis, resulting in prolonged redness and unacceptably long recovery times for many patients.

That all changed with the introduction of the groundbreaking Fraxel® Laser Treatment, the original FDA-approved fractionated laser resurfacing technology that produces real results approaching that of the CO2 laser, but without the downtime. The Fraxel® Laser is truly revolutionary because microscopically it treats 20-25% of the skin area at any one time, allowing the surrounding untreated skin to protect and heal the treated skin rapidly without visual evidence of the healing process.

As the first physician in the greater Pittsburgh area to use and offer Fraxel® Laser resurfacing, this premier laser rejuvenation procedure has enabled my patients to have impressive skin resurfacing results without the fear of a long recovery. The Fraxel® Laser Treatment requires only a few days of downtime, is scheduled in a series of 3-6 treatments, and is performed under a local topical anesthetic in the office, in contrast to the CO2 laser, which requires IV sedation or general anesthetic.

Be wary of the many lasers out in the market that promise to deliver a lot, but in reality produce little results. The Fraxel® Laser is the recognized gold standard in treating acne scarring and highly sought after for skin resurfacing and rejuvenation.

As Pittsburgh’s face and nose super specialist, Dr. Chiu is board certified by the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS). He has presented his personal Fraxel® experience at international facial plastic surgery meetings and published his results in Facial Plastic Surgery Clinics.

South Hills Orthopaedic Surgery Associates’ team of highly trained medical professionals provides a wide variety of orthopaedic care to patients of all ages. Common procedures and treatment performed by our orthopaedic physicians include:

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To schedule a personal consultation with Dr. Robert J. Chiu, call (724) 489-9688 or (412) 833-9888, e-mail info@todayscosmeticsurgery.com, or visit www.todayscosmeticsurgery.com.

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Many professionals in Pittsburgh are working diligently to discover treatments for women with ovarian cancer. Robert Edwards, M.D., is vice chair of clinical affairs for the OB-GYN department at Magee-Women’s Hospital. He is also director and senior investigator for gynecologic cancer research in Pittsburgh, helping other researchers implement projects — and he participates in a large practice specializing in ovarian cancer treatment.

One collaborative study currently underway at the University of Pittsburgh Cancer Institute and Magee-Women’s Research Institute could make a big splash nationally, says Dr. Edwards. He adds the work is still very early in development. “Working together with a strong proteomics group at the University, we are attempting to identify potential markers of the various earliest stages of ovarian,” Dr. Edwards explains. “We are collecting fluids found with these early cancers to evaluate them with extremely powerful protein screening techniques. We are also looking for the sources of these proteins in the tissues themselves.”

In another study, Dr. Edwards and his colleagues are aiming to identify new chemotherapy drugs that would be easier for women to tolerate in peritoneal therapy, which involves administering treatment into the abdominal cavity. The current chemotherapy medications used in this therapy are perceived to be difficult to use and receive, so only about 20 percent of women are offered this regime even though it has been demonstrated to be more effective.

Once the study is completed and the appropriate doses have been determined for the two drugs involved in the study, the conclusions may be incorporated into a national study, explains Dr. Edwards. “Our hope is the study would provide new agents for possible testing nationally by the Gynecological Oncology Group, a cooperative group dedicated to studying women’s cancer. The group is funded by the federal government.”

Heidi Donovan, Ph.D., R.N., is another of many researchers in the Pittsburgh area involved in diverse ovarian cancer research. Her research focuses on helping women get answers to the many questions they have about their symptoms and side effects of treatment. “It is very difficult for patients and physicians to find the time necessary to really focus on symptoms and side effects,” says Donovan, assistant professor at the University of Pittsburgh School of Nursing.

Donovan explains that women undergoing treatment for ovarian cancer may have 10 to 12 concurrent symptoms they are trying to deal with. “During an office visit, there often is not enough time for them to get answers to their questions about symptoms and symptom management. Other issues, such as how they are responding to treatment, whether the treatment is working, and whether they should switch treatments take top priority.”

Therefore, Donovan and her colleagues created a research program that connects ovarian cancer patients with nurses via using Internet message boards. “This allows back-and-forth interactions around improving symptom management,” she explains. “It is a psycho-educational program – part education and part counseling – that teaches
women how to better manage the multiple symptoms they are dealing with such as nausea, fatigue, sleep problems, and pain.”

Women using the message boards report that the process is cathartic. “We ask detailed questions about how their symptoms affect their lives. Writing in detail about their disease and symptoms on the message boards helps them organize their thinking about what they need to do and it gives women a better sense of control over their symptoms. They tell us it’s important to have someone who understands what they are going through, but who doesn’t have an emotional investment in them.”

The pilot study proved promising in improving symptom management and Donovan has received positive reviews on a grant to the National Institutes of Health. This grant would allow her research team to expand the study across the country to evaluate if this model of helping women manage their symptoms really does improve outcomes. “The long-term goal is to develop a nurse-guided computer-interactive program that could relieve some of the time pressures involved in face-to-face clinic interactions.”

Leslie Hoffman is the chapter coordinator for the Pittsburgh Chapter of the National Ovarian Cancer Coalition. “The research Heidi is doing regarding symptom management for survivors is very relevant to our mission to improve the quality of life for women with ovarian cancer,” says Hoffman.

Dr. Edwards reports that Magee operates a high-risk clinic and a strong clinical program in gynecologic cancer. “We have eight gynecologic oncologists that visit other hospitals in the area. We also have a high-risk screening clinic at Magee and at Hillman Cancer Center overseen by my colleague Dr. Kristin Zorn. So women at risk, or who have ovarian cancer, or who need a second opinion are encouraged to talk to us about potential research studies. Women with a family history of ovarian cancer should be evaluated to see if they have one of the genes that could increase their risk for the disease. We have over 30 ongoing studies in ovarian cancer and we are the only center in Pittsburgh with that breadth of ongoing research.”

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Dr. Edwards oversees the ongoing research and he encourages women to call (412) 641-5411 for more information. Dr Edwards can be reached at (412) 641-5418. Heidi Donovan can be reached at (412) 624-2699.
New Research in the Fight Against Breast Cancer

By Kathleen Ganster

No woman wants to hear that she has breast cancer, but thanks to advances in research from those like Dr. Shannon Puhalla, the words aren’t as daunting as they used to be.

Dr. Puhalla is an assistant professor of medicine with UPMC-Magee Women’s Hospital at the Women’s Cancer Center. “I see patients who have been diagnosed with breast cancer, plus I help to develop clinical trials. This is such an exciting time in our research. We have over 30 active trials right now,” she says.

According to Dr. Puhalla, oncology researchers at UPMC and other research hospitals around the country are working with breast cancer patients from the early stages of the disease to those in the late stages where the cancer has metastasized. “Any patient at any stage of her cancer can participate in a study,” she says.

When a woman is first diagnosed with breast cancer, Dr. Puhalla recommends that she meet with a surgeon early on. “Contrary to what most people think, there are different types of breast cancer. There are basically three molecular subtypes and three treatment groups. Knowing what type of cancer you have and what treatment works best for that cancer can help fight it,” she says.

She refers to such diagnosis as “personalized treatment plans.” Such treatment plans may result in working in a clinical trial with the oncologists such as Dr. Puhalla. “Not every woman wants to take part in a trial but without trials, we will never find a cure. And if you are in a trial, you can take advantage of treatments that may be on the cutting edge of research and may not be available to the public for a few years,” she says.

The clinical trials that Dr. Puhalla works on include a variety of treatments. One is working with women to determine if their treatment should include hormone treatments alone or hormone treatment coupled with chemotherapy. “Some patients derive more benefits from hormonal treatment than from chemo, and some from both. Our research is trying to determine who would benefit from which treatment,” she says.

Using information gathered from the gene expression of a patients’ tumor, researchers are able to predict the likelihood that a patient’s cancer will recur. “We want to study the scores not only in a retrospective manner but in a prospective manner,” she says.

This particular study will involve over 11,000 women throughout the U.S. But despite the high numbers, it is still hard to find volunteers. “It is relatively difficult to recruit a group of women because some of the treatment is randomized. But I can’t stress enough how very, very important this research is. We have already seen that it is helping women,” she says.

With 30 trials going on, Dr. Puhalla is working with various drugs and treatments. Her studies are too numerous to detail all of them, but all are important. And in addition to various trials, new drugs being introduced and tested, there are other factors assisting in the fight against breast cancer. “We are increasingly using breast MRIs to determine the extent of the disease and to see if it has spread. At Magee, about 99% of our patients have MRIs,” she explains, “It can help determine if a woman needs a complete mastectomy or a lumpectomy.”

And of course, there is nothing like prevention. “The minority of women these days are diagnosed already in stage 4 (most serious stage). I think that is a testament to how well women are screening and preventive measures,” she says.

Until a cure is found, Dr. Puhalla and her associates will continue their research. “Again, the only way we will cure cancer is through clinical trials. Everything we know now was a trial. The way we treat cancer now is greatly different than five years ago. That is a testimony to research.”

The Washington Hospital Adds Digital Mammography For Patients

By Lois Thomson

Digital mammography is the latest technology. The Washington Hospital has acquired to provide cutting-edge service to patients scheduling mammograms. Digital mammography uses the same technique as traditional, or film screen mammography, except that the image is recorded directly into a computer. The image can then be enlarged or highlighted, enabling physicians to receive more accurate results.

“We decided to go digital for a number of reasons,” said Dr. Natasha Eshbaugh, Section Chief of Mammography at The Washington Hospital, “but the biggest incentive is so that mammography can be incorporated into the rest of the radiology world. Most radiology studies are gradually becoming digital, and it’s a big time-saver for departments because they don’t have to wait and process films. There is cost savings in the long run because film is expensive and film storage is expensive.”

But in addition to time and cost savings, digital mammography is a benefit to women—particularly those who are younger than 50 or who have dense breasts. As Dr. Eshbaugh explained, “There are three types of tissues in the breast—fatty, fibrous, and glandular. Women have variable proportions of fatty tissue, which is low density, and fibrous and glandular tissues, which are higher density. Tumors in the breast are dense, so they can hide in normal dense tissue on a mammogram.

“Digital technology is better because we can penetrate the dense breast tissue and manipulate the images to better distinguish tumors. But even with digital mammography, looking for tumors in dense tissue is kind of like looking for a snowball in a snow-covered lawn; whereas if the snowball is sitting on a grassy lawn, like a tumor in low-density fatty tissue, it’s much easier to see.”

Dr. Eshbaugh added that as women age, their breast tissue tends to become less dense, and that is why women under 50 who often have dense tissue are targeted as the best candidates for the digital mammography.

However, she pointed out that at The Washington Hospital, “We use the digital technology on everyone, it’s not selective. We purchased digital mammography units to replace the film units, so everyone gets the benefit of the digital mammogram, except at our Waynesburg screening site, where we have not yet changed over to digital mammography.”

While the new technology is fairly common in large hospitals, that’s not the case in community hospitals. But Dr. Eshbaugh said, “It’s one of many state-of-the-art services that we provide here at The Washington Hospital. We are ahead of the game in terms of providing the latest breast imaging services.”

For more information, visit www.washingtonhospital.org.

Health Tip from Allegheny Imaging of McCandless, LLC

Before Your Mammogram

How to prepare for the test

Before scheduling or showing up for a mammogram, you should be fully prepared to get the best results:

• If you have breast implants, make sure you tell the facility about them when you schedule your appointment.
• If you have any special needs or restrictions, make sure you tell the facility about them when you schedule.
• When scheduling the appointment, plan to go about one week after your period.Y our breasts will be less sore at this time. Also try to avoid caffeine for 1 week prior to your test.
• The day of your mammogram, wear a separate shirt and skirt, shorts or pants, not a dress. It will be easier to just remove your top during the mammogram.
• To avoid shadows on your result, don’t use any lotions, powders, deodorant or perfumes on the day of your mammogram.
MammoSite New Technology for Select Breast Cancer Patients

By Lois Thomson

As Dr. Donald Keenan talks about MammoSite technology, he continually emphasizes that “patient selection is crucial.”

Customary treatment for a woman with a lumpectomy is to have the entire breast radiated. However, Dr. Keenan, who was recently appointed to the medical staff of Canonsburg General Hospital, said research has shown that if a woman who has had a lumpectomy is going to get a recurrence of breast cancer, it will likely be near the cavity of the previous cancer. And that is the key to MammoSite—it radiates just part of the breast.

An additional benefit is the convenience. Established treatment consists of 30 visits, usually spread over six weeks. MammoSite, on the other hand, can be complete within a week.

Dr. Keenan explained that during surgery, a balloon is inserted into the cavity where the cancer was removed, and an access channel runs through the skin and actually protrudes from the woman’s breast.

“Then twice a day for five days, the woman goes to a radiation oncology center, and the radiation seed is delivered through the catheter and into the middle of the balloon, which is sitting in the middle of her lumpectomy cavity. Getting that radiation source into the middle of the lumpectomy is what allows them to radiate the breast tissue at risk; they’re radiating it from the inside out.”

The convenience of having treatment for one week rather than six can’t be overemphasized. However, the reason for Dr. Keenan’s caution about patient selection is that the outcome with MammoSite isn’t any better—or worse—than whole breast radiation.

Further, Dr. Keenan said other factors must be taken into consideration when determining who is a good candidate, i.e., the cancer has to be relatively small, less than three centimeters. “It has to be early stage, because you don’t want to take a woman with a potentially high-risk tumor and expose her to new technology,” he said. It also is not done on young patients “because they have a longer chance of long-term recurrence, and we think that’s unsafe right now.”

Additionally, Dr. Keenan said that because a woman is getting approximately the same dose in five days as in 30, the radiation is obviously very intense. For that reason, “the lumpectomy cavity has to be spaced far enough away from the skin where there’s not going to be skin damage. And the balloon has to fill up the cavity completely. If the cavity is misshapen and the balloon doesn’t fit into it well, we won’t be able to do MammoSite.”

However, the physicians are sensitive to that concern: “We can do the operation (and be) conscious of where the skin is and the shape of the cavity, so we’re giving them the best opportunity to be a candidate for the partial breast radiation.”

For more information, visit www.wpahs.org

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The Medical Imaging Department at Canonsburg General Hospital.

Imaging done on your time.
By Thomas S. Chang, M.D., FACR

As a center devoted primarily to women’s imaging, Weinstein Imaging Associates joins in the celebration of October as National Breast Cancer Awareness Month. While in our line of work we treat every month as October, we feel this is a particularly good time to remind everyone about the steps they can take to promote good breast health.

Breast cancer is unfortunately a very common disease. About one out of every eight women in the U.S. will develop breast cancer in her lifetime. Most of us already know someone who has endured the mental anguish and physical consequences associated with it.

So, what can you do to take charge of your own breast health?

The American Cancer Society (ACS) recommends yearly mammograms starting at age 40. Mammography is the only screening test that has been proven to reduce your chance of dying from breast cancer. The ACS also advocates breast exams by your doctor every three years in your 20s and 30s and annually over 40. Although a recent report questioned the value of monthly self-examination of the breast, the ACS still supports it as an option starting in your 20s.

What can you do to improve your mammogram experience?

If you have painful breasts, have your mammogram shortly after your menstrual period, when the breasts tend to be less tender. You may benefit from taking ibuprofen, naproxen, or similar medication prior to your mammogram and limiting caffeine intake. Avoid deodorants, powders, and creams in your underarms and on your breasts, because they may show up on the mammogram and increase the need for additional mammogram pictures.

Finally, be an educated consumer. For something as important as your health, where you have your mammogram deserves more research than the next car you’re buying. Here are some considerations: How quickly can you get an appointment? If additional views or biopsy is needed, how quickly can they be done? Can you get your results before you leave? How new is the equipment? How experienced are the technologists and doctors? Is the environment comfortable and friendly? We encourage you to talk to other women about their own mammogram experience.

Dr. Thomas S. Chang is one of four specialized radiologists at Weinstein Imaging Associates, with offices in Shadyside (412-441-1161), North Hills (412-630-2649), and South Hills (412-440-6999). For more information, visit weinsteinimaging.com.
Each year over 33 billion in medical costs and 9 billion in lost productivity are lost due to heart disease, cancer and stroke. These problems are attributed to diet according to the Centers of Disease Control. Of the adult population in the U.S., 66% is overweight and/or obese.

Overweight and Obesity is measured by Body Mass Index (BMI) and Waist Circumference. Normal BMI is 18.5-24.9. Overweight BMI is 25-29.9. Obese BMI is 30-39.9. (This calculator can be found on our website at jeffersoncardiology.com under the patient education tab and wall charts in many doctor's offices.) Your BMI is calculated by your weight in kilograms divided by your height squared. Waist circumference is important as abdominal fat increases your risk for Coronary Heart Disease, even with a normal BMI. Waist circumference should measure under 35 inches in women and under 40 inches in men.

The American Heart Association (AHA) has set guidelines for lifestyle modifications to prevent Cardiovascular Disease. These include smoking cessation, physical activity a minimum of 30 minutes at a time most days of the week, normal BMI, and maintaining waist circumference below recommended limits.

A healthy diet should include fruits and vegetables, whole grains and high fiber foods. A fruit or vegetable serving is the equivalent of a half cup. A person should eat 4-5 servings of fruits and vegetables daily. A meat/protein serving should be 5-6oz - the size of the palm of your hand. Consuming fish at least twice a week can increase your good cholesterol and decrease triglycerides. Saturated fats should be limited to 10% of calories consumed per day and sodium limited to 2-3 grams. Select low fat, 1% or fat free dairy products.

All this requires label reading and increased nutritional knowledge. At first, shopping may feel time consuming, but once you find heart healthy foods it is easy to “mix up” your recipes and become a more health conscious shopper.

A key element to good health is staying active. Remember, take in only as many calories as you are going to use. Keep an eye on your portion size. The recommended daily calories for a moderately active woman age 26-50, is 2000 calories and for a moderately active man age 46-65, 2400 calories.

Other major risk factors including high blood pressure, low HDL (good cholesterol), high LDL (bad cholesterol) that play a role in the progression of the disease process.

After lifestyle changes have been addressed, there are many options in medical therapy for the treatment of high blood pressure and elevated cholesterol. Family history and age also have a role in the risk of acquiring CHD.

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Dr. John M. Gibbons of Advanced Orthopaedics & Rehabilitation handles primarily hip, knee and shoulder replacements. He said hip replacements were the first among the joint replacements to be most successful as far as improving the quality of life for patients. "It took a while to improve it and get it so that you could have consistent reproducible results," he said, "but eventually they were able to do that and have extremely high success rates."

And he explained how the process continues to evolve: "One of the things about the hip is that they're constantly trying to improve the technology in order to get it to last longer, because we're doing them on younger and more active patients. And patients are living longer, too."

Dr. Gibbons said early hip replacements used cement to hold the implant in place. "But very few surgeons use cement any more. Most use what is called a press-fit hip replacement. The femoral component is metal and it's impacted into bone and wedged in really tight. And it's coated with a material that allows the bone to grow into the implant. So growing into this rough surface holds the implant in place, and it can adapt to the stresses over time."

"The cemented implants were strong once you put them in, but just like any mechanical device, they slowly weaken over time as the cement starts to break down or pull away from the bone. The press-fit ones are designed so the bone can adapt to the changes and stresses. So theoretically it could last a lot longer, and in practicality it has," Dr. Gibbons said.

Dr. Gibbons also talked about different materials that are used. He said press-fit stems are made of titanium, but the ball portion is made of cobalt chrome because titanium is not hard enough. "And that typically would articulate against a plastic piece on the cup side," he explained. "But the plastic has been the limiting factor, because it will gradually wear down, sometimes at a fairly fast rate. Nowadays, the plastic is made different and is a lot stronger than it was."

He said the type most commonly used now is the metal on plastic. "That would be the best for most patients. It's for the young patients that we sometimes try a different one."

Dr. Gibbons used the term "young patient" several times, but when asked to define that, he chuckled. "That's in the eye of the beholder," he said. "Generally, the ideal patient is a 65-year-old person who is still staying active. If you are younger than 60, I think you're young for a hip replacement."

For more information, call Advanced Orthopaedics & Rehabilitation at (724) 225-8657.

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Show Me the Light: Laser Therapy

By Dr. Tyson Swigart

Staying abreast to the latest technological changes is difficult for physicians and therapists. Many times therapies or devices are billed as the "latest and greatest" and promise never before seen results and improved safety. The reality is often different. However, on occasion, a new technology will come along that lives up to the hype. One of these technologies is the low level laser.

Photomedicine, also known as low level or "cold" laser therapy has been utilized for decades. It was originally intended as a treatment for cancer patients; however, its primary medical usage was in expediting the healing of burns and ulcers. Recently, the technology has become efficient enough and cheap enough to be utilized by chiropractors and physical therapists for neurological and musculoskeletal injuries.

The general concept of how a cold laser promotes the healing process is simple. Light, when introduced at a specific frequency, work on a cellular level to activate the mitochondria or "power plants" of the cell. This in turn increases cell metabolism and division. The end result is decreased inflammation and a faster healing process.

Although some patients are hesitant to receive laser therapy, the actual application is fast and pain free. A wand is applied to the injured area that emits a bright and penetrating light into the tissue. The patient typically will feel only slight warmth during the course of the application. Treatment times are usually less than 10 minutes, and results typically are seen within a few treatments, if not immediately. Usually 6 to 12 sessions are necessary to achieve maximal results, although chronic conditions will require a periodic treatment to maintain results.

Facts About HEARING, HEARING LOSS and HEARING AIDS

By Roger M. Angelelli, Ph.D.

Good hearing is often taken for granted. Until the time arrives that one cannot clearly hear a friend’s voice, you may not realize the beginning of decreased hearing sensitivity in one or both ears. A loss of hearing may be the result of different causes. It may be as simple as excessive cerumen (wax) in the ear canals or the result of excessive noise exposure. Most times, a loss caused by noise exposure cannot be improved by medical or surgical treatment. However, the availability of special digital hearing aids has made the successful fitting of amplification a reality for those that cannot be helped with medical intervention.

A revolution in hearing aid technology began in 1996 with the advent of digital processing of amplified speech. Since 1996 the digital processing of speech in the presence of background noise (including other voices) has improved to the extent that amplified speech clarity is much closer to the hearing aid user’s expectations than ever before.

The two most sought-after expectations from amplification are comfort of the worn device and clarity of the amplified speech signal. These expectations in large measure are now possible for most individuals with hearing loss through the introduction of open-fit hearing aids. As the technology improves in open-fit hearing aids, the number of successful fittings will increase dramatically.

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Dr. Tyson Swigart is founder and owner of Southpointe Chiropractic and Fitness. To make an appointment or for more information, you can reach Dr. Swigart at (724) 873-0700.

Photo medicine is effective for a variety of conditions. However, the most surprising results are with chronic conditions and injuries that have been resistant to other types of treatment. Rotator cuff injuries, tennis elbow, carpal tunnel syndrome and hip bursitis are usually quick to respond. An arthritic back or knee will usually respond after a few treatments. Also, photomedicine can help to accelerate the healing process after surgery. Combining this treatment with other therapies such as massage, ultrasound, exercise rehabilitation and spinal adjustments has shown great results.

As with many types of treatments, athletes have been on the forefront of utilizing this technology. Many clinicians first heard of laser therapy when it was employed on NFL player Terrel Owens. He used it to facilitate his return to return to play in the Super Bowl in 50% of the usual recovery time after an ankle fracture. Photomedicine is now available and utilized by nearly every collegiate and professional sports team. Another interesting application is its utilization by an increasing number of veterinarians for arthritic joint pain in dogs and horses.

Within the next decade, photomedicine will become a standard part of injury rehab protocol for most injuries. The results are too good to be ignored. Although it may sound like science fiction, the future of laser therapy is now.

Southpointe Chiropractic and Fitness is proud to now offer this service. Call our office for details or to set up an appointment.
Now somebody has. Nick Jacobs, who will retire December 31 after 11 years as president and chief executive officer of Windber Medical Center, has published a book aimed at helping individuals “get the same care as the chief executive officer and his or her family.”

Appropriately titled Taking the Hell out of Healthcare, Jacobs’ book draws on his extensive background in hospital administration to provide an easy-to-reference manual for anyone who has ever been intimidated, confused, or frustrated by the healthcare system.

“With twenty years in health care administration, Nick Jacobs brings directly to the patients and their families the information essential to comprehend the nuances of the complex quagmire of experiences that make up the American healthcare system,” said Dr. Dean Ornish, president and founder of the Preventative Medicine Research Institute. “Jacobs is truly a committed patient advocate, and this book is a must read.”

Writing in a style that is both conversational and personal, Jacobs walks the reader through most of the departments, procedures, and processes encountered by a patient, from arriving in an ambulance, through the doors of the ER, up to how one might deal with end of life issues.

Each chapter explores some aspect of the healthcare system and includes practical information on how the system works and what the individual can do to ensure the effective treatment and least stressful experience possible. Jacobs also includes in each chapter a section called “Cases I Have Seen,” where he shares a true life anecdote culled from his own experience.

“Nick Jacobs has dedicated his life to improving the lives of others,” said Tony Chen, founder of HospitalImpact.org. “His unique, seasoned inside look into hospitals will arm you with the information to get the best health care for you and your family.”

Jacobs’ qualifications for writing his book include more than 20 years as a successful hospital administrator who is active in his community. Known for his leadership and innovation, Jacobs, who has been featured in the Wall Street Journal, serves on numerous professional and community boards and committees, is a contributing writer to a number of newspapers and healthcare journals, and was the first healthcare executive to introduce a blog, which regularly draws visitors from around the world.

Jacobs said he wrote the book not as an indictment of the healthcare system or those who work in it, but simply as a way to help individuals navigate a sometimes flawed or broken process. Sample chapter titles include: “The Emergency Room - Look Before You Leap,” “Radiology - Sorry. I Can’t Help You,” “Special Care Units – The CCU and Y-O-U,” and “Special Services – Wheelchairs, nursing homes, oxygen and other fun.”

In the book’s forward, Jacobs said, “Each year thousands of people are almost harmed, seriously harmed, or even killed due to normal human mistakes that occur in our nation’s hospitals. … The majority of time, however, these situations can be avoided through close observance of your own care, education, and active participation in your treatment by yourself and your selected team of care partners.”

Taking the Hell out of Healthcare is $17.95 plus shipping and handling. Copies are available through Amazon.com or by visiting www.AskAHospitalPresident.com.

Children’s Hospital Leading Research Efforts into Severe Pediatric Asthma

Children’s Hospital of Pittsburgh of UPMC has been selected as one of only two pediatric centers in the nation to establish a federally funded Severe Asthma Research Program (SARP).

The goal of SARP, a National Institutes of Health-funded clinical trial, is to determine why some people cannot control their asthma symptoms even with the use of medications. Most people with mild to moderate asthma can control their symptoms with medications, but as many as 10 percent of asthmatics are considered to have a severe form of the disease, and medications such as inhaled corticosteroids do not always control symptoms and prevent attacks.

There are six adult SARP sites (including UPMC) across the country, and only two pediatric sites – Children’s Hospital and Emory HealthCare in Atlanta.

Children’s Hospital plans to enroll at least 20 children with asthma this year who will make three research clinic visits for the study.
EVEN WHEN LOVED ONES REACH THEIR “ROCK BOTTOM” AND ARE READY TO ACCEPT HELP FOR THEIR ALCOHOL OR DRUG PROBLEM, IT’S OFTEN FEAR OF THE UNKNOWN THAT KEEPS THEM FROM WALKING IN THE DOORS OF A TREATMENT FACILITY.

To a family in crisis, it can be difficult to decide which level of care is most appropriate for their loved one. That’s why the typical treatment process starts with a thorough, confidential assessment of the individual’s unique situation, condition, needs, and strengths by a professional with extensive experience in chemical dependency issues. An individualized treatment plan is then designed for the patient, and may include detoxification, inpatient or outpatient treatment and counseling, and extended services.

“Patients often have many questions about the different levels of care,” said Dr. Neil Capretto, Gateway Rehab medical director. “We develop a plan of action to help the patient and emphasize to them the importance of taking it one day at a time.”

Dr. Capretto provides a breakdown of the types of treatment:

- Detoxification is designed to safely bring patients to a drug-free state so that they can begin their next stage of treatment within three to five days.
- Inpatient treatment is offered within a treatment facility. Length of stay depends on the patient’s need and assessment. Individual, group, and family therapy is provided with the focus on early recovery skills (12-step program, understanding the disease of addiction, developing tools to maintain recovery).
- Outpatient treatment is offered five or three days a week depending on the patient’s need and assessment. Individual sessions, group counseling, and family meetings are provided.
- Continuing care programs can include outpatient counseling, halfway houses, and/or referrals to support group such as Alcoholics Anonymous or Narcotics Anonymous.

According to Dr. Capretto, treatment is nothing to fear. This is not to say that it’s easy either. “Treatment is hard work and not a vacation at a spa.” said Dr. Capretto. “However, patients who complete treatment almost always express gratitude and report that it was well worth the effort. “Without overwhelming them, we challenge our patients toward personal growth by keeping them busy with many activities such as individual and group meetings, journal entries, and lectures. We holistically treat the mind, body, and spirit as components of a healthy life,” added Dr. Capretto.

UNCOVERING FEAR OF THE UNKNOWN
What to Expect in Treatment for Addiction

Founded in 1972 by Dr. Abraham J. Twerski and the Sisters of St. Francis, Gateway Rehab has provided comprehensive care for more than 100,000 chemically dependent adults, youth, and their families throughout western Pennsylvania and Ohio. For more information, call (800) 472-1177 or visit www.gatewayrehab.org.

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Diabetic Neuropathy: Painful Complication of Diabetes

By Lois Thomson

"DIABETES AS A WHOLE IS A MAJOR HEALTH CONCERN IN THE COUNTRY AND AROUND THE WORLD. AND DIABETIC NEUROPATHY IS JUST ONE ASPECT, ONE COMPLICATION OF DIABETES — AND IT HAPPENS TO BE A PAINFUL COMPLICATION, AND THAT'S WHY IT FALLS UNDER MY SPECIALTY."

Dr. Jay Karpen is a pain specialist, and he went on to say, "One of the things I treat is diabetic neuropathy. I see a lot of patients with mild conditions of that, and most of them have severe or debilitating pain relating to it."

Diabetic neuropathy is microvascular and nerve damage caused by a high glucose level over time.

Dr. Karpen said diabetic neuropathies are generally classified into four categories. "The most common—and the most painful—that I see is peripheral diabetic neuropathies. It affects mostly your lower extremities—feet, toes, lower parts of your legs, and sometimes your hands and arms."

The other categories are autonomic, when the nerve damage occurs to an organ system or specific organs; proximal, which may cause pain and weakness in the hip or thigh; and focal, which attacks a specific nerve.

Peripheral is the type of neuropathy Dr. Karpen treats, and he said the most important thing to do is to try to keep the blood glucose in as normal a range as possible. That's generally done under the care of the PCP, either

with diet, medications, and/or insulin, and by periodic blood testing.

Dr. Karpen said, "From my perspective, which is the treatment geared toward the painful aspect, I believe in using multiple approaches to give the best pain control as possible. In some cases I use pain medications to treat patients, either short-acting or long-acting opioids, depending on the severity of their pain and how debilitated they are, and their lack of function and quality of life."

In certain situations, he uses a class of anti-depressants, emphasizing that "they are not being used to treat depression, but we have found they have been helpful in treating various types of neuropathies. Topical medications have also been effective."

"And we have been looking at certain vitamins and medications that will stimulate the nitric oxide system in the body that helps in vessel dilation. With diabetic neuropathy, the blood vessels are constricted, so less blood and nutrients and oxygen are getting to the nerve. But stimulating nitric oxide helps to dilate blood vessels."

Dr. Karpen cautioned that while some treatments are helpful, they don't help to prevent the neuropathy; however, he stressed, "Some of the severity of it can be treated by keeping the blood glucose under tight control, and of course by treating the pain."

For more information, call Dr. Jay Karpen at the Center for Pain Relief at (724) 942-5188.

Diabetes Treatment: Small Changes, Big Results

By Elizabeth Nanni

Being told that you have diabetes is for many an overwhelming experience. Many people have preconceived notions that after developing diabetes you must clean out your kitchen cabinets and refrigerator, replacing many of your foods with bland boring foods, lose a lot of weight, and begin to exercise vigorously every day in order to be healthy. It is true that poorly controlled diabetes can lead to serious life threatening problems such as kidney failure and vascular disease, but long term studies done in this country, as well as in Great Britain, have shown that the severity of these problems can be greatly reduced with improved glucose control. The good news is that dramatic lifestyle changes are not always necessary in order to improve the glucose enough to make a difference - small changes can have a big impact.

These suggestions can help to get your numbers where they need to be:

- Eat 3 meals a day. Do not skip meals and then later eat too much in order to catch up. That will make you gain weight.
- Fill up your plate the right way:
  1/4 carbs (potatoes, rice, pasta, bread etc.)
  1/4 protein (3 ounces of lean meat, fish, legumes, etc.)
  1/2 low cal vegetables (broccoli, carrots, green beans, tossed salad, etc.)
- Cut back on high calorie sweets.
  Eat an apple or baked apple instead of a piece of apple pie. When you get a craving for candy, eat a bite-size piece instead of a full-size candy bar.
- Be more active.
  Gradually work up to 30 minutes of activity a day. If you cannot do it all at once, spread it out throughout the day.
- If you are overweight, try to lose 10 pounds.
  You probably could do it in a couple of months. Then if you are still overweight, aim for another 10 pounds. Keep trying to improve a little at a time.
- Take your medication as directed.
- See your doctor regularly.

You may have noticed that these suggestions can be followed by all of us, whether we have diabetes or not. They are just good common sense advice that would benefit everyone. Enlist the help of your family and close friends to help you make good decisions throughout the day, if you find it difficult to do alone. Remember – small changes can get you big results!

Elizabeth Nanni is a Diabetes & Endocrinology Nurse at ACMH Hospital. For more information, visit www.acmh.org.
Managing Your Diabetes

When a person is diagnosed with diabetes, the reality may seem overwhelming. Managing the disease may require making changes in eating habits, learning about new medications and finding answers to a myriad of questions.

To help diabetes patients learn more about the disease and how to manage it, the St. Clair Hospital Diabetes Center offers a Diabetes Empowerment Program. Through a series of one-on-one and group meetings, those who have been diagnosed with the disease, whether recently or years ago, can learn how best to manage the condition based on their individual needs and preferences.

“There is no one diabetes lifestyle—how a person lives with the disease depends on a lot of different factors from the foods they like to eat to their daily schedules,” explained Program Coordinator Beth Ann Coonrod, Ph.D., MPH, RN, CDE. “A core philosophy of our diabetes empowerment program is to help people integrate diabetes management into their current lifestyles as much as possible.

“It’s much easier for people to tweak their habits than to overhaul their entire lives,” she added. “This is why we need them to participate in one-on-one appointments prior to attending group sessions; we need to know each person in order to develop an individualized program with them.”

During these meetings, nurse educators and dietitians provide information on what diabetes is and how it affects a person’s body. Clients are taught how to monitor their blood sugar and other skills for managing diabetes. During group meetings, clients learn about the complications that can arise from diabetes and what to do to reduce those risks, as well as what exams and lab work they need in order to catch any complications in the early stages. “We love it when the whole meeting is driven by patients’ questions,” said Coonrod.

Because there are so many myths and misperceptions about the disease, the education component is vital. “For example, many people think that when you have diabetes, carbohydrates are bad,” explained Coonrod. “But the fact is, over half of a person’s daily calories should come from carbohydrates. What’s important is knowing the right amounts and distributing these amounts correctly throughout the day.

“Diabetes doesn’t change a person’s nutritional needs—what it does is require that person to take an active role in getting the nutrition he or she requires in a way that the body can efficiently utilize it and keep blood sugar, blood pressure and cholesterol all in line,” she added.

While carbohydrate counting is one meal planning strategy, Coonrod emphasizes that diabetes patients need to watch their intake of fats and proteins as well. “The reason why carbohydrates are counted is because it is the component in food that has the most effect on blood sugar,” she explained of the process in which a person learns how many grams of carbohydrates they require each day and the best times to distribute these amounts.

“Basically, the food that we recommend for clients is what everyone should eat,” said Coonrod. “Avoid saturated fats and instead use monounsaturated fats such as olive oil, nuts and canola oil. Fiber is also important.”

In addition to helping clients with meal planning strategies, the staff at the Diabetes Center also helps them understand the disease process itself. “We need to lay the groundwork before making recommendations,” said Coonrod.

Families are also welcome to attend education sessions so that they can understand the disease. “It’s helpful for other folks in the family to understand what a person is doing so that they can support them,” said Coonrod.

Coonrod encourages anyone having trouble with managing their diabetes to take advantage of what the hospital has to offer. “Don’t hide—if you’re having difficulty managing the disease, this is exactly when you need to come and get help,” she said. “Blood sugar readings are not a personal judgment; they are a set of numbers that we can use to get the disease under control.”
"New procedures are available to dentists that will help patients determine if they are a candidate for a heart attack, stroke, diabetes, osteoarthritis, etc.,” says Steven R. Crandall, D.M.D. There is considerable excitement about a new FDA-approved blood test that can be administered in the dentist’s office, and can prove to be a lifesaver.

As Dr. Crandall explained, "The basic concept is that inflammation is part of many diseases we experience. For example, it’s associated with heart disease and periodontal disease and stroke. It’s becoming apparent that there may be an oral systemic connection, and dentists who see patients more frequently than most physicians do, can take an active role in evaluating whether or not there is an inflammatory response going on within a patient."

"By simply doing a pinprick to get a few drops of blood, dentists today have the means to send in a small sample to a lab that can evaluate whether or not something known as a C-reactive protein (CRP) is in the blood, which would indicate there is an inflammatory response going on within the body. And there are several diseases that have inflammation associated with them."

The level of CRP indicates different levels of inflammation, and those levels are associated with different disease processes. According to the American Dental Association, as high as 70 percent of the population has bleeding gums, inflammation of the gum tissue or periodontal disease. Dr. Crandall said the dentist can clear up any issues that might be related to periodontal disease, and then re-evaluate the problem to see if the CRP is still there. "And if it still exists, then typically the patient is referred to a physician for further evaluation. Going through this procedure, occasionally it has been found that the patients suffer from any number of different things, including cancer, gout, diabetes, heart disease, or be a candidate for stroke."

This process can utilize the new testing protocol or the conventional protocol of having blood drawn through the patient’s own physician’s office.

Many symptoms that cause a patient to seek the help of their physician actually have their origin in the dental realm. Dr. Crandall already has a long history of helping his dental patients with problems physicians haven’t often been able to treat. He said many ailments are the result of occlusal disease, which is when teeth don’t fit together properly. This can result in a muscle imbalance that often leads to headaches, migraines, neck or shoulder pain, or ear aches. “Some physicians are aware of the fact that it can be bite-related, but most are not,” he said. “Some dentists aren’t even aware of it, unless they’ve had additional training.”

And Dr. Crandall has had that training. Following dental school, he attended the post-graduate dental program at the Pankey Institute in Florida, and he has the ability to detect such problems and the training to alleviate them.

"So there are a number of things I think physicians and dentists could coordinate a little better than we currently do,” he concluded. "It’s just a matter of bridging that gap a bit more than has been done in the past to create an important health care team."

For more information, call (412) 833-6166 or visit www.stevenrcrandaldmd.com.
There are few things we do everyday that effect our mood, and the mood of those around us, more than smiling. Consider the check-out clerk at the grocery store. The commerce of that interaction is a smile, and we leave it either feeling good, or as though it never happened. Smiling creates a window opportunity for positive interaction with those around us. The act of smiling activates muscles in your face that communicate with the pleasure areas of your brain that improve your mood. Intuitive, I suppose, but worth considering.

I have had the fortunate opportunity to help many people feel good about their smile. It is the most gratifying part of my professional work. Sometimes it is instant and intense. At the completion of a smile make over, a patient will hold a mirror poised to see their new smile for the first time, face turning red and eyes welling with tears, they can barely speak. When words finally do come out they often say something like, “I can’t believe I didn’t do this sooner. Thank you,” and then gush. Other times it is more subtle. The patient holds the mirror, smiles, and says something like, “That looks great, thanks,” and departs with little change in affect. This patient will usually return for a follow up visit in a week or so with a distinct spark in her mood. Feeling better about her smile, she probably smiled a little more after leaving that day. Her perception about her appearance was effected more by the feedback from her friends, family and co-workers than her own feelings about her smile. When she smiled, she got compliments, so she smiled more. This positive feedback created more smiles over the week and changed her disposition organically. Either way, it is a good day at the office.

The analysis of a smile is a complex process going far beyond teeth. It considers health and function, shape, symmetry and color of all the supporting structures. It involves a complete analysis of the frame of teeth, the gums and lips. Symmetry of gum contour, the gingival drape, is an essential component. Considering the lips and the area of the face immediately around the lips is important as well. Subtle changes here can dramatically enhance the frame of beautiful teeth, creating a more youthful and vibrant smile.

With time, the red part of our lips begins to fall and curve under, giving a “thin-lip” appearance. Deep smile lines extending from the edges of the nose toward the chin, the marionette lines, compound the effect of the “mature” smile. Dermal fillers are tools that can be used to erase these signs of time. Dermal fillers are injectable solutions that fill in deep folds, minimizing their appearance, and plump up lips creating a more youthful look.

Whether you wish your smile were just a little brighter, or you are wondering if a comprehensive smile make over is for you, the tools of modern dentistry in the right hands can give you back that spark in your smile, or perhaps change your life.

Dr. Joseph Curley is a general dentist practicing in the Shadyside neighborhood of Pittsburgh. For information on how to obtain a complimentary smile analysis, call (412) 235-2500.

Unfortunately, not all teeth last forever. But losing a tooth doesn’t have to mean losing your smile. With timely implementation, we can replace lost teeth with precision-crafted, permanent implants, and even prevent deterioration of the underlying ridge bone that would otherwise occur. Partials, bridges, and dentures simply can’t compare.

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10 Tips to Find the Right Dentist for You

A recent survey in the U. S. News and World Report showed that ONLY 50% of American adults are satisfied with their smile! Are you one of them? If you are looking for a dental care provider, here are some tips about choosing a dentist who can improve your smile.

1. Do your homework before you make your first visit. A beautiful smile has an impact on your appearance and your health, so, it is important to use care when selecting a dentist. Ask family, neighbors, or friends to suggest a dentist. Ask your coworker to recommend a dentist because they most likely have the same dental insurance as you do. A personal referral is the best kind.

2. Your family physician may also suggest several dental practices for you to consider.

3. You can also go online and search for a dentist in your local area. During your initial phone call, or at your initial visit, use the following checklist of questions:
   4. Is the office easy to get to from your home, or office? Is there ample parking? Is the parking free?
   5. Is the office neat and orderly? Does the office have state of the art equipment?
   6. Is information provided in a welcome packet? Is the appointment schedule convenient for you?
   7. How many years has the dentist been practicing?
   8. Does the dentist seem interested in your total health? Does the dentist know the latest trends in dentistry? Does the dentist take continuing education classes?
   9. Does the hygienist provide dental health instruction for preventative measures? Were your medical and dental histories recorded and placed in your permanent file?
   10. What arrangements does the dental practice have for emergencies outside of office hours?

In addition, you might want to ask about such special services such as teeth whitening, or dental implants, since dentists can provide you with so much more care than comprehensive oral exams and professional cleanings. Dentistry has come a long way and many new technologies are now available to give you the beautiful smile you want to have!

Dr. Robert Luther, Jr. can be contacted at (412) 788-6300 or you can visit his website at www.pittsburghlaserdentist.com.

Dr. Joseph M Curley
Assistive Technologies Helps Auto Accident Survivor Look to the Future

By April Terreri

EVERY YEAR ABOUT 11,000 PEOPLE NATIONALLY SUFFER SPINAL CORD INJURIES RESULTING FROM AUTO ACCIDENTS, ACCORDING TO THE SPINAL CORD INJURY INFORMATION NETWORK. ABOUT 78 PERCENT OF THESE INJURIES INVOLVE YOUNG MEN BETWEEN THE AGES OF 16 AND 30. MOTOR VEHICLE ACCIDENTS ACCOUNT FOR ABOUT 42 PERCENT OF SPINAL CORD INJURIES, FOLLOWED BY FALLS, ACTS OF VIOLENCE, AND RECREATIONAL SPORTING ACTIVITIES.

Lives change in an instant, but life still goes on. Eric Knight, for instance, was an 18-year-old senior at Beaver County Vo-Tech School when he was involved in an auto accident in March of 2007. “I was driving alone when someone cut me off, hitting the right front of my car,” says Eric who is now 20 years old. “I don’t remember too much about the accident, other than them telling me it would be a 12-minute ride in the helicopter to the hospital.” He was airlifted to Allegheny General Hospital, where he stayed for three weeks. He suffered a C5 injury and had a fusion from C3 to C7 to stabilize the vertebrae in his neck. This type of injury can result in the patient having partial use the arms and the inability to use the legs.

Eric says everything was a blur to him during the first two weeks following the accident. He was transferred to HealthSouth Harmarville Rehabilitation Hospital in Indiana Township for rehabilitative therapies at the end of March of the same year, and three months later he was discharged to the care of his mother and grandmother in Butler County.

Eric’s school provided a tutor for him while he was at HealthSouth Harmarville, which enabled him to finish his course work in time for graduation. In June of 2007, he and his friend, Courtney, attended their high school prom together. “It was great to see all of my friends again,” Eric says. “For about a month, I was able to go to my job to continue to encourage me. I love hanging out with my friends, watching TV, and using my computer,” he says.

Believe tests for new drivers should be more stringent. “New drivers need to drive safely and they should not push their limits,” Eric says. “You should take time to think about the consequences of your driving. Don’t be distracted by things like answering your cell phone. Wait until you are stopped to talk.”

The good news for Eric says Janice, is that he is alive and he is young, bright, and he has excellent problem-solving skills. “He has a very good family and friend support system that will get him through the next phase in his life – which, hopefully will mean school or employment.”

The mission of HealthSouth Harmarville is to rehabilitate people like Eric following an accident to help get them back to being a productive member of society, explains Janice Wilson. “So this means we want to get them back in their family role and their community role. We want to see them return to work and to have everyday responsibilities and be an active participant in society. We want them to become as independent as possible so they can do the things that are important to them.”


With the help of assistive technologies, Eric can do many of the everyday things we all take for granted. Assistive technologies include assistive, adaptive, and rehabilitative devices to help folks become more independent. “We tested him in our occupational therapy department to determine which type of technology works best for him,” says Janice Wilson, OT and Hand Therapist. For instance, Eric can’t use a regular computer keyboard, so he uses assistive technology that uses his voice to activate his keyboard.

Janice adds that, through therapy, Eric has continued to gain strength so he can use his hands more and more effectively. “He has gotten a lot stronger and he is able to figure out ways to get things done for himself,” she says. For example, he can pull a box of cereal toward himself so that he can open the box and pour himself a bowl of cereal.

However, the downside to Eric’s story is the harsh realities of today’s insurance caps. Eric’s therapies ended recently while the insurance funding is sorted out. In the meantime, HealthSouth Harmarville offers a program for folks caught in such a bind called HealthSports, which is a program that allows patients to continue to develop their strength. “There is a nominal fee for patients and it’s like having a personal trainer,” explains Janice.

Eric’s goals for the immediate future include living on his own and working at a job – possibly as a graphic artist. “My mother and my friends continue to encourage me. I love hanging out with my friends, watching TV, and using my computer,” he says.

For more information, contact Ann Ciotoli at HealthSouth Harmarville Rehabilitation Hospital at (412) 826-2707.

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Are You Wearing the Proper Footwear?

By Anna Ashbaugh, PT, CSCS

Did you know the shoes you have on your feet right now might be the cause of your ankle, knee, hip or low back pain? Abnormal stresses during walking with improper footwear can lead to a large range of overuse injuries. These can include, but are not limited to posterior tibial tendonitis, plantar fascitis, stress fractures, patellofemoral syndrome and IT band syndrome. Your shoes may be too big, too tight or they may not provide enough support. The physical therapists at Centers for Rehab Services can help correct these problems and prevent these injuries from becoming disabling.

It is important to buy shoes that are appropriate for your feet and not because they “look good” or are the latest fashion statement. You should pay attention to how the shoe feels on the inside and not just the appearance on the outside. Many shoe brands now have various widths and sizes to fit various foot types. Using a thorough assessment of how the body moves, allows physical therapists to help you choose the right footwear. They can also send any verbal or written recommendations with you to a shoe store to ensure a proper fitting.

You may ask what does this assessment include? Our highly skilled physical therapists will assess muscle strength and flexibility, core stability, posture and analyze the way you walk to determine any limitations you may have that would cause any abnormal mechanical stresses in the legs. From there, physical therapists can develop and implement a program to correct these dysfunctions. Two common dysfunctions found at the foot are overpronation and underpronation. Overpronation occurs when the foot rolls inward too much and you have no support from your arch. Underpronation occurs when the foot doesn’t roll inward enough. Finding correct footwear can help control these issues and a physical therapist can help find what works best for you.

Another alternative a physical therapist can use with footwear is internal and external orthotic modifications. These can range from over the counter to custom fit orthotics. Many lower body conditions are the result of “flat feet”. By visiting one of our physical therapists, they will determine if orthotics would be incorporated as part of the treatment process. This one correction can help alleviate pressure on the back, hips, and knees, as well as the foot and ankle when a good shoe just isn’t enough.

Centers for Rehab Service:
Anna Ashbaugh is a Physical Therapist at Centers for Rehab Services. For more information on any of the services offered at Centers for Rehab Services call 1-888-723-4277 and press 5 or visit www.centers4rehab.com.
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Guide to Good Health
Breastfeeding: Best for You and Your Baby

By Nancy Brent, M.D. IBCLC

Is it really that different from infant formula? The answer is yes, it is remarkably different and better than formula. And that’s true not only for babies, but for mothers too. What makes breastfeeding unique? For infants, it is the ideal form of nutrition. Although the formula industry does a fairly good job at imitating breast milk, it can never do so completely, because breast milk keeps changing. It changes depending on how old the baby is, whether or not he or she is premature, time of day, and even from the beginning to the end of a single feeding. In the beginning of the feeding, it is high in protein, but at the end, it is creamier and helps to fill the baby up. Perhaps because it is the ideal infant food, toddlers who were breastfed have a lower incidence of obesity than those who were artificially fed.

In addition, there are many diseases which are decreased in breastfed infants. These include infections, ranging from ear infections to meningitis. Allergic disorders, such as asthma and eczema are also decreased, in breastfed babies. Children are also protected from a long list of conditions with unknown causes, such as diabetes, inflammatory bowel disease, cancer and sudden infant death syndrome. Breastfed infants even have an IQ advantage over formula fed infants.

What parents wouldn’t want to give their child a few extra IQ points? And what effect would it have on society if everyone were just a little bit brighter?

What are the effects on mom? Breastfeeding helps you lose weight faster after the baby is born. It also serves as a natural form of birth control. In the long term, it will protect you from uterine and pre-menopausal breast cancer. It is also free, doesn’t need refrigeration, is there whenever and wherever you need it, and doesn’t require any preparation in the middle of the night. It brings a closeness between mother and baby that cannot be compared to anything else anyone can do. This is a special and precious time for just the two of you.

So why doesn’t everyone breastfeed? There are several myths that tend to scare women away from nursing. The first is that it hurts. The truth is that it only hurts if something is going wrong. If the baby is nursing correctly, mother will feel a tugging sensation that is not painful. Another misconception is that it ties a mother down. In reality, mothers can learn how to nurse their babies discretely in public. Mothers can pump their breasts when away from their babies and let another caretaker give that milk in a bottle. Many working women who have no time to pump can still breastfeed their babies when they are home, and have the babies take formula during working hours.

One more concern is that breastfeeding will negatively change the appearance of the breasts. This happens, if at all, due to pregnancy and not due to breastfeeding.

Breastfeeding is most definitely the best way to feed babies, for all concerned. It is a learned art, and it may take some time and attention to get started. But don’t get discouraged. With a little attention in the first few weeks, your baby will be off to a great start in life, and all thanks to you.
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Excellent Care for Your Children, Confidence and Convenience for You
NO shots? NO drills? NO numb lips? 
This can’t be dentistry… can it?! 
Actually, thanks to technology, it can. Dentists are now wielding lasers to seek and destroy cavities.

Dr. Robert Luther, Jr., recently added a DIgLight laser, manufactured by HOYA ConBio of Santa Clara, California to his office.

“Recognized the potential the laser could bring to my practice,” said Dr. Luther. “The comfort of my patients, especially the children is important to me, and this no shot, no drill option, makes it easier than ever.”

Dr. Luther is a member of a small but growing group of select dentists across the nation who have added the hard-tissue laser to their practice. According to Dr. Luther, aside from the psychological benefits, a laser is more precise than a drill. It removes only the diseased part of the tooth. A drill bores out healthy tissue as well. Additionally, the surface of the tooth is better prepared to hold the adhesive that binds the filling to the tooth. A laser leaves behind a rough, dimpled surface, whereas a drilled tooth is smoother and does not allow for as strong a bond.

Dr. Luther also said that much of the public is still unaware that fillings by laser are possible. “I hope to educate more of the community so they can benefit from laser dentistry.” Safety is always a big concern for patients, especially parents, he added. “And part of educating the public is to also dispel misconceptions about dental lasers.” Luther explained that some people are concerned should the laser miss a tooth it could burn them; that is a common misconception.

When the laser’s wavelength is set for hard-tissue use, it only affects the tooth structure, leaving other parts of the mouth unaffected. The beam of light emitted by the laser destroys only tooth decay, and cannot accidentally harm nor “burn” you as many people fear.

“Children are particularly receptive to the idea of replacing a shot and drill with something more pleasant,” said Luther. “They like to wear the ‘cool glasses’ used during treatments. I’ve been very pleased to note how much adding a hard-tissue laser to my practice has helped make my younger patients happier, and how that makes their parents happier, too.”

Laser allow children, as well as adults, to be treated early and quietly. So, with proper education and training, laser dentists are creating a generation of patients who will have no fear of treatment to pass along to their children.

To learn how laser dentistry can help you, call Dr. Luther at 412-788-6300 and ask for a free brochure and visit his website www.pittsburghlaserdentist.com. Serving families in the southwestern suburbs of Pittsburgh for 30 years, and known for comprehensive dental services including mini-implants, orthodontics and cosmetic dentistry with teeth whitening, Dr. Luther is a graduate of the University of Pittsburgh School of Dental Medicine.

by April Terreri

“Whenever you have a family with more than one child, there will always be some conflict, which is absolutely natural,” explains Dayna Jornsay-Hester, community education coordinator at UPMC Children’s Hospital of Pittsburgh. “Sibling rivalry is the commonly used phrase for sibling conflict.”

The manifestations of sibling rivalry vary from family to family and child to child, explains Jornsay-Hester. Manifestations also depend on the ages of the children, their temperaments, and their personal situations. “Kids, like everyone else, demonstrate conflict when they are sharing space with others. Kids are also vying for the attention of their parents and for autonomy.”

The good news is these natural and inevitable conflicts provide opportunities for children to learn strategies to resolve conflicts. “They learn how to get along with others, how to share and take turns, and how not to be the center of the universe all the time,” says Jornsay-Hester. “What is important to remember is how we as parents respond to sibling rivalry.”

Parents should not get into the habit of interacting with their kids in a negative capacity of becoming judge and jury, she cautions. “What kids are often fighting about is an attempt to get their parents’ attention. The focus should not be on who started the conflict or who is right or wrong. The focus should be on helping your children come to an agreeable resolution.”

You can achieve this by separating the kids and allowing them some time to calm down and cool off. “This is a good parental response,” says Jornsay-Hester. “These inevitable outbreaks can be used as ways to teach our kids healthy and appropriate ways to resolve their differences. Nobody learns anything in the heat of passion. So it’s a matter of helping them cool down and then figure out what went wrong to cause the problem. In many cases you will find that after they have calmed down, they have already forgotten what the conflict was all about.”

Parents should not want to eliminate sibling rivalry. This is an unrealistic expectation that overlooks the opportunities for developing skills to resolve conflicts. Parents must set the ground rules for acceptable behavior during disagreements – such as no hitting, yelling, name-calling, or cursing – and enforce consequences if the rules are broken. But what happens when things get out of control? “If siblings are fighting so severely to the point that it is causing emotional and psychological damage to any member of the family – or if it is causing marital problems – you might want to seek a family counselor.”

Families should realize that many of the problems caused by sibling rivalry are common issues. But if you are unable to manage them in a way that is healthy for all members of the family, there are people who can help. “The thing I tell parents to remember is as soon as you have a second child, you immediately have sibling rivalry,” Jornsay-Hester says. “The older children realize they have to share the love, attention, and time of their parents.”

Among some of the best ways to keep sibling rivalry in check is to do things as a family. “Play games and have fun together. Sometimes kids will begin fighting with each other just out of boredom or because they want their parents to interact with them. Try doing things with each child individually while your other child is at a play date.”

By using these conflicts as opportunities to help our children learn, we are acting as coach and mediator to help them develop the skills to resolve conflicts that will last them throughout their lives. “Research shows that in families where kids were taught to peacefully resolve their differences, they ended up having closer lifelong relationships with their siblings,” Jornsay-Hester says.

For more information, you can reach Dayna Jornsay-Hester at UPMC Children’s Hospital of Pittsburgh at (412) 692-5325.

SIBLING RIVALRY: Opportunity for Learning
Removing Tonsils Can Benefit Children With Sinus Infections

Lettie Cowie, 6, suffered for most of her life with recurring strep infections, bronchitis and sleep problems. Her parents, Lori and Jim, made multiple trips to the doctor’s office and pharmacies, desperate to find some way to alleviate her suffering. They decided to make an appointment with Dr. Louis Felder, ENT, who is now seeing patients in Waynesburg.

Dr. Felder joined the SRMC medical staff in 2007. He is also on staff at Children’s Hospital of Pittsburgh, UPMC and West Penn Hospital. He is medically and surgically trained to treat disorders of the ear, nose, throat, head and neck in both adult and pediatric patients. Surgically he performs such procedures as removing tonsils and adenoids.

After consulting with Dr. Felder, the Cowies decided to remove Lettie’s tonsils and adenoids. On the day of her procedure, Lettie was registered to the short term procedure unit. Her parents were able to stay with her until the time the surgery started. The procedure took about an hour and soon after it was over, her parents were called back to be with her. Lettie, like most patients, returned home the same day. Her only restriction after the surgery was to take it easy for a few days.

The improvements in Lettie were noticeable almost immediately. She feels better, sleeps better and has not had any additional infections. “Her dad and I looked at each other amazed to find that she was breathing better in her sleep on the same night as her surgery,” shared Lori.

Lettie can now stay focused on things she enjoys such as spending time with her friends, dancing, camping and swimming as opposed to fighting infection after infection.

When asked about the success of Lettie’s surgery, Dr. Felder shared, “Kids who suffer from recurring sinus infections, colds, strep throat, breathing or sleeping difficulties may greatly benefit from having their tonsils removed.”

Know the Facts: Tonsils and Tonsillitis

Tonsils are clumps of tissue on both sides of the throat that trap bacteria and viruses entering through the throat and produce antibodies to help fight infections.

Tonsillitis occurs when tonsils become infected and swell. If you look down your child’s throat with a flashlight, the tonsils may be red and swollen or have a white or yellow coating on them. Other symptoms of tonsillitis may include:

- sore throat
- pain or discomfort when swallowing
- fever
- swollen glands (lymph nodes) in the neck

But enlarged or swollen tonsils are a common finding for many kids. Left alone, your child’s enlarged tonsils may eventually shrink on their own over the course of several years. Don’t rely on your own guesses, though — you might not be able to judge whether your child’s tonsils are infected. If you suspect tonsillitis, contact your doctor. Recurrent sore throats and infections should also be evaluated by the doctor, who may order a throat culture to check for strep throat.

Source: kidshealth.org

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It's All About Choices

By Kathleen Ganster

Like any new parent, Jennifer Wendz was thrilled when her daughter was born. But when her newborn was diagnosed with a severe to profound hearing loss, along with her feelings of joy, she had other feelings. “I had some panic, and of course, I had some fear,” she said, “I didn’t know how to help her.”

Fortunately for Jennifer, the early diagnosis and array of services available allowed her to choose “Choices for Children” a parent infant program through the Western Pennsylvania School for the Deaf (WPSD). “They came to our home and helped us right away. Our therapist told us about all of the services available to us, then said, ‘What are your goals for your daughter?’” she said.

Choices for Children provides early intervention services to deaf and hard-of-hearing children from birth to age three. For 29 years, families in over 25 counties have been able to use home-based programming to assist their children, according to Nancy Benham, Director of the program. “We are very proud of this program because we were one of the first programs of this sort in Western Pennsylvania,” she said. The program provides comprehensive and objective information, training in language, audition and speech, and advocacy for deaf children and their families.

Early intervention services are key according to Nancy in helping the children and their families. “Children do better when we can start services immediately,” she said. They also help families deal with an unprepared for situation. “Often families may be devastated. There may be no family history and they feel that their world has come to an end,” said Nancy. “We help them see there is hope.”

As in Jennifer’s case, a service coordinator provided by the county visits the families to assist them. Those who chose Choices are immediately assigned a therapist to help select services best for them. “We also provide services to the child in a daycare setting if that is where he or she is during the day. We go to the setting that is comfortable to the family and the child,” Nancy said. All programming is free-of-charge to the families.

For Jennifer and her family, the early intervention services meant help right away to ensure her daughter received the best possible care available. They also helped her in learning how to assist her daughter. “I could be there when the therapist was working with my daughter so I could continue working with her on my own after the therapist left,” she said. “They gave me the tools I needed to best help her.”

Jennifer and her daughter also took advantage of play groups and other services offered by WPSD including having a deaf mentor. Now that her daughter is four and attends the school, Jennifer serves as a mentor to other parents. “Choices helped me and I want to help other families. They gave me so much,” she said.

Variety the Children’s Charity: Kids on the Go! Program

Variety the Children’s Charity Kids on the Go! Program provides mobility equipment for children with mental and physical disabilities and other health challenges to participate in their community. It serves children with disabilities, ages 21 and under, in a ten-county area (Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland) by providing wheelchairs, van lifts, house ramps, walkers, adaptive strollers and car seats, specially-equipped bicycles and tricycles, assistive technology, communication devices and other items when this enabling equipment cannot be obtained from other sources such as insurance carriers, government agencies, school districts, etc.

Since the program was initiated in 1996, Variety’s Children’s Charity has helped hundreds of children throughout southwestern Pennsylvania to lead more fulfilling and productive lives. With the aid of their mobility equipment , assistive technology and communication devices, Variety’s very special kids now can move more easily, safely and independently participate in community programs and recreational activities enjoyed by other children that were not available to them without the enabling equipment Variety provided.

Variety the Children’s Charity is working to bring new, improved and expanded services to the children we help. It is our vision that the Kids on the Go! Program will help many more of southwestern Pennsylvania’s children to lead the lives they deserve. Ultimately, the vision of Variety is to insure that every eligible child with a disability living in southwestern Pennsylvania is provided with the enabling equipment that he or she needs.

For more information on the Variety the Children’s Charity Kids on the Go! Program, contact Sandra Thompson, Director of Programs and Community Outreach at (412) 747-2680.

Equine Therapy Beneficial for Children With Special Needs

People of all ages and backgrounds can experience profound physical, social and emotional benefits, all through learning basic horsemanship skills. Therapeutic Riding provides opportunities for people, varying in ability, to challenge themselves, and to set goals that will improve their quality of life. Riding offers a sense of independence and freedom to our special students, while contributing positively to their cognitive, physical, emotional and social well-being. The rhythmic, symmetrical, repeatable and 3-dimensional movement of the horse also offers great therapeutic benefits for individuals with physical disabilities.

Horses also offer a therapeutic setting for individuals with mental or emotional disabilities – a treatment known as Equine Psychotherapy. Horses are a natural motivator for individuals who may be reluctant to depend on, or interact with, others. They are non-judgmental in acceptance, and seek out those who take time to understand them. Horses can exhibit many similar behaviors as people, but they learn to work harmoniously within the herd. Therefore, an individual who is defiant or reluctant to work with others, can learn “herd behaviors”, and realize their effectiveness in keeping the herd safe. Horses offer opportunities to build self esteem and are very forgiving, never holding grudges toward our mistakes.

A few of the disabilities and disorders that may benefit from equine therapy are: Autism, Down Syndrome, Cerebral Palsy, Muscular Dystrophy, Tourettes Disorder, Learning Disabilities, Emotional/Behavior Disorders, Visual and Auditory impairments, Depression and Eating Disorders.
Treatment Options for Attention Deficit Hyperactivity Disorder

By Gary Vallano, M.D.

Attention Deficit Hyperactivity Disorder (ADHD) is the most common reason for referral of children who present for mental health treatment.

Similarly, it represents one of the most common diagnostic issues seen in school-aged children. It is characterized by significant impairment in the area(s) of attention, impulse control, and activity level.

Like many other medical conditions, minor issues in these areas are seen in many children and are not considered problematic. It is only when the symptoms of ADHD are significant and interfere with a child’s function in school, home, or social situations that a diagnosis of ADHD should be made.

These symptoms may result in poor academic performance, serious risk taking behavior, significant disruptive behaviors, and cause frustration for the child, their family, and school personnel. Social skills and the development of friendships may be negatively impacted by the symptoms of ADHD.

Treatments including behavioral therapy and medication are usually effective in reducing the severity of the ADHD symptoms and improving the child's success in school and at home. Behavioral therapy is usually done with the child's parents, teaching or improving their skills such as using effective commands, modeling appropriate behavior, and contingency management techniques such as positive re-enforcement (rewarding good behavior) and punishment (consequences for misbehavior). Working with a child (and parent) in individual or family therapy to help them understand and manage their symptoms of ADHD, teach them problem solving skills, effective strategies to handle their frustration, and improving social skills may be other therapeutic techniques utilized when the child is old enough and willing to participate in therapy. With the parent's permission, the therapist may interact with the child's teacher to develop effective behavioral strategies for the school day.

Medications include stimulants such as Adderall XR, Concerta, Focalin XR and others which, when effective, improve a child's ability to focus, remain on task, complete academic activities, and reduce disruptive behaviors. Strattera is a non-stimulant medication that may be used for those children who do not respond to the stimulants, have side effects from them, or have a medical reason that requires they avoid stimulant use. Medications should be used under the supervision of a physician who will monitor with the child and their parent that the medication is having the desired positive effect of reducing the symptoms and impairment from Attention Deficit Hyperactivity Disorder without causing problematic side effects.

If a parent believes their child may have ADHD, the initial step they should take is to have their child evaluated by a Child and Adolescent Psychiatrist or other qualified professional. They can determine if the child has ADHD or some other condition and what the recommended course of treatment would be for the child and family.

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Dr. Gary Vallano is a Child and Adolescent Psychiatrist and Medical Director of Pace School and Partial Hospitalization Program. For more information, visit www.paceschool.org, or call (412) 244-1900.
A Journey to a Diagnosis of a Rare Genetic Disorder

By Lori Ondos

While being an advocate for your child can be emotionally exhausting, it is definitely worth your time and effort. Being an advocate for a child with a very rare genetic disorder—one that not even the medical community is familiar with—is a whole different thing.

When Braedon Ondos, my third son, was born no one could have prepared me for what I was about to hear.

Born in distress and struggling to breathe, Braedon was only at the very beginning of the journey we were about to take. Braedon’s lungs were filled with fluid and a chest x-ray revealed that Braedon’s heart was on the right side of his chest instead of the typical left side. After hearing those words we could barely hear anything else.

Braedon was born with situs inversus totalis, a congenital condition in which the thoracic and abdominal organs are in a complete mirror-image position in the chest and abdomen. At the time, we were not sure of the significance of this condition, but things were about to get worse.

Braedon seemed to be unusually prone to infection. He had 13 to 14 pneumonias a year and was plagued by ear and sinus infections. He seemed to need antibiotics nearly all the time. After years of multiple trips to the hospital and various doctors, I finally talked his ENT (ear, nose & throat) doctor into collecting a sample of lung tissue that could be sent to one of the few select places in the United States that could look at the cilia and determine if Braedon had a ciliary defect. The biopsy came back positive and after five long years Braedon was diagnosed with primary ciliary dyskinesia (PCD).

PCD is a progressive disorder affecting organ systems that rely on ciliary activity for proper function, including the upper and lower respiratory tract, the middle ear and the reproductive organs. Other ciliated areas such as the ventricles of the brain and the retina of the eye may be affected. Healthy ciliary activity is also required for organ development and placement. Respiratory cilia beat roughly 1000-1500 times per minute (17-25 beats each second).

There are millions of cilia in our airways and their job is to remove debris and contaminants. Ciliary activity also determines organ placement in the developing embryo. Without normal ciliary movement, organ placement is random and approximately 50% of patients with PCD have situs inversus or reversed organs. It is estimated that only 12,000 to 17,000 people in the U.S. have PCD and only about a tenth of those individuals are diagnosed.

Rare disorders are at an extreme disadvantage in the field of medical research. Industry is not interested in them because the market is too small to justify the research expenses. The government is swamped with requests for funding and has to delegate limited resources to the most of you. They watched their children get sicker and sicker, and knew that organizing a foundation was the only way to get the medical attention their children so desperately needed.

Preventing progressive lung disease is the most pressing treatment goal for people with PCD. Without aggressive treatment many will suffer permanent lung damage from their chronic infections. By adulthood, most progress to advanced lung disease and some will require lung transplant. Research to understand this disorder and to develop better therapies is the only hope for a healthy future for young patients.

If you would like more information on this disorder or would like to donate to the Foundation, contact Lori Ondos at Codemanpa@comcast.net or visit pcfoundation.org.

Back in Action

When leukemia struck this ten-year-old four-sport athlete, an NFL player, and an online community of teammates, teachers and friends rallied to carry him across the cancer finish line.

It’s not every day that Pittsburgh Steelers’ all-time touchdown leader, Hines Ward, shows up at your door bearing balloons along with his contagious smile and winning spirit.

But that’s how Joey Folino found himself last July 21st on his 10th birthday, with the NFL wide receiver bursting through the door of his room at the Children’s Hospital of Pittsburgh, high-fiving Joey and proclaiming to the soon-to-be fourth grader “you’re my man.”

In line behind him were literally dozens – 35 or more at a time, of Joey’s buddies, neighbors and family members all eager to show their care and support for the boy, who weeks before was diagnosed with AML Leukemia during a football physical.

“The outpouring of support was tremendous,” says Joey’s mom Kim of the North Hills, Pennsylvania community where she and her husband Tony live with their three children – Joey, Jake (14) and Isabella (8). “Between the lemonade sales Joey’s buddies held, and the blood drives, and all the people coming to the hospital, we were so blessed with support. But the nurses would only let us have four people in the room at a time.”

That’s where CarePages.com, a leading online community and trusted guide for people seeking connections, emotional support and information during health challenges came into play.

The more than 300 messages of support and caring that were delivered to Joey and his family during the 72 straight days and 142 days total of his hospitalization (three rounds of chemotherapy and a bone marrow transplant), speak volumes about what CarePages.com does for more than three million members who have used its free service to create personal Web pages, join discussions, participate in blogs and interact easily with others facing similar challenges.

CarePages, Inc. is part of Revolution Health Group LLC, whose goal is to help consumers make informed choices and put them in control of their health decisions through the cornerstone of its efforts — RevolutionHealth.com. (Visit Joey’s CarePage by visiting “JFocino” at CarePages.com.)

In May, Joey’s cancer was declared in remission and he joined his classmates back in the classroom for the first time in a year. These days, he’s back on his dirt bike, hanging out with his buddies and corresponding with them on his CarePage.

“He likes us to check to see who is sending him notes,” says Kim. “Knowing we were so supported and that so many people cared is what got us through.”
The Importance of Sleep Hygiene

By Lois Thomson

Sleep hygiene? We know what personal hygiene is—you know, washing your hands, brushing your teeth, and generally keeping yourself clean. But what is sleep hygiene? Misty Welch, director of patient care for Center Pointe Sleep Associates LLC, says you cannot overestimate its importance in helping you to get a good night’s sleep.

She commented that, "Sleep hygiene is like anything else—you take care of yourself. Just like regular hygiene, you take a shower because you need to clean yourself. This is a way to cleanse yourself when you're sleeping."

Welch went on to say that according to the American Academy of Sleep Medicine’s guide, the bedroom should be used for just two things: sleep and sex. That means all other distractions should be removed.

"There should not be a television in the bedroom," she said. "And there should not be a telephone. You should not read in bed. If you are tired and you think you can't sleep, get up and sit in a chair to read. That will help you to get tired and then you can go and lay back in bed."

She also said the clock should be turned so that it faces away from the bed. "Most people need an alarm to get up in the morning," she agreed, "but if you don't want to roll over and say, 'I'm awake, alarm to get up in the morning,' you should not read in bed. If you are tired, then you can go and lay back in bed." Most people need an alarm to get up in the morning, she said, "but if you don't want to roll over and say, 'I'm awake, alarm to get up in the morning,' you should not read in bed. If you are tired, then you can go and lay back in bed."

Additionally, Welch recommends going to bed and getting up at the same time every day. Saying that she felt she should practice what she preached to her patients, Welch admitted, "I can speak from experience, and it works. I now go to bed the same time every night, get up the same time every morning. Even Sunday mornings I'm up 7:30, which is the time I get up during the week. I do feel better during the day, it has cut down on fatigue and it has cut down on headaches."

Practicing sleep hygiene may be able to help control sleeping problems you have. However, if your difficulty is more severe, Welch said Center Point Sleep Associates is able to diagnose almost any sleeping disorder. And this is important because untreated sleep disorders can lead to health problems such as hypertension, heart disease, or stroke.

But a good place to start is with sleep hygiene. It requires some thought and planning, but the results are worth it.

For more information, call 1-800-249-1445 or visit www.centerpointesleep.com.

Study Shows Children With TVs and Computers In Their Rooms Tend to Get Less Sleep

With the busy back to school season, it’s important that children have adequate rest. However, a study out of the University of Haifa and Jezreel Valley College in Israel has found that children who have a television or computer in their room get less sleep than those who do not. This can mean trouble for a large number of school-aged children. According to the National Sleep Foundation’s 2004 Sleep in America poll, 43 percent of school-aged children have a television in their bedroom.

"Sleep is very critical to the physical and mental development of children," says Troy Van Scyoc, Director of Respiratory Services at Memorial Medical Center’s Sleep Disorders Center. "We try to encourage parents to limit the amount of television children watch and the time that they are on the computer along with other distractions, to ensure that their children are more apt to fall asleep quickly and get adequate rest."

Of the nearly 450 middle school children that were studied, the average bedtime was a little after 11 p.m., giving the children a total of seven hours and 45 minutes of sleep. Of those, children who had a television or computer in their room went to sleep 30 minutes later and spent longer periods of time watching television or using the computer.

"For children in the study who received an average of seven hours and 45 minutes of sleep, that’s a far cry from the recommended 10 to 11 hours they should be getting a night,” says Van Scyoc. "Children need to develop healthy sleeping habits early on in life and one way to start is by getting them into a sleep routine that doesn’t involve watching television or using the computer."

According to the National Sleep Foundation, sleep is essential to a child’s health and growth and promotes alertness, memory and performance. The Foundation also stresses that children who get adequate amount of sleep are shown to function at a higher level and are less apt to display behavioral issues.

For more information on positive sleep habits, contact Memorial Medical Center’s Sleep Disorders Center at 814-534-6450 or visit Memorial’s website at www.memough.org.
As an admissions coordinator, I meet with families and patients at the beginning of their nursing facility stay. I ask questions on topics ranging from what to expect during the stay, how to best support a loved one during the rehabilitation process and how to plan for the return home. The most common questions families have usually deal with how the patient will pay for the care. Even though many patients enter a facility with some type of insurance that will cover most or all of the stay, some family members believe that the patient will have to pay huge charges out of their own pocket. In fact, when a family calls me to ask about our facility, one of the first questions I hear is, “How much do you charge?” The four most common ways to cover charges for a short-term or long-term skilled nursing and rehab center stay are: Medicare Part A, Medicare HMOs, private funds and Medicaid (Medical Assistance). In addition, some long-term care policies may pick up a portion of a long-term skilled nursing and rehab center stay. If you would like a free guide to paying for skilled nursing and rehab center care, please contact me at (412) 369-9955 or northhills@manorcare.com. I am also available to review your type of insurance or coverage to explain how your benefits may cover skilled nursing and rehab center services.

Christopher L. Miller, Admissions Coordinator, ManorCare Health Services – North Hills, can be reached at (412) 369-9955 or northhills@manorcare.com.

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### In-Home Care Provides Respite for Family Members

By Vanessa Orr

For many seniors, or people who for medical reasons may have problems living at home alone, the opportunity to have a person come in and help with medications, light housework, meal preparation and more can be a godsend. Having this type of help not only makes the activities of daily living less difficult, but also allows the person to live independently in his or her own home for a longer time. One benefit that is often overlooked when families are discussing the possibility of hiring in-home care for a loved one is that they too will find relief in having the extra help. While children whose parents need assistance would like to be able to be there for their loved one 24 hours a day, the fact is, most people have very busy lives of their own either taking care of their own families, or holding jobs that may limit the time they can devote to someone else. “Many caregivers skip lunches, leave work early, postpone long-awaited vacations or even take days off from work to care for their loved ones,” explained Caring Companions CEO Brenda Metal. “Metal started Caring Companions after acting as a caregiver for her own grandmother who had severe heart disease and emphysema. “The experience helped motivate me to create my own in-home care company that would provide assistance to both the elderly and their caregivers.”

Non-medical services that are available to families include companionship, rehabilitation assistance, meal preparation, errand service, personal care, light housekeeping and laundry, transportation to appointments, medication reminders and grocery shopping. “A lot of seniors, especially mothers, don’t want their children to take care of them. They worry about becoming a burden, or taking their children away from their own lives’” said Metal. “One of the positive things that happens when they have a caregiver outside the family is that it relieves them of this worry,” she added. “Their caregiver often becomes a friend and a companion.”

While some people may look at the idea of having a caregiver as a loss of independence, the fact is, having help can actually enable a person to remain longer in his or her own home. And while it’s never an easy subject to bring up, it is often necessary for a person’s own safety, as well as family members’ peace of mind. “In most situations, you just have to be honest,” said Metal of how to approach the idea of in-home care. “Family caregivers have to explain to their loved ones that physically they just can’t be in three places at once—it simply isn’t possible. You can’t be home taking care of your own family or at your job when you also need to be providing care to mom or dad.”

“It also helps to explain that our caregivers don’t just come in and take over—they are not there to take anyone’s independence away. Our goal is help people remain independent for as long as possible and to enable them to continue living the way they want.”

For more information, you can reach Brenda Metal at Caring Companions at (724) 337-7581, or visit www.stayathomecare.net.
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H3907_H5533_09_070 (08/2008)
For Our Elderly, There Is No Place Like Home

By Hank Walshak

For many older adults, a nursing home is not an attractive option. Community LIFE offers a community-based health and social model of care that allows them to continue to maintain their independence, while living in their own homes.

“We believe that decision making about the type of care an elderly person receives and where that person lives is best left to that person, even if he or she wants to remain at home,” said Deborah Strickland, RN, MSN, Director of Clinical Services. “The critical thing is to maintain the quality of an elderly person’s life in the manner in which he or she wants it maintained.”

Though older adults in the Community LIFE program live at home, they benefit from a coordinated plan of care designed by their team. The teams consist of a physician, RN, dietician, physical and occupational therapists, a recreation therapist and home health aides. The elderly in the program regularly visit its adult health day centers in the East End, Homestead, McKeesport, and Tarentum. Community LIFE has its own wheelchair accessible vans that transport them to and from the center, as well as doctor visits and to outside appointments.

The program provides, medical care, in-home services, drug coverage and items such as hearing aids, eyeglasses, dentures, nutritional supplements, meals on wheels and home modifications. These services are provided free of charge to qualified area seniors.

“Our pharmacy delivers medications to our clinic, and we deliver them to the participants at their homes. They have no forms to complete. And if they need assistance with their meds, we provide that,” said Strickland.

A full-time chaplain sees to the spiritual needs of Community LIFE’s elderly. “We realize that the religious component grows in importance when people move into their older years,” said Strickland.

As participants approach the end of life, they are reluctant to move to a hospice elsewhere and to have nurses they don’t know care for them. To address this need, Community LIFE is training its staff in hospice care and hiring new people to improve patient care at this critical life juncture.

“Throughout the life course of our elderly, our main focus is to assure them the quality they desire in their care,” said Strickland.

For more information, call Staci Kaczkowski, MHA, at (412) 436-1338, or e-mail her at kaczkowskis@upmc.edu. Or visit Community LIFE’s website at www.commlife.org.
Preparation and Support Key to Helping Seniors Transition into an Assisted Living Facility

By Vanessa Orr

For most people, making the decision to move into an assisted living facility is not easy. In addition to giving up their homes, many seniors are overwhelmed by the idea of moving into an unfamiliar place. To help make the transition easier, it’s especially important that those leaving their homes are involved in the process of finding a new place to live as much as they are able.

**Before the Move**

“While it’s hard to do, family members need to have an honest conversation with their loved ones about what’s going on,” explained Eric Walker, executive director, The Residence at Willow Lane. “Explain to mom or dad why they need to live in a safer environment, and why it would be good to have help with some of the things they’re now trying to do for themselves, like keeping track of medications or preparing meals.

“If you don’t talk about a move before something happens, that takes the decision out of their hands,” he added. “The most difficult move-ins we’ve had are because the person has not been empowered in the decision-making process. Even if the person is only capable of being a small part of the decision, let them choose what type of room they want, or what floor they’d like to live on,” he said. “Try to find a place that hosts the sorts of activities that they like.”

**After the Move**

Once a person has moved in, it’s important for the facility’s staff to make them feel as welcome as possible. At The Residence at Willow Lane, for example, a manager is assigned to each new resident as part of the Personal Touch program. “This manager touches base with the new resident every day during the first week, and two to three times during the next few weeks,” said Walker. “By visiting residents on a regular basis, the manager can find out if they have any questions, or deal with any issues that come up. He or she can head off challenges before they become bigger problems.

During the first month of a resident’s stay, a family orientation is also held to help everyone adjust to the change. “We get together with families to talk about the different challenges they may face, as well as the staff’s role in caring for their loved one, and who they should talk to with any concerns,” said Walker. “Since most families haven’t had to do this before, they are learning as they go.”

The Residence also hosts a Family and Friends Night every month to get everyone together. “It’s not only fun, but it shows the residents that they are not alone,” said Walker. “By involving a person in the process and providing support afterward, it makes the transition for seniors and their families much easier. “A lot of people have a perception of what an assisted living facility will look like, and they are very surprised when they find out that they can move into a beautiful place with a residential feel,” said Walker. “By exploring these options earlier instead of in a crisis situation, it helps everyone to feel better about the transition.”

For more information on The Residence at Willow Lane, call (412) 331-6139 or visit www.integracare.com.
WE EACH HAVE OUR OWN LIFE STORIES. OFTEN THOSE STORIES BECOME EVEN MORE IMPORTANT AS WE REACH THE END OF OUR LIFE.

Sometimes the life review is most important for us, sometimes it is most important for those closest to us. Because of the impact of these life stories and the importance of life review, Family Hospice and Palliative Care created Your Gift of Legacy.

Through Your Gift of Legacy, patients create a visual journal that reflects their lives, experiences, and relationships. Some choose to record an audio or video interview while others are more comfortable with a hands-on-project, such as a memory box or a collage. Like all hospice decisions, the patient is the driving force and directs the project. “Recently an elderly gentleman and his wife made a DVD about their life together and viewed it with their family at Christmas time. It was very meaningful for them to share their life story with their children and grandchildren,” reflects Paula Church, Your Gift of Legacy coordinator.

A former hospice nurse and photojournalist student, Ms. Church, either visits with the patients at home or meets them at Family Hospice and Palliative Care’s Quality of Life Center. Together, they embark on this personal journey about the patient’s life. Once completed, the patient may choose to distribute the video or art work to friends or family. According to one patient’s wishes, her video stories were delivered to family members once she had passed away. Her video reiterated her desire that her family rejoice in her life rather than mourn her absence.

Your Gift of Legacy emphasizes the basic hospice philosophy – to care for patients medically, emotionally and spiritually. To see the whole person. To care for the individual person not just the disease. It lets patients know that our staff and their loved ones see them as people with distinct experiences, individual memories, and unique life experiences.

The recording of an individual’s story can often be healing for the patient and family. Although more than 50 years had passed, our patient had never talked with his family about his intense experience as a World War II solider. Making a video, complete with still photos of him in uniform, gave him the chance to share with his family an important time in his life.

For others, Your Gift of Legacy allows patients and families to focus on better, easier times in life. While participating in the project, one mother was able to relive happy memories of times she had with her children when they were young. For many, this project serves as a launching pad for many hours of storytelling with their loved ones.

Many patients are surprised that a health care organization – a hospice – is interested in their lives before becoming a patient. Your Gift of Legacy is one way that Family Hospice and Palliative Care demonstrates to patients their commitment to caring for the whole person. It also shows how the hospice philosophy focuses on living rather than death and dying. Your Gift of Legacy says to a patient – “You are an individual and we are interested in the stories that make up your life.”

Your Gift of Legacy reflects the best of hospice by helping patients and families with reaching a level of peace and comfort through life review and storytelling. For many this project provides the needed closure and for others it is a welcome opportunity to review the good times in life. Family Hospice and Palliative Care understands the importance of both of these. Sometimes good end-of-life care is less about the end of life and more about the memories, stories, and experiences of an entire life.

Rafael J. Sciullo, MA, LCSW, MS, is president of Family Hospice and Palliative Care. He may be reached at rsciullo@familyhospice.com or at (412) 572-8800.
Falls affect everyone, especially those who are a bit older. When an elderly person falls and is injured, their ability to live independently decreases.

We fall due to both environmental and physical reasons. In our environment, lighting, clutter, extension cords, lack of handrails, uneven walking surfaces, pets, scatter rugs, and even Mother Nature can make us, oops, slip and fall.

Physically, there are changes in our bodies that can increase the likelihood of falling, such as vision, strength, flexibility, changes in sleep patterns, chronic health conditions, and both prescription and over-the-counter medications.

Involving a healthcare organization who specializes in geriatric care management, such as Celtic Healthcare, is an effective way to get an unbiased assessment. Are there environmental and/or physical issues that are increasing your chances of falling – which could ultimately be prevented?

A complimentary assessment is a simple on-site visit, completed by a Care Manager who reviews the current life care needs of the client and develops a plan of care with the client, their family, and any other significant caregivers. The Care Manager can suggest tips for preventing falls specific to that individual’s living situation.

Celtic Healthcare conducts complimentary on-site assessments. To learn more about preventing falls, or for obtaining rehabilitation therapy after a fall, contact Celtic Healthcare by visiting www.celtichealthcare.com or calling 1-800-355-8894.

### Part 4: Alzheimer’s Disease

**Early-Onset Alzheimer’s**

By Andrea L. Zrimsek

Alzheimer’s is not just a disease for the elderly. Early-onset Alzheimer’s affects people who are under age 65, often as young as in their 30s or 40s. Up to 10 percent of all people in the U.S. with Alzheimer’s have early-onset.

In a few hundred families worldwide, scientists have found several rare genes that directly cause Alzheimer’s. People who inherit these rare genes develop symptoms in their 30s, 40s or 50s. Those with early-onset can go on to lead productive lives; they just must deal with life changes sooner than planned. It’s important to realize the diagnosis early-onset Alzheimer’s is life changing, not life ending.

**There are things that we can all do to prevent falls. Here are some tips:**

- **INDOOR LIGHTING** - Make sure stairways and hallways are brightly lit. Use night lights for the walkway between the bedroom and the bathroom.
- **CLUTTER** - Simply having things out of place can cause falls. Always try to keep things in their correct places.
- **LACK OF HANDRAILS** - Install proper handrails in showers, tubs, and near stairs.
- **PHONES** - Keep a portable phone by you or let an answering machine catch the calls. Do not hurry to answer the phone.
- **CHANGES IN BODY** - Have an eye examination every year and wear glasses as prescribed. Exercise regularly to keep muscle strength and improve balance.

If you do fall, ensure that you speak to your physician about receiving the proper home-based rehabilitation to regain any muscle strength lost during the period of healing and inactivity. By receiving this essential physical and/or occupational therapy after a fall, there is a drastic reduction in the chance of another fall occurring soon after. By preventing and treating falls, independent living can be achieved much longer. And after all, isn’t that the ultimate goal?
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Guide to Good Health Fall 2008
The Residence On Fifth, West Penn Allegheny Health System’s Assisted Living Community, prides themselves on keeping their residents in shape, both mentally and physically. Through their Activities Department, there is always something going on to keep each person busy.

Renee Canady, Activities Coordinator for The Residence On Fifth, enjoys offering a wide range of activities that interest different residents. “I am always looking for new and exciting programs that will benefit our community. It’s important that we have a large variety to choose from,” she says. “It is crucial that we continue to maintain the residents’ memory, activity level and socialization skills.”

The Residence On Fifth accomplishes this through countless programs. Each morning there is a scheduled exercise class after which the group discusses the day’s current events. Following this discussion, there is normally a trivia game or educational session. The afternoons are full of endless possibilities of ways to pass the time. Between entertainers, card games and craft projects, there is something for everyone!

“I think the best way to keep myself healthy and energized is by partaking in everything the community has to offer,” Dorothy Kleppick, a resident at The Residence On Fifth remarks. “I enjoy all of the outings that we go on together.”

Music plays an important role at The Residence On Fifth. They just completed their Summer Concert Series at the end of August. The concerts are held on the outdoor terrace along Fifth Avenue. In June they hosted Erin Burkett, a local Jazz and Blues musician. July brought The Dave Crisci Duo who sang hits from the 40’s and 50’s. And Steel Impressions Trio, an authentic steel drum band, was the main event in August. “The residents’ response to the concerts was amazing,” said Executive Director, Donna Sell. “To watch the enjoyment on each of their faces was priceless. The music added to their quality of life at our community and they couldn’t stop talking about each performance!”

For more information about The Residence On Fifth, please contact Lindsay Painter, Director of Sales and Marketing, at (412) 621-0900 or visit their website at www.integracare.com.

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Sincerely,
Claude Weagraff
Sewickley Eye Group Provides Quality Care, Wide Range of Services to Patients

By Vanessa Orr

For more than 50 years, the Sewickley Eye Group has been providing patients with comprehensive eye care ranging from routine eye exams to specialized procedures including corneal transplants, glaucoma and retinal surgery. As part of Ohio Valley General’s Cataract & Eye Surgery Center, the practice also provides numerous screenings throughout the community and is better able to coordinate care for patients who need more advanced procedures.

With offices in Sewickley, at Ohio Valley General Hospital, in Monaca and in Avalon, the practice’s three full-time ophthalmologists, one part-time ophthalmologist and five optometrists are able to offer a wide range of services to clients. Ophthalmologists include Dr. Ivan Baumwell, who specializes in cataract surgery; Dr. Richard Bowers, who specializes in cataract surgery and corneal transplants, and Dr. Thomas Uihlein, who specializes in cataract surgery and glaucoma treatment. Dr. Thierry Verstraeten specializes in retinal procedures including injections for macular degeneration and retinal surgery. Dr. Baumwell and Dr. Bowers also serve as the medical and surgical directors of OVGH’s Cataract & Eye Surgery Center.

“At our practice, we provide everything from soup to nuts—from routine contact lens fitting to laser treatment of diabetes and glaucoma, to the most advanced cataract surgery available,” explained Dr. Baumwell. “In addition to being able to provide a full range of procedures, we also pride ourselves on having the most up-to-date equipment to treat our patients.”

“Because our practice is made up of multiple practitioners, we have the range of expertise to handle almost every condition, as well as the ability to offer patients in-house second opinions,” he added. “Yet we’re still small enough to still know our patients—we are not a big, mega-group made up of far-flung satellites.”

According to Dr. Baumwell, knowing their patients often means knowing their families as well. “As a senior partner in practice for 22 years, I’ve treated second and even third generations of families, which makes a point of educating patients on how to best care for their eyes, including ways in which to prevent harm from occurring, “We suggest that starting at the age of four, children begin getting routine eye exams, which they should have every two to three years,” said Dr. Baumwell. “If there’s any hint of a problem, we suggest exams yearly until adulthood.” Adults without any known eye problems should visit their eye doctors every two years, and yearly after the age of 70.

“The incidence of problems that are asymptomatic increase as people get older,” said Dr. Baumwell. “And while conditions like glaucoma can be easily treated if recognized early, if left untreated, it can cause irreversible blindness. Since there are no symptoms, it’s important that patients get checked periodically to prevent something like this from happening.”

Contact lens wearers should also see their eye practitioner yearly, and not sleep in their contacts, even if the lens is approved for wearing overnight. “Sleeping in contacts poses a serious risk for corneal infections,” said Dr. Baumwell.

But the most important preventive measure of all is to stop smoking. “Almost everyone knows that smoking causes heart and lung trouble, but it also causes cataracts, macular degeneration and glaucoma,” said Dr. Baumwell.

To this end, the practice’s doctors make a point of educating patients on what to best care for their eyes, including ways in which to prevent harm from occurring, “We suggest that starting at the age of four, children begin getting routine eye exams, which they should have every two to three years,” said Dr. Baumwell. “If there’s any hint of a problem, we suggest exams yearly until adulthood.” Adults without any known eye problems should visit their eye doctors every two years, and yearly after the age of 70.

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For more information on the Sewickley Eye Group, call (412) 741-4617. For more information on OVGH’s Cataract & Eye Surgery Center, call (412) 777-6357 or visit www.ohiovalleynhospitals.org.
Do You Know What Is In Your Soil?

From toys containing lead contaminated paint to the safety of the food supply, there appears to be no end to the health concerns facing Americans and their children. However, there may be additional threats to consider - threats lurking just outside the home. The soil on which our homes rest and our children play could be cause for concern.

Land formerly used for farming or affected by past industrial activities is now being used to build large residential developments, schools and playgrounds. When land is converted from agricultural or industrial use to residential use, it's common to find traces of petroleum based chemicals, pesticides, herbicides, lead and arsenic in the soil. These chemicals should be addressed by environmental professionals but are typically overlooked by homeowners and land developers. These oversights can lead to hidden health risks.

The Mahfood Group LLC, an environmental consulting firm located in Bridgeville, PA initiated The Healthy Roots Project in 2007. This project promotes education and awareness of the sources and nature of contamination that may be present because of industrial impacts or the use of pesticides, fertilizers and herbicides in farming. The Mahfood Group’s soil quality assessment and remediation services can identify the potential for risk, limit the potential for chemical exposure, create peace of mind and improve the resale value of properties. Performing these assessments prior to construction would be preferred as costs to evaluate a property will go up once the area is developed and the structure and landscape are established.

Older homes may be at risk because quite often lead-based paint was used on the exterior of these homes. Over the years, this paint would flake off due to harsh weather or was scraped off in order to apply a fresh look. The residue could have fallen in the soil and remained there.

Exposure to these types of contaminants can be especially hazardous to children, because their bodies are smaller and still developing. Also, children tend to spend a significant amount of time outdoors, resulting in greater opportunities for contact with potentially contaminated media like soil, surface water and sediment.

In addition to the Healthy Roots Project, The Mahfood Group offers environmental and management services for clients in a wide variety of industry segments. The Mahfood Group’s mission is to bring together various environmental disciplines to perform “Green Development.”

For more information on The Mahfood Group and the Healthy Roots Project, call (412) 221-5056 or visit the website at www.thehealthyrootsproject.com.
Would You Like To Get Healthier At Work?

By Pam Cummings, Holli Smith, and Maureen Barte

One might think with all we know about medicine and lifestyle techniques that we would be a nation of “well” people. Unfortunately, the statistics do not support this thinking. We are fatter, less active, more depressed, less satisfied on the job, living with chronic conditions (hypertension, hyperlipidemia, pain, stress, etc), and we are confused about who is really in charge of our personal health and wellbeing. (Here is a hint at the answer to that last point: you!) Given the overwhelming need to feel better, are there any answers? If you are working age and are on the job, you may or may not be surprised to hear that you spend more awake time at work than anywhere else. So if you are not getting well at work, you are most likely not getting well.

Try being the catalyst for change at your workplace. Entertain the idea of beginning an Employee Wellness Program. While not new, employee wellness programs have, however, evolved to include all areas of what people perceive as components of a happy and balanced life. Wellness is about lifestyle choices and being ultra comfortable about the ones you make. One definition of wellness that we like is “Getting the best and most current information you can find — and then — do what you want!”

Your employer may want to focus first on how to support their employees in becoming the “best they can be.” Retention of good employees is paramount to managing a thriving business. Providing a culture in which wellness is a component of the ultimate partnership between employer and employee. A healthier workforce equates to improved work life satisfaction and enhanced productivity. Poor health habits take an enormous toll on American businesses.

Studies have shown that a large proportion of health plan claims can be modified if organizations implement interventions that address the issues of poor nutrition, lack of exercise and excess stress. A long-term goal of employee wellness will often make an impact on an organization’s escalating medical costs.

And what does that mean for us as employees? Weight management leading (hopefully) to weight loss, physical activity becoming a habit, feeling less stressed at work … just for starters.

MARK YOUR CALENDAR

SINGLE STEP STRATEGIES EVENTS
Thursday, October 9 – “Understanding Emotional Eating & Finding Balance with Food” – Elizabeth Babcock, LCSW
Monday, November 10 – “Seven Strategies for Greater Vitality” – Rosa Gamara-Thomson, Teacher & Healer
Thursday, November 20 – “Grief: What All Mourners Need to Know” – Elizabeth Babcock, LCSW

For more information or to register e-mail info@singlesstepstrategies.com or phone (412) 831-0163.

INFLUENZA IMMUNIZATIONS AT ST. CLAIR HOSPITAL
St. Clair Hospital is taking registrations for its 2008 Influenza Immunization Program for adults 55 and older, beginning Monday, October 13. Prior registration is required and can be made by calling (412) 942-6566, between 9 a.m. and 1 p.m. weekdays.

The flu shots will be administered at the St. Clair Hospital Outpatient Center at Village Square, 2000 Oxford Drive, Bethel Park, on the following dates and times:
• Sunday, November 2, 8 a.m. to 3:30 p.m. (Deadline to register is Oct. 31.)
• Sunday, November 9, 8 a.m. to 3 p.m. (Deadline to register is Nov. 7.)

Registrants must bring their medical insurance card (including Security Blue and Medicare). A prescription is not required. Clients of Health America, along with individuals without medical insurance, will each be charged $26 per shot. For more information, call (412) 942-6280.

OCTOBER 3
PITTSBURGH AUTISM SPEAKS BLUE-TIE GALA

Only in its second year, the Pittsburgh Autism Speaks Blue-Tie Gala is expected to exceed last year’s ticket sales. The event, held this year on Friday, October 3, raised $79,000 last year with 285 guests attending. Organizers have moved the gala to the Hilton Garden Inn Pittsburgh/Southpointe from its run at Nevillewood last year, to accommodate more guests. Channel 4 News Anchor Sally Wiggin will emcee the night of dinner, dancing, live and silent auctions. Cocktails will be served at 6:30 p.m. with dinner and dancing to start at 7:30 p.m. Tickets are $100 or $800 for a table of 10. Sponsorships are available. To purchase tickets, e-mail preznev@comcast.net. Sponsorship questions should be directed to lmcrammon@autismspeaks.org.

OCTOBER 18
UPDATE ON FUNCTIONAL BOWEL DISORDERS
Are you or someone you live with living with a Functional Bowel Disease (Irritable Bowel Syndrome, Dyspepsia, and Functional Abdominal Pain)? Then attend An Update on Functional Bowel Disorders and their Treatment presented by Dr. Paul J. Lebovitz and the Functional Bowel Treatment Team on Saturday, October 18 from 8:30 – 12:00 p.m. at Allegheny General Hospital, 320 East North Avenue, The Magovern Conference Center. Free parking and continental breakfast. To RSVP, contact Barbara Jean Nagrant, Ph.D. at (412) 359-8209.

KICKIN’ CARDIO CLASS
Charlottesville Community Library
The class uses martial arts for exercise and involves using kicks, punches and movements from both Karate and Tai Chi Chuan. This course is designed to teach an exercise that can be taken home and practiced everyday. Every Wednesday beginning October 28 through November 19 from 6 – 7 p.m. Fee is $50 per student.

CHILDREN’S INTRODUCTION TO KARATE
Charlottesville Library, This series of four classes is designed to educate children (4 - 14 years old) in the area of martial arts and serves as an introduction to mixed martial arts and self-defense. Every Wednesday beginning October 28 through November 19 from 7 – 8 p.m. Fee is $50 per student.

NOVEMBER 8
TOAST TO LIFE GALA
Family Hospice and Palliative Care’s annual Toast to Life Gala will be held on Saturday, November 8th at the Westin Convention Center Hotel at 5:30 p.m. The “black tie optional” dinner/dance will be entertained by the music of the In Transit band. Silent, live, and Chinese auctions throughout the evening. All proceeds benefit the thousands of Family Hospice and Palliative Care patients and families. Tickets are $200/person. For reservations or for more information, call (412) 572-8813.

OCTOBER 16
JOURNEYCARE: CARING FOR SELF WHILE CARING FOR OTHERS.
Gateway Health Hospice, located in the Pittsburgh’s North Hills, announces the Gateway Health Hospice Educational Program, a series of presentations related to the topic of the end of life. Programs are offered in various locations in the Pittsburgh area.

The first program, JourneyCare: Caring for Self While Caring for Others, takes place on Thursday, October 16, from 7:00 – 8:30 p.m. at the Western Pennsylvania Family Institute, The Washington Hospital.

Through the use of inspirational audio/video presentations, music, and interactive exercises, this healing arts program supports those whose lives serve others. Whether in service to a loved one who is terminally ill or providing ongoing care to a family member or loved one, JourneyCare’s core message addresses the importance of self care while providing care for others.

Program presenters are Linda Gates, MA and Mary Kobet, RN. Heart’s Journey Counseling, Gates’ private practice in Swissvale, focuses on grief and loss, life transitions, personal growth, stress management, anxiety, and depression.

For more information, call Linda Schumacher (412) 979-1606 or e-mail at gateway@lindaschumacher.com.

Email your event listings to goodhealthmag@aol.com
Eating Local Food Throughout the Off-Season

By Mary Hagan Double

W e all know the benefits of eating local: lower food-miles, uncompromised nutrients, fresher taste and supporting local farmers. Eating locally is easy during the growing season when we have fresh produce available at local farmers markets and through local farm food subscriptions. So what do you do when the tomatoes have all ripened, the peppers are nice and hot and the corn has been devoured?

The good news is there are many things you can do. To ensure variety through the upcoming months, ‘can’ all of your surplus homegrown produce, or go the farmers market and buy in bulk. While canning is something that a lot of people have gotten away from, it is easy and fun to pick up. In my family, we have a canning party and everyone brings over their leftover produce. We make it into a fun day. Then everyone takes home a portion of what we accomplished that day.

You can preserve more than just produce this way. Before you get the process set up you can make pickled peppers, fresh pesto, salsa, spaghetti sauce, sauerkraut, and delicious jams and jellies. The list is endless. If you are adventurous, try fermenting your food into homemade beer, wine or vodka!

Other local farm products are available all year round or can be frozen. The short list includes meat, eggs, cheese, bread, flour and milk. Also, some produce will last longer than usual with proper storage techniques such as squash, pumpkins, potatoes, onions and garlic. Keep these in a cool dry place where they won’t get frozen or damp.

Some farms operate greenhouses during the off-season, so you can get fresh lettuce, sprouts, and other luxuries that are locally grown.

For more information about canning or to find local farms that offer off-season products, visit www.pathwayswellnessprogram.com. Pathways to SmartCare is a wellness program that aims to empower consumers to Make Smart Choices.

Healthy Home Living

The Biggest Advance in Indoor Air Quality Since Central Air

A mid the sea of smog alerts and pollen counts that keeps outdoor air quality in the news, a growing population is waking up to a new reality: The air inside is worse. In general, indoor air is four to five times more polluted than outdoor air, according to the U.S. Environmental Protection Agency.

“People are waking up to the reality of the sad state of their indoor air,” says John Spengler, Ph.D., professor of environmental health and human habitation at Harvard’s School of Public Health. “But at the same time, they are finding a dearth of viable indoor air cleaning solutions. The introduction of products like Trane CleanEffects™ will fundamentally alter the quality of air because they remove airborne respirable particles far more efficiently than other currently available air cleaning devices.”

Trane CleanEffects™ utilizes patented breakthrough air cleaning technology to eliminate allergens and particles you don’t want in your home, such as bacteria, pollen, mold spores and pet dander. It even removes particles as small as .3 microns — 1/300th the diameter of a human hair — the size that eludes most air cleaners. This means CleanEffects™ will remove up to 99.98 percent of the allergens and particles that flow through a home’s central air system, so occupants can breathe more easily and feel better about their indoor air quality.

Find out about your indoor air quality knowledge and learn more about TRANE CleanEffects by visiting TranePA.com.

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Dear Friends and Neighbors,

Many of you at Waterdam Plaza and Waterdam Commons, and in the surrounding communities, participated in making our first mobile blood drive a success on July 29, and I would like to thank you for that! I also would like to thank the numerous tenants that donated either coupons or gift certificates as prizes for the people who came in to donate blood.

We had 24 donors register and ended up collecting 19 units. We are so pleased that we’re going to try to make it an annual event. Another drive has already been scheduled for July 29, 2009. The cooperation and spirit are just a couple of things that make working here such a pleasure. Another is the fact that for 19 years, through the variety of shops, medical offices, restaurants, and business establishments, Waterdam Plaza and Waterdam Commons has offered convenience and quality to area residents.

As controller and property manager for Hardy Enterprises, the blood drive was just a small part of my job. On the controller side, I handle all of the office work, including payables and receivables, collecting the rent and preparing the financials. The owner, Alex Hardy, handles all of the leasing issues.

On the property manager side, I could be doing anything from answering calls about changing a light bulb, all the way up to ‘A car just went into the building.’ Yes, that happened not too long ago.

Waterdam held its first mobile blood drive this summer.

Thankfully no one was hurt, and the fire department and the police department handled the situation. And that is when S&T Commercial Construction came in to oversee the repairs.

I have two wonderful people working with me and I don’t know what I’d do without them. Shawn Willis is the director of maintenance and he does a wonderful job. Everything that is called in, he normally gets to the same day. Mark Hampe is the director of cleaning services. He supervises the 13 cleaners who clean the office buildings and fills in as a cleaner when he is needed. These two individuals are very valuable to me.

I’ve been at this position for nearly three years, and I’ve discovered that you never know what’s going to happen on a day-to-day basis. It can be a challenge, dealing with so many different types of tenants, but we make it work. I enjoy my job and am happy to make a difference in the community where I live.

Sincerely,

Cindy Yaworski
Hardy Enterprises
When Christopher M. Manning entered medical school, he knew he wanted to go into the field of orthopaedic surgery. "Surgery is very 'hands-on' and it demands an intricate knowledge of human anatomy and physiology," he said. "Results are often instantaneous. Truly, there is no more drastic way to affect a cure for an ailing patient."

And he figured he would enjoy orthopaedic surgery, "because in addition to being required to have comfort in operating on all areas of the body, from the spine to the fingers and toes, orthopaedic surgery lends itself to physicians who have a feel for engineering, biomechanics, and even carpentry."

Then, when he finished his years of orthopaedic residency at UPMC, he decided to focus on the hands. "The hand is such a complex part of the body," he said. "Surgery of the hand are very delicate, requiring a level of comfort with treating disorders of nerves, arteries, tendons, and bones. It's very precise and rather elegant."

So Dr. Manning now focuses his practice on ailments that affect the hands and upper extremities. Common problems treated are carpal tunnel syndrome, trigger fingers, fractures and ligament tears, arthritis, tennis elbow, bicep tendon tears, and shoulder ailments such as torn rotator cuffs or arthritis.

"So basically if it's in the shoulder down to the fingertips, I take care of it."

According to Dr. Manning, the treatment for these injuries can be as simple as teaching patients what type of range of motion or strengthening exercises to do and what type of activities to avoid. Hand and upper extremity problems are often treated with different kinds of splinting, cortisone injections and therapy. Most problems can be treated well non-operatively, but surgeries are available to those who don't respond to conservative treatments.

One of the most rewarding aspects of Dr. Manning's job is when he is able to treat a patient for different problems as they may occur over time, allowing him to establish a nice relationship with his patients. He added, "Unfortunately, patients who get one hand problem, such as carpal tunnel, are often predisposed to develop other problems such as arthritis or trigger fingers, or even rotator cuff problems. I worried that a career in orthopaedics would mean that I would not really get to know patients as well as, say, a family doctor. But I found that is far from true."

Dr. Manning said he treats all ages, especially people in their 70s, 80s and 90s. "These folks are more active than ever and are working out and staying fit. I think because of that, I'm seeing many more patients with musculoskeletal problems—things that otherwise wouldn't bother them if they hadn't been so healthy and active. It's a good problem (for them) to have."

Non-Surgical Treatment of Incontinence

By Judith Post, MPT

Have you ever laughed so hard that you could not make it to a nearby bathroom before you leaked in your underwear? Incontinence affects more than 10 million Americans, eighty percent of whom can effectively be treated with lifestyle modification techniques and biofeedback assisted pelvic floor exercises.

Typically, more women are affected than men. Men may become incontinent after a surgical intervention for prostate problems. Women are usually affected as a result of anatomical structure, hormonal changes, medications and childbirth. Even with the high percentage of population with problems, urinary incontinence typically goes untreated, as people are afraid or embarrassed to discuss these issues with their primary care physician or health care provider.

Treatment options include toileting diaries, education on how diet affects continence, biofeedback, and a home exercise program. Patients are encouraged to participate in an aerobic walking program or alternative aerobic activity for 20 minutes a day, three times a week. Strengthening the muscles of the pelvic floor can assist with supporting the weak muscles of the pelvic floor.

The biofeedback portion of treatment includes a computerized device that measures the pelvic floor muscle strength. Patients are shown how to properly perform pelvic floor exercises with a proper breathing pattern while watching a colored monitor. Patients, men and women, are fully clothed at all times as a sensor registers muscle activity.

Treatment may also consist of scheduled visits with a specially trained physical therapist. A prescription can be obtained from your physician and most insurance providers cover treatment. Urinary incontinence is a very treatable condition without the need for expensive medications or surgery.

For more information, please feel free to contact Judy Post, Incontinence Specialist, Novacare Rehabilitation, at (724) 942-1511 or visit the website at www.novacare.com.
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