The Importance of Having a Primary Care Physician

By Nancy Kennedy

Having a primary care physician is one of the most important ways to achieve and maintain good health. America’s primary care physicians are the front line of the health care system, providing preventive care, acute care and chronic care to patients who often have lifelong relationships with them. Those relationships are the heart of primary care, according to Ashith Mally, M.D., of Preferred Primary Care Physicians, Inc. (PPCP) who believes that a strong relationship can help keep the patient healthy. “When you have a doctor-patient relationship based on trust and respect, the patient is more likely to turn to you for guidance,” he states. “Guidance and good care from a primary care physician who knows you and your situation and has your best interests in mind can help you achieve good health, maintain good health, get through health challenges and age as vibrantly as possible.”

Dr. Mally is a board-certified internal medicine and primary care physician (PCP) who has been in practice in the U.S. since 1994. Dr. Mally and his partners at PPCP provide preventive care, meaning health screenings, immunizations and annual exams intended to keep patients healthy – these measures help to identify risks and avoid problems by detecting early signs of diseases.

Early detection of disease enables physicians to intervene in the beginning stages, when it is often easier to manage a problem and in some cases, to even reverse or cure it. Early detection of a problem such as cancer or heart disease can prevent more serious disease or complications later, which could result in pain, disability, greater expense and reduced quality of life.

In addition to preventive care, Dr. Mally and his partners treat patients with acute medical problems, such as infections and injuries. They diagnose, treat and manage diseases, relieve pain, educate, counsel, order diagnostic tests and when necessary, make referrals to specialists. They coordinate care when multiple specialists are involved, and act as the patient’s advocate. They help patients navigate the complexities of the healthcare system and direct their recovery when they have been ill. Ideally, says Dr. Mally, they view the patient as a partner, working collaboratively in order to individualize care as much as possible.

“Patients seek someone to guide them through the maze of the healthcare system,” Dr. Mally says. “Medical services are much more complicated today. I deal with patients in a personal way, and that is one of the best aspects of being a primary care physician. Relationships with patients are much stronger in primary care than in other medical specialties, and I find this rewarding. So often, the patient just wants to talk – about their fears, losses, how things are going, and what worries them. These things are stressful; they can raise the blood pressure, cause GI problems or sleep disturbances. Maybe all the person needs is to talk it out and get reassurance. They have to trust me to be able to talk to me. When I know their situation and history, I can make a better diagnosis and be more helpful.”

“I can also help more with preventive care. I’m a big believer in eating nutritional foods and managing your weight. Eat correctly – it’s the first thing I say to my patients!”

Ultimately, a PCP provides a patient with a “medical home” – a base for their medical care, a place where they are known and where they receive the bulk of their care from a physician with whom they have a relationship. In addition to medical expertise, says Dr. Mally, a good PCP offers the sanctuary of relationship, personal wisdom, human warmth and the emotional support that can make medical experiences more bearable.

Founded in 1995, PPCP has grown into one of the region’s largest primary care practices, with over 40 physicians, all board-certified and providing the highest quality care in 13 locations. Dr. Mally, along with Walter Robison, M.D., Stephanie Colodny, M.D., Supriti Shetty, M.D., Jennifer White, CRNP and Sarah Urbanik, CRNP, practice at the Dormont-Brookline location and the McMurray location. PPCP physicians see patients at St. Clair Hospital, Canonsburg Hospital, McMurray Hills Manor Nursing Home, Friendship Village and Consulate of North Strabane. The practice also offers state-of-the-art outpatient centers for cardiac testing, sleep disorders, and headaches.

The McMurray location is in the St. Clair Hospital-Peters Township Outpatient Center at 3928 Washington Road. The Dormont-Brookline office is at 1039 Brookline Blvd.

To learn more, or to make an appointment at Preferred Primary Care Physicians, call (412) 561-3452 or visit www.ppcp.org.

-Dr. Ashith Mally

“Guidance and good care from a primary care physician who knows you and your situation and has your best interests in mind can help you achieve good health, maintain good health, get through health challenges and age as vibrantly as possible.”
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Spring 2018

[www.guidetogoodhealth.com](http://www.guidetogoodhealth.com)
Mediterranean Diet Offers Many Health Benefits

By Matt Mrazik RDN, LDN

Long considered a lifelong habit or lifestyle of many communities, The Mediterranean diet is based on the traditional foods that people used to eat in countries like Spain, Italy and Greece, many decades ago.

The principal aspects of this diet include proportionally high consumption of olive oil, legumes, unrefined cereals, fruits, and vegetables, moderate to high consumption of fish, moderate consumption of dairy products (mostly as cheese and yogurt), moderate wine consumption, and low consumption of non-fish meat products. The foods and ingredients to avoid include, added sugar, refined grains, trans fats, refined oils, processed meat and highly processed foods.

Numerous studies have shown that the Mediterranean diet can help promote weight loss and help prevent heart attacks, strokes, type 2 diabetes and premature death. The Mediterranean diet is also associated with a reduced incidence of cancer, and Parkinson’s and Alzheimer’s diseases. Women who eat a Mediterranean diet supplemented with extra-virgin olive oil and mixed nuts, may have a reduced risk of breast cancer.

For these reasons, most if not all major scientific organizations encourage healthy adults to adapt a style of eating like that of the Mediterranean diet for prevention of major chronic diseases. The Mediterranean lifestyle also involves regular physical activity, sharing meals with other people and enjoying life. At the end of the day, the Mediterranean diet is incredibly healthy and very satisfying. I don’t think you will be disappointed.

Did You Know?
Numerous studies have shown that the Mediterranean diet can help promote weight loss and help prevent heart attacks, strokes, type 2 diabetes and premature death.

Interested in learning if the Mediterranean Diet is right for you? Schedule a consultation with a Registered Dietitian at the Wilfred R. Cameron Wellness Center by calling (724) 250-6244 or email mmrazik@whs.org.

LOOSING WEIGHT: THIS IS HOW YOU DO IT

By Maura Marasco, BS, ACSM EP-C, ACE Fitness Nutrition Specialist

If you’ve ever tried to lose weight you soon become mindful of whose advice you take. Your best friend tells you to cut carbs. Another says don’t eat after 6:00 pm. The fad-diet colleague believes in one meal a day, all while Facebook is trying to sell you a miracle shake that gives you results FAST. So whose advice do you follow?

Below are five tips to help you lose weight healthy and efficiently without ditching your social life and draining your energy.

1. MINDSET
Approach this step with a fresh, positive, and open mind. You are what you believe, and you can become what you want. The journey starts in your mind and funnels through the rest of your body. TIP: Meditation is a great way to align your inner strength and mentally prepare for your new journey.

2. BALANCED DIET
Focusing on a diet full of variety and color will promote an array of benefits including weight loss. When preparing meals, focus on real wholesome ingredients (i.e. Fruits, vegetables, lean meat, and plant-based starches). Challenge yourself to eat only natural foods found on the perimeter of the grocery store. TIP: This week try cutting out one of the following: fried, sugary, or preservative-filled snacks.

3. EXERCISE
Get your workouts scheduled in your planner, and make it happen! Create a program that benefits your body in its entirety. More cardio is not better than strength, and visa versa. A well-versed program with a combination of strength, cardio, and flexibility really gets the job done.

TIP: Hire a Personal Trainer or try Small Group Training at your local gym to help you stay motivated!

4. HYDRATE
Dehydration can set in quickly, putting our bodies under stress. Water plays a vital role in so many processes inside and out. Don’t stress about taking a sip every minute, just be sure to hydrate consistently all day.

TIP: Grab a water bottle that fits your style and keep it by your side!

5. STRATEGIZE
Get organized because losing weight takes planning to reach success. Take some time to realign your goals. Write them down and figure out how you’re going to achieve them.

TIP: Jot down your meals, pencil in time for your workouts and always have a water bottle on hand. “If you fail to prepare, then prepare to fail.”

At the C&RC, we offer a variety of group exercise classes, personal training, and nutrition services to assist you on your journey.

Maura Marasco is the Fitness Coordinator at the Community & Recreation Center at Boyce Mayview Park. Community & Recreation Center at Boyce Mayview Park, 1551 Mayview Road, Upper St. Clair, PA 15241 is open to USC residents and surrounding community residents. For more information visit our website www.twpusc.org/crc/crc-home or call (412) 221-1099.

If you’ve ever tried to lose weight you soon become mindful of whose advice you take. Your best friend tells you to cut carbs. Another says don’t eat after 6:00 pm. The fad-diet colleague believes in one meal a day, all while Facebook is trying to sell you a miracle shake that gives you results FAST. So whose advice do you follow?

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5 Ways Acupuncture Works

By David Mortell

How does acupuncture work? It’s the most common question I hear from clients. I explain how it works both from a traditional point of view and a more scientific point of view.

From a traditional Chinese medical theory perspective, acupuncture works by opening up blocked energy channels called meridians. There is a saying in Chinese medicine, if the Qi is stagnant, pain and illness will follow. Qi (chi) is energy imbued with consciousness. It can be blocked by stress, poor diet, lack of exercise or sleep, repressed feelings, drugs, trauma, amongst other things.

From a scientific point of view, acupuncture works by activating our body’s innate, self-healing mechanisms:

1) **Acupuncture increases blood flow and stimulates healing.** The increased blood flow provides a higher level of nutrient and waste exchange, thereby speeding up the healing process.

2) **Acupuncture relieves pain and stress by stimulating the release of natural opiates.** Our bodies make pain relieving opiates that are up to 200 times more powerful than morphine.

3) **Acupuncture profoundly reduces stress through its effects on the nervous system.** Acupuncture helps to regulate the stress response by calming the fight or flight stress response and increases the healing activity of the parasympathetic rest and digest response.

4) **Acupuncture can lift depression and ease anxiety.** Acupuncture fundamentally re-calibrates the primary mood set-points in the brain that control feelings of well-being and also elevate mood.

5) **Acupuncture reduces inflammation and boosts immunity.** Acupuncture reduces inflammatory substances, such as cortisol and prostaglandins. Inflammation has been linked to many chronic illnesses including heart disease, cancer, Alzheimers, and autoimmune diseases like lupus, rheumatoid arthritis, Crohn’s disease and fibromyalgia. Acupuncture boosts immunity by increasing the level of T-cells which destroy harmful bacteria and viruses.

I continue to be impressed by the many ways in which acupuncture has helped my clients, from relieving chronic pain, migraines, menstrual/menopausal complaints and infertility, to alleviating allergies and anxiety and depression.

David Mortell is a Licensed Acupuncturist and Medical Herbalist with 29 years of clinical experience. Learn more at www.mortellacupuncture.com or call (412) 888-9390.
Early Detection Saves Lives

By Bethany Narey, CCT

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

Today 1 in 8 women are diagnosed with breast disease. However, traditional practice advises a woman to have her first mammogram between the ages of 40-50. This leaves a dangerous void for young women.

Until now there have been no options available for women too young to receive a mammogram or those who find them uncomfortable or do not care to expose themselves to radiation. Thermography provides a safe alternative and earlier detection for ALL women.

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

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

We invite you to visit Health Enhancing Thermography at our new location in South Park. Call Health Enhancing Thermography at (855) 254-4328 or visit us online at www.heat-images.com.

LIFE IS A HIGHWAY – Kidney Recipient Runs to Save Lives

When Tracy Minnear totes the starting line at the UPMC Health Plan/UPMC Sports Medicine Pittsburgh 5K Run during Pittsburgh Marathon weekend, her thoughts, understandably, will be elsewhere. She’ll be thinking of her kidney donor who nearly two decades ago gave her the gift of life.

“I run to honor my living kidney donor,” Minnear said.

Diagnosed in 1989 with an autoimmune disease called IgA nephropathy, her kidneys failed in 1999. After undergoing kidney dialysis for more than two years, Minnear received a kidney, generously donated by her husband’s aunt, Nancy Brown, in 2001.

After her transplant, she committed to being more active. Since then, Minnear has represented Team Alleghenies Transplant at eight consecutive Transplant Games of America, beginning in 2002, winning medals in the 5K and multiple other track and field events.

Running alongside her will be Georgene Thomas, a triple organ recipient (heart, double lung and kidney), and Kelly Noyes, a living liver donor. With each step, the three runners will be raising awareness about organ, tissue and cornea donation, and demonstrating the life-saving power organ donors hold.

Individuals interested in becoming a living kidney or liver donor can find more information on CORE’s website, or they may call 412-963-3550 and ask to speak with a living donor coordinator.

About CORE

With headquarters in Pittsburgh and an office in Charleston, West Virginia, CORE oversees a region that encompasses 150 hospitals and more than five million people throughout western Pennsylvania, West Virginia and Chemung County, New York.

For more information, visit www.core.org, or call 1-800-DONORS-7 or 1-800-366-6777.

Caregivers Need Help with Burnout and Finances

By Julian E. Gray, CELA

Are you now a “caregiver”? Will you be one? A caregiver can be defined as a person who gives help and protection to an older or disabled person or to someone who is sick, helping manage activities of daily living such as eating, bathing, dressing, toileting, walking and continence.

It has been estimated that there may be as many as 44 million family caregivers in the U.S. who provide as much as $470 billion in unpaid care. These caregivers are spouses, children (predominately female), fathers, mothers, and other relatives. Sometimes they are “simply” friends or neighbors. Generally, it’s the adult children, between the ages of 55-64, often with full-time jobs, and many with their own dependent children (minors or not), who are providing parental care. Two issues we see in our practice relate to this topic: caregiver burnout and finances. Stress can cause the caregiver themselves to become someone in need of care.

An adult caregiver can be compensated for their services. In doing so, it is critical to have a written agreement between the caregiver and the person to whom they are providing care. The agreement should outline the scope of services to be provided and the basis for the compensation so that the payments are not construed as penalized gifts for possible Medicaid eligibility for skilled nursing home or community-based services, which at some point, they may need.

A second major financial consideration centers on the home. It’s not uncommon for a caregiver child to move in to take care of a parent, thus possibly curtailing their own career and earning ability. Parents generally want to preserve their home for their children. There is an exception in federal law to the “transfer penalty” imposed on the transfer within the Medicaid five-year “look-back” period to a “caregiver child.”

An elder law attorney can help elderly people get the care and benefits they need to live comfortable and dignified lives. We understand the struggles of adult caregivers, and we may be able to help you turn your unpaid work into a paid position without violating Medicaid rules.

Julian E. Gray is a Certified Elder Law Attorney and the founder of Julian Gray Associates, located in Pittsburgh, PA, serving clients in the areas of elder law and disability planning for over 20 years. For more information visit Julian Gray Associates at GrayElderLaw.com or call 412-458-6000.
By Vanessa Orr

On Monday, April 2, K & J’s Complete Woman Mastectomy & Wig Boutique held a grand reopening at its new location in Donaldson’s Crossroads in McMurray, PA. Double the square footage, the new location will allow co-owners Kathy Garrison and daughter Kristin Garrison-Smihal to add more products and more private fitting rooms.

K & J’s will continue to provide mastectomy products, compression sleeves, wigs and head coverings and breast pumps, and will also carry compression stockings and hose for those with circulatory issues or venous insufficiency. The boutique will be partnering with Meredith Irwin of spOILs Wellness, a distributor of DoTerra Essential Oils, who in addition to offering educational classes and personal assessments, will carry diffusers and other essential oil products.

“DoTerra products are 100 percent organic and have been substantiated through research,” said Garrison-Smihal. “We wanted to work with a reputable company to provide natural remedies as an adjunct to traditional treatments.”

Garrison-Smihal hopes that the new location will make it even easier for clients to access the boutique and its products. She is especially hopeful that K & J will be able to reach women who could benefit from balance shapers and specialty bras.

“It just breaks my heart that there are women who had lumpectomies with radiation in the past who are now out of balance, but aren’t aware that insurance will cover the products they need because they are no longer in treatment,” said Garrison-Smihal.

Because radiated skin and tissue ages differently, many women who had earlier surgeries are only now dealing with imbalance issues. “When we show them prosthetics specifically designed to deal with imbalance, some of them break into tears,” said Garrison-Smihal.

Women who have had reconstructive surgery may also eligible for balance shapers and bras specifically designed for their needs. “After a mastectomy, it’s not always possible for reconstructed breasts to match perfectly,” said Garrison-Smihal. “These products mimic the shape of the breast and make clients look completely balanced and even.”

Women can feel comfortable going into K & J for a fitting as well. “Our facility is accredited through the American Board of Certification in Orthotics and Prosthetics, and all staff are required to become board-certified mastectomy fitters (CMFs),” said Garrison-Smihal, adding that their experts stay on top of the current research and trends in the industry.

Because both owners are cancer survivors, they understand the emotional aspect of a fitting and try to make it relaxing and fun. “This is a family-owned business, and everyone who works here is like family,” said Garrison-Smihal. “We try to make this a healing experience for our patients; we laugh together, we cry together, and we try to make sure everyone leaves feeling good about their appearance. Once patients come here, they are a part of K&J’s family for life.”

K & J Complete Woman is located at 3901 Washington Road, Ste. 302, McMurray, PA 15127 (next to Walgreens and Taco Bell and above Citizens Bank). Learn more at their website www.kandjscompletewoman.com, visit them on Facebook or call (412) 835-5093.

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Q&A with Dr. Bridget Peterson

WESTERN PENNSYLVANIA GUIDE TO GOOD HEALTH recently posed a question asked by one of our readers to DR. BRIDGET PETERSON, a Clinical Instructor with Washington Health System Family Medicine in Cecil.

Q: WHAT ARE THE BENEFITS OF USING A PATIENT PORTAL TO COMMUNICATE WITH MY DOCTOR’S OFFICE?

In today's digital age, more practices are implementing a patient portal for their patients as a way to streamline and improve patient care. At Washington Health System Family Medicine, our outpatient electronic medical record system has a patient portal feature that patients can sign up for through our office.

Here are the three primary benefits to using a patient portal:

1. Improved Communication

A patient portal makes it easier for patients and physicians to communicate with each other. We know how difficult it can be to fit everything into a 20-minute office visit. With the help of a patient portal, patients can send a message to their doctors about any concerns. This opens up the communication between physicians and their patients.

Unlike email communication, patient portals are more secure. Our physicians and nurse practitioners can send patients messages securely, and likewise, our patients can send secure messages to us.

2. More Convenient

Another benefit of a patient portal is the convenience. Patients can also see their lab results faster through the portal. It's much faster for the doctor to review your results, type a quick message, and send it to you immediately, instead of waiting until later in the day when they have the time to call you on the phone. The patient then has the option to message the doctor back with any clarifying questions.

3. Better Patient Engagement

A patient portal can get a patient to become more involved in their well-being. For example, if a patient has diabetes, my patients can send me an update on their blood sugars a couple times a week with a quick note. I can message them in less than a minute to adjust their insulin dose if necessary. It can also be used to send patients reminders when they are due for any screenings such as a colon cancer screening. Patients can log in to the portal and set a reminder.

Finally, we can also send patients educational materials through the portal. If we saw a patient who had an ankle sprain and we wanted you to try some exercises, we can go into the portal and select "exercises for ankle sprain" and the material will be uploaded to the portal so they can review it at anytime.

For more information, visit www.washingtonhospital.org/services/family_medicine.

Some Frank Talk on Women’s Health Screenings

By Dr. Amy Crawford-Faucher

As a family physician, I spend a lot of time with patients discussing, and often recommending, screening tests. Some of these tests are proven to save lives by picking up diseases such as cancer early enough to be curable. Others, despite a lot of press from support groups and maybe your doctor, deserve a little more thought.

When it comes to screening tests, a few things should be kept in mind. To be worthwhile – to you personally, to public health generally, and to you and your insurer's bottom line—a good screening test must: 1) test for common diseases, 2) be able to pick up that disease early enough to make a difference in treatment (i.e., to make your life better), 3) be affordable, and 4) have more benefit than harm.

Doctors don't talk nearly enough with our patients about the potential harms of screening tests. I don't mean that a blood test or X-ray itself is harmful, but that we sometimes find things in those studies that lead to more testing that end up not improving a patient's health. Getting an abnormal test result is emotionally distressing and the additional testing that results can be expensive and sometimes painful. Remember that nothing in health care is "free." I am certainly not recommending against screening, but some tests deserve a thorough discussion about when an individual should have the test or how often.

The “Slam Dunks”

This category includes tests that meet all the aforementioned requirements. Unfortunately, it is a short list.

1) Testing for cervical cancer (i.e., PAP tests). This test can actually prevent cancer by catching abnormal cells before they become cancerous. Those precancerous changes are fairly easily treated. All of the medical groups who recommend screening tests agree on this one. We start testing patients at age 21 (not before!) and test every 3 years until age 30. Then it is every 3 to 5 years depending on which tests are used. Someone does not need a PAP test every year unless something abnormal is found.

Mostly beneficial but read the fine print!

The tests in this group might be surprising, especially:

2) Breast cancer screening (i.e., mammograms). Medical experts generally agree that mammograms done between the ages of 50 and 75 years are beneficial. That is, they find potentially serious breast cancers early so they can be successfully treated. So the benefit of screening is early detection and treatment of early breast cancers. But what about potential harm? One problem with mammograms is that they are very good at finding abnormal-looking changes. This can be a problem because determining which funny-looking changes are cancer and which are not often require additional mammograms, ultrasounds, and sometimes biopsies. Seventy percent of the time, that abnormal finding turns out to be NOT cancer. The financial cost, emotional worry, and pain from these additional tests equals the harms of screening. The controversy lies in starting screening earlier than 50. In a person's 40s, the ratio of benefits to harms of screening is not as clear. Because breast cancer is less common in younger ages, these mammograms are more likely to find those noncancerous changes that still require the extra testing I mentioned. We also just don't know yet (but we suspect) that some of those early breast cancers may never grow or spread to cause problems.

SO WHAT IS A WOMAN IN HER 40S TO DO? Even the medical experts don’t agree on when to start mammogram screening and how often to get it. For women at the usual level of risk, one group recommends yearly mammograms starting at 40, another at 45, and another at 50, with either yearly or every other year mammograms. The decision should be based on the individual’s balancing of risk factors, such as a family history of some cancers, and the desire to avoid excess testing, against the benefits of finding a breast cancer very early. In my own family I have women who would rather find and treat every abnormality, even if it may not make them healthier, and some who would rather avoid the harms of extra testing and have about the same chance of finding a treatable breast cancer. Any of these decisions are reasonable, and should be discussed with your doctor.

Dr. Amy Crawford-Faucher is a family physician and the program director for the Forbes Family Medicine Residency Program of Allegheny Health Network and a member of the board of directors for the Family Medicine Education Consortium.

10 GUIDE TO GOOD HEALTH www.guidetogoodhealth.com Spring 2018
HEART HEALTH

STENT PLACEMENT: What Happens and Why

By Nancy Kennedy

Michael Mulock, M.D., an interventional cardiologist with Jefferson Cardiology Association, is one of the region’s most proficient practitioners of this exciting and often life-changing subspecialty. Interventional cardiology focuses on minimally invasive diagnostic and therapeutic interventions to treat coronary artery disease as well as peripheral arterial disease that can cause poor circulation to the extremities. Using tiny, thin catheters, Dr. Mulock and his colleagues access the heart through the blood vessels in the wrist or groin to place a stent or perform diagnostic tests.

“Our therapies revolve around creating better blood flow to the heart and extremities. The process by which this happens is the same in the legs and the heart. When there is decreased blood flow to the leg muscles, the muscle can die, just as the heart muscle dies in a heart attack. Both are due to the buildup of cholesterol and plaque that can create blockages in the blood vessel,” Dr. Mulock explains.

For opening up the coronary arteries, interventional cardiologists now have drug-coated “stents” – tiny, open tubes like straws - which are especially good at keeping the artery open. In the past, the stent opened the artery but then as time passed, the stent itself became occluded. “We call that new blockage "re-stenosis" and it meant that patients who had to undergo a repeat procedure,” Dr. Mulock says.

The design of the new drug coated stents borrows an idea from oncology: they have cancer medication in them that prevents new cells from growing and creating blockages. They have proven to be very successful, as the re-stenosis rate is much lower now.

How do you know that you need a stent? An emergency stent placement can be lifesaving if you have a sudden heart attack, which indicates an acute closing off of a coronary artery. A partial blockage in a coronary artery, causing insufficient blood flow to the heart muscle, will produce chest discomfort known as angina. A stent will improve the blood flow and relieve the pain. You may also need a stent if your heart muscle is not working well, and this can be determined by a stress test, cardiac ultrasound or a cardiac MRI. Sometimes, an EKG can reveal that an artery has closed off or is closing off.

For placement of a stent, the patient is awake but in a state of “twilight” or conscious sedation. The procedure takes place in the cardiac catheterization lab. Dr. Mulock makes a tiny puncture in the radial artery in the wrist, or in the femoral artery in the groin, and threads a catheter containing the stent through to the heart. Although the groin is the traditional site, he prefers the wrist’s radial artery when appropriate, because there is less risk of bleeding complications.

Dr. Mulock says that patients may need to stay overnight in the hospital, but those who have the wrist procedure are likely to go home within several hours. “When we place the stent through the radial artery, we remove the sheath of the catheter afterwards and put an inflated air-pressure wrist band on the site for 60-90 minutes to compress the artery and prevent bleeding. If you have the groin procedure, we use a closure device. It closes the hole in the femoral artery; the patient has to lay flat for two hours. This is because bleeding at the site is far more dangerous in the groin.”

As with any such procedure, there are risks, although they are rare and preventive measures are taken. The worst risk is that the stent could clot and close up abruptly, causing a heart attack. Interventional cardiologists lower the risk of stent thrombosis by prescribing a blood thinner such as Plavix for at least six months to a year after the stent placement. Other risks include arrhythmia – an abnormal heart rhythm; a stroke; an adverse reaction to the contrast dye or sedative; and kidney damage from the dye, for persons with kidney disease. Almost always, the procedure goes smoothly.

Dr. Mulock is accepting new patients. To make an appointment, call (412) 469-1500. To learn more, visit www.jeffersoncardiology.com.
by Patti Romig

I first went to Scotland on a whim. I was perusing travel books at a local bookseller and came across a Scotland travel guide. I love castles and fiber arts, and my husband loves Scotch whisky (that’s right – in Scotland it’s whisky, not whiskey) and golf. Our next vacation was immediately decided – it was a no-brainer!

Kelley, The Relaxed Explorer’s co-founder, originates partly from Scottish descent. When she was deciding on ideas for her parents’ 50th wedding anniversary present, a trip to Scotland was the winner. As her mother is in a wheelchair, she did extensive research to discover accessible attractions, restaurants and activities.

Scotland has something for everyone. You can visit picturesque castles and royal palaces steeped in history, and stroll through vivid gardens. Or you can discover battlegrounds, museums, and medieval chapels. It is the home of golf, and golfers can experience the sport at its most authentic by playing a round at the oldest golf course in the world – The Old Course at St. Andrews. Nature enthusiasts can enjoy a boat cruise on one of Scotland’s many lochs or a leisurely drive through the scenic Highland countryside.

When visiting in summer, spend a day cheering with locals at a highland game – not only will you see sporting events, such as the caber toss and tug-of-war, you’ll also experience traditional highland dancing and lots and lots of bagpipes.

Are you more of a city person? Edinburgh and Glasgow don’t disappoint; with all the diversity of restaurants, shopping, and attractions both new and old. Of course, a visit to Scotland wouldn’t be complete without touring a whisky distillery; only in Scotland can you sample authentic scotch, maybe straight from the cask!

And did we mention the food? Amazing. Although not historically known for its culinary scene, Scotland has come into its own in recent years. Yes, there is haggis and you may be surprised to find you enjoy it – we suggest trying it fried. But there is also an abundance of seafood (it is an island!), potatoes cooked to perfection, traditional fish and chips, smoked fish, flaky meat pies, sticky pudding, and other Scottish specialties. Our mouths are watering…

When deciding on locations for our company’s first small group guided tour, Scotland was the unanimous choice. Many people would not equate Scotland with accessible travel, but here at The Relaxed Explorer we saw the potential. We spent a lot of time and research and included our personal experiences to design a relaxed pace, fully accessible tour of Scotland. We love to travel and believe travel opportunities should be available to all. Come join us on an upcoming relaxed pace guided tour of Scotland – we’d love to share our passion of this Celtic gem with you!

We started The Relaxed Explorer because of Scotland experiences. What will a trip to Scotland inspire you to do?

Patti and Kelley are the co-founders of The Relaxed Explorer, specializing in accessible, guided small group tours. Call at (412) 386-8730 or visit us online at www.therelaxedexplorer.com.

Get in Line - Online

Online Check In Now Available at St. Clair Urgent Care

An innovative technology is transforming the patient experience at St. Clair Urgent Care at St. Clair Hospital Outpatient Center - Village Square in Bethel Park. A new self-scheduling tool makes it possible for persons who wish to be seen at St. Clair Urgent Care to electronically register, reserve a spot in the patient queue, monitor their progress moving up in the line, and receive a text message when it is time for them to be seen. Best of all, this can all take place from the comfort of home or office.

The online registration system streamlines the delivery of care at St. Clair Urgent Care, minimizing waiting and keeping the patient constantly informed of his status. It helps eliminate the frustration of not knowing how long the wait will be, and it greatly reduces the waiting periods that can occur at busy times. David Kish, R.N., Director of Emergency Services at St. Clair Hospital, is excited to offer this service to the community. “Registering online gives the patient a new option and a better experience. It’s convenient, efficient, and easy to use. You choose the best time for your visit and reserve your place in line by using a smart phone or computer, and you receive text messages telling you when to arrive for your visit. If there are delays, the system’s real time data algorithm will send the patient a text message advising him of the delay and providing an option to reschedule for a later time. The system is designed to minimize wait times and to provide the patient with a better experience by reducing unanticipated surges in patient arrivals.”

Kish says that registering online not only offers advantages to patients, but also to the Urgent Care staff who will be caring for those patients. The system facilitates the logistics of treating the wide variety of patients who visit St. Clair Urgent Care, providing data that can be used by the staff to anticipate needs and prevent a backlog of patients.

To access and use the online registration system, please visit stclair.org/urgent-care. Click the link to get in line. Choose a check-in time. See text message of when it is time to arrive.
Delirium is a syndrome characterized by a sudden change in an individual’s mental state or behavior. Also called acute confusional state, it can occur in hospitalized patients, who become confused in their thinking and their perception of their environment.

The onset of delirium is rapid, with symptoms appearing within hours or over a few days. Symptoms of delirium may include restlessness, rambling or illogical speech, inability to focus, hallucinations, disorientation and personality changes, including aggression. Symptoms may fluctuate and are frequently worse at night.

Delirium can be quite alarming to family members, who are often the first to note the sudden change in the patient. They may be concerned that their loved one has developed dementia, which has similar symptoms. However, dementia is generally a chronic rather than acute condition.

Delirium has many possible causes and can happen at any age, explains Kathe Dvorsak, M.S.N., R.N., Director of Psychiatry and Mental Health Services at St. Clair Hospital. These include infections, such as pneumonia or a urinary tract infection; imbalances in the blood chemistry, as a result of illness or dehydration; fever; extreme pain; sleep deprivation; medication side effects; and drug or alcohol withdrawal. Delirium can be worse for those who have sensory deficits, such as vision or hearing loss. For older adults, one of these factors, plus the change in environment that hospital admission entails, can trigger symptoms of delirium.

Since patients with delirium can be very difficult to care for and their safety is a priority, a special Delirium Task Force led by Kathe and psychiatrist Bruce A. Wright, M.D., Chair of St. Clair’s Department of Psychiatry, was developed at St. Clair. The task force works to improve the early identification and treatment of patients with delirium.

Delirium Task Force members include physicians, nurses, and a pharmacist; they have developed a protocol and an education program to assist physicians and nursing staff to recognize delirium, including the use of an assessment tool known as the CAM (Confusion Assessment Method).

In addition, education was provided on evidence-based standards of treatment, including appropriate medications to alleviate the patient’s symptoms, hydration and pain relief, and environmental modifications.

Although medical management of delirium includes reversing the conditions that brought it on, the symptoms of delirium may persist after the underlying problem has been treated. Providing emotional support to the patient and family is paramount.

For a complete listing of all Psychiatry and Mental Health Services at St. Clair Hospital, please visit stclair.org.

OFFERING ADVANCED CATARACT SURGERY
- Femtosecond Refractive Laser
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- Innovative IOLs to reduce dependency on glasses
If you suffer from allergic rhinitis caused by pollen (hay fever), your mouth or throat may become itchy after eating an apple or celery. This happens in up to 50 to 75% of adults allergic to birch tree pollen. This reaction occurs because the proteins found in some fruits and vegetables are very similar to those found in pollen. These proteins can confuse the immune system and cause an allergic reaction or make existing symptoms worse, which is referred to as cross-reactivity. In the case of pollen and foods, the result of cross-reactivity is called oral allergy syndrome (OAS).

According to Dr. Deborah Gentile of the Division of Allergy, Asthma, and Immunology of Pediatric Alliance, “OAS is a form of a contact allergic reaction that occurs upon contact of the mouth and throat with raw fruits and vegetables. The most frequent symptoms of OAS include itchiness or swelling of the mouth, face, lip, tongue, and throat.” Symptoms usually appear immediately after eating raw fruits or vegetables, although in rare cases, the reaction can occur more than an hour later. OAS is generally considered to be a mild form of food allergy. Rarely, OAS can cause severe throat swelling leading to difficulty swallowing or breathing. In a person who is highly allergic, a systemic reaction called anaphylaxis (an-a-fil-AK-sis) may be caused by a cross-reaction between pollen and raw fruit or vegetable, but this is very uncommon. OAS can occur at any time of the year.

Although there is no definitive test for OAS, affected individuals often have a positive allergy skin test or blood test for specific pollen, along with a history of symptoms after ingestion of the suspected foods.

Different Reactions Based on Different Allergies

Some people report symptoms with only one food and others with many different fruits and vegetables. Some people report that only certain varieties of the fruit cause symptoms, for example specific apple varieties. In the case of OAS, individuals react to different foods based on what type of seasonal allergies they are affected by. For instance, if you are allergic to birch tree pollen, a primary airborne allergen responsible for symptoms in the springtime, you may have reactions triggered by pitted fruit or carrot. Even peanuts, almond, and hazelnut may cause mouth itching in those with birch pollen allergy. If mouth itching is noted with nuts, you should see an allergist/immunologist because mild mouth symptoms may signal a more serious allergic reaction to nuts. People with allergies to grasses may have a reaction to peaches, celery, tomatoes, melons (cantaloupe, watermelon and honeydew) and oranges. Those with reactions to ragweed might have symptoms when eating foods such as banana, cucumber, melon, and zucchini.
Pediatric Alliance provides high quality, comprehensive primary and specialty care (asthma, allergy, immunology and endocrinology) to infants, children and adolescents. For more information, visit www.pediatricalliance.com.

**Managing Your Symptoms**

Dr. Sergei Belenky of the Division of Allergy, Asthma and Immunology of Pediatric Alliance advises that if a patient has symptoms of OAS, he/she should avoid eating these raw foods, especially during allergy season because in many patients, OAS worsens during the pollen season of the pollen in question. One way to reduce cross-reactions with food is to bake or microwave the food because high temperatures break down the proteins responsible for OAS. Eating canned food may also limit the reaction. And, peeling the food before eating may be helpful, as the offending protein is often concentrated in the skin.

Some studies have shown that treatment with allergy shots can improve the symptoms of OAS. You should talk to your physician if:

- Your OAS symptoms are causing significant throat discomfort.
- Your OAS symptoms are getting progressively worse.
- Your OAS symptoms are caused by cooked fruits and vegetables.
- Your OAS symptoms are caused by nuts.
- You develop systemic reactions after eating raw fruits or vegetables such as hives, vomiting, or difficulty breathing.

**Oral Allergy Syndrome**

(Continued from previous page.)

If the physician discovers any concerns during the exam, he or she may order tests such as blood work, EKG or X-rays as an added precaution.

I typically recommend that parents bring their children or teens in for their physicals at least a month before the season begins. Based on the exam, the child will be released to play the desired sport; restrictions such as additional protective equipment may be recommended; or follow-up testing or care may be ordered. By having the exam four weeks prior to the season, it gives the child enough time to have any additional testing so that he or she can be cleared for play.

Lauren Ayersman, D.O. is a family practice physician. She sees patients from infants to adults Mondays and Thursdays at Martik Plaza, 6108 Brownsville Road Extension, Suite 204, Finleyville, PA 15332. (724) 782-0723.

**What to Expect During the Physical**

During a sports physical, the physician pays particular attention to a family’s medical history and looks for any diseases, conditions or injuries that would make it unsafe for the child or teen to participate in a sports program. During the exam, the physician will:

- Review the child’s medical history including prior injuries and surgeries
- Discuss personal and family history of cardiac disease
- Review the child’s concussion history
- Insure immunizations are current
- Take vital statistics including height, weight, blood pressure and pulse
- Perform vision, hearing tests
- Examine throat, ears and nose
- Listen to the heart and lungs
- Examine the spine and joints
- Screen for hernias in males

**Close to you — Far from ordinary**

Monongahela Valley Hospital has been recognized for Outstanding Patient Experience, Coronary Interventional Procedures, Treatment of COPD and Treatment of Respiratory Failure from Healthgrades, the leading online resource for comprehensive information about physicians and hospitals. Every year, Healthgrades evaluates hospital performance at nearly 4,500 hospitals nationwide for 34 of the most common inpatient procedures and conditions.

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**Helpful Tips**

**Slow Down and Lose Weight**

Most people eat a meal in 10 minutes or LESS! Double that time by taking smaller bites, chewing more thoroughly, putting your utensils down and pausing now and then. Eat more slowly and you will probably eat less, because slower eating gives your satiety hormones a chance to kick in and let you know that you are full.
Developmental Delay and Autism Testing for Young Children

By Gateway Health

All children should be tested by their doctor for developmental delays and autism. A formal developmental screening (on paper) can be completed by the parent or guardian, or questions may be asked by the doctor or nurse directly to the parent or caregiver to check the child’s progress in all areas of development (speech/language, movement, social/emotional, thinking). These formal developmental screenings happen at the 9 months, 18 months, and 30 months well-visit.

Autism is a complex developmental disorder that affects social communication and interaction. A formal autism screening should be completed by the parent or guardian at the 18 months and 24 months visit. This screening is separate from the developmental screening. The autism screening looks for specific behaviors around social interactions, speech and language, and communication.

Doctors use these screenings to tell if children are on the right track for development or if a specialist should take a closer look at how the child is developing. These screens look at all areas of development including language/communication, problem-solving, social-emotional, and fine and gross motor skills.

Every child should receive these tests while they are young, as part of their regular well-care visits. Be sure to ask your healthcare provider if you have questions. Doctors may do these tests more frequently if a parent or guardian shares a concern about their child’s development. Early intervention will improve your child’s chances of overcoming identified delays. Specialists can work with parents or guardians to include them in a development plan. It is important to monitor a child’s progress as they enter preschool so they can observe growth in areas such as movement, language, communication, social and play skills.

Parents who have questions about their child’s development may contact the CONNECT Helpline at 1-800-692-7288. The CONNECT Helpline assists families in locating resources and providing information regarding child development for children ages birth to age 5.

In addition, CONNECT can assist parents by making a direct link to their county early intervention program or local preschool early intervention program.

Gateway Health
I’m good with Gateway.

What is the Difference Between Language and Speech Development?

ARE LANGUAGE AND SPEECH THE SAME THING? This is a misconception that Lea Uhl, teli Pediatric Speech Language Pathologist, encounters from parents in her work in Early Intervention. “I speak with a number of parents who are confused about the difference between speech and language when I perform Early Intervention evaluations,” notes Lea.

Everyone enjoys hearing their child cooing or forming raspberry sounds. But did you know how important those “simple” sounds are? From infancy, children explore their mouths and begin to make sounds, that eventually become recognizable speech sounds, and then, speech sounds build to develop into language. The connection is obvious but there is a difference:

• Speech is the sound of spoken language and includes the formation of a sound, the nature of the sound quality and the rhythm and flow of the sound.

• Language is the words we use and how we use them to share ideas and get what we want. What a word means, how to combine words into a sentence, and how to use words are components of the language of a community.

Children need speech sounds to have spoken language. Infants and toddlers typically develop speech sounds from the easiest sounds to the hardest sounds. By age 3, toddlers are expected to make the sounds m, h, w, p, b, t, d, k, g and f in words. Errors in making other sounds, like l, r, and th are fine until older ages.

By combining these early consonant sounds with vowels, a toddler begins to build language skills. An infant’s coos begin to sound like babbling when he or she adds in early consonant sounds. Then toddlers begin to assign meaning to those early babbles to mean things like MAMA, DADA, BALL or NO! Around their first birthday, a toddler will typically have several words that have meaning, and by 18 months they will have grown their vocabulary to around 50 words.

Parents can encourage language development by:

• Talking to their child, for instance describing daily activities such as “Now we are going to change your diaper!”

• Singing silly songs and having a sing along; hand motions can develop gross motor skills at the same time!

• READ! Make noises to go with each picture, be silly, introduce new vocabulary and have fun!

If you are concerned about your child’s speech and language development you should speak with your pediatrician. If you have questions, call teli at (412) 922-8322.
“I’M NOT CHANGING MY FAMILY’S RECIPE FOR MEDICAL ASSISTANCE.”

Gateway Health provides my family with a special ingredient that’s not so secret – the highest quality healthcare. Plus, with access to the doctors and hospitals we want and reliable coverage all baked in, I can focus on the other important parts of my life. That’s why I’m good with Gateway.

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Hidden Differences in Schools
Learning About Autism Prevents Misunderstanding

by Lu Randall

Someone, somewhere, chose April for Autism Acceptance Month. That means our office is slammed with requests from schools requesting presentations for grades K-12. I wish it was earlier in the school year because by now, misunderstandings have gone on for seven months if autism has remained a taboo subject. But April offers a great opportunity to talk about the brain and about caring for people who have different types of brains. We are all a little different depending on our genes, and we can help each other out – so let’s do it!

Approaches and attitudes have changed since I started working in the field in 1994. But one thing – stigma – seems to have stayed relatively the same. Autistic adults (generally their choice of identity-first language) can sometimes speak, write, or act for themselves and express Autistic cultural pride or ask for help. But the rest of us seem to be hesitant to talk when it comes to children.

Autistic adults may say “if I have to remind someone that I am a person first, and then autistic, that says more about the other person.” And parents or professionals by and large stick with the person-first language. “Children with autism” is the mainstream term. Autistic adults tend to think “my autism is me and my culture – you can’t divide those.” Yet for many school-aged children, the word “autism” is never spoken at all, leading to misunderstanding and unkind treatment.

Autism means having brain differences. Senses may be super-sensitive or dull, on a spectrum. Nerves that send information dictate how we all take it in and then how we try to communicate back out to the world, and those may not work well. Movement may be affected, and there are often gut problems.

Often when we de-stigmatize and teach about this, and more, understanding grows and peers can be supportive. “They don’t know what they don’t know” really applies here – why is that person allowed to make noise in class, only do half the homework, and get up and move whenever they want to? I try that, and I get punished!” This breeds resentment and adds to bullying situations that could be avoided. Call us – let’s all talk about your situation and see if we can help bring out the best in everyone involved – and not just in April!

Lu Randall has a master’s degree in rehabilitation counseling from Wright State University, and is the Executive Director of the Autism Connection of PA.

For more information on Autism Connection of PA, visit the website www.autismofpa.org to find out about their 64 Support Groups, Medical and Mental Health Aspects of Autism Conference (May 4) and a list of their current seminars. Beginning April 10, INTRODUCTION TO AUTISM classes will be held at their Etna offices several times a year. Call (412) 781-4116 for more information.
By Justin Gerwick

The impact and importance of structure is something often overlooked in the school setting. During the school year, students have a routine. They go to school for the same time period, five days a week. They see the same classmates, teachers and staff members over and over again, until the point where everyone is comfortable with one another. And perhaps most importantly, the students are in a school setting. This means that they are spending time learning. Or in the case of students with special needs, they might also be spending time going to therapy and counseling sessions or doing activities that help them to build social and life skills.

These learned skills and the structure truly help students. Not only are students enhancing their knowledge, social skills and life skills, but they are also spending time in an environment that fosters that growth. So, what happens when that environment goes away between the months of June and August each year? Think about how much the summer break changes the lives of educators and parents. Then, take some time to imagine the ways in which that break can affect a student with special needs. Instead of focusing on studies or spending valuable time with their peers, children with special needs often begin to lose some of the valuable skills they’ve attained if they are not spending time enhancing them.

In response, schools are offering various summer programs for students to participate in. Some instances of that include summer remedial courses, camps, or therapeutic programs. Some schools, such as New Story, are taking it a step further by offering Extended School Year (ESY) programs.

All extended school year services must meet requirements set forth by the Individuals with Disabilities Education Act (IDEA) and the federal special education law. As a private school, collaboration with home districts occurs to meet these needs. As it does throughout the regular school year, New Story works to meet the individual needs of each of its students during ESY.

“Extended School Year is a program offered to students who meet ESY qualifications for maintenance of skills, academics and/or behavior,” Susan Griffith, New Story’s Western Region Director of Education said. “ESY is designed to focus on student IEP goals and build a bridge between school years, reducing the loss of skill or behavior over a long break. ESY at New Story includes small class sizes, targeted goals, hands-on learning, and social/emotional skill building.”

New Story’s Extended School Year Program runs from July 2 – Aug. 13 in each of its locations. Visit www.newstory.com for more information.

New Story is a licensed, private school which offers a special education academic learning environment and multiple therapeutic services to help children achieve success while coping with emotional and behavioral challenges. For more information, visit www.newstory.com or call (412) 373-5235.

Camp Discovery 2018

Ages 7 to 17 June 24-28

The Western Pennsylvania School for the Deaf is proud to offer a camp experience for Deaf and Hard of Hearing children, between the ages of 7 to 17. WPSD’s Camp Discovery offers campers an exciting week of activities and events that will be sure to create life-long memories and friendships.

REGISTRATION DEADLINE: MONDAY, JUNE 4

Check-in is on Sunday, June 24 from 2 pm to 4 pm at WPSD. The cost is $175 per camper. This includes lodging, meals and all activities for the week. There are a limited number of slots, so be sure to sign up early!

Please visit wpsd.org for more information and to register online.
Camp Laughalot Delivers Smiles

By Nancy Kennedy

Someone once said that a laugh is a smile that bursts. If that is true, then there will be a lot of smiles bursting this summer in Washington County at the annual camp offered by Arc Human Services. Welcome to Camp Laughalot, a popular inclusive day camp for children and adults with developmental, intellectual and physical disabilities, and mental illness. The camp takes place twice each year; there is a seven-week summer camp plus a one-week winter camp, during school break between Christmas and New Year’s Day. Participants must be at least five years old, and there is no upper age limit.

Quimber Nutter, Activities Coordinator for Arc Human Services, manages Camp Laughalot, which consists of a wide variety of structured, supervised activities: arts and crafts, music, games, swimming, dances, parties and field trips. “The activities provide fun, socialization, and education,” she explains. “The camp helps the participants develop and maintain their life skills and social skills, which can be lost over the summer when they are out of school. Outings are especially popular; we go to all the museums, the Pittsburgh Zoo, the Aviary and other fun places. We also have presenters who come to the camp each week; we have a woman from the Aviary who always brings along a bird.”

Going to camp is a traditional American experience that provides fun along with valuable opportunities to learn new things and make friends. According to Quimber Nutter, everyone should have the chance to experience camp. “Camp is an enriching experience for anyone. A successful camp experience builds self-esteem and confidence. We have a low staff: participant ratio of one to three, so each person gets a lot of attention and time.”

Arc Human Services provides innovative programs and services to 500 individuals across eight Western Pennsylvania counties. With a person-centered philosophy, the 700-member staff assists clients to find meaningful work, develop relationships at home, at work and in the community, and find fulfillment, enjoyment and satisfaction in their lives. At Arc Human Services, everyone is recognized as unique and the staff strives to meet individual needs and provide support and advocacy to enable clients to learn, grow and achieve their goals.

Camp Laughalot is in its nineteenth year of operation and is attended by 60 or 70 participants, with a staff of 25. The camp takes place at the Vernon C. Neal Sportsplex, an indoor recreation center in Washington PA, Monday through Friday from 8:30 am to 2:30 pm. The 2018 summer camp begins June 18 and ends on August 3, with an agency-wide carnival which the public can attend.

The dinosaur exhibit is popular with Camp Laughalot campers.

Register today to attend Camp Laughalot

The registration fee is $100 per week, which covers all activities, the swimming pool, and outings plus lunch. Financial assistance available. To register for Camp Laughalot, go to www.aadvantageinc.org/camp-laughalot.html. To contact Quimber Nutter, call 724 222-6960 ext. 225, or email nutter.quimberkay@aadvantageinc.org.

For more information about Arc Human Services, visit www.aadvantageinc.org

Arc Human Services, Inc.

AHS serves people of all ages with intellectual and developmental disabilities and mental illness in a manner that allows them to fulfill their ambitions, protect their rights and foster meaningful relationships at home, at work and in their communities.

Where We Live

Maintain one-on-one services for people in their homes, schools and communities. Living arrangements include:

- Community Homes
- Family Homes
- Independent Living Homes

What We Do

Provide innovative services to serve an individual’s unique needs. Programs include:

- Behavior & Individualized Supports
- Community Supports
- Peer Mentorship & Advocacy
- Camp Laughalot

Where We Work

Offer skill development and training so individuals can attain employment within their communities. Services include:

- Community Employment
- Student Transition
- Vocational Training

Arc Human Services is hiring! Visit www.aadvantageinc.org/careers to apply today.

20 GUIDE TO GOOD HEALTH www.guidetogoodhealth.com Spring 2018
Foster Parents Speak Out About the Rewards and Challenges

By Nancy Kennedy

At Every Child, Inc., the mission is to provide safe and loving homes for every child, and this is achieved in a remarkable number of different ways. One is the Child and Family Support Services Program, which includes a foster parent program. It is a highly regarded program and a busy one: the need has always been great, but the demand for foster families has accelerated with the opioid crisis in Western Pennsylvania. To meet this growing demand, Every Child is regularly engaged in foster parent recruitment, seeking to find adults who are willing and able to give an infant or child a safe, nurturing home. For those who might be considering taking this step, there is no better resource than veteran foster parents who willingly share the wisdom and the reality of their experiences.

LIZA, 54, lives in Hopewell Township on a farm that is home to horses, pigs, and chickens, plus a huge family that currently numbers 15. Liza and her husband Bill have been foster parents with Every Child for 16 years and have cared for over 80 children. They have three biological children and six adopted children; currently they are caring for a 15 year old foster child and her five month old baby, plus a four year old foster child. They also have three adopted children, ages 4, 6 and 8.

Liza says that for her, foster parenting is a calling. “Foster parenting is hard work but I felt led to do this. There are many kids living in unhealthy situations; a lot of the kids have behavioral and emotional needs. In many cases, we work with the biological family and have relationships with them, to help ease the transitions.”

For her, the reward is in the giving and in witnessing the changes as the children become more comfortable. “Once the kids are reunited with the family, we never see many of them again, but we know that we gave them all that we could.” Liza says that foster parenting is not for everyone, and if you care about children but don’t feel you can do it, you can still make a difference: “If you can’t foster, then help a foster family. Foster parents need support. Give them a night out, make dinner or help out with homework. Just do it, don’t wait to be asked.”

KERRI is a single working woman who loves caring for young children and has been a foster parent with Every Child for two years. She finds the role so satisfying that she plans to continue fostering even if she has children of her own. She has been gaining experience with childcare since her college days. “I’m an aunt to three children, and I worked in childcare in high school and college. After graduating with a degree in social work, I worked in an adoption agency and I saw firsthand how great the need for foster homes was.”

Kerri has had a nine month old infant in her care since November; the baby has supervised visits with her birth mother and goes to day care while Kerri works. She offers this advice to prospective foster parents: “Be honest about what you can handle; you can always say no. You need time to yourself, too.” She encourages anyone interested in foster parenting to contact Every Child. “The staff at Every Child are simply amazing. They give me so much support and are on call 24 hours a day if I need them. But you should also make sure your family and friends are supportive of what you’re doing.”

GEORGE AND CRYSTAL are foster parenting veterans in their 80s who have cared for 135 children over the course of 35 years. Crystal is a registered nurse, and so they have specialized in caring for children with special medical needs, mostly infants. The couple has four daughters and a son, who has special needs and lives at home. Both George and Crystal offer this advice to prospective foster parents: “Think it through carefully because it isn’t easy. You have to be prepared to deal with families that have social complications, and you have to keep in mind that the child will be leaving. Be prepared to say goodbye. But when a baby achieves a milestone or gives you a smile, it’s worth it. Foster parents help children reach their full potential.”

Holly Livingston, director of Child and Family Services at Every Child, says that foster parents are given comprehensive training and ongoing support. “We are fortunate to have many excellent foster parents but there is always a need for more. Call us to learn more about it.”

Foster parents for Every Child must be at least 21 years of age. Single people, empty-nesters, retired couples, same sex couples and others are welcome to apply. For more information, call (412) 665-0600 or visit www.everychildinc.org.
Spring is a time of renewal and growth. To help make the season more rewarding, here are three tips to make your spring blossom.

**Start a container garden**

Container gardens are a wonderful way to enjoy gardening without the hassles of using picks, shovels, or dragging a garden hose across a yard. When starting a container garden, there are two categories of containers to consider including tabletop and freestanding. Tabletop containers are typically lightweight and can be placed on a table, end table, or a bench. Freestanding containers are larger than tabletops and are ideal for placement on steps, patio or a deck. Either type of container is ideal for vegetables including lettuce, radishes, and spinach. Herbs such as basil, cilantro, and mint also do well in containers. If you like, you can add a little more color to your container garden and plant flowers like impatiens and begonias.

**Learn something new**

Continuing to learn is a great way to enrich your life and keep your brain fit. Whether it’s learning a new language, how to draw, or finding out more about your heritage, studies have shown that learning can help improve memory, emotional balance, and keep a person active and healthy. Continuing to learn doesn’t mean you have to go to a university or college. In fact, there are many free resources including your local library and even your phone. Your local library is a great, free resource when it comes to life-long learning. In addition to books, audio books, magazines and newspapers, many libraries also have special events like author visits, discussion groups, and lectures. If you’d rather learn from home, your phone or a computer can be a virtual university. Smartphones are ideal for free language-learning apps like Duolingo that make learning fun. YouTube is also a good online source with videos covering subjects from history and medicine to the arts.

**Spend time outdoors**

The writer Thoreau called the benefits of nature a “tonic of wilderness.” Today, psychologists call it “nature or green therapy.” Regardless of how it’s described, being outdoors and in nature can be a remedy for ailments of the body and the spirit. In fact, studies have shown that being in nature decreases anxiety and negative feelings. To take advantage of this natural resource, you don’t have to climb a mountain or visit a virgin forest. You can find nature in your backyard or a city park.

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INDEPENDENT LIVING for SENIORS

3 Tips to Put A Spring in Your Step

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Music is so much more than notes on a scale, lyrics and a musical instrument. For our hospice patients and their families in the Pittsburgh area, music is a powerful and meaningful complementary therapy that supports quality of life at the end of life.

Just ask Valerie Uschock, a licensed and certified music therapist whose musical talents have delighted and helped VITAS® Healthcare hospice patients since 2010. Valerie provides music therapy to adult and pediatric hospice patients as part of an interdisciplinary team here in Western Pennsylvania.

Hospice care focuses on pain relief, symptom management, comfort care and quality of life. The vast majority of hospice care is provided in the home, wherever a patient calls home, supported, when medically appropriate, continuous care at home, inpatient hospice care and respite care to afford a break to a caregiver.

Because hearing is one of the body’s last active senses, music’s impact on hospice patients can be profound. That’s true, according to medical studies and Valerie’s own experiences. Music can deliver a sense of calm or relaxation, trigger pleasant memories, ease pain, facilitate communication, lessen anxiety, and soothe the feelings of depression and loss that can arise at the end of life.

Music therapy can be particularly effective for non-responsive patients, such as those with progressive Alzheimer’s disease/dementia, or those whose diagnosis inhibits their ability to speak or communicate.

“When I’m singing or playing music for a hospice patient, I can always tell when someone’s right there with me, even if it’s just for a few seconds,” says Valerie. “I might sense visible relaxation, a moment of focused attention, or a patient who opens her eyes for the first time in months. It’s a small but very profound acknowledgement of the value of music.”

At VITAS, music therapy plans of care are individualized for each patient. Some are encouraged to create, sing, perform and move to their preferred music genre. Some learn to play a musical instrument for the first time, while others can simply listen to a music therapist perform or sing.

At VITAS, we combine music therapy with other supportive complementary therapies to bring comfort, compassionate care and quality of life to our Pittsburgh-area patients and their families. They can also take advantage of massage therapy, Paw Pals® pet visits, guided imagery/relaxation techniques and other solutions.
CATARACT SURGERY: KNOW YOUR OPTIONS

Traditional Cataract Surgery
Clarity for distance vision.

Multifocal Cataract Surgery
Clarity for close, intermediate and distance vision.

This simulated picture is for illustration purposes only. Actual results may vary depending on each individual patient’s surgical experience.

Innovative Cataract Technology

Under most insurance plans you can select any surgeon to perform your cataract surgery. With new innovations in cataract surgery, it is important to know your options before selecting the right surgeon.

With today’s innovative technology, cataract surgery can not only restore vision, but actually improve a patient’s quality of life.

Scott & Christie Eyecare Associates is one of the region’s most innovative and experienced eye physician and surgeon groups, delivering advanced, customized medical treatments with state-of-the-art ocular diagnostics and femtosecond laser technology (laser cataract) designed to optimize vision. Combining this technology with 10 years of cataract Multi-Focal Lens Implant technology experience, Scott & Christie Eyecare Associates can offer cataract surgery as a once-in-a-lifetime opportunity for patients to achieve better vision, removing cataracts and correcting refractive error all in one precise procedure—thus leaving patients with a fine-tuned full range of vision.

Traditional vs. Laser Cataract Surgery

Traditional cataract surgery, which is covered by Medicare and other insurances, involves the implantation of a single-vision lens, which provides good distance vision but most often results in patients wearing glasses for reading and intermediate tasks.

It also leaves patients with astigmatism, since the surgery doesn’t correct it. With laser cataract surgery, many key steps of the procedure that were manually performed can be completed with precision using the laser (including simultaneous correction of astigmatism, if needed), leading to a customized vision treatment and a more gentle procedure. Surgeons with access to and experience in these combined technologies can offer patients a full range of vision, reducing the dependency on or even eliminating the need for eyeglasses after surgery.

Selecting a Surgeon

Cataract surgery has become a once-in-a-lifetime opportunity. When selecting a surgeon to perform cataract surgery, patients should ask these important questions: Can my surgeon explain to me all of my options? Can my surgeon provide me access to the latest FDA-approved technology? Is my surgeon experienced with both traditional and innovative cataract surgical techniques and eyecare? For patients of Scott & Christie Eyecare Associates, the answer to these questions is a resounding yes.

The physicians and staff work patients through all of their options based on their individual needs and desires, offering them a customized procedure to meet their individual lifestyle.

FOR MORE INFORMATION PLEASE GO TO WWW.SCOTTANDCHRISTIE.COM OR CALL 724.772.5420

William C. Christie, D.

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1101 Freeport Road, Fox Chapel
412.782.0400

Spring 2018  www.guidetogoodhealth.com  Guide to Good Health 25
Keeping a clean home is obviously important for your health, but what if the cleaning products you are using are toxic? The Clean Water Fund estimates the average American uses 40 pounds of toxic household cleaning products each year, including bleach, formaldehyde, phosphates, and phthalates.

Many of these chemicals have been found to be endocrine disruptors; they linger in our homes, in our air, on our clothes, and can even be harmful to our pets. Research recently published in the *Journal of Respiratory and Critical Care Medicine* found that regular use of cleaning sprays impacts lung health in ways comparable to smoking a pack of cigarettes every day. Yikes!

So what can you do to keep a healthy home and a healthy body? Try switching to some greener alternatives! Soon you’ll see harsh chemicals aren’t necessary for real results.

There are several brands of eco-friendly cleaners available, or you can create some tried-and-true cleaners with regular household items. Baking soda and vinegar are a powerful team that work well to scrub sinks, tubs, and other surfaces. These alternatives are just as powerful as harsh cleaners and have the added benefits of being cheaper and better for you and the environment.

Here are a few homemade green cleaners you can try:

**LEMON OIL DUSTER**

**INGREDIENTS:**
- 10 drops pure lemon oil
- 2 tbsp. lemon juice
- A few drops olive oil

Put all ingredients in a bottle and shake to blend. Use a clean, recycled flannel cotton cloth to mop up dusty surfaces.

**WINDOW CLEANER**

**INGREDIENTS:**
- ¼ cup vinegar
- ½ tsp. natural liquid soap (such as Ecover dishwashing liquid or Dr. Bronner’s)
- 2 cups water

Put all ingredients in a spray bottle and shake to blend. Spray directly onto glass and wipe clean with newspaper, squeegee, or cotton cloth.

**LAVENDER & TEA TREE CLEANING SPRAY**

**INGREDIENTS:**
- ½ tsp. lavender essential oil
- ½ tsp. tea tree essential oil
- 1 tsp. unscented liquid soap
- 15 fluid ounces water
- 16-ounce spray bottle

Combine soap and essential oils in a bottle. Top with water, replace lid and shake until well blended. To use, spray on surface and wipe clean with a damp cloth.

Submitted by Kate Safin, Marketing & Member Services Manager, at East End Food Co-op. East End Food Co-op is the last natural foods co-op left in Pittsburgh from those original, back-to-nature stores. The Co-op offers all of the products of a full-service grocery store, but with a natural and local touch. For more information, visit www.eastendfood.coop
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At WHS Greene, we’ve made several changes to our Emergency Department resulting in a more efficient and less stressful ER experience. We renovated the unit and converted the curtain cubicles into all private patient rooms to ensure patients and their families experience a quiet, relaxed and comfortable setting. Also, triage and registration is done bedside which has decreased wait times. We’re also proud to integrate UPMC Telestroke, making the diagnosis and treatment of strokes more efficient, resulting in lifesaving interventions.

For more details on updates at WHS Greene, visit whs.org/greene and click on “See what’s new at WHS Greene”, under the current news section.

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- John R. Donnelly, MD
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- Washington Hospital
  Inpatient and outpatient services including:
  - Cancer Care
  - Emergency Care
  - Hospice and Palliative Medicine
  - Heart, Lung and Vascular Services
  - Orthopedics and Neurosciences
  - Surgical Services
  - Women's Health Services
  - Wilfred R. Cameron Wellness Center
    - Health & Fitness Center
    - Corporate Wellness Services
    - Spa Harmony
    - Live Well Yoga & Pilates
  - Medical Plaza – Wellness Way
    - Outpatient Rehabilitation
    - Physical Therapy
    - Occupational Therapy
    - Hand Clinic
    - Speech Therapy
    - Sports Medicine
    - Wound and Skin Healing
  - Outpatient Center – Neighbor Health
    - Diabetes Education
    - Family Medicine Center
    - Laboratory
    - Occupational Medicine
    - Radiology
  - Outpatient Center – Meadows Landing
    - Women’s Center
    - Lab Services
    - Tri-State Surgery Center
  - Greenbrier Treatment Center
    - Inpatient Drug and Alcohol Rehab Services
  - Donnell House
    - Hospice Care
  - Palliative Medicine
  - Strabane Trails of Washington
    - Senior Independent Living
  - Strabane Woods of Washington
    - Senior Assisted Living
  - Canonsburg
    - Family Medicine Center – Canonsburg And Laboratory Services
  - Cecil
    - Outpatient Center – Cecil
    - Family Medicine Center
    - Diagnostic Center
  - Peters Township
    - Medical Plaza – Peters Township
      - Children’s Therapy Center
      - Diagnostic Center
  - Waynesburg
    - Medical Plaza – Greene County
      - Laboratory
      - Radiology
  - Greene Hospital
    - Inpatient and outpatient services including:
      - Cardiovascular Services
      - Diagnostics
      - Emergency Care
      - Surgical Services
  - Greene Plaza
    - Wound and Skin Healing Center for Recovery and Wellness

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When you’re looking for the right person to help address your child’s health, you want an open ear, an open mind, and experience. At The Children’s Institute of Pittsburgh, we have all three.

We are committed to providing high quality outpatient therapy services for children. We continually advance our treatment methods – by using new techniques, as well as new technology – to produce better therapeutic interventions for children. Quite simply, The Children’s Institute of Pittsburgh is your best choice for outpatient pediatric rehabilitation and therapy.

With five convenient locations in Squirrel Hill, Wexford, Irwin, Bridgeville, and Pleasant Hills, the care you need is close to home. Outpatient services might address:

- Orthopedic and sports injuries
- Fine and gross motor difficulties
- Chronic pain conditions
- Concussions
- Feeding and swallowing difficulties
- Developmental delays
- Spinal cord injuries
- Brain injuries
- Each child’s treatment is personalized and family-centered. We focus on the needs of the patients and their caregivers because we know that the key to long-term success is family participation and understanding. We incorporate families into our therapy sessions, promoting understanding, a sense of collaboration, and confidence. In our experience, this approach is key to our patients reaching their maximum potential and living the most fulfilling lives possible.

Our outpatient developmental pediatrics practice, led by Dr. Scott Faber, serves infants, children, and teens with a wide range of developmental-behavioral disorders, including autism spectrum disorders. Developmental pediatrician Dr. Bethany Ziss also cares for children at The Children’s Institute, with patients from infancy through adolescence who have a variety of developmental disabilities.

“Each child and family is unique and we provide ongoing individualized care and support as children grow and develop over time,” Ziss said. “Our family-centered plans incorporate a variety of strategies, from book recommendations to referrals to community organizations, as well as more traditional medical and therapy approaches.”

Every case is different. Whether your child is on a mission to recover from a sports injury or is more medically or developmentally complex, our experienced team at The Children’s Institute is ready to help.

To learn more or to make an appointment, please contact us at (412) 420-2400 or visit www.amazingkids.org.
Ryan loves baseball and hanging out with his friends. But it wasn’t long ago that he had surgery to remove a brain tumor and was paralyzed on his right side. That’s when he came to The Children’s Institute. Expert doctors and therapists in our CARF-accredited Brain Injury Rehabilitation program worked with him day in and day out to restore his movement and get him back in the game. From injuries to congenital disorders to concussion rehabilitation, we don’t see kids as patients. We see them as possibilities. To learn more, visit amazingkids.org.
Washington Health System Nephrology

Comprehensive Care of Kidney Disease

By Daniel Casciato

There are two reasons why Dr. Chris Gisler became a nephrologist—the opportunity to take care of sick people with kidney disease in the hospital as well as the opportunity to cultivate a long-term relationship with chronic kidney disease and dialysis patients.

“You get to know them over the years and find out what’s going on in their life so you can treat them well and do what’s best for them,” says Dr. Gisler, who joined Washington Health System Nephrology in March.

Role of a Nephrologist

As a nephrologist, Dr. Gisler explains his main goal is to monitor the function of a patient’s kidneys and to work with them to keep their kidneys healthy.

“We strive to keep the patients off of dialysis,” he says. “But ultimately for some patients when their kidneys shut down, they require dialysis which we provide for them too. Overall, we focus on kidney health and look at different diseases that affect the kidneys, such as diabetes and high blood pressure.”

In addition to working with patients, nephrologists also work with other doctors to treat diseases such as diabetes and high blood pressure to protect their patient’s kidneys and prevent dialysis.

Kidney Disease and Lifestyle Modifications

For patients who have early stage kidney disease, Dr. Gisler recommends a low-sodium diet to help control their blood pressure.

“We also recommend if they are diabetic to be on a diabetic diet—low sugar and low carbohydrates—and pay close attention to their blood sugar levels,” he says. “As their kidney disease progresses and their kidneys aren’t as good at filtering some of the other electrolytes in the foods they eat, we will modify their diet.”

Besides diet modification, a healthy lifestyle is important.

“Medications are sometimes needed to control other medical problems that are destroying your kidneys,” says Dr. Gisler. “Leading a more healthy lifestyle is something I like to focus on instead of using medication. It helps to increase your physical activity and see you make dietary changes so we can minimize medication and treat your kidney through these lifestyle changes.”

Symptoms to Look For

Some patients have underlying genetic diseases that will affect the kidneys. If you have a family history, you need to be screened, says Dr. Gisler.

“Also, some medications can cause kidney disease,” he adds. “If you’re on medication, and are diabetic or have hypertension, you need to be checked to make sure that medicine will not cause additional damage to your kidneys.”

Some symptoms of a failing kidney include:

- Fatigue
- Loss of appetite
- Nausea and vomiting
- Itching
- Swelling in your legs

“My symptoms are signs of the buildup of toxins because the kidney is not cleaning the blood appropriately,” says Dr. Gisler.

People do not notice they have problems with their kidneys until their function is less than 30%, adds Dr. Gisler. “Some people who have kidney disease do not even know it until the kidney function falls below that 30% threshold.”

Finally, Dr. Gisler notes that patients need to take ownership of their kidneys and know how well their kidneys are functioning.

“You can be proactive in taking care of your kidneys,” he says. “If you find you have a kidney disease get a good nephrologist to preserve your kidneys.”

For more information on Washington Health System Nephrology, visit http://washingtonphysicians.org/practices/specialists/nephrology/.

St. Clair Hospital Welcomes John T. Sullivan, M.D., as Chief Medical Officer

By Nancy Kennedy

John T. Sullivan, M.D., has been named Senior Vice President and Chief Medical Officer at St. Clair Hospital, Mt. Lebanon. Dr. Sullivan is an anesthesiologist who specializes in obstetric care. He comes to St. Clair from Northwestern Memorial Hospital in Chicago, where he served for 17 years in a number of clinical, academic and administrative positions. Most recently, Dr. Sullivan served as Associate Chief Medical Officer for Academic Affairs and as Professor of Anesthesiology in the Northwestern University Feinberg School of Medicine. Dr. Sullivan, a native of Detroit, is also a Navy veteran of 31 years and currently serves as a commander in the Navy Reserves.

“I’m delighted to welcome Dr. Sullivan to Pittsburgh,” says James M. Collins, President and Chief Executive Officer, St. Clair Hospital. “He is uniquely qualified to lead St. Clair’s continued ascent as one of the nation’s leaders in patient safety, quality, patient satisfaction, and value.”

Dr. Sullivan will lead initiatives in clinical program development and the recruitment of additional medical professionals as part of St. Clair’s continuing advancement and expansion of specialty services. “St. Clair offers high quality care, close to home, and in many cases the kind of specialty care that one usually can only find in a large tertiary medical center,” he states. “An array of specialty services, as well as sub-specialty services, such as cardiac imaging, electrophysiology and cardiac surgery, can be found here. I chose to come to St. Clair because of the hospital’s superb leadership; the entire management team is doing an exceptional job in quality improvement, safety, cost containment and expansion of specialty services. The fact that Mayo Clinic selected St. Clair to join the prestigious Mayo Clinic Care Network speaks volumes about the hospital’s track record of excellence.”

Dr. Sullivan received his medical degree from the University of Michigan Medical School. He completed a residency in anesthesiology at Massachusetts General Hospital, which is affiliated with Harvard University Medical School. He also has an M.B.A. degree from the Kellogg School of Management at Northwestern University in Evanston, Illinois. Dr. Sullivan is the immediate past president of the Society for Obstetric Anesthesia and Perinatology. He succeeds G. Alan Yeasted, M.D., F.A.C.P., who is now Senior Vice President and Chief Medical Officer Emeritus for St. Clair.
Thanks to Hollywood, many people think of hypnosis as a kind of mysterious mind control to make unsuspecting victims do things they normally wouldn’t do. That couldn’t be further from the truth. According to local hypnotist and psychiatric nurse Jan Lee, CH, RN, hypnosis is simply a way to reprogram the mind.

“Through hypnosis, we can bypass the conscious mind and access the subconscious mind where healthy changes can take place,” she explains. “If you look at the mind as a computer, everyone has programs running that control our thoughts and actions. Hypnosis is a means to replace the programs causing us to do unhealthy things with healthy programs.”

Hypnosis can help clients overcome smoking and other addictions, food issues, self-esteem and confidence issues, anger management, fears and phobias, sports performance, grief, anxiety, depression, PTSD, and being bullied, among others. Jan also has had quite a bit of success with pain management, helping clients find relief from chronic pain.

Jan’s interest in hypnosis began 25 years ago when, as a psychiatric nurse working at a local hospital, she attended a seminar on hypnosis. The subject intrigued her and she promised herself that she would look into it one day. In 2010, she underwent hypnosis training and achieved her certification through the National Guild of Hypnotists, the leading national training and certification organization for professional hypnotists. Since launching her hypnosis practice in New Kensington, she has had great success in helping clients overcome a host of other unhealthy behaviors.

**WHAT IS HYPNOSIS?**

Jan explains that we are in and out of hypnotic states every day. “When you think about driving the same route from point A to point B for years, sometimes you get to that destination and you really don’t recall how you got there. You were most likely in a hypnotic state or ‘in the zone’ where you don’t have to think about the act of driving. During a hypnosis session, the hypnotist simply guides you into a hypnotic state to engage your subconscious,” she says.

What does it feel like to be hypnotized? “You are in a kind of trance - not a zombie trance - but in an altered state of consciousness between wakefulness and sleep,” Jan says. “Clients report feeling very relaxed or feeling like they are floating away.”

Jan does some “testing” using a pendulum or visualization to see how receptive her client is. Then she asks the client to gaze at a candle flame or stare at a spot on the wall. This causes a heaviness and closure of the eyes. She coaxes them to relax and breathe deeply. She has them count backward slowly until the numbers fade and are forgotten. This signifies a “letting go” of the conscious mind.

“Some people go into trance more easily. Some need more help to let go. It’s all unique to that client and I will adjust to what they need,” Jan explains.

**MISCONCEPTIONS ABOUT HYPNOSIS?**

There are many misconceptions about hypnosis. “People think its voodoo or a religious process. It’s not mind control and you can’t get stuck in it. You are not going to tell me things you don’t want to,” Jan says. “There are a few people who have a real fear of being hypnotized,” Jan says. “Almost anyone can be hypnotized, but if you have a lot of misconceptions, or if you do not want to be hypnotized for whatever reason, then it’s not going to happen. If hypnosis is explained to you correctly, you shouldn’t be afraid of it.”

People with severe cognitive impairment, those with psychosis and any who are unable to follow basic directions may not be hypnotizable, according to Jan.

One of the most common conditions that people use hypnosis for is smoking cessation. “You already know in your conscious mind that smoking is bad for you,” says Jan. “The difference with hypnosis is receiving those suggestions when you are in trance. I have them imagine that, as soon as you touch that cigarette, you have the worst taste in your mouth. You begin to make an association that this smoking is associated with something you don’t like or, on the other hand, quitting is associated with amazing things like adding years to your life that smoking would have taken away; breathing easier and having more energy; having fresh smelling clothes, hair, and breath; and having extra money that was spent on your smoking habit.”

How effective is hypnosis for something like smoking cessation? Jan says that “If I did a group of smokers who wanted to quit, six or seven out of ten would quit. It depends on the hypnotist and the client.”

If you feel that hypnosis might help you, Jan recommends talking to the hypnotist and asking questions. “Get to know the hypnotist. I like to do an interview with prospective clients. Ask questions. Get rid of your misconceptions about hypnosis. Make sure you are comfortable. Just be prepared to let go and use your imagination.”

**THE FUTURE OF HYPNOSIS?**

What’s the future for hypnosis? Jan believes “The sky is the limit. This isn’t a fad. Mind-body medicine is here to stay and it needs to take its place right alongside traditional medicine. If people become healthier because they learn to do something that is not about medications or procedures, but something they can tap into with their own energy, their own mind to heal themselves, then let’s make it an additional intervention,” Jan says.

Jan Lee Hypnosis

Hypnosis: Programming Healthy Habits

by Kevin Brown

“The key is do you want to accept what you are hearing?” Jan explains. “Your mind has its belief system and if it does not want to accept a suggestion, it will not do that.”

“When someone asks me whether hypnosis is dangerous, I like to ask them, ‘Is daydreaming dangerous?’ or ‘Is using your imagination dangerous?’ Normally, hypnosis is very safe with no side effects,” she says.

Do people remember what happens when they are hypnotized? According to Jan, that varies. “I have clients who will recall something of what was said. Your conscious mind may not remember, but your subconscious mind will, because that was engaged during the session.”

Hypnosis is not just for adults. “Kids are the best subjects. I just worked with an 11-year-old with anxiety issues,” says Jan. “Children between 8 and 10 are very receptive to hypnosis. Teenagers, too, are open to hypnosis. By the time we are adults, though, we have become a bit jaded, maybe cynical and less believing in the ‘magic’ of our own powerful minds to make changes. We can retrieve this by simply watching children let go when they play. We all have done that and it is part of us.”

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For more information about hypnosis, contact Jan at (724) 351-1242, janleehypnosis@gmail.com, or visit her website at www.janleehypnosis.com.
Pain afflicts at least 100 million Americans. According to a 2012 study from the National Institutes of Health, more than 25 million Americans in a three month span suffered from pain every day; as many as 40 million Americans experienced what they considered to be severe levels of pain. David M. DeChellis, D.O., believes these numbers aren’t surprising.

“Approximately 85 percent of people will have low back pain at one time in their life. It’s actually the second most common reason to visit a physician other than a virus or the common cold,” he explains.”

The sheer number of people who experience pain is one reason why Dr. DeChellis has made a big effort to search for solutions to pain relief. That’s why he and other physicians and staff at the Ohio Valley Hospital Pain Treatment Center are leading the way in an effort to help patients overcome this debilitating and often chronic condition.

As the co-director of the OVH Pain Treatment Center, Dr. DeChellis recently introduced a new, wireless pain relief procedure only available in his office. The Freedom Spinal Cord Stimulator from StimWave Technologies is a minimally invasive device that blocks pain signals from affected areas of the body.

“We started using (the device) in January. It was approved in the United States two years ago. Ohio Valley Hospital is the only hospital in Pennsylvania that has access to the device,” he says.

According to Dr. DeChellis, spinal cord stimulation (SCS) itself has been around for 30 years. What makes this new technology different is that it is a less invasive, wireless system.

“We’re able to place a very small electronic device directly onto the spine using an image-guided needle. The patient-controlled electronic device stimulates the pain signals in a very similar way as a cardiac pacemaker would so the heart can beat appropriately. The stimulator allows the body to decrease the amount of pain signals reaching the brain,” Dr. DeChellis explains.

“It’s used for a variety of conditions, including pain that occurs after surgery is performed, such as back or neck surgery. It’s also used for radiculopathy and sciatica, as well as pain after hernia surgery, chronic shoulder pain, and diabetic peripheral neuropathy.” he adds.

As for why the implant is placed at the spinal cord, Dr. DeChellis says, “Pain is a perception. Each patient describes it as a different quality or severity even if they have had the same injury. It starts at the site of injury, goes into smaller nerves, then to the spinal cord. From the spinal cord, it’s sent to the brain. This is where you get the sensation of pain,” he says.

“The SCS procedure is not the first time the OVH Pain Treatment Center has been at the forefront of medical technology. Another newer pain relief technology we utilize is called Coolief Radio-Frequency Ablation, which focuses on specific knee pain.”

“My partner and I were among the first physicians in Pittsburgh to use the technology,” Dr. DeChellis says, “It is often used for people who have had knee surgery who still have pain and patients who have been considered non-surgical candidates. It’s very effective and it’s used essentially to reduce the pain signals coming from the knee.”

The OVH Pain Treatment Center is directed by Ankur R. Gosalia, M.D. and Dr. DeChellis. Their courses of treatment include programs for a host of other pain conditions, such as neck pain, herniated or bulging discs, pinched nerves, musculoskeletal and joint pain, arthritis pain, headaches, and sports and motor vehicle injuries.

“Having a Pain Treatment team brings another dynamic to the hospital, says Dr. DeChellis. “An internal pain management team allows all patients in the hospital to have an opportunity to, number one, see a specialist who can diagnose them appropriately and, number two, give them options in terms of conservative care outside of surgery.”

It is very important to Dr. DeChellis and Dr. Gosalia that they find new and innovative ways to treat patients in pain. The misuse of pain medication, particularly opioids, is a national health concern of epidemic proportion. Although pain medication is one way to control pain, there are other, more effective ways to control pain for many patients.”

“As more guidelines come from the government and more studies are done on the medications, we better understand the role they have, which is much less of a role in pain management than was thought years ago. You’re starting to see more physicians use them less in favor of alternative treatments,” Dr. DeChellis believes.

He adds, “Pain itself is a very complex process. You need a specialist who truly focuses on those processes, understands the treatment options and is able to perform and deliver (them). Without that ability, you are limiting the success of pain improvement, and I think that is the key.”
Rehabilitation Team at Advanced Surgical Hospital Help You Get Back to Your Daily Routine

By Daniel Casciato

If you suffer from any pain, have injuries, or are recovering from a surgery, physical therapy (PT) and occupational therapy (OT) can help you get back on your feet.

At Advanced Surgical Hospital in Washington, PA, the rehabilitation team can help you gain the strength, flexibility, and conditioning that you will need to fully participate in your recovery process. Their mission is simple—to provide you with the highest quality care while meeting and improving your wellbeing.

The rehab team also specializes in sports conditioning, general conditioning, gait and balance problems, and chronic pain issues. The therapists will work closely with your physician and surgeon to return you as quickly as possible to all the things that you enjoy doing.

According to John Evans, DPT, director of rehabilitation for Advanced Surgical Hospital, anybody can come to Advanced Surgical Hospital for rehab—you do not have to be a patient or even have had surgery. Treatment is customized for each patient by the PT/OT professionals. The staff will work with you to provide a guided course of treatment, he notes.

“There are many factors that go into deciding which mix of treatments is best for you,” says Evans. “Our team will consider your diagnosis, age, body composition, mobility, and current physical fitness.”

In addition, they will also review short term and long term goals which are set by you, your doctor and the therapists.

Differences Between OT and PT

The primary difference between OT and PT is that an occupational therapist focuses on improving your ability to perform activities of daily living (ADL) while a physical therapist focuses on improving your ability to perform movement of your body.

Occupational therapists can help you recover from injury or surgery to regain motor skills, emotions or behavior. There are two types of occupational therapy:

• **Inpatient:** which focuses on ADL such as dressing, standing, eating, and how to adapt during recovery.

• **Clinic/Outpatient:** the occupational therapists will work on any problems with your hands, wrists, elbows, and shoulders.

A physical therapist help you increase mobility, align bones and joints, or minimize your pain.

At Advanced Surgical Hospital, each of the PT staff members have advanced certifications (education and training). Whether you need OT or PT, they can treat:

• Post-Surgical Rehab
• Arthritic Pain
• Neck and Back Pain
• Sports Related Injuries
• Joint Replacement Rehab (Knee, Hip, Shoulder)
• Shoulder, Elbow, and Hand Injuries
• Hand and Finger Splinting
• Foot and Ankle Injuries
• Overuse Injuries
• Muscle Weakness
• Job-Related Injuries
• Motor Vehicle Injuries
• Pre-Surgical Rehab (Prehabilitation)

Another way that Advanced Surgical Hospital stands out among the competition is that they also have a hand therapy/OT, a certified hand therapist on staff.

Depending on your specific needs, customized treatment plans at Advanced Surgical Hospital may include:

- Medical Exercise Therapy
- Strengthening Exercises
- Flexibility and Range of Motion Exercises
- Cardiovascular Conditioning
- Gait and Balance Training
- Posture and Coordination Training
- Manual Therapy
- Joint Mobilizations
- Spinal Mobilizations
- Spinal Decompression
- Soft Tissue Massage
- Myofascial Release
- Active Release Techniques
- Stretching
- Kinesio Taping
- Physical Agents
- Electrical Stimulation
- Therapeutic Ultrasound
- Iontophoresis
- Mechanical Traction
- Heat and Ice
- Fall Prevention
- Injury Prevention
- General Fitness and Wellness

“Not all facilities that perform physical therapy or occupational therapy have staff who are specifically trained and educated to do this,” says Evans.

“They work with people who have had intricate surgeries on their shoulders, elbows, wrists or hands.”

Gym memberships are available for a low monthly fee. For more information on Advanced Surgical Hospital, call (724) 228-3905 or visit http://ashospital.net/services/therapy/.

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With the recent change in the country’s leadership, many questions have been raised about what changes will be made to Medicare. But what is more important, according to John Wells of Medicare Specialists of Pittsburgh, are the questions that people have about their Medicare coverage right now.

“We have no idea how Medicare is going to be impacted by the new administration—our goal is to assist people with their concerns now,” he explained. “We want to make sure that people who are shopping for supplemental coverage know about all of their options, and can find a product that fits them for the lowest cost. In a lot of cases, we can help people save $20 to $40 a month on their premiums for secondary insurance; and that adds up on a fixed income.”

According to Wells, just like car or homeowner’s insurance, supplemental insurance should be reviewed every few years. “You need to shop it around,” he said. “A lot of people overlook this.”

Wells and his staff also help people new to Medicare who may not understand how it works, as well as people who have gone through financial or health issues that may make them eligible for programs, such as PACE/PACNET, LIS and Medicaid, that could help them save money on coverage or prescription drug costs.

“Unfortunately, what happens a lot of the time is that people just don’t understand what documents are needed, or they have trouble keeping track of the paperwork that the state or county needs, so they end up losing their assistance,” he explained. “We spend a lot of time preparing documents to make sure that they are submitted in the proper way.”

One of the difficulties that people face when they turn 65 and are eligible for Medicare is the avalanche of information that they receive. “People are getting slammed by unsolicited phone calls and junk mail—I met with a woman yesterday who said that she doesn’t even answer the phone anymore,” said Wells. “I highly encourage those who are about to turn 65 to talk to an independent broker who specialize in Medicare at least four to six months before their birthday. They don’t need to respond to those unsolicited phone calls; they can just tell them they have a broker and hang up.”

Medicare Specialists’ staff educates clients about the difference between supplemental insurance and Medicare Advantage plans, and takes them through a series of steps designed to determine the type of coverage they need.

“We are licensed with every major carrier in western Pennsylvania, so it doesn’t matter to us who they choose, as long as they get the right plan for themselves,” said Wells. “We are just here to help them make an informed decision.”

Wells gives the example of two carriers that have different formularies in their plans. “When we go over a person’s medications, we can see which carrier covers those medications—it can mean a difference of hundreds of dollars a month,” he said. “They may also choose a plan depending on the access they want to specific doctors.”

“Most people try to take this on themselves, and it becomes overwhelming,” he added. “That’s why we take the time to explain how everything works. We encourage anyone with questions/concerns or who doesn’t understand Medicare to contact us.”

For more information, visit Medicare Specialists at www.medipgh.com or call (412) 343-0344.
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YO069_18_1648 Accepted
Blind and Vision Rehabilitation Services
Assists Adults and Children with More than Vision

By Lois Thomson

One might think that an organization named Blind and Vision Rehabilitation Services would focus solely on helping people who had lost their vision, but that is not true. As Erika Petach, president and CEO explained, "We help individuals who are blind or who have other disabilities, to achieve their best by providing the services that teach them how to adapt and use new techniques. These skills allow them to gain independence."

She said, for example, that BVRS assists people with disabilities, mainly through the vocational program, helping them to learn skills to both find jobs and retain them. In addition, there’s a Day Program, which assists those with developmental disabilities. "It’s a place for them to go where they can socialize, be interactive in the community, and learn life skills."

But there’s no doubt that vision services are at the top of the list as to what the organization provides. Petach said the Low Vision Rehabilitation Program aids individuals who have lost most of their sight, and helps them discover ways to utilize the sight that remains. "They can see a doctor who can suggest devices to help them do various things, such as cooking their own meals or reading a book."

The Low Vision program provides service to the Pittsburgh area, but Petach said the Personal Adjustment to Blindness Training attracts people from all over the country. "Most of them have just recently lost their vision, and they come here to learn how to re-do things to help them get back to independence. Along with learning different techniques, such as how to use a white cane or how to read Braille, they learn how to make sure their clothes match or how to use a telephone – many of the things we take for granted."

Petach said the reason people come from so far away is because there are fewer than 10 such facilities offering this type of program. "It’s very expensive and funding is difficult to get, but it’s core to our mission."

Access Technology is another program offered by BVRS. Petach said it teaches people how to use technology, especially people who want to go back to school or find work. "We can help them with iPhones, different software packages – even if it’s just to be able to use email, if they are at home by themselves, it can open their world."

Young children also fall under the umbrella of care, as pre-school screenings are offered to test for various vision problems. Petach said there are diseases that if they are caught early, have a nearly 100 percent chance of reversal, so early discovery is important. "We also see people in their 90s. We like to say we take care of people from birth to death."

For more information, call (412)368-4400 or visit www.bvrspittsburgh.org.
The Relaxed Explorer Provides Accessible European Vacations

By Lois Thomson

“Our motto is, ‘travel should be available and accessible to everyone,’ and that’s what we’re trying to do,” said Kelley Pearson, co-founder, along with Patti Romig, of The Relaxed Explorer, a travel company designed for people with mobility concerns and the relaxed-paced traveler. Both women have concerns of their own – Pearson with medical issues that left her wheelchair-bound as a child, and who still has physical limitations; and Romig with a degenerative eye condition – but both have enjoyed extensive travel in Europe.

They believe that physical disabilities should not prevent people from being able to enjoy what they have experienced, so they design small group tours that are accessible to people in wheelchairs, or who just want to travel at a slower pace. “We make every attempt possible to pick accessible locations, accessible hotels, accessible transportation,” Pearson said.

The tours focus on Europe, but as Pearson commented, “Obviously in Europe, there are going to be occasions where things can happen. But, for example, we try to choose castles we know are accessible, so if a person is in a wheelchair they can at least get to the majority of the attraction itself.” Either Pearson or Romig, or a tour supervisor who works for the company, travels with the group.

The Relaxed Explorer concentrates on people with accessibility concerns, but Pearson wanted to emphasize that the tours are for anyone. ‘If someone isn’t in a wheelchair, they might think, ‘I’m going to be held back.’ But that’s not how we operate. We offer a lot of things that are set at your own pace. If we go to a castle and you want to sit at the café and look at the garden, you can do that. But if you want to explore the ruins, you can do that. It’s up to you how quickly you want to go through something; or if you just want to sit and take a relaxed pace, you have the opportunity.”

She said if you’ve ever traveled with companies where the tours are large and fast-paced and you stay in a different hotel room every night, you won’t find that at The Relaxed Explorer. “That’s not what we do. We try to offer a lot of free time so it’s not just go-go-go. We try to keep the groups small, one reason being that we can get smaller buses that are able to get up closer to locations. We try to do door-to-door service whenever we can.

“I understand,” she concluded. “I’ve traveled through Europe extensively and I know how tiring it can be. But it can be done.” Especially if you travel with The Relaxed Explorer.

For more information, call (412) 386-8730 or visit www.therelaxedexplorer.com.

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Gallagher Home Health

Treating Patients Like Family

By Daniel Casciato

Gallagher Home Health Services is a family-owned and operated home health and hospice company built on the family values instilled in them by the founder's mother, Iva Gallagher.

Diane Karcz, who started the company in 2005, says that her mother believed she was the best caregiver in the world. When Karcz's family decided to start the business, they wanted to hire the most talented nurses in the counties they serve and wanted the memory of their mom present in everything they did and every decision they made.

“We pride ourselves on our belief that the patients always come first,” explains Shandra Harcarik, RN, BSN, regional director of sales and marketing for Gallagher. “We also take great pride in our responsiveness. We can get to a patient’s home on a timely basis and ensure that we are able to provide them with the full staff that they need in a timely manner.”

Another key thing that makes Gallagher Home Health Services different is the fact that it is still family-owned, says Harcarik. “Also, our patients are not known to us by a number. We provide personalized care and service. We involve the patient and their family in their own plan of care.”

Gallagher Home Health Services provides care in nine counties across western Pennsylvania. The services include:

- Skilled nursing
- Therapy services
- Medical social workers
- Mental health nurses
- Maternal child nursing
- Private duty home care

Gallagher recently launched a hospice program about 18 months ago, according to Harcarik.

“Of the many misconceptions of home health is that agencies are unable to help the patient in the home and are unable to stay in there too long. That's not necessarily true, says Harcarik.

“A whole episode of home health can last 60 days,” she says. “With a couple of months of home health, that can make a difference in a patient's life. Another misconception is that it is unaffordable but Medicare and other insurances can help pay for it.”

For the past seven years, Gallagher has been recognized as a top performing U.S. home health agency by OCS Decision Health, an independent research firm whose mission is to “empower client success by providing information to elevate organizational performance and improve patient outcomes.”

In addition, Gallagher has earned awards from Trib Total Choice Media for best home health agency, and for five consecutive years, they were recognized as a Pittsburgh Post-Gazette Top Workplace.

“Diane personally interviews and hires everyone who works with us,” notes Harcarik. “That leads to our best outcomes.”

As more baby boomers are aging, home health care as well as private duty home care is becoming more popular than ever, according to Harcarik.

“In the past home health was not as popular and was not used as often,” she says. “But with the Medicare population quadrupling in size, home health is becoming a leader in healthcare to keep people out of a hospital.”

Today, more hospitals, physicians and insurance companies are looking to home health agencies to see what services to put into the home in a more cost-effective manner to keep patients out of the hospital.

“With everything becoming more value-care based and the value care system in place, they are realizing the value of home health and it's being utilized more than ever,” says Harcarik.

For more information, visit http://gallagherhomehealthservices.com.

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Promoting a seamless transition of care
In a region that is blessed with many topnotch medical facilities, it is not difficult to find excellence in healthcare. Excellence can mean care that is highly skilled, delivered by the most proficient professionals using the latest technology and pharmaceuticals, with great attention to quality, patient safety and satisfaction. But among the region’s outstanding medical services, there is one truly exceptional setting where the care actually transcends mere excellence. That is Community LIFE, a community-based, comprehensive program of services for frail older adults, where the care is nothing less than exquisite.

The Merriam-Webster Dictionary defines “exquisite” as that which is marked by flawless craftsmanship or elaborate execution, perfected, with deep sensitivity and subtle understanding. That pretty much sums up the caring environment of Community LIFE, where a passionately dedicated staff of physicians, nurses, therapists, aides, social workers, nutritionist and chaplains provide care that is person-centered, holistic, relationship-driven and deeply humane. Community LIFE provides frail, chronically ill older adults with medical and support services that enable them to remain in their own homes, despite medical and functional challenges. Whether their need is for primary care, rehab, or specialty care, Community LIFE participants are always given care that is practical, thoughtfully designed and highly individualized, provided with recognition of personal needs, values, and history. This approach is evident in every aspect of the organization’s services, and it takes on even greater meaning in the palliative care program.

Maria DePasquale, RN, CHPN, Palliative Services Manager, explains the Community LIFE philosophy. “At Community LIFE, we believe that care has to be individualized to be truly high quality. We get to know our participants and their families well; they remain in our care through their lives, until the end of their lives. We know what their values are and what they want for themselves. People come in as participants, and never leave. You don’t get transferred to a new set of caregivers. There is continuity here and this makes a difference.”

With 41 years of nursing experience including several years in critical care, DePasquale has witnessed the evolution of end-of-life care first hand. “In the past, it was common practice to continue treatments while patients begged us to let them die. Today we have palliative and hospice care; we can offer possibilities and options to people. At Community LIFE, our palliative care team and their primary team teaches patients and families about the choices and resources that they have and may not know about. We help people understand the breadth of treatment options and the impact of those options on their quality of life.”

Maria DePasquale, RN, CHPN, Palliative Services Manager

(Continued on following page.)
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tions or disagree. It’s easy to passively accept whatever you are told, even when you feel that it’s not the best thing for you or for your loved one. At different times of life, different kinds of care are needed.”

The palliative care team provides “pre-palliative” care to the chronically ill, and palliative care to those who are seriously ill, with a diminished quality of life. The care is provided by a team of professionals from various disciplines who work together and blend their expertise; the team collaborates with the patient and family as equal partners. "Our care improves quality of life. This entire organization is trained in palliative and end of life care. We are a close team and we are all experienced and dedicated. Our work is physical, emotional and spiritual; we give our hearts and souls. All staff are generalists and my team is the specialist group who give additional support. When a patient is very ill and admitted to the hospital, they still have their original caregivers and we are an added layer of support. We provide guidance; we review the choices and help with the difficult conversations. Our two chaplains play a vital role.”

Most people want to remain in their own homes at the end of life, DePasquale says, and Community LIFE’s palliative care team specializes in enabling them to do so. “This is what we do best, and we are creative in finding ways to do it. It takes three things to keep a person at home: 1) they must want to be home; 2) they must have a caregiver; 3) they must have a medical team trained to provide care, education and support at the end of life. When they remain in the comfort and familiarity of home, they have quality of life to the very end of life.”

Community LIFE is an alternative to nursing home care. The program is available at five day health centers. Services include medical, vision, dental and podiatry care, plus physical and occupational therapy and care coordination. Each location has a day health center. Medications are provided, with no co-pays to qualified individuals. Transportation is provided, not only to and from the day center, but also to medical appointments.
Although many types of facilities offer rehabilitation services, the quality and amount of these services can vary. It is important to know that all rehabilitation is not the same.

When comparing inpatient rehabilitation facilities (IRFs) like HealthSouth Rehabilitation Hospitals of Pittsburgh in Harmarville and Sewickley to skilled nursing facilities (SNFs), research concludes that long-term outcomes for inpatient rehabilitation facility patients are superior—they return home two weeks earlier, have 8% lower mortality rate, 5% fewer emergency room visits and significantly fewer hospital readmissions per year*. Patients treated in an inpatient setting like HealthSouth Harmarville or Sewickley also receive a mandatory minimum of three hours of physical, occupational and speech therapy level of services a day, five days a week and benefit from 24-hour nurse oversight and availability. Additionally, IRF patients get frequent physician visits and increased nursing hours per patient.

HealthSouth Harmarville and HealthSouth Sewickley are also Joint Commission Accredited for several of their therapy programs. Harmarville is accredited for stroke, brain injury, Parkinson's disease, amputee, diabetes and spinal cord injury while Sewickley is accredited for stroke, brain injury, amputee, hip fracture, Parkinson's disease and Multiple Sclerosis.

This means the rehabilitation programs underwent an extensive, unannounced, on-site evaluation by a team of Joint Commission reviewers and were evaluated against Joint Commission standards. To earn the certification, both hospitals successfully demonstrated compliance with national standards and effective use of evidence-based clinical practice guidelines to manage and optimize care for patients.

Both HealthSouth hospitals also utilize a variety of technology services to complement traditional therapy. These technologies help improve patient functional independence measures and are a beneficial and complimentary component to the patient's overall care plan.

In many ways, comparing HealthSouth Harmarville and Sewickley to SNF facilities is like comparing apples and oranges. When in need of any kind of rehabilitation care, it's important to compare what facilities have to offer.

For more information, visit demandhealthsouth.com or call 877-937-7342.

*Dobson|DaVanzo analysis of research identifiable 20% sample of Medicare beneficiaries, 2005-2009.
By Daniel Casciato

Are you enrolling in Medicare for the first time or are you thinking of making changes to your current plan? Since your healthcare coverage decisions can have a serious impact on your health and financial well-being, you may benefit from the expertise of a Medicare health insurance professional.

As a Medicare Health Insurance Agency in western Pennsylvania, Focus Senior Benefits, Inc. deals with many of the major carriers in the area so it can help anyone getting on Medicare for the first time or is currently on Medicare and want to make changes.

“We’re not pushing just one company on you,” says Frank MacNeil, agency manager for Focus Senior Benefits. “After performing a 4-to-6-question needs analysis with you, we can match you with the actual benefit plan that will meet your needs at a price you can afford.”

In addition, MacNeil notes that his agency will educate its clients first.

“We can help you understand what Medicare is, especially if you’re coming from an employer-based health insurance plan,” he says. “We can help you understand the changes, what will be different, and what will cost you. Our educational standpoint also sets us apart from other agents. We want to give you an overview of what to expect when you’re on Medicare.”

One of the biggest misconceptions of Medicare, according to MacNeil, is that you have to get on Medicare at the age of 65 or you will be penalized. Some employers will cover their employees’ health insurance past 65. It is always best to talk to your employer in addition to making an appointment with a broker.

“What we want to do is talk to people three months before they turn the age of 65, go over their current situation, and then formulate a timeline of action that we need to have certain steps done by so they can avoid penalties,” says MacNeil. “Our goal is to educate people who turn 65 so you can get all of the benefits that you are eligible for at a price you can afford.”

After meeting with someone from Focus Senior Benefits, they will go over some of the guidelines of Medicare, let you know the bare minimum you need you are not penalized, and then run a quote for you.

“We will come back with a high, medium, and low option and sit down face to face to see which options actually work the best for you,” says MacNeil. “Everyone is different so we handle each situation differently.”

When evaluating your health and financial well-being, MacNeil adds that it’s important to examine your health and financial situation from the last two years.

“Know what health conditions you need to have covered, what you can afford, and what is important to you,” he explains. “You may or may not need all the bells and whistles. If you focus on the last two years, that gives us a starting point in helping us to come up with the best and most affordable plan for you.”

For more information, visit https://focusseniorbenefits.com/ or call (412) 446-2491.

### Senior Resources

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You can hear the passion and enthusiasm in Michelle O’Donnell’s voice when she talks about the new Memory Care Neighborhood that is part of Overlook Green Senior Living, located in the Whitehall area of South Hills. “We are so excited. Construction is wrapping up and we’ll send everything in for licensure, and then we will be opening.”

O’Donnell is executive director of Overlook Green Senior Living, and she said the center has been a dream of hers since she took over the position six years ago. “It was the first thing I said, we needed it. I get so upset every time I have to discharge one of our residents, who would benefit from a Memory Care Neighborhood. To see this finally come to fruition is like a dream.”

The Memory Care Neighborhood, which used to be an old elementary school, has 23 rooms. Because of its previous configuration, O’Donnell said it has wide open hallways, and because the rooms used to be classrooms, they are very spacious. “All of the rooms have natural light, with large windows, along with their own bathroom and closet space. Each room has its own self-contained heating and air conditioning for the comfort of the residents. We have a beautiful secured patio area with walking paths for all residents to enjoy.”

O’Donnell said her passion comes from the fact that she’s not only an administrator, but also a nurse by trade. “So – probably more than other executive directors – I’m very, very involved in the care of my residents, because with being a nurse, care comes first. So I’m particularly excited because I get to keep my own folks; I’ve discharged enough (dementia patients) over the years and it breaks my heart, and it doesn’t help with their dementia either, because every time you send them someplace else it sets them back. To be able to keep my residents here and let them age in place, is very fulfilling for a nurse, and also for an executive director.”

The Memory Care Neighborhood will be able to handle four different levels of care, from people who are just beginning their journey with dementia, all the way up to those who have reached the point where hospice may be an option. O’Donnell said the care also includes the Five-Star Lifestyle 360 Activities Program and the Bridge To Rediscovery program. “It’s focused on bridging their memories from back to when they can remember, to where they are in the here and now.”

O’Donnell also said the staff is currently attending specialized dementia training. “I just cannot wait to open the doors, I know we’re going to give the residents a home like they’ve never expected.”

Dementia refers to symptoms that affect memory, the ability to think, and social skills severely enough to interfere with a person’s ability to function on a daily basis. Risk factors include:

- **Advancing age** – the risk of dementia increases after the age of 65
- **Genetics** – individuals with a close family member who has dementia are more likely to develop dementia
- **Gender** – females are at a higher risk for dementia
- **Smoking**
- **Hypertension** – high blood pressure is a very strong risk factor for dementia
- **Diabetes** – type 2 diabetes has long been a source of risk for dementia, especially in individuals who take insulin as part of their treatment
- **Obesity** – obesity is based on body mass index, which is determined by weight and height; and there may be a connection between increased BMI and a person developing dementia

**EARLY SIGNS OF DEMENTIA**

- Short term memory changes
- Difficulty finding the right words
- Mood changes
- Apathy - lose interest in hobbies or activities
- Difficulty completing normal tasks
- Confusion
- Difficulty following storylines
- Failing sense of direction
- Being repetitive
- Struggling to adapt to change

For more information, call (412)881-8300 or visit www.overlookgreenseniorliving.com.
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-Jim Quinn, retired Marine Machinist

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Avalon Springs Place* - Lawrenceville
Beatty Pointe Village - Monroeville
Cumberland Woods Village** - Allison Park
Hampton Fields Village - Hampton
Lighthouse Pointe Village at Chapel Harbor** - Fox Chapel
Seneca Hills Village** - Penn Hills
Sherwood Oaks** - Cranberry Twp.
Strabane Trails Village - Washington
Vanadium Woods Village - Bridgeville

**Personal Care:**
Asbury Heights* - Mt. Lebanon
Canterbury Place - Lawrenceville
Jamison Place - New Castle
Sherwood Oaks* - Cranberry Twp.

**Assisted Living:**
Cumberland Crossing Manor - Allison Park
Seneca Manor - Penn Hills
Strabane Woods of Washington - Washington
Weatherwood Manor - Greensburg

**Skilled Nursing and Rehabilitation:**
Asbury Heights* - Mt. Lebanon
Avalon Place - New Castle
Avalon Springs Place* - Mercer
Canterbury Place* - Lawrenceville
Cranberry Place - Cranberry Twp.
Heritage Place - Squirrel Hill
Jameson Care Center - New Castle
Seneca Place - Penn Hills
Sherwood Oaks - Cranberry Twp.
Sugar Creek Station* - Franklin
*Memory Care Also Available
**Continuing Care Retirement Community and monthly rental options available
“I think that one of the favorite parts of my work is when I receive a letter or a phone call from a family member extending their thanks for the outstanding care their loved one received,” reflects Paul Winkler, President and CEO of Presbyterian SeniorCare Network, about a recent conversation he had with family member Barbara Gatto. He continues, “When I talked to Barb, she was calling one year after her mom and aunt were in our care. She was so touched by the personal relationships she formed with our teams who guided her through the move-in process, as well as the day-to-day care, that it stuck with her.”

Barb first found her way to Presbyterian SeniorCare Network in October 2016 when her mom, Gloria, fell at her home while protecting her beloved red azalea bushes, which were near where workers were digging on the street in front of her home. Gloria went to the hospital and started in-home rehabilitation. But one day, she woke up and couldn’t move. This sent her back to the hospital and it was recommended that she continue her rehabilitation at The Willows, the skilled nursing community and rehabilitation center at the Presbyterian SeniorCare Network Oakmont campus.

“I knew then that my mom wasn’t coming home,” says Barb. “We didn’t want her in a big house where she could fall again. So our plan was, after she finished rehab, she would move to an apartment at Westminster Place [the personal care community at the Oakmont campus].” But there was another layer to the story. Barb’s mom shared her home with Barb’s Aunt Lenora.

“Barb was determined to get an apartment where her aunt and mom could live together,” remembers Angela Skubel, sales and move-in coordinator at Westminster Place. Angela spent a great deal of time getting to know Barb and what she desired for her mom and aunt, but it’s not the admissions process that stuck with Angela. “I am so lucky in my line of work—I get to know family members like they are my own. I got to know Barb on a personal level. She is a retired math teacher and during one of our meetings, she helped me to understand common core math. Not because I need it for my work, but because my son would eventually be learning this type of math and I wanted to be able to help him with his homework,” laughs Angela. After submitting the move-in application, Angela received news that Lenora and Gloria were denied. “We have financial guidelines, but from the time that I spent talking to Barb, and knowing her strong desire to keep her mom and aunt together, I had to know why the application was denied.” Reaching back out to our finance team, Angela learned if Barb was able to sell the house, which belonged to her mother and aunt, the application would be approved.

Without hesitation, Barb decided to buy the house so that her mother and aunt had a safe place to live—together. With that decision, Aunt Lenora moved in to Westminster Place 11 days after Gloria started rehabilitation in The Willows, which is just next door.

In her first few months at Westminster Place, Aunt Lenora thrived. But in November 2016, Barb got the call she was dreading; her mother was actively dying and she should get to Gloria’s side right away. “The team, knowing we had rushed to The Willows at 4 am, ensured that we were comfortable and that we had snacks, which was very beneficial to my husband who has diabetes.”

A short time after Gloria’s passing, in February 2017, Aunt Lenora passed away. Barb says, “I just cannot say enough about the exceptional care to my mom in her last hours, as well as my aunt. We were treated as part of the Presbyterian SeniorCare Network family. The care felt so personal, it was truly heartwarming.”

To learn more about the living, service and care options at Presbyterian SeniorCare Network, please visit wwwSrCare.org.
What is age?

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PEOPLE LIVING WITH DEMENTIA EXPERIENCE THE LOSS OF MANY THINGS—THEIR MEMORY, THEIR INDEPENDENCE, THE ABILITY TO HAVE A VOICE IN THEIR CARE. BUT AT ARTIS SENIOR LIVING, THE FOCUS IS NOT ON WHAT HAS BEEN TAKEN AWAY BUT ON CELEBRATING WHAT REMAINS.

“The Artis philosophy focuses on person-centered care; creating positive partnerships with residents, families and care partners to ensure the best quality of life possible,” explained Executive Director Rebecca Toomey. “We work closely with the family to create a profile that tells us about the resident—their likes and dislikes and social history—essentially their life story. By sharing this information, we are able to create a customized care plan.”

“We are care partners WITH them; not TO them,” added Director of Partnership Development Peg Chabala, adding that residents are encouraged to participate in productive, value-based living. “It’s important to know who they are and what abilities they have so that they can participate in engaging programming in order to maintain their personhood.”

Artis currently has two senior living facilities in Pennsylvania, and will be opening its first in the Pittsburgh area this spring. The 72-bed memory care community located in Bethel Park will feature four neighborhoods, each of which has its own family room and dining room. Residents will enjoy private suites with private bathrooms, as well as extensive walking paths.

“Amenities include a beauty salon, community studio and a courtyard that surrounds the entire community that offers a secured freedom to come and go as residents please,” said Toomey.

According to Chabala, environment is key when it comes to helping people living with dementia feel comfortable. “It needs to be functional, with everything on one floor. It also needs to be friendly, familiar and fun,” she said. “Consistent and everyday education is important. We provide our caregivers with the knowledge, approach and resources to care for people living with dementia.”

By providing residents with as much independence as possible, Artis enables them to live with grace and dignity. Each letter in Artis, which is Latin for ‘character and skill,’ represents our philosophy,” said Toomey. “A is the ability to have a voice; R is respecting and maintain-
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Left to Right: 
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Psychiatric Mental Health Nurse Practitioner, Michael Marek D.N.P., C.R.N.P.,
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Inpatient Geriatric Psychiatry Services are also available.