

Western Pennsylvania

Guide to Good Health



**Do You
Have
Sleep
Apnea?**

**Pilates -
The Fountain
of Youth**

**Health
Screenings Can
Be Lifesaving:
Which Ones
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- ▶ Mobile Vision Care
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- ▶ Center for Excellence in Autism Research
- ▶ TELI (The Early Learning Institute)
- ▶ Golden Years Management
- ▶ Bayada Home Health Care

**Check
out our
SENIOR GUIDE
for you and
Your Aging
Parents!**
(See pages 34-45)

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Healthy Beginnings 2016

Three Easy Steps to Achieve Your Resolutions

by Kelly Haywiser

When was the last time you reached your New Year's Resolution goals? Are you ready to make your goals reality? Great!

From the Statistic Brain Research Institute; 45% of Americans usually make New Year's Resolutions, but only 8% successfully achieve their resolutions!

Declaring your intentions can dramatically change your goals from failed attempts to successful achievements. It is really not the word "intention"; as it is the word "Declaring" that matters. When Master Yoda told Luke Skywalker in the *Star Wars* series, "There is NO try; Only DO," he was making a declaration. By declaring your intentions, you will give the next three easy steps the power to achieve your 2016 goals:



Evaluate Your Current Situation and Outline Your Intentions

Look at your current lifestyle areas

- Health and Wellness, Relationships, Career, and Spirituality.

Know how you are feeling about each area today and how you would like to feel about them in the future.



TOP 10 RESOLUTIONS

- Lose Weight
- Getting Organized
- Spend Less, Save More
- Enjoy Life to the Fullest
- Staying Fit and Healthy
- Learn Something Exciting
- Quit Smoking
- Help Others in their Dreams
- Fall in Love
- Spend More Time with Family



Set Goals to Fulfill the Intentions You Outlined

Write down one small action step toward a goal in each area. Not a big step; only small steps. These are more achievable and manageable. Make a note of when you would like to complete your goals.



Declare Your Intentions - OUT LOUD! Preferably Daily!

Feel them as you hear your voice resonate. Make them part of your daily practice. Say your intentions out loud to yourself or someone close to you. Feel complete and solid with your declaration.

You do not have to wait till January 1 or the beginning of a month to start these three easy steps. Pick a day that is important for you. Today!

If you need

motivation and encouragement, consider working with a coach. Make your goals a reality by doing; not trying.



Kelly Haywiser is a Board Certified Health Coach by the American Association of Drugless Practitioners and a Certified Integrative Nutrition Health Coach and Wellness Inventory Facilitator, providing one-on-one coaching, workshops and retreats for women. For a FREE Consultation, call (412) 221-0700 or visit her website www.holisticapproach4life.com

Improve Your Health This Year With Essential Oils

By Ruth Krauss

Nowadays, we have seen a lot of information about alternative medicine. From herbs to energy healing, the more we hear about these alternative medicines, the more our curiosity is aroused. One of these alternatives to support our bodies is essential oils. Some essential oils are made from parts of a plant, including the seeds, bark, stems, roots or flowers.

How do you use essential oils?

Essential oils can be diffused in the air. They clean and purify the air and a person near the diffuser can absorb the oil's properties through the olfactory system. Since the skin can easily absorb the oil, essential oils can be applied topically when used in conjunction with a carrier oil to avoid any skin irritation. Some oils can be safely ingested and used to support a variety of healthy conditions. They can even be used for cooking; there are a lot of recipes using essential oils.

Essential oils can help us in a wide range of situations. We can use them to support our differ-



ent emotions and to help in our physical wellness. The essential oils can be a good way to support our health in conjunction with the normal medication that doctors prescribe. Finding the right essential oils is important to ensure that you are buying a good quality product.

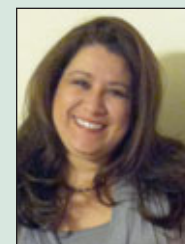
Things to pay attention to when buying essential oil:

- Where the oils are extracted from?
- How are they harvested?
- What is the extract composition?
- What is their quality protocol?
- Are they certified as pure oils?

What systems of the body can be supported with essential oils?

- The Nervous system (emotions)
- The Digestive system
- The Endocrine system
- The Muscular system
- The Respiratory system
- The Immune/Lymphatic system
- The integumentary system

Essential oils can help us improve our health by using them as a preventive help, or as a support in conjunction with our medications. If we can heal faster, why not use these alternative methods to help ourselves?



For more information, you can reach **Ruth Lorena** at (412) 600-1269, email Ruth@EnlightenedHealingEnergy.com, or visit www.EnlightenedHealingEnergy.com.

Empowering Women to Care for their Hearts

It was 15 years ago when Mary Ann Hirt first began experiencing problems with her heart.

"I was coming into my house from walking my dogs, and out of the blue, my heart started to pound so fast; it felt like 500 times a minute," she recalled. "I'm a nurse, and I had no idea what was going on with my heart or why I was feeling that way."

She didn't want to overreact and call 911 prematurely, so instead, Mary Ann went to her neighbor's house to sit and be with someone, hoping the feeling would pass. She felt some improvement, but by the time she walked back to her house, her heart began beating erratically again.

Mary Ann called for an ambulance, was taken to Allegheny General Hospital and was later diagnosed with paroxysmal atrial fibrillation (a-fib), the most common cardiac arrhythmia. Patients with a-fib can live normal, active lives with treatment. However, without proper action, a-fib can lead to stroke, heart failure or even death.

"I was surprised when I got the diagnosis," Mary Ann said. "To my knowledge, there wasn't any history of heart disease in my family."

Like Mary Ann, millions of other women are not aware they are at risk for developing a heart attack, stroke or other cardiovascular diseases.

Cardiovascular disease, particularly coronary heart disease, is the leading cause of death in American women, killing almost twice as many women than all forms of cancer combined. It is estimated that one in four women will eventually die of heart disease or stroke.

Despite an overall reduction in cardiovascular disease deaths in the United States throughout the last several decades, the rate of decline has been less for women than men and less for African-American women than white women, said Indu Poornima, MD, cardiologist and director of the Allegheny Health Network Women's Heart Center.

"So many of our female patients downplay their medical symptoms because they think the feeling will pass or they think they're too busy to see a physician and receive optimal medical treatment," Dr. Poornima said. "But we know the unfortunate results of waiting it out. Women need to pay closer attention to their health, and we – as physicians – need to help them do that."

As for Mary Ann, she had two more a-fib episodes in the last two years and has been successfully treated with blood-thinning medication. She now takes an aspirin a day and leads an active, healthy life as a wife, career woman and volunteer for the Western Pennsylvania Humane Society. But, her story may have been different if she had not been treated for a-fib and continued monitoring her heart health, Dr. Poornima said.

Patient and physician awareness

There are many risk factors for cardiovascular disease than can increase a woman's chance of developing a heart attack or stroke, said Dr. Poornima. These include smoking, hypertension, dyslipidemia, diabetes, metabolic syndrome, high cholesterol, high triglycerides, obesity, sedentary lifestyle, poor nutrition and a family history.

Also, women who are taking contraceptives, experiencing pregnancy or menopause need to be evaluated for potential underlying heart problems. Specifically, women who develop high blood pressure during pregnancy may be at higher risk of heart disease later in life.

Early diagnosis of heart disease is important because two-thirds of sudden deaths occur in women without a history of heart disease. However, diagnosing cardiovascular disease in women presents a greater challenge than diagnosing men, Dr. Poornima said. The symptoms of heart attack differ between women and men. Women more often complain of vague discomfort, shortness of breath or nausea rather than crushing chest pain.

According to Dr. Poornima, women's symptoms sometimes get dismissed as not originating from heart disease because the coronary angiogram looks normal. They can also develop heart attacks without significant blockages in the major coronary

This makes it critical for women to have a close partnership with their primary care physicians, who are in tune with their patients' medical histories and could help recognize any changes in conditions. Women also need access to advanced cardiac imaging to pinpoint the cause and location of any potential coronary disease, Dr. Poornima said. In fact, women with chest pain and a normal coronary angiogram may require additional testing to determine the mechanism of their chest pain.

A Heart Center focused on women

The Women's Heart Center is a resource for women unlike any other in the Pittsburgh area. The primary locations at Allegheny General Hospital and the Wexford Health + Wellness Pavilion focus on helping women gain a greater awareness of cardiovascular disease and teaching them the proper preventative measures. Specialists from the program use the latest technology and tools to give women a comprehensive, gender-specific action plan for preventing and treating heart disease.

"The epidemic in women necessitates a strong emphasis on prevention to reduce cardiovascular disease and also in diagnosing it," Dr. Poornima said. "Our consultations, diagnostic testing and therapies are targeted to prevent a serious cardiovascular event."

The advanced non-invasive cardiovascular diagnostic capabilities at the center include rest and stress echocardiography, nuclear stress testing, treadmill stress testing and Holter monitoring. In addition, the center encourages lifestyle modifications to patients through dietary and exercise counseling, smoking cessation, cholesterol management, diabetes education, blood pressure monitoring, stress management and hormone replacement guidance.

As part of the Women's Heart Center, female patients can access an array of gender-specific preventive, diagnostic and therapeutic heart-related services at our Allegheny Health Network sites: Allegheny General, Allegheny Valley, Canonsburg, Forbes, Jefferson, Saint Vincent, and West Penn, as well the Health + Wellness Pavilions in Bethel Park, Peters Township and Wexford. State-of-the-art diagnostic testing at some of these locations include positron emission tomography (PET), multi-slice computerized tomography (CT), coronary angiography, cardiac MRI and cardiac catheterization with provocative testing for further evaluation.

Added Dr. Poornima, "No matter which location in the network a patient chooses, she will receive comprehensive, specialized medical expertise for any possible heart care need."



**Allegheny
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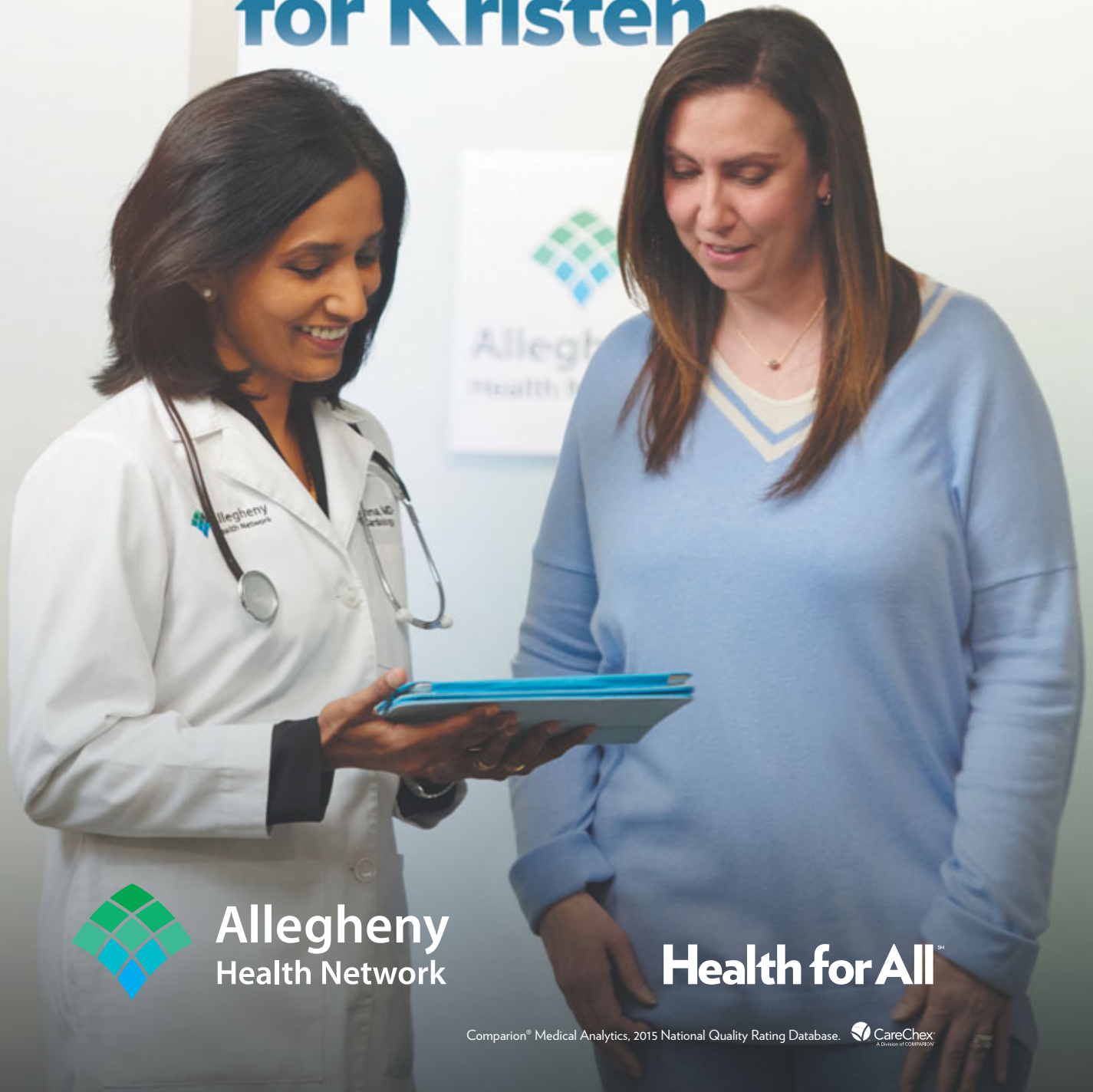
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Benefits of Group Training

By Bill Jones, MS, NSCA-CSCS*D, ACSM-CPT

The hardest step to take toward reaching your fitness goal is often the first one. Finding a community, no matter how small, will almost always make that first step easier. This may be through a Facebook group, group therapy, or – more common in the wellness field – a few people who work out together toward a similar goal. After that first step is taken, you will find that group training offers more enjoyment and a greater sense of accomplishment than trying to complete any task alone.

The benefits are extended beyond yourself to your workout partners as well. You will help keep others accountable just by showing up. You may find that these friendships, formed through exercise, last longer than the time you exercise together and usually run deeper than the training itself, leading to a support group for other aspects of your life.

The advantages of group training are not limited to increases in individual motivation. Participating in group training can also lower the financial cost of working with a qualified Personal Trainer. Normally, group training will be offered for less expensive rates per person than individual training. This gives greater incentives for people to sign up, and also encourages those individuals interested to ask friends and family members to join them in order to take advantage of the savings. Some people may think that the individualization of a program is sacrificed in group training, which may be seen in large classes. However, in groups of six or less, good personal trainers can easily meet individual goals in group settings, especially when the overall goal is weight loss, increasing strength, or improving general health, as these goals can be met in a variety of ways.

Even if you're a seasoned vet in the exercise setting, group training can be beneficial to you. After months of training alone, workouts may become tedious and disheartening when results begin to plateau.



For more information about semi-private training, contact Eric Schmalzried, Fitness Supervisor, at eschmalzried@whs.org or visit wrcameronwellness.org/private-training/small-group-training.

Bill Jones, MS, NSCA-CSCS*D, ACSM-CPT, is an exercise physiologist and personal trainer at the Wilfred R. Cameron Wellness Center. To learn more about the **Washington Health System Wilfred R. Cameron Wellness Center**, visit www.wrcameronwellness.org. For membership information, call (724) 250-5208.

Exercise professionals will know how to get you past these sticking points, and training in groups will make the task of trying new forms of exercise less intimidating. The trainer will be able to structure the session in ways that feel less like a traditional workout, making it more fun. Working out will start to feel like a bunch of friends getting together for a good time.

In the end, it all comes down to either your drive to make a change or your willpower to stick with a program that you believe works. In both circumstances, a community setting and good Personal Trainer will make the process easier, efficient, and more gratifying than tackling it alone, while also lowering the financial cost. So call up a friend, talk to a family member over dinner, or branch out to meet new people who are trying to accomplish similar goals and start reaping the benefits of group training today!

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Pilates - The Fountain of Youth

by Colleen Dachille, MS

I recently observed a woman doing Pilates at my studio. She was close to 70 years old, but she moved better than many 20 and 30 year olds. She moved with the grace and suppleness belying her age. She first began Pilates when she was in her 40's, looking for an exercise method that didn't involve repetitive, rigorous moves on the pavement, or jumping around in a room filled with sweaty bodies!

"Pilates is the fountain of youth" she proclaimed one day.

Pilates truly keeps your body and spirit young. And it does so in very specific ways. Here are just some of the ways Pilates is a veritable fountain of youth.

Breathing. Pilates teaches you to breathe fully and deeply. Oxygen saturation to your cells has been shown to improve energy and cognitive abilities. That means no more sluggish forgetfulness – regardless of your age. Concentration is key as well as your need to stay focused on the movement of your body while breathing in sync.

Quality over Quantity. In Pilates, exercises are so detailed, controlled and encompass so many muscle groups at once, a few well executed repetitions are all that is needed. The movement begins as the core activates and the spine lengthens and other body parts join in the action. Pilates avoids high repetitions, favoring low reps and good form with each move. High repetitions of any specific movement encourages poor body mechanics and stress injuries because of over use and fatigue. Have you ever been to a class and the instructor is screaming in your ear as your complete the 80th leg kick with your form so sloppy your entire body is tensing with strain. Overuse can lead to vulnerability, which in turn promotes injury.

Full Range of Motion. Each movement in Pilates promotes full range of motion of the joints. Such exercise lubricates the joints and preserves healthy tissues for the long haul. Maintaining the ability to sit, stand, kneel and bend is key to longevity and well-being. By contrast, if you were to indoor cycle

exclusively over the long-term you may seriously limit your spinal range of motion and tighten your chest and shoulders. Tight bodies limit movements. When your movement is limited, you become more sedentary and the aging process accelerates. Even doing Pilates once a week can help you avoid this cycle all too associated with aging.

Alignment. Pilates teaches you to work your body symmetrically. We all tend to favor one side in our daily activities – from getting dressed, to washing our hair, or loading the dishwasher. Pilates workouts will counter these movement patterns and help to balance our bodies, literally. Golf and tennis are great sports and exercise methods and can be enjoyed for years as we age. But they hardly work the body evenly. Each swing, step and turn is initiated on one side. Keeping your body well aligned staves off injuries and poor motor patterns that are a hallmark of aging.

Transitions. For the everyday person, injuries happen when we transition from one activity to another – often without us even

being aware. Pilates training focuses in on transitions between moves and within moves, training the body and the mind to control your movements and patterns, smoothly and fluidly.

With less haphazard moves, you'll avoid unwanted incidents and injuries. Medical intervention that is needed to treat these injuries can take a huge toll on the aging process.

All exercise has benefits but many methods fall short of full body wellness. Taken in large doses, many conventional workouts go too far and leave the body prone to injuries and disorders. Certain exercises can result in over-training and other routines under serve your body with minimal benefit.

Finding the right balance of training without exposing the body to sustained inflammatory processes, or neglecting key elements of wellness is a challenge. Pilates exercises can promote the perfect balance of training for optimal daily human performance. If you believe that the fountain of youth means being as active as possible for as long as possible, then Pilates certainly delivers.



Colleen Dachille, MS, is owner of **The Pilates Body**. For more information or to sign up for one of our Pilates, Spinning, TRX or Yoga classes, call (724) 941-2411 or visit at www.thepilatesbody.org



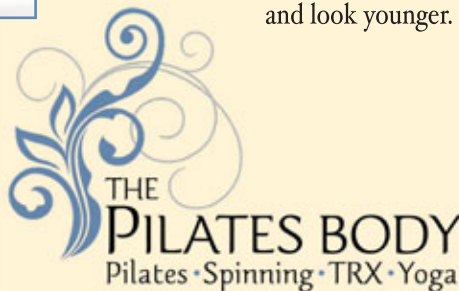
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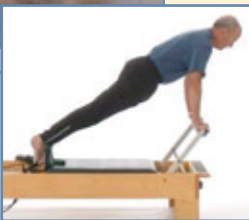
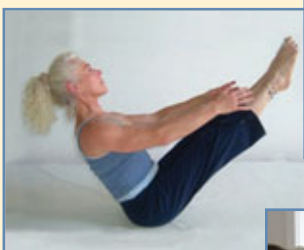


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Health Screenings Can Be Lifesaving – Which Ones Do You Need?

By Nancy Kennedy



Dr. Larry A. Dobkin

Health screenings are those anticipatory tests that are used to assess a person for early signs of disease. They are an essential aspect of preventive care, which also encompasses regular physical exams, vaccinations and patient education. Screenings are intended to detect disease at its earliest stages, when treatment is more likely to be successful.

Preventive healthcare has become increasingly important recently, as it is given new emphasis by the Affordable Care Act; in addition, now that many insured people have higher co-payments and deductibles, they are responsible for a greater share of their health care costs – a strong incentive to remain as healthy as possible.

Health screenings are essential to good health and longevity, but many people have questions: what do I need; when should I start; and how often should I have it?

We found answers to those questions and much more valuable advice from a highly experienced medical expert, Larry A. Dobkin, M.D. Dr. Dobkin is a St. Clair Medical Services primary care physician in the South Hills who is board certified in both internal medicine and geriatrics. Dr. Dobkin sees patients who range in age from 12 to 105, and has been in practice for 32 years.

Dr. Dobkin's recommendations follow. These are general recommendations and individuals should always consult their primary care physician about their personal preventive care needs.

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Annual Wellness Visit

Beginning at 25, everyone should have an annual physical exam. This includes blood pressure, weight and BMI, physical exam, and a discussion of lifestyle, risk factors and family history. Much of this wellness visit should focus on cardiovascular health; your doctor should listen to your heart, lungs and carotid arteries; check your peripheral pulses and ask about chest pain or shortness of breath on exertion. A neuro exam and EKG may be included.

Beginning at 25, everyone should have an annual physical exam

Laboratory Tests

A complete blood count, blood chemistry, and lipid profile (with 14 hours of fasting before) should be completed. Other lab tests may be appropriate, depending on age and condition.

Cancer Screening

Women 40 and older should have an annual mammogram to screen for breast cancer.

Screening for cervical cancer means getting an annual PAP smear, and Dr. Dobkin urges women to see their gynecologists every year for this as well as a pelvic exam: "Too many women neglect to see the gynecologist. A primary care physician is less likely to pick up subtle signs of problems. There's still no screening for ovarian cancer."

At 50, one should have a colonoscopy; if it is negative, then it should be repeated in 10 years. "If one has a primary relative who had colon cancer, colonoscopy screening should begin five years before the age in which the relative was diagnosed," Dr. Dobkin adds. A FIT test should be done annually but it is not a substitute for colonoscopy.

Skin cancer screening should be performed annually with a full body examination. "Basal cell and squamous cell cancer are related to cumulative years of sun exposure and bad sunburns," Dr. Dobkin says.

Prostate cancer is a topic that the physician should begin discussing with male patients at 40. A prostate exam and PSA test should be done annually.

Dr. Dobkin offers low dose lung CT scanning to his patients with a history of smoking. He urges his smoking patients to enroll in a smoking cessation program: "Quitting smoking not only helps your lungs, but your overall health."

Diabetes Screening

An annual fasting blood sugar is recommended, as well as a review of the patient's family history and eating habits. Diabetes is diagnosed if the fasting blood sugar is above 126 for two readings.

Vision and Hearing Screening

Dr. Dobkin examines the eyes at the annual wellness visit, but he also encourages patients to see an eye doctor on a regular basis. "If glaucoma is present and I can see it, then it is likely to be advanced." An examination of the ears for wax impaction and general health is part of a wellness exam also, but if there is concern about hearing loss, the patient should have a screening audiogram.

Hepatitis C Screening

Anyone who has had a blood transfusion before 1991 or has used "recreational" street drugs at any time should be screened for hepatitis C. "It only takes one use to get infected," Dr. Dobkin says. "Even if you snorted it, the nose is highly vascular and you could get the virus in this way." A vaccine for Hepatitis C is on the horizon, he says.

Dr. Dobkin encourages his patients to be pro-active about preventive care, staying up-to-date with screenings so that early signs of problems can be detected and treated effectively.

Anyone who has had a blood transfusion before 1991 or has used "recreational" street drugs at any time should be screened for hepatitis C.



Dr. Dobkin's practice, **Dobkin/Riccelli Associates**, is located at 250 Mt. Lebanon Boulevard, Suite 306, Castle Shannon. To schedule an appointment, please call (412) 563-5560.

Do You Have Sleep Apnea?

by Michael F. Hnat DMD, DABDSM

Obstructive Sleep Apnea (OSA) is a growing epidemic in our U.S. adult population. Current research indicates that it is underdiagnosed and under-treated. Less than 5% of those who actually have OSA have been diagnosed and successfully treated.



Obesity (BMI greater than 30) has been shown to be the underlying cause in half of the cases. But there are numerous other risk factors for the condition that must not be overlooked. It is hardly just the overweight male with an 18 inch neck who snores loudly that can be afflicted with sleep apnea. I have treated many patients who - on the contrary - are as "skinny as a bean," but for other anatomic characteristics that affect their breathing airway during sleep are just as susceptible.

Some of the "classic" risk factors for OSA are loud, disruptive snoring, large tongue, undersized upper and/or lower jaw, droopy and loose soft palate, neck size greater than 17 inch in men and 15 inch in women and nasal breathing limitations which often cause habitual mouthbreathing.

The use of alcohol and sedative medications like xanax, valium and the like - especially in the evening hours - that relax and collapse the airway support muscles are considered lifestyle risk factors for sleep apnea.

In addition, apneics may have one or more characteristic subjective symptoms, such as unrefreshing sleep, excessive daytime sleepiness and lack of alertness, witnessed breathing stoppages and gasping episodes during sleep observed by their bed partner, and reduced dreaming (REM sleep).

Physiological symptoms may include high blood pressure, acid reflux, nocturia (frequent night time bathroom visits), irregular heart rate, including atrial fibrillation and pulmonary hypertension.

Like many other medical conditions, individuals can complete self-screening to help determine if they may be at risk for Obstructive Sleep Apnea and need to follow up with an evaluation by a health professional. If clinical evaluation supports subjective screening, then referral for diagnostic testing to confirm or rule out sleep apnea is in order.

The "gold standard" for assessing daytime sleepiness is the Epworth Sleepiness Scale (ESS). The scale scores one's tendency to doze off in various passive and slightly active situations. A score of 10 or higher warrants clinical follow up.

Untreated severe sleep apnea results in five times the number of cancer deaths for those with all types of cancer.

0 = no chance of dozing
2 = moderate chance of dozing
1 = slight chance of dozing
3 = high chance of dozing

SITUATION	CHANCE OF DOZING
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place (e.g a theater or a meeting)	_____
As a passenger in a car for an hour	_____
Lying down to rest in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped in traffic	_____

To check your sleepiness score, total the points _____

Other simple self screening tests, such as the STOP-BANG or the SLEEP Observer's Scale, can similarly support the need for follow up by a health professional.

A research study showed that OSA was two times the risk factor than smoking and three times the risk factor than high blood pressure and obesity for heart attack. Other recent information indicates that untreated severe sleep apnea results in five times the number of cancer deaths for those with all types of cancer.

If you suspect that yourself or a loved one may have obstructive sleep apnea based on the information above, a self-screening may be the first step you take in saving yours or their life.

Dr. Michael Hnat is the Dental Director of **Progressive Dental Solutions for Sleep and TMJ** in McMurray, PA. The primary focus of his private practice is Dental Sleep Medicine (DSM) and the use of oral appliances in the treatment of snoring and obstructive sleep apnea. His facility was one of the first in the country to receive full accreditation from the American Academy of Dental Sleep Medicine recognizing professionalism and proper protocol in patient care. For more information or to make an appointment with Dr. Hnat, call (724) 942-5630 or log on to the website www.progressivedentalsolutions.com



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Everything You Need to Know About Diagnostic Imaging Tests

Save this Guide for future use in 2016!

By Nancy Kennedy

In 1895, a German physics professor named Wilhelm Roentgen was doing experiments in his lab when he inadvertently discovered “a new kind of light” that he called x-ray – “x” meaning “unknown.” The first x-ray ever taken was an image of Roentgen’s wife’s hand, complete with wedding ring. The discovery stunned the world, which had never imagined seeing the interior of the body without cutting it open. While some saw entertainment value in x-rays and offered the public “bone portraits” at carnivals, the medical profession immediately recognized the potential of x-ray. The discovery of x-ray completely revolutionized medicine and has evolved into radiology, the high-tech, dynamic medical specialty that uses imaging for diagnostic and therapeutic purposes. The radiology department of a hospital is a constantly active place, where specially trained technicians work with complex imaging equipment. This is certainly the case at St. Clair Hospital, where Frank Torok, M.D., a board-certified radiologist and nuclear medicine specialist, performs a full range of medical imaging studies.

Diagnostic Imaging Advances at St. Clair Hospital is State-of-the-Art

Ultrasound

Ultrasound produces sound waves and measures what comes back; it does not involve radiation. Ultrasound is useful for diagnosing problems in the abdomen, such as gall stones and liver disease. It is commonly used in obstetrics: the fetus is evaluated at 18-20 weeks for an anatomic survey that is essentially a pre-natal physical exam. “At St. Clair, we have a high-risk OB ultrasound department with highly trained technicians, working with perinatologist Ronald Thomas, M.D.,” Dr. Torok says. “We also use ultrasound for pelvic pain, to help diagnose gynecologic problems such as ovarian cancer.”

Ultrasound plays a key role in breast cancer detection. “Some things can’t be seen on a mammogram,” Dr. Torok says, “and we do ultrasound when the patient has a breast lump. For women with dense breast tissue, a screening ultrasound can be a good idea.”



Dr. Frank Torok

X-Rays and CT scans

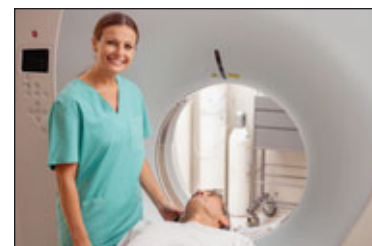
X-ray is used primarily for images of bones and to evaluate trauma, infection, pain and arthritis. “If x-ray doesn’t give you the information you need, then you proceed to problem-solving imaging, which includes CT scans,” says Dr. Torok. CT means computerized tomography, essentially a 3D x-ray. A CT scan enables the radiologist to image soft tissue and bones; it is useful to evaluate pain in the chest, head, abdomen and other organs. “A CT scan is more informative than an x-ray; it can show a ruptured spleen, a laceration in an organ, or a brain hemorrhage. We do many CT scans in the Emergency Room. CT is the initial imaging procedure for evaluating stroke; a CT angiogram involves the injection of dye so that we can visualize the vessels of the head and neck and can see blocks or aneurysms.”



According to Dr. Torok, CT scanning is useful in the diagnosis of cancer and for monitoring the progress of cancer treatment. It is often employed as a guide for biopsies of the lung, pelvis, abdomen and bones. Newer applications of CT scans include CT colonography, which is less invasive than a colonoscopy, and cardiac CT scanning, which allows visualization of the coronary arteries.

Magnetic Resonance Imaging: MRI

MRI does not use radiation, but strong magnetic forces. It is especially useful in neurology, for diagnosing problems with the brain and spine, and in orthopedics. “An MRI of the spine allows us to see the bones, spinal cord, nerves, discs and spinal fluid,” Dr. Torok explains. “MRI is very helpful for diseases of the brain and nervous system, including cancer, whether it is a primary brain cancer or metastatic cancer. MRI is the definitive diagnostic test for stroke and is useful in the diagnosis of orthopedic problems. We use MRI to visualize masses on the liver, kidneys and adrenal glands as well.” MRI is diagnostic for breast masses, can be used to identify the stage of breast cancer, and can be used to guide breast biopsy.



Nuclear medicine

Nuclear medicine studies are unique, as the only imaging technology that not only provides images of internal structures, but also studies the functioning of organs. Nuclear medicine involves the administration of radioactive compounds into the body, followed by a scan that provides data to further a diagnosis or treatment plan. A primary use of nuclear medicine is to evaluate metastatic bone cancer, using radioactive tracers to locate tumors. Nuclear medicine scans can evaluate fractures and joint prostheses; look for clots in the lungs; or study contraction of the heart or gall bladder.

Advances in imaging technology have been the driving force behind transformative changes in medicine over the past several decades, in every specialty. Imaging technology has led to faster and more accurate diagnosis, more focused treatments and fewer invasive surgical procedures. Radiology touches almost every patient, no matter what disease, injury or condition has brought them into the healthcare setting. “In radiology, we do an extraordinary range of procedures, and at St. Clair we have the most advanced, cutting edge technology available,” Dr. Torok says. “The technology is awesome but we can never lose sight of the fact that those images represent a person who deserves to be treated with compassion, dignity and respect.”

Radiology touches almost every patient, no matter what disease, injury or condition has brought them into the health-care setting.

Mammography

The mammogram, an x-ray of the breast, is one of the most commonly performed imaging studies and can be either a routine screening study or a diagnostic one. Dr. Torok says that the digital 3D mammogram is becoming the standard for mammography and is now done routinely at the St. Clair Hospital Breast Care Center, which recently opened a second location at St. Clair’s Outpatient Center in Peters Township. A 3D mammogram is breast tomosynthesis, which is similar to a CT scan. It provides radiologists with more detailed images that enable them to detect small cancer lesions earlier. Mammography is also used prior to breast surgery; under mammographic guidance, a wire can be placed directly into a tumor and the surgeon can then follow the wire right to the target lesion in the operating room.”



St. Clair Hospital offers state-of-the-art diagnostic imaging services at multiple locations: the Hospital; St. Clair Outpatient Center – Village Square in Bethel Park and the St. Clair Outpatient Center - Peters Township; and the MRI Center on Broughton Road. The Oxford Drive and Peters Township locations boast new, state of the art Breast Care centers. For more information, visit www.stclair.org

What Is Your Body Telling You?

By *Bethany Narey, CCT*

Do you ever wonder what your body is trying to tell you? Whether you have medical concerns or just want to be proactive about your health, your body is always trying to tell you something. But what is it?

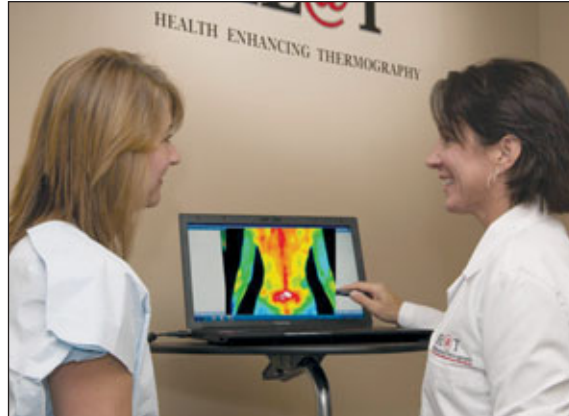
Thermography offers a unique look at how your body is functioning with NO adverse effects. Thermography is a pain-free medical imaging tool that can be used to help diagnose many diseases and dysfunctions. However, sports medicine and women's breast health are two main areas where thermography is best utilized.

As with anything, sports can open up a doorway for injuries throughout the season. Digital infrared thermal imaging also known as thermography plays a huge role in sports medicine. Because thermography is risk-free, portable and, radiation-free, it is an ideal tool for assessing injury and helping aid clinical decisions.

Thermography is able to 'see things' outside of other diagnostic tools. Meaning, instead of looking for a break or a structure like other medical imaging tools, thermography looks for cellular and vascular dysfunction through temperature patterns.

This is ideal for injuries such as ankle injuries, stress fractures, myofascial pain syndromes, spinal pain syndromes, shoulder injuries, foot pain syndromes, and vascular disorders, just to name a few that are not visible through other standard tools. Thermography offers an invaluable window into the sympathetic response to pain and injury.

Often younger children struggle with telling you where their pain is com-



ing from leaving it difficult for parents and medical professionals to know where and how to treat the patient.

Because thermography is the only medical imaging tool that can visualize pain through temperature dysfunction, it is ideal for children who have difficulty accurately expressing their pain and discomfort.

Aside from sports injuries, there has been a large emphasis on women between the ages of 25-39 that are being diagnosed with invasive breast disease.

Experts are struggling to conclude why these numbers are slowly rising but women are struggling with where to go from here. Mammograms are still not recommended for women under the age of 40 and in some

cases women under the age of 50.

This is for various reasons but mainly, radiation exposure and dense breast tissue. Thermography is ideal for women under the age of 40 because it offers a safe option in your breast health screening. Researchers this year concluded that with the utilization of self-breast examination, mammography, and thermography, one has a 98% detection rate. Find out what your body is trying to tell you through thermography.



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Mobile Vision Care: 'Eyewear on Wheels'



by Ed Unverdorben

We all know how important a good thorough eye exam is for the health of the eyes and proper vision. It is important to arrange a visit each year with your eye doctor so he can evaluate your vision and eyewear needs. But one of the challenges families and caregivers face today is scheduling time and transportation to and from services for their elderly loved ones. Arranging vision and optical appointments means taking time off from work or using personal days which can be inconvenient as well as a strain on the budget.

Too often, eye appointments are delayed or left unscheduled. You don't want to inconvenience family or friends, can't take off work, or you are just too busy. This can lead to problems down the road.

Mobile Vision Care can bring the solution to you. For over 25 years, Mobile Vision Care has been providing full service optical and eyewear services to the elderly and home bound in the comfort of their own home and care facilities. After you receive your eye glass prescription from your doctor, Mobile Vision Care can schedule an In-Home appointment to help you choose the right frame and lenses from a large selection that will fit your needs. You can schedule a time when your family can be there to get answers for any question you might have about your new prescription and eye glasses.

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- A large selection of frames and lenses to choose from.
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Ed Unverdorben

➤ Call your Eye Doctor today for a good eye exam and evaluation, and then call **Mobile Vision Care (412) 849-4564** for the best in Optical Eyewear Services. They will take care of all your eyewear needs in the comfort of your own home. Visit www.mobilevisioncarepgh.com or email **Ed Unverdorben** at mvcsupply@hotmail.com.

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If you would like to reserve a space in our 2016 Annual Healthcare Guide, call (412) 835-5796 or email goodhealthmag@aol.com

Regular Eye Exams Critical to Early Diagnosis, Treatment of Glaucoma

By **Louis A. Lobes, Jr., M.D.**

Primary open angle glaucoma is a chronic and progressive eye disease occurring mostly in adults. It is the second leading cause of blindness worldwide affecting approximately 2 percent of adults 40 years and older. The 2.2 million patients affected in the United States are expected to rise to 3.3 million by 2020.

The disease occurs when increased pressure within the eye, combined with currently unknown other factors, leads to damage to the optic nerve. The optic nerve is the large nerve at the back of the eye that carries the entire message of vision back to the region of the brain that allows us to see what the retina has recorded. It most often affects both eyes, but the severity of the damage may be different in each eye.

Most patients with glaucoma do not have any symptoms, but as the disease progresses the ongoing damage to the optic nerve gradually reduces the peripheral field of vision which, in its severe form, can significantly restrict mobility and quality of life. Because of its silent presentation, the only way to detect it in its early stages is to have a comprehensive eye examination every two years, and perhaps yearly after the age 65.

There are many treatments that have proved successful



Dr. Louis A. Lobes, Jr.

in helping to preserve the visual fields and optic nerve of patients with glaucoma. These include daily drops, laser treatments and various types of surgery.

As with other chronic and progressive diseases, the best outcomes are possible when the disease is diagnosed in its earliest stages, and the patient is able to persist with the continued, accurate use of the medicines prescribed by the treating physician, even though the patient has no actual adverse visual symptoms during that time.

Therefore, the best way to discover if you are a glaucoma patient and the best way to

diagnose the disease in its early stages is to regularly have comprehensive eye exams even if you have no visual symptoms. And, if you are diagnosed with glaucoma, you must follow up as recommended by the treating ophthalmologist, and accurately and persistently use the prescribed medications.

Louis A. Lobes, Jr., M.D., a board certified ophthalmologist in Pittsburgh, Pennsylvania, is board chairperson of Blind & Vision Rehabilitation Services of Pittsburgh. The 105-year-old private nonprofit, is a leader in programs and services for people of all ages who are blind, vision impaired, or have other disabilities. Its mission is to change the lives of persons with vision loss and other disabilities by fostering independence and individual choice.

Blind & Vision Rehabilitation Services offers comprehensive and personalized computer instruction, employment and vocational services, personal adjustment to blindness training, in-home instruction, low vision services, vision screenings for children and adults, and an industrial employment program.

Blind & Vision Rehabilitation Services also offer employment support services in Fayette, Greene, and Washington counties, and in Somerset County we offer vision screening and transportation services. BVRS is accredited by the National Accreditation Council for Blind and Low Vision Services (NAC).

For more information, you can reach **Blind & Vision Rehabilitation Services** of Pittsburgh at **(412) 368-4400**.

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Diagnosing and Treating COPD

By Daniel Casciato

Chronic Obstructive Pulmonary Disease (COPD) affects an estimated 24 million people in the United States. According to the COPD Foundation, over half of these individuals have symptoms and do not know it. In fact, many people who have COPD often mistake their increased breathlessness and coughing as a normal part of aging process. Early screening can identify COPD before major loss of lung function occurs.

“COPD is a systemic disease that increases the risk of lung malignancy and chronic respiratory failure,” says Nadine Dandachi, M.D. of Washington Health System Pulmonary and Critical Care Medicine. “It’s the third leading cause of death in the United States and a major contributor to disability after cardiac diseases.”

SYMPTOMS OF COPD

The symptoms most often associated with COPD include:

- Increased breathlessness
- Frequent coughing (with and without sputum)
- Wheezing
- Tightness in the chest

“Dyspnea, chronic cough and sputum production or what is called the smoker’s cough are the more common symptoms of COPD,” says Dr. Dandachi. “Less common will be wheezing and chest tightness.”

Dr. Dandachi says that COPD is diagnosed by the presence of symptoms, suggestive history and pulmonary function tests (PFTs). If you have symptoms of COPD and a history of exposure to lung irritants your physician may recommend PFTs, which Dr. Dandachi calls the cornerstone of the diagnostic evaluation for patients suspected to have COPD.

Spirometry is the most common PFT. During this test, the patient blows into a large tube connected to a spirometer. It measures how much air your lungs can hold and how fast you can blow the air out of your lungs. Other PFTs include measurement of lung volumes, diffusing capacity and pulse oximetry.

COPD RISK FACTORS

The most important risk factor of COPD is cigarette smoking. In developing countries, Dr. Dandachi says that biomass fuel plays an important role.

“For example, in the United

States, 90 percent of COPD patients have a history of cigarette smoking and almost all cigarette smokers at some point will develop reduced lung function,” she says.

Other environmental factors like exposures to fumes and organic and inorganic dusts account for the other COPD patients. A rare disease called alpha-1 antitrypsin is the cause in less than 2 percent of patients, she adds.

“The most important step that the COPD patients can take to improve symptoms and halt the deterioration of their lung function is smoking cessation,” says Dr. Dandachi. “Another modality that showed improvement in symptoms and quality of life in patients with COPD is pulmonary rehabilitation. Long term oxygen therapy in patients with severe hypoxemia—low oxygen saturation—is the only other treatment that decreases mortality.”

TREATING COPD

Depending on the severity of your COPD, this disease is typically treated with a combination of bronchodilators (inhalers), pulmonary rehabilitation and supplemental oxygen if necessary. Bronchodilators help to relax your muscles around



Dr. Nadine Dandachi

your airways. This can relieve your coughing and shortness of breath while making it easier for you to breathe.

A pulmonary rehabilitation program combines education, exercise training, nutrition advice and counseling. Specialists will tailor your rehabilitation program to meet your needs. If you are not receiving enough oxygen in your blood, your physician may recommend supplemental oxygen.

Unfortunately, there is no cure. Once lung destruction occurs, there is no turning back, notes Dr. Dandachi. “However, smoking cessation can slow down deterioration of lung function,” she says. “Hence, if COPD patients want to do one thing, it should be to stop smoking.”



For more information, call (724) 222-2577 or visit www.whs.org.

Smoking and COPD: Why Quit Now?

By Carla A. Conrad, MS, RRT-NPS

Are you a smoker living with COPD? If the answer is yes, there is a chance you may have asked yourself what the benefit is in quitting. I often talk with older smokers who argue that too much damage is done to their lungs, and that quitting smoking would not benefit their health.

This argument could not be further from the truth. Even if you have smoked for the better part of your life, you can still reap many of the benefits that quitting smoking will give you. The best treatment for COPD is to quit smoking—it will benefit your body and lungs in ways that respiratory medicine cannot.

The short-term benefits of quitting are quite remarkable. Consider that 20 minutes after quitting smoking, your heart rate and blood pressure decrease. 12 hours after quitting, the carbon monoxide level in your blood becomes normal. 2 weeks to 3 months after quitting, your circulation and lung function improve. 1 to 9 months after quitting, coughing and shortness of breath decrease, and your lungs are better at clearing mucus. For someone with COPD, these changes mean a reduced risk of infection, less risk of lung disease exacerbation, and the possibility of being less dependent on respiratory medications. Research by Fletcher and Peto (1977) reveals that lung function reduction, disease symptoms, and disability can be put off for a number of years when individuals quit smoking.

The idea of quitting smoking loses its appeal when you consider the withdrawal symptoms that come with it. Who really wants to feel bad? However, it is important to remember that nicotine withdrawal is temporary and will



pass. The physical symptoms, such as moodiness and poor sleep, subside within the first month of quitting. Talk with your doctor about quitting options. It’s not too late to quit smoking and breathe better.

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Carla A. Conrad, MS, RRT-NPS is Director of Tobacco and Health Programs at **Breathe Pennsylvania.**



Carla A. Conrad

About Breathe Pennsylvania

Headquartered in Cranberry Township, Pa., Breathe Pennsylvania helps western Pennsylvanians breathe better and live healthier through empowering individuals through awareness, education, and direct services. For more information about specific lung health education and advocacy programs for children and adults, visit www.breathepa.org or www.facebook.com/BreathePA or call 1-800-220-1990.

Chronic Obstructive Pulmonary Disease

COPD Patients Encouraged To Take Advantage of Pulmonary Rehabilitation

By Jeanette Kochman, PT, DPT, OCS

Pulmonary rehabilitation has been clearly demonstrated to improve quality of life in individuals with COPD. Too often, those with chronic lung disease find themselves in a downward spiral of inactivity and isolation. The good news is, there is something out there to inhibit this downward spiral.

Pulmonary rehabilitation is an evidence-based treatment approach designed to reduce symptoms (like cough, sputum, shortness of breath), optimize function, and reduce healthcare costs (ER visits, hospitalizations). A dedicated team of healthcare professionals including a medical director, physical therapists, respiratory therapists, nutritionists, and social workers work together to develop an individualized treatment plan to meet each patient's unique needs. Exercise training, patient education, and health-enhancing behavior

change are the cornerstones of pulmonary rehabilitation. The ultimate goal is to enable individuals to be active and participate in the things that are important to them.

Pulmonary rehabilitation may be initiated at any stage of the disease. The program is covered by most insurances. The recommended frequency and duration is 2-3x/week for 8-12 weeks.

Upon graduating from pulmonary rehabilitation, patients are encouraged to participate in a maintenance exercise program which is offered at the rehabilitation facility. This enables graduates to maintain the gains they made during rehabilitation. In the absence of any maintenance strategy, benefits of rehabilitation diminish over 6-12 months.

Quarterly support groups are offered for continued educational opportunities, and to promote camaraderie. These are open to current program participants, graduates, and their friends/families.

Patients will not receive pul-

monary rehabilitation unless they are referred. Though it is the standard of care for individuals with COPD, it is grossly underutilized. A lack of physician and patient knowledge regarding the benefits of pulmonary rehabilitation contributes to the gap between the science and benefits of pulmonary rehabilitation and the actual delivery of services. You can help bridge this gap.

If you have COPD and want to increase your daily physical activity levels, and better understand the disease and how to manage it, talk to your doctor about a referral for pulmonary rehabilitation.

> Jeanette Kochman, PT, DPT, OCS, is a doctor of physical therapy who specializes in orthopedics, as well as pulmonary rehabilitation at **Lifeline Therapy**. For more information, you can reach her at **(412) 829-2450**.



Physical Therapist Jeanette Kochman, PT, DPT, OCS, with a patient at Lifeline.

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MENTAL HEALTH



Treating Seniors Who Are Suffering from Major Depression

By Daniel Casciato

People may occasionally get the blues. But when your depressed state begins to interfere with your quality of life, and you're no longer enjoying simple pleasures, it could mean a more serious problem.

If you are feeling depressed a majority of the time, most days of the week, for a period of two weeks, you could have Major Depression.

Also known as Major Depressive Disorder, the number of symptoms and the severity of symptoms you may have make this the most serious type of depression. While many people have experienced temporary sadness lasting a few hours or days, Major Depression is a serious condition, affecting your ability to function over a long period of time.

"People with major depression are consistently sad or feel 'down in the dumps' for at least two weeks or longer," says Haranath Parepally, M.D., psychiatrist at Ohio Valley Outpatient Psychiatry. "In addition, they have lost interest in activities they normally enjoyed. For instance, if someone who enjoyed golf no longer has interest in playing or someone who loved to crochet no longer has any interest, they could be suffering from major depression."

Some other symptoms you experience include:

- Weight loss or gain
- Difficulty falling asleep or sleeping too long
- Lacking energy
- Feeling worthless or guilty
- Trouble concentrating or making decisions
- Thoughts of suicide

Among seniors, major depression is one of the most common forms of mental illnesses. Several factors, or a combination of factors, may contribute to depression, including family history, brain chemistry, and stress. Seniors who had depression when they were younger are more at risk for a relapse later in life than those who did not have depression when they were younger.

For those seniors who experience depression for the first time, the depression may be related to changes occurring in your brain and body as we age. It can also arise as a result of other stress of having a serious medical illness, such as cancer, heart disease, and Parkinson's disease. Oftentimes, a severe loss, such as losing your spouse or child, can put someone in a major depressive episode, adds Dr. Parepally.

The good news is depression is one of the most treatable medical illnesses. Once a mental health professional diagnoses you with depression, they will work with you to choose an appropriate treatment. This could include cognitive behavior therapy, support groups, and/or medication. Dr. Parepally notes there are several treatments available.

"If it's severe enough, medication is often the first choice," he says. "But medication plus cognitive behavior therapy is better than medication alone or therapy alone. If the depression is rather mild in nature, and you are not in a very severe major depression, you may respond well to a weekly session of therapy."

Dr. Parepally stresses that the first step is to get help immediately at the early signs of depression. In fact, according to the National Institute on Mental Illness, about 60 to 80 percent of people who are diagnosed can be treated successfully by actively participating in a treatment plan.

"Since major depression is a highly treatable illness, we advise people to seek help immediately," says Dr. Parepally. "If you notice a loved one is depressed, help him or her see a doctor or mental health professional. We have had good response to treatment. That first episode is relatively easier to treat than a monthly reoccurring episode of depression. The sooner you receive treatment, the better. At the very least, we recommend speaking with your primary care physician first and then seeking professional help."



"People with major depression are consistently sad or feel 'down in the dumps' for at least two weeks or longer. In addition, they have lost interest in activities they normally enjoyed."

-Dr. Haranath Parepally

> For more information or to make an appointment with Haranath Parepally, M.D.,

psychiatrist at Ohio Valley Outpatient Psychiatry, call (412) 458-1331.



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The Laparoscopic Approach to Colon Cancer

By Daniel Casciato

Laparoscopy, with its tiny incisions and quick recovery, has revolutionized the surgical procedure for patients with colorectal cancer.

Whether you have a benign or malignant tumor, most patients are good candidates for this minimally invasive procedure. Extensive previous surgery or other health issues, such as severe cardiopulmonary disease, can be relative contraindications.

While there are several different techniques surgeons use to perform laparoscopic surgery, the goal is the same—to decrease pain and speed recovery by eliminating the need for a large abdominal incision.

BENEFITS OF LAPAROSCOPIC SURGERY

The laparoscopic approach is the same type of surgery that is done for gallbladders. Through several tiny 1 to 2 cm incisions, ports can be placed to remove the diseased section of the colon with the same long term results as an open procedure or



Dr. Brent E. Angott

large incision. The benefit of doing the procedure laparoscopically is short term recovery.

“My patients with laparoscopic colon surgeries stay an average of three to four days in the hospital and some have gone home as quick as 24 hours,” says Brent E. Angott, D.O., a general surgeon with Angott

Surgical Associates and Surgical Medical Director at Washington Health System. “The pain is less and therefore requires less post op narcotics. Patients are able to eat the same day as their surgery.”

Studies, such as the National Surgical Quality Improvement Program (NSQIP), have shown a 40 percent reduction in wound infections. Patients are also at less risk for incisional hernias. According to Dr. Angott, it also has been proven that elderly patients have a better likelihood of returning home rather than to a skilled nursing facility for rehabilitation.

“Younger patients are able to return to work within two weeks of their surgery,” he adds. “I have had patients jogging two weeks post op. Basically, there is less down time.”

PREVENTING COLON CANCER

If you want to prevent or minimize your risk for colon cancer, the first and most important thing you can do is screening. “It is estimated that 50 percent of colon cancer can be prevented with screening colonoscopy,” says Dr. Angott. “Regardless of preventative measures, one can not avoid the hereditary component of colon cancer.” Besides this, there are several steps you can do to decrease the odds of colon cancer:

- **Quit smoking:** smoking is directly linked to 30 percent of all cancer related deaths in the U.S.
- **Exercise more:** in a met analysis of 52 studies, there was a 24 percent risk reduction in colon cancer when comparing the most active to the least active individuals. It is estimated that polyp formation may be reduced by 15 percent.
- **Lose weight:** obesity has been estimated to cause 20 percent of all cancers.
- **Watch your diet:** limit intake of red meat and processed meats.
- **Get more calcium:** higher intake of dairy and calcium has been linked to a decrease in the number of reported colon cancers. American College of Gastroenterology has recommended calcium supplementation to prevent colon polyp formation.
- **Take Vitamin D:** vitamin D has shown some benefits.
- **Limit alcohol intake:** European Prospective Investigation into Cancer and Nutrition study found a 10% attributable risk for cancer development in men and 3 % in women.

PREPARING FOR SURGERY

Preparing for surgery to improve your outcome is very important. Exercise, maintaining a healthy body weight, avoid tobacco and keeping a positive attitude will help speed your recovery.

“I like to approach each patient as a teammate,” says Dr. Angott. “We are both going to do our part to make the recovery process smooth. Most of my patients are ambulating with in the first 24 hours. The quicker they return to activity, the quicker they recover.”

The location of the tumor does not effect your outcome unless it is in the rectum. The spread of colon cancer is hematogenous and through the lymphatics, according to Dr. Angott.

“The most important prognostic factors of all colon and rectal tumors are the level of invasion into the colon wall, positive lymph nodes and distant spread, also known as metastasis,” he says.

The location is important in rectal tumors due to a different lymphatic drainage. Dr. Angott notes that is why rectal tumors sometimes require preoperative radiation treatment. The surgical treatment can be carried out laparoscopically for virtually any location of colon tumor. The bowel can be removed and then reattached in almost all cases.

WHAT IS LAPAROSCOPIC SURGERY?

Laparoscopic surgery is a technique where the surgeon makes several small incisions, usually about 1 to 2 cm, instead of a single large incision.

HOW LONG DOES IT?

The procedure usually takes 30 to 45 minutes.

ARE YOU A GOOD CANDIDATE?

Some patients are not candidates for this type of surgery. Several factors must be considered including the reason for your operation, prior abdominal surgeries, severe obesity and a history of serious medical conditions (such as severe heart or lung disease). You and your surgeon must decide the best surgical technique for your specific condition.

WHY SHOULD YOU GET IT?

- Less post operative discomfort since incisions are smaller
- Faster recovery times
- Shorter hospital stays
- Earlier return to full activities
- Much smaller scars



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Dr. Brent Angott can be reached at (724) 222-9500. For more information, visit www.whs.org.



Hearing Health

8 Tips That Preserve Your Technology and Protect Your Hearing



by Nicole Wasel, Au.D., CCC-A

Thanks to hearing aids, people are able to engage in more activities. Protect your technology with these tips and tricks specifically created for a winter full of festivities and fun.

1. TEMPERATURE CHANGE.

Moisture from a drastic change in temperature (like walking into your cozy home from a chilly outdoor adventure) can damage hearing aids and shorten battery life. Earmuffs, a hat, or an umbrella will help prevent unwanted moisture.

2. WATER-RESISTANT TECHNOLOGY. If you lead an active lifestyle through the seasons, consider choosing water-resistant hearing aids. These devices have a coating that protects them from perspiration and water drops.

3. MAKE SURE YOU'RE COVERED. Behind-the-ear hearing aids are at risk for damage due to the humidity from sweat. Ask us about hearing aid protection to reduce exposure to moisture, dirt, and dust.

4. HIGH AND DRY. Hearing aid dehumidifiers rid your technology of moisture overnight so they're ready to go in the morning. Use this tool year round to help extend the life of your technology.

5. DON'T BLOW IT. Snowblowers are estimated to range from 90 to 106 decibels (hearing damage starts at 85 decibels). The longer you're exposed to this noise, the greater your risk for hearing damage. Make sure you adjust the volume settings on your devices, or pick up a pair of decibel-reducing earmuffs.

6. SOAKED, NOT SUNK. If your hearing aid has gotten wet, remove the batteries immediately, store the hearing aid in a dry-aid kit or dehumidifier, and contact us to find out if other steps should be taken.

7. CAN'T STOP, WON'T STOP. Keep your batteries (and hearing aids) in tip-top shape by keeping them away from excessive temperatures. To help ensure your batteries perform efficiently, leave the battery door open at night or whenever you're not using them.

8. SAFETY FIRST. When snow hits the ground, the fun outdoor activities begin. Risking damage to or loss of your hearing aids in the snow is not so entertaining. To keep the fun and your technology going, ask about adjustable retention products for hearing devices.



Dr. Nicole Wasel, Au.D., CCC-A, is committed to providing patient education, counseling and hearing solutions to patients of all ages and abilities. She works at **Washington Ear, Nose and Throat** located at 80 Landings Dr., Suite 207, Washington, PA 15301. Dr. Wasel is a member of the American Speech, Language and Hearing Association. Dr. Wasel also serves as a field instructor for both West Virginia University and University of Pittsburgh audiology students.



COULD YOU BE MISSING OUT ON THE LITTLE THINGS IN LIFE THAT MATTER MOST?

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TYPE 1 DIABETES STUDY SEEKS PARTICIPANTS

International Study Examines How Type 1 Diabetes Occurs and How to Prevent the Disease

By Daniel Casciato

FIRST DEGREE RELATIVES OF PEOPLE WITH TYPE 1 DIABETES HAVE A 15 TIMES GREATER RISK FOR THE DISEASE THAN PEOPLE WITH NO FAMILY HISTORY. WHILE SOME RISK GENES ARE KNOWN, THESE DO NOT IDENTIFY PEOPLE WHO WILL GET DIABETES, RESEARCHERS CAN DETECT ANTIBODIES THAT SIGNAL AN ATTACK ON THE INSULIN-PRODUCING BETA CELLS MONTHS OR YEARS BEFORE DIABETES FULLY DEVELOPS.

Type 1 diabetes is a life-long disease that occurs in both children and adults. It develops when the body attacks and destroys insulin-producing cells in the pancreas. The immune attack that leads to diabetes can go on for years before the person has symptoms. A blood test performed in a research laboratory can tell if there are signs that the attack has begun.

Type 1 Diabetes TrialNet

Natural History Study of the Development of Type 1 Diabetes

TrialNet Pathway to Prevention

Do you have a Family Member with Type 1 Diabetes?

Currently recruiting adults and children.

Researchers at the University of Pittsburgh are recruiting family members of people with Type 1 Diabetes for a research study.

This study screens relatives for risk of developing Type 1 Diabetes. This study will help researchers learn more about how Type 1 Diabetes develops and identify ways to delay or prevent it.

Eligibility:

- Ages 1-45 with sibling, parent or child with type 1.
- Ages 1-20 with cousin, aunt/uncle, niece/nephew or grandparent with type 1.

Call us today to speak with one of our research nurses.
412-692-7241 or Trial-Net@pitt.edu

Does someone in your family have type 1 diabetes?

FIND OUT IF OTHERS IN YOUR FAMILY MIGHT DEVELOP IT. GET SCREENED!

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Eligible participants for screening to prevent diabetes include:

- Those 1-45 years old with an immediate family member with Type 1 diabetes (such as a child, parent, or sibling)
- Those 1-20 years old with an extended family member with Type 1 diabetes (such as a cousin, niece, nephew, aunt, uncle, grandparent, or half-sibling)

TESTING FOR DIABETES

TrialNet, a network of 18 clinical centers working with more than 200 screening sites throughout the United States, as well as centers in Canada, Finland, United Kingdom, Italy, Australia, and New Zealand, is currently conducting a study, A Pathway to Prevention, to identify family members who are most at risk and to prevent the process from progressing to diabetes. TrialNet is supported by the National Institutes of Health (NIH), which is part of the United States federal government. It is also supported by other major diabetes organizations.

“When you conduct a study like this, the only way you will ever get anywhere is by many colleagues working together and working together as a team,” says Dr. Dorothy Becker, professor of pediatrics at the Division of Endocrinology and Diabetes at Children’s Hospital of UPMC, and a principal investigator of the study in Pennsylvania and the Tristate area. “TrialNet really represents centers around the country that compete for NIH support and the University of Pittsburgh is one of these centers.”

According to Dr. Becker, the purpose of this research study is to learn more about how Type 1 diabetes develops to better characterized the risk of diabetes and identify factors that may be important to the pathway for prevention and improved treatments. We know that the youngest children have to most rapid progression once risk is identified. A number of medications are being used in trials aimed to prevent T1D from developing in these at risk individuals. Other trials involve people with new onset T1D who are about to enter the remission or honeymoon period. During this time the pancreas is again able to make some of its own insulin and the aim is to preserve this. “We need to try to find interventions that might prevent diabetes or might prevent further destruction of the cells that make insulin once people get diabetes,” Dr. Becker says. “As I tell my research staff, we need to put ourselves out of a job. We can move forward and move the field forward until we find a solution that does work.”



“Even if people get diabetes, those who are participating in research studies always do a lot better than people who are not in research studies. They are diagnosed earlier and are much less likely to be severely ill and that’s been proven over and over again.”

-Dr. Dorothy Becker

Diabetes

PARTICIPATING IN THE STUDY

TrialNet is actively recruiting close family members (including cousins, nieces and nephews) of people who have diabetes because they are likely to be at higher risk of developing it themselves. The aim of the study is to learn more about how diabetes occurs by looking at early markers of diabetes in the blood. The study consists of an initial screening visit for all eligible volunteers. A blood sample will be collected and screened for diabetes-related autoantibodies. If more than one of these antibody markers are present, there is a high risk, but we cannot predict when diabetes may occur –it could be weeks, months or many years. About 5 percent (or 1 in 20) eligible volunteers are expected to screen positive.

“The most important thing for people to know about any trial is that, yes, this may or may not be effective, however it is worth a try,” says Dr. Becker. “This will not cost consumers any money because it is research and your insurance is never charged. The screening test involves one blood draw. For the current new onset trial, you do have to spend a couple days in the hospital, but we have heard from people who have learned they have diabetes that it’s worth it because it ultimately can lead to better health for them down the road.”

TESTING NEGATIVE

If the results of your test are negative, TrialNet will inform you via a letter. Over 95% of the people tested are negative for signs of increased risk. While testing negative does not mean you will never get diabetes, your risk is much lower than if you had tested positive.

However, that might change in the future.

It’s recommended that if you are under 18 years old, you can be screened every year. TrialNet might contact you in the future to see if you want to take part in another diabetes study. They also want to know if you develop Type 1 diabetes.

TESTING POSITIVE

If you test positive for diabetes, someone from the study will call you. Testing positive does not mean that you will get Type 1 diabetes. It means you have a greater risk than if you tested negative. You might be asked to come in for another blood draw to confirm the results.

If you are at increased risk, you will be asked to join the monitoring part of the Pathway to Prevention Study. You will come in once or twice a year for blood tests. If at any time you are eligible for a prevention study, you will be notified. TrialNet offers studies testing ways to delay and prevent Type 1 diabetes, as well as studies to delay progression once diabetes is diagnosed.

“If we don’t do research, we will never prevent diabetes,” says Dr. Becker when asked why people should participate in the study. “Similarly, if you did not do research for vaccinations, you would not know that polio vaccines prevent polio and wipe that disease out. That’s a good example of what research does. You will never have been able to develop the measles vaccine. Research, such as this Pathway to Prevention study, makes a huge difference in the health of our population. Right now we don’t have a way of preventing diabetes, but if we don’t do research we never will.”

 For more information, call (412) 692-7241 or visit www.diabetestrialnet.org.



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Diabetes

Diabetic Patients Find Perfect Fit at Ponsi Shoes and Medical Supply, Inc.

By Vanessa Orr

There are many complications that come from having diabetes, one of which is diabetic neuropathy, which is caused by high blood sugar injuring nerve fibers throughout the body. The condition most often damages nerves in the legs and feet, resulting in pain and numbness, and sometimes amputation of the affected limb.

Patients who suffer from this condition are often helped by wearing the proper shoes, which is why many are referred by their doctors to Ponsi Shoes and Medical Supply, Inc. "When a diabetic person wears shoes that are too tight or that do not fit properly, it can result in ulceration," explained Joseph Ponsi, who now owns the business that his grandfather started back in 1930. "Diabetics don't heal from the inside out; they heal from the outside in, so while an area may be covered and look like it has healed, it may actually be getting worse and



Joseph Ponsi

becoming infected.

"One of the biggest fears that our diabetic patients have is losing one of their digits or an actual limb," he added.

Ponsi cites several studies that show that properly fitting shoes and diabetic inserts can help prevent infection and amputation, as well as hospital stays. "Eighty percent of our diabetic patients are referred to us by their doctors," he said. "And they aren't all people with neuropathy—the right shoes can also be

used as a preventative measure."

The majority of customers with a prescription for diabetic footwear are able to leave the store with shoes the same day, but depending on the severity of their problems or level of foot deformity, they may need to have their shoes custom-made. "We are able to fabricate shoes here, right on the premises," said Ponsi, adding that most insurances cover one pair of diabetic shoes and three sets of inserts each year.

To meet customers' needs, Ponsi Shoes carries a large amount of stock, and also provides continuing education to staff so that they are well-versed in what diabetic patients need. "It's hard to understand if you don't have this problem, but I've had patients tell me that they could walk around with LEGOs in their shoes and wouldn't know it because their feet are so numb," Ponsi explained.

"Just like not one pair of pants will fit everybody, not one style of shoe will fit everybody," he added. "And even if a person thinks that

they know their size—they tell me they've been wearing a 10 their whole life—bodies change as we get older. Feet elongate forward as the muscles and tendons relax and stretch out, and foot size can also be affected by weight."

Because Ponsi sells a niche product, he also caters to those who can't buy shoes online. "Our store is here for people with foot problems—someone who doesn't have problem with their feet, or lower back pain, leg pain, bunions or calluses, doesn't need to come see us," he said, adding that the store has both a podiatrist and registered nurse on staff.

"If the shoe is properly fit, you should never have to break it in," he continued. "It should feel good from day one, and only feel better as time goes on."

> Ponsi Shoes is located on 13389 Rt. 30 in North Huntingdon. For more information, call (724) 864-2210 or 866-708-5825 visit the website www.ponsishoesinc.com.

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Marijuana's Negative Impact on Brain Development in Young Adults

By Nancy Kennedy

The human brain is a mysterious and incredibly complex organ, and science is continuing to make discoveries about its structure, functioning and properties. What is known for certain is that brain development begins just a few weeks after conception – the nervous system is the first fetal organ system to form. But we also know that brain development continues beyond birth, with some brain development processes, including the development of synapses and myelination (insulation of the nerve “wires” to facilitate transmission of impulses), extending into young adulthood, to the mid-20’s.

This concerns Neil Capretto, D.O., Medical Director for Gateway Rehabilitation Center. Dr. Capretto says that marijuana is a threat to the developing brain – in pregnancy but also for young people under the age of 25 who use marijuana. “We know that marijuana may impact fetal brain development and no one questions advising pregnant women not to use it. But we need to pay greater attention to later brain development and protect the brains of adolescent and young adults.”

Studies have documented that using potent marijuana can be associated with short and long term effects, including damage to the corpus callosum, which processes information. Other studies have demonstrated that the orbital frontal cortex, where reasoning and judgment take place, is smaller in people who have engaged in long-term marijuana use. A smaller brain can compensate with increased connections but only to a limited degree.

Another study showed that long-term marijuana use resulted in a smaller hippocampus, which is involved in memory, and a sustained reduction in IQ. According to the National Institutes for Health (NIH), marijuana has a negative impact on a young adult’s cognitive abilities, memory and learning and impairs the brains ability to build the connections that are essential to these functions.

For Dr. Capretto, the need for action is a no-brainer. “In states where marijuana is legal, 21 is the age at which it is legal. But given what we know about brain development, it should not be legal until 25. Brain development continues to around the age of 25. It just makes sense not to have marijuana legally available to young adults when it may do lasting harm to their brains.

“We need to be mindful that we are talking about the health of our young people. Even the strongest of marijuana proponents caution against young people using, because of the brain development issue.”

Part of the problem is that marijuana is not what it used to be. Baby boomers who smoked it in the 60’s were likely using a product that contained 1-3% THC – the ingredient that produces the ‘high’ effect. But that grew to 5% in the 90’s, and today’s marijuana is much more potent, with an average of 15% THC – a fivefold increase. There are also concentrated forms

available, with as much as 50-90% THC. Many of the original research studies were done using the weaker version.

A concern of many parents is that marijuana use may lead to using other substances with addictive potential. One study cited by NIH showed that adolescents who use marijuana more than 50 times a year are 59 times more likely to use other substances than non-marijuana users. Many young people who smoke use alcohol at the same time, making them even more impaired.

“Although most adolescents who use marijuana do not go on to use more hard-core substances, marijuana itself can cause significant problems for the developing brain,” says Dr. Capretto. Marijuana is associated with higher rates of depression and anxiety in younger people, and in those with mental illness, it may worsen symptoms. In some people, it can trigger a psychotic episode. Marijuana itself is less addictive than many other drugs, however, in young people, 17% will develop addiction.

Marijuana use in adolescents and young adults is a public health problem, says Dr. Capretto. It has risen among teens and young adults and many of them do not believe that it carries any risk. Parents, educators, public health officials and young people themselves need to become aware and educated about the risks.

“For many adults over 25, smoking marijuana – as long as you’re not driving or operating machinery - may well be a benign experience,” Dr. Capretto says. “But for young people it’s a risk, and the more you use a mind-altering substance, the greater the chance of it causing problems for you. Parents sometimes say to me, ‘It’s just marijuana’ – but marijuana is not good for young people. It’s not as devastating as heroin but it still can erode your life, health and relationships. The younger you are when you start, the more frequently you use it, and the more potent the stuff you use – the greater the risk of brain problems.”



“The younger you are when you start, the more frequently you use it, and the more potent the stuff you use – the greater the risk of brain problems.”

-Dr. Neil Capretto



For more information, visit www.gatewayrehab.org

According to the National Institutes for Health (NIH), marijuana has a negative impact on a young adult’s cognitive abilities, memory and learning and impairs the brains ability to build the connections that are essential to these functions.



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Center for Excellence in Autism Research Grant Aims To Improve Life for Young Adults

By Nancy Kennedy

A promising program developed at the University of Pittsburgh Center for Excellence in Autism Research, aimed to significantly improve the quality of life for young adults with autism spectrum disorder (ASD), has been awarded a prestigious five-year research grant from the National Institute of Mental Health. The program, known as the Perspectives Program, is a joint project of the School of Social Work and the School of Medicine. It helps young people with ASD navigate the transition to adulthood through non-drug, psychosocial interventions. These interventions are designed to help them acquire skills to better interact with others, more effectively manage their emotions and have greater confidence in social situations.

Sean M. Eack, Ph.D., endowed professor at the School of Social Work and associate professor of psychology at the School of Medicine, is the architect of the program and the principal investigator for the research study. "Young adults with ASD are a vastly underserved population," he explains. "There are many programs in the region to help and support children with ASD, but very few that focus on young adults as they grow up and leave that support behind. There has been no evidence base for what we should do to help these young adults. We reviewed all studies conducted since 1965 and found that there were only 14 in existence."

"Clearly," says Dr. Eack, "there is a great need for research to determine the best approaches to helping this population with behavioral interventions, and fortunately the federal government agreed. " "This will be the largest behavioral treatment study ever done for adults with ASD," he says.

RESEARCH STUDY

"We'll amass a good strong body of evidence that will tell us which interventions are effective."

At the present time, there is no system of services in place to support young adults with ASD. A diverse array of practitioners in the public health and intellectual disabilities systems offer some scattered support, but there has never been any training for the specific need. Dr. Eack claims that the need is urgent.

"The parents of these young adults are aging and they want to make certain that their adult children will be able to have a good quality of life. The ones in our study are people with a diagnosis of ASD but no co-morbid intellectual disability; they are verbal and talented but have not been able to put their talents to use. They are at a transitional age, ages 16-45, with very few services to help them."

The investigators will enroll 100 adults with an ASD diagnosis over the next 5 years and evaluate the effectiveness of two non-drug interventions: Cognitive Enhancement Therapy (CET) and Enriched Supportive Therapy (EST). Participants will receive either CET or EST over an 18-month time period. Each treatment requires weekly visits to the University of Pittsburgh.

CET, Dr. Eack explains, is a form of cognitive remediation, meaning that it helps people with thinking, paying attention, being cognitively flexible and understanding social situations. CET has been successfully used in people with mild cognitive impairment, schizophrenia and Alzheimer's disease but has not been previously tested with persons with ASD. EST is a system for managing stress and emotional/psychological crisis; it uses classical behavioral management approaches and adapts them to ASD.

"We're very excited to be re-funded. Along with my co-investigator Nancy Minshew, M.D., and our team of researchers and clinicians, we got off to a great start this summer. Our goal is for the young adults who complete the program to be able to be more independent, have jobs, socialize and experience a good quality of life. Our research will determine if these treatment approaches achieve that. So far, the participants and their families are pleased and grateful; they said there were significant changes for the better."

Young Adults With Autism Needed for Research Study

The investigators will enroll 100 adults with an ASD diagnosis over the next 5 years and evaluate the effectiveness of two non-drug interventions: Cognitive Enhancement Therapy (CET) and Enriched Supportive Therapy (EST). Participants will receive either CET or EST over an 18-month time period. Each treatment requires weekly visits to the University of Pittsburgh. To participate in the study, please contact 1-866-647-3436 or autismrecruiter@upmc.edu.



"The ones in our study are people with a diagnosis of ASD but no co-morbid intellectual disability; they are verbal and talented but have not been able to put their talents to use. They are at a transitional age, ages 16-45, with very few services to help them."

-Dr. Sean M. Eack

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EMERGING TRENDS

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TIME 9:00 a.m. – 4:30 p.m.
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For additional information on the program or to participate in the study, please contact 1-866-647-3436 or autismrecruiter@upmc.edu.

Interested In Learning More About Autism Spectrum Disorder?

The Autism Connection of PA is having its 16th Annual Spring Conference. "Ensuring Positive Outcomes: Emerging Trends" on Friday, April 8, from 9:00 a.m. – 4:30 p.m. at the Crowne Plaza Hotel Pittsburgh Green Tree. This conference is designed for parents and professionals working on behalf of children with autism spectrum disorders; with applicability to adolescence and adults with ASD. Continuing education credits will be offered. The presenters from the University of Pittsburgh will be:

- Louise Kaczmarek, Ph.D., CCC-SLP, Associate Professor of Special Education
- Rachel Gwin, M.S.Ed., BCBA, 4th year doctoral student in Early Intervention
- Sue Killmeyer, M.Ed., 4th year doctoral student specializing in Early Intervention
- Diana Knoll, M.Ed., Research Associate in Early Intervention/Special Education
- Anastasia Kokina, Ph.D., Assistant Professor of Special Education
- Rachel Robertson, Ph.D., BCBA, Assistant Professor of Special Education
- Jesse Smith, M.Ed., BCBA, graduate student researcher in the Special Education Doctoral Program

Also, presenting is Alicia Mrachko, Ph.D., BCBA, Assistant Professor in the School of Intervention Services from Bowling Green State University in Ohio.

The day will consist of four sessions covering the following topics:

- Promoting Social Engagement to Children with Autism
- Treatment Fidelity: Coaching Professionals and Paraprofessionals in Evidence-Based Practice
- Obstacles to Implementing Behavior Intervention Plans with Students with ASD: Practitioner Perspectives
- Teaching Parents to Promote Social Engagement of Young Children with Autism



Complete conference information (detailed session descriptions, speaker bios, agenda as well as registration) can be found by visiting the website www.autismofpa.org.

Autism Facts & Stats

- Autism now affects 1 in 68 children.
- Boys are four times more likely to have autism than girls
- About 40% of children with autism do not speak. About 25%–30% of children with autism have some words at 12 to 18 months of age and then lose them. Others might speak, but not until later in childhood.
- Autism greatly varies from person to person (no two people with autism are alike).
- The rate of autism has steadily grown over the last twenty years.
- Comorbid conditions often associated with autism include Fragile X, allergies, asthma, epilepsy, bowel disease, gastrointestinal/digestive disorders, persistent viral infections, PANDAS, feeding disorders, anxiety disorder, bipolar disorder, ADHD, Tourette Syndrome, OCD, sensory integration dysfunction, sleeping disorders, immune disorders, autoimmune disorders, and neuroinflammation.
- Autism is the fastest growing developmental disorder, yet most underfunded.
- Children with autism do progress – early intervention is key.
- Autism is treatable, not a hopeless condition.

Source: National Autism Association Fact Sheet

Perspectives



Therapy for Individuals with Autism Spectrum Disorders



Are you age 16-45 with an autism spectrum disorder? Do you have problems with:

- Interpersonal Skills
- Fitting in with the group
- Time Keeping and Work Routines
- Adapting to Change
- Making Friends
- Managing you Emotions
- Teamwork Skills
- Organizing or Planning

If so, the Perspectives Program at the University of Pittsburgh may be able to help. If you between the ages of 16-45, verbal, and can come regularly to the University of Pittsburgh, you may be eligible to participate in this research-based intervention program at no cost to you.

For More Information Contact:

1-866-647-3436 or

autismrecruiter@upmc.edu

CHILDREN WITH SPECIAL NEEDS

Teachers of the Visually Impaired: Ensuring Specialized Instruction for Special Students

By Jillian Pritts, CFRE, M.A.

Teaching children with visual impairments is a very different process from teaching sighted children. Certified Teachers of the Visually Impaired (TVIs), sometimes referred to as “Vision Teachers,” are educators who have received specialized training to work with visually impaired students. They are taught all of the skills of a regular instructional teacher, but also know how to meet the unique needs of students with visual impairments. Without dedicated TVIs, students with visual impairments would not have access to traditional learning opportunities.

The responsibilities of a vision teacher vary widely depending on the needs of the student population. In some cases, like those at the Western Pennsylvania School for Blind Children (WPSBC), they may teach a dedicated class of students. The vision teacher will be responsible for every aspect of the curriculum from math concepts to language arts. They will also help with specialized skills such as Braille as well as strategies for independent living.

In other cases, the TVI can provide direct services to individual students or act as a consultant for other teachers and administrators. TVIs advocate for the needs of students who are visually impaired, write lesson plans and ensure that the environment both inside and outside of the classroom can accommodate students’ sensory impairments.

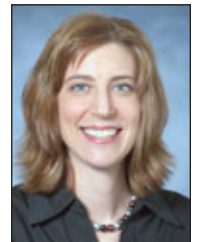
Unfortunately, there is a critical shortage of Teachers of the Visually Impaired throughout the United States. In response to this shortage, WPSBC has introduced forgivable educational loans offered to eligible WPSBC employees and others to obtain these specialized certifications. Increasing the number of qualified personnel available to provide educational services both for our on-campus and growing Outreach programs is a



In response to a shortage of Certified Teachers of the Visually Impaired (TVIs), WPSBC has introduced forgivable educational loans offered to eligible WPSBC employees and others to obtain these specialized certifications.

critical strategic priority worthy of our investment.

Enhancing our recruitment efforts in this meaningful way procures highly-qualified employees, as well as engages our current workforce, to help ensure our students continue to receive the best possible educational opportunities.



Jillian Pritts, CFRE, M.A. is Institutional Advancement Manager at the **Western Pennsylvania School for Blind Children**. For more information, contact Jillian Pritts at **(412) 621-0100** or email prittsj@wpsbc.org

Western Pennsylvania School for Blind Children



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The School also provides vital early intervention and outreach services to visually impaired students, with or without additional challenges, throughout western PA.

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SPECIAL NEEDS

teli Outpatient Rehabilitation from Personal Experience!

Jennifer Vlcek has an excellent sense of how parents feel when their child is evaluated and developmental delays are identified. She's been there! In the fourth grade, her son's teacher was concerned about his handwriting and suggested that he be evaluated. "I just thought his handwriting was a bit messy," said Jennifer, "but it turned out that he had some fine motor skills development delays.

Jennifer is a Speech-Language Pathologist working in teli's Outpatient Rehabilitation Program. "The fresh view of your child by a teacher or a pediatrician really opens your eyes." A teli Occupational Therapist evaluated my son and we got involved in the appropriate therapy immediately to address his fine motor skills issue!"

Her son's story gives Jennifer a unique perspective as a Speech-Language Pathologist who is also a parent. "Accepting that your child has potential developmental challenges is difficult. Parents are very concerned. "Will my child be OK? Will they grow out of it?", reflects Jennifer. "An assessment by nature identifies a number of strengths and weaknesses. To try to put parents at ease, I review my entire speech assessment with them, answer their questions and I may provide some insight from my own experience, when appropriate. As parents know more about what to expect through Occupational and Speech Therapy they begin find a sense of calm."

Jennifer shares her experience as a mother who knows only too well the difficulty facing diagnoses and challenges: "While assessment identifies issues, as therapists we work to find the child's strengths and interests and use those within our teli outpatient

Does Your Child Have a Speech or Language Disorder?



teli's Outpatient Rehabilitation Speech-Language Pathologists see a wide range of diagnoses in which symptoms of a speech and/or language disorder may be manifested.

- Autism Spectrum Disorder
- Apraxia, a Motor Speech Disorder
- Attention Deficit Hyperactivity Disorder
- Auditory Processing Disorder
- Articulation Disorder
- Receptive/Expressive Language Disorders
- Stuttering

therapy sessions. If a child is very interested in a particular activity, we integrate their therapy into what they love. At teli we create a place where they feel valued and their family feels a part of the process. teli's philosophy is believing in the possibility of every child and we take that to heart."

Jennifer Vlcek is a Speech Language Pathologist at teli (**The Early Learning Institute**).



For more information or to learn more about Early Intervention Services for children with Developmental Delays, you can reach teli at (412) 922-8322 or www.telipa.org. They serve families in Pittsburgh, Allegheny County and Washington County.

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TRIPIL Youth Program for 'All Types of Transitions'

By Lois Thomson

IT ALL DEPENDS ON THE KIDS' NEEDS. THAT'S THE WAY KEN EVANS LOOKS AT THE YOUNG PEOPLE HE WORKS WITH AND DETERMINES THE BEST WAY TO HELP THEM TRANSITION FROM ONE PHASE TO ANOTHER.



Youth Coordinator Ken Evans talks to children about differences between people's abilities.

Evans is the youth coordinator for TRIPIL, the Tri-County Patriots for Independent Living, and he explained that the Youth Transition program was developed to support individuals with disabilities who are transitioning to another life event. "For example,

they can transition from being in the hospital to going back home, transition from job to job, or transition from living with parents to independent living." It could also include a shift from middle school to high school or high school to trade school, or employment afterward. "Whatever it may be, there are all types of transitions."

Evans, who works with the 29-



TRIPIL Offers Housing Assistance for Young Adults

Housing is an issue that Ken Evans, youth coordinator for TRIPIL, often deals with. He said there are some kids with disabilities who, once they turn 18, they and their families would like to get them their own housing.

"We would then help them with transitions. There are different agencies, such as Residential Recovery, that one of my consumers is going into now. It's a community-based living arrangement with people who are either recovering from an addiction or are homeless, and they live in a house all together. Other consumers could take advantage of other agencies and programs, if they wanted to live independently in their own apartment."

and-under age group, said TRIPIL usually offers five main areas of assistance to these youths, who mostly come by referral: peer support, transitions, housing, employment, and advocacy. "With each consumer, we identify a goal or goals, and then if it's something we can help with, we'll sit down and develop a plan."

He said with some, the plan may be as simple as an IEP, an individual education plan. "That's what I've been doing with a lot of them; it's very specific to each student. It mostly includes any supports they might need – speech, physical therapy, or assistive technology they require. We have a meeting to discuss the supports with the school's involvement – then, I'll also help to advocate with them."

In speaking of goals, Evans said TRIPIL assigns a person a goal for six months, and if the goal is not met in that time period, it is revisited to discuss what didn't work; it can then be redefined until the goal is completed. "During the process, if we find out they're running into

another problem, that means there's another goal that needs to be addressed. We can add it, and that gets a six-month tag as well."

He gave an example, saying, "I have a consumer we worked with, who was transitioning from school and was getting ready to graduate. But he had a hard time with school and trying to keep things on task, so we went through a couple of different day-planners that would help him have a place where he could go for updates that reminded him of the things that were coming up. That was actually more than a six-month process. It took us a while to find something that would help him keep his schedule together. Something as simple as the right kind of notebook made all the difference."

"Each kid is different," he concluded, "so we find what the kids' actual needs are, and go from there."

For more information, call (724) 223-5115 or visit www.tripil.com



At this summer's TRIPIL Youth Camp, students listened to a speaker describe the assistive technology she uses to communicate.

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	<p>We are accepting donations for the rehabilitation of our new headquarters, the historic YWCA building on West Maiden Street in Washington, PA.</p> <p>For more information on how you can help, visit: http://ywca.tripil.com/donation.</p>

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Champions for Children with Cancer

By Nancy Kennedy

Could your heart use a good warming, now that winter has arrived? Would you like a little more light in your life, to compensate for the lack of sunshine? Do you need something to smile about, some truly good news in a world that lately seems to offer very little?

Meet Sidney Kushner. There is enough light and warmth in this exceptional young man to power the entire Pittsburgh region through the coming months of winter. Sidney, 24, is the founder and director of CCChampions (Connecting Children with Champions), a non-profit organization that supports children with cancer by matching them with inspirational adult “heroes” from the local area who embody their ambitions for their futures. Athletes, physicians, scientists and entertainers, along with attorneys, teachers, artists and police officers serve as role models to the children, providing them with inspiration, moral support and friendship.

Here’s how CCChampions works: when a child is newly diagnosed with cancer, staff members from Children’s Hospital of Pittsburgh contact the organization. One of the organization’s “Friendship Champions” - how is that for a job title? - then visits the child and family to begin a relationship. Staff members Jen Lutz and Coy Thompson learn about the child’s likes and dislikes, special needs and interests, and ask the key question: “What do you want to be when you grow up?” Once the child has identified their dream, CCChampions goes to work to recruit someone in Pittsburgh who is living that child’s dream. They contact the person and explain what it means to be chosen as a champion, and then they introduce the child and their “champion.” What ensues is a special friendship, with the role model keeping in touch throughout the year and often beyond.

“The role models respond with nervous excitement,” Kushner says. “They are surprised and happy to be chosen. Most are not celebrities; they’re modest everyday people who are not used to being singled out. Most react with amazement: ‘Seriously – a child wants to be just like me?’ It’s heartwarming. We call the relationship a friendship for a reason – a friendship goes in two directions. The role model provides the child with inspiration and friendship, but the child also gives to the role model. Everybody wins.”

It’s easy to find special inspirational people in Pittsburgh, in every field, Kushner says. “It’s incredible to realize the depth of inspirational peo-



Sidney Kushner, founder and executive director of CCChampions, and 12-year-old cancer patient Yaheim are pictured at the CCChampions' Night of Inspiration in March 2015.

ple in this city. We’re developing an extensive network of advocates, supporters and mentors, and they help us find the right people. Pittsburgh is a charitable city, with an engaged and active community.”

Kushner grew up in Upper St. Clair. When asked who inspired him, he answers without hesitation: “My family: my parents and grandparents. They have shown me what love means. They taught me to have empathy for others, and determination to achieve my goals. Family is the source of all strength for me, and they are behind everything I do. They taught me how to be my best self.”

It’s no accident that Kushner ended up working in the field of cancer care. His personal role model and inspiration is his paternal grandmother, Alice Kushner, a retired oncology social worker. “My grandmother is special,” he says. “She brings love to everyone she encounters – she helps people find the warmth and the light they have inside of them. Watching her helped me find my purpose.”

The energetic and engaging Kushner was a student at Brown University, majoring in applied mathematics, when he was inspired to help children with cancer. He had lost a friend to cancer in high school and wanted to get involved; he just didn’t know how. He began by learning as much as he could about children’s cancer and volunteering at the Children’s Hospitals in Providence and Pittsburgh, where he had a life-changing encounter with a girl named Jenny. “I was chatting with Jenny and when I asked her what she wanted to be when she grew up, her whole face lit up. ‘A dancer!’ she replied and she became very animated. I realized that the question tapped into something important.”

Kushner is modest about his initiative in creating the organization, which involved collaborating with pediatric oncologists such as A. Kim Ritchey, M.D., of CHP. “I knew I was never going to be the smartest person in the room. I’m not an expert on anything. But I knew enough to bring together a lot of smart people, and I built the ‘table’ that those people gather around.”

The primary mission of CCChampions, Kushner says, is to provide long term social support through the many transitions of the cancer journey. “It’s the missing piece. Every year, 15,000 kids are diagnosed with cancer, and they and their families need support. We’re growing and gaining national attention, and planning to expand our program across the U.S.” That national attention includes numerous awards, including the Heroes Among Us award from the Boston Celtics.

In Pittsburgh, the City of Champions, everyone can be a champion. After all, not all champions wear a team uniform or go to work in a stadium or an arena.



Children with cancer and their 'Champions'



Jayme, age 11, meets her role model friends from the Duquesne Women’s Basketball Team during one of her first rounds of treatment at Children’s Hospital.



12-year-old Ja’Naya and her role model friend Ally Stevens



6-year-old Chloe, her best friend Abby, her mom Christine, and her role model friend Ty Brooks



Lilie, age 6, and her role model friends Katie and Anna share smiles and crafts in Lilie’s hospital room.

To support CCChampions with a donation or to volunteer, or to refer a child, visit the website www.ccchampions.com.

Senior Guide

- Home Care • Hospice • Senior Living Options • Rehabilitation
- Senior Services that Support Independent Living
- Senior Directory • Advice for Caregivers • Alzheimer's
- Geriatric Care Management • Advance Directives



Alzheimer's Disease: Making the Most of Each Moment

ALZHEIMER'S DISEASE IS A JOURNEY, NOT JUST FOR THOSE LIVING WITH THE DISEASE, BUT FOR LOVED ONES, ESPECIALLY THE SPOUSE.

WHAT WOULD YOU DO IF YOUR SPOUSE WAS DIAGNOSED WITH ALZHEIMER'S DISEASE?

JIM RUCK AND HIS WIFE GAIL BRITANIK "MOVED INTO THE DISEASE" WHEN GAIL WAS DIAGNOSED IN 2010. JIM VISITS GAIL, NOW A RESIDENT AT THE WILLOWS SKILLED NURSING CARE COMMUNITY ON THE PRESBYTERIAN SENIORCARE OAKMONT CAMPUS, EVERY DAY AND USES WRITING TO SHARE THEIR JOURNEY.

A privilege, by Jim Ruck

"Alzheimer's." This dreadful diagnosis in 2010 was the cause of Gail's growing mental lapses. The diagnosis confronted us with a choice: do we move into the disease, run from it or fight it?

After 28 years of being blessed by her smile and love, how could I choose other than to embrace Gail along with the Alzheimer's? Our decision was to move into the disease, to make the most of our life together, one day at a time. We intensified our volunteer commitments, traveled a bit until that

became too overwhelming for Gail. We maintained an active life - walking, getting out to movies and parks.

Until the summer of 2014, I was not yet doing intensive caregiving; then things changed. The strain of being present to Gail, supervising all her activities and doing the practical work of running the house, coordinating doctor visits, overseeing medications, etc., became intense. So making the best of each day was my priority. In January 2015, Gail's decline accelerated. Caring for her at home, I realized that we were on thin ice. The ice cracked in May. As a bad chest infection and a UTI set in, Gail had



This feature story from Jim Ruck is the first of a four part series about Alzheimer's disease and how loved ones cope.

a major seizure. This landed her in the hospital and from there, being unable to walk, to The Willows.

I visit every day, usually feed Gail lunch and/or supper, and stay until she is asleep. I want to do everything I can to keep her "sparkle" alive. So at The Willows, we sit together outside looking at the lovely scenery. We listen to music, look at photos, and connect with other residents, visitors and staff. This is all special in a way I can't describe.

I don't know how much Gail ben-

efits from my presence. I think she does. I hope that it dissolves any lingering fear she might have. I know that I benefit from her presence. It is special time, a privilege.

Stay tuned for more heartwarming reflections in the next issue of the Guide to Good Health.



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Senior Guide

Get Your Parents The Help They Need With the Assistance of Golden Years Geriatric Care Management

By **Randi Rubin**

As you think back over the recent holiday celebrations, you smile, remembering all of the good times you had with family and friends. But then another thought crosses your mind – how frail your parents have become. You did not really notice it before. Sure mom can be forgetful at times. And Dad, that car accident was not entirely his fault. And then it hits you – my mom and dad are getting older, much older. That is not something you like to think about.

How many times have you said to yourself – I need to find out what mom and dad want as they grow older. Or have you closed your eyes and pretended not to see the changes? Seeing our parents age can be a very difficult process and it can be very stressful to notice their need for assistance.

Golden Years Management Geriatric Care Management can help you figure out what both your parents' and your needs are. Golden Years Management can assess immediate needs and present options that will work for the entire family. Golden Years Management provides information about public and private resources, veterans' benefits, local Area Agency on Aging services and other area resources you may need.

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Senior Guide

ANGIE MCDONOUGH:

Dancing Her Way Through LIFE

Angelina "Angie" McDonough wins over anyone that she meets with her infectious laugh and outgoing personality. Before retiring in Western Pennsylvania, Angie lived in New York City for most of her life. Seven years ago, she moved into a senior housing complex. After several falls, Angie needed the use of a wheelchair to get around. She joined Senior LIFE in 2013 in hopes of regaining her strength to live independently.

"When I started, my goal was to get out of a wheelchair to a rolling walker. Then, once I could use a rolling walker, my next goal was to use a cane," she says. "Now, I can use a cane. Without Senior LIFE, I wouldn't have been able to say that."

She credits the doctor and the team at the Senior LIFE for regaining her independence.

"When you go to the center, you fall in love with them," says Angie. "They just care, you know? My leg wouldn't move for beans, but with the care I get and the exercises they have me doing, I can walk again."

She visits the center three times a week and enjoys interacting with the staff. "They treat me like a person, they really care about me," she says.

When Angie is not at the center, she enjoys spending



"When you go to the center, you fall in love with them. They just care, you know? My leg wouldn't move for beans, but with the care I get and the exercises they have me doing, I can walk again."

- Angie McDonough

time with her neighbors in the community room playing 500 and bingo, grocery shopping, doing laundry, and cooking meals.

On Valentine's Day in 2015, Angie fulfilled another goal. "I danced with my boyfriend, George," she beamed. "I am so happy to be a part of Senior LIFE."

About Senior LIFE

Senior LIFE is a provider of the program of All-Inclusive Care for the Elderly (PACE) called LIFE in Pennsylvania. The program provides complete medical care and supportive services for persons 55 years and older so that they can remain living in their home. Senior LIFE's services are customized to meet the specific needs of each individual and include physicians and specialists, nursing care, physical, occupational and

speech therapies, personal and home care, medications, meals and nutritional counseling, eye, dental and foot care, durable medical equipment and other medically necessary services.



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Ed knows his way around the dance floor. He also knows all of the pretty girls by name, and every Tommy Dorsey tune by heart. When he started missing a step in his Lindy Hop, he turned to Senior LIFE for a comprehensive care program. Now he's back on the dance floor and he hasn't missed a beat.



SeniorLifePA.com

To learn how Senior LIFE can help you or a loved one, call **1-877-998-LIFE (5433)**

Senior Guide

Is It Time For Home Care?



By Elaine A. Malec, PhD

One of the most common problems facing families today is how to provide care for a family member who is aging. We are a fast-paced, always-on-the-go society with more things to do than time to do them in. Often families patch together aid and assistance from any and all family members who can or will lend a hand. Unfortunately, it can end up to be just a few or even one person who carries most of the responsibility. Over time this arrangement can cause stress and strain on the relationship. This is when the question, "Is it time for home care?" is asked.

Families usually don't think ahead or plan ahead and when the decision needs to be made, it is often made with more confusion and struggle than is necessary. If you are currently facing this situation or you believe you may be faced with this situation in the near future, here are five simple questions to guide you.

QUESTIONS TO GUIDE YOU

1. Self-Care: Is there a change in the person's self-care. Examples of this would be unkempt hair, body odor, or wearing dirty or stained clothing. Is the person showing signs of diminished appetite or having trouble preparing meals?

2. Ambulation (moving independently): Is there concerns over walking/balance or walking up and down steps or a recent fall?

3. Cognitive changes: Are there signs of confusion, memory problems or changes in personality?

4. Medication: Has the person taken too little or too much of their medication due to forgetfulness or confusion?

5. Driving: Has the person had near misses or fender benders due to vision, reflexes, or confusion?

If the answer to any of these questions is yes, it is time to look for qualified home care services. Home care services are meant to assist a person with non-medical needs and are usually the best choice when a person's level of difficulty is mild to moderate.

Services can be provided for a few hours a day or more, depending on the help the family needs. It is often a real benefit to everyone involved and can improve the quality of time spent for the family. The decision to include home care services is best made on these five important questions, so it will be the right decision for everyone.



Dr. Elaine A. Malec is the owner of **Connecting Hearts Senior Care Services, Inc.** One of the services they provide is "virtual visits" which connects seniors with their families in real time, making it possible to "be together" even when out of town. To learn more their home care services or their Home care Virtual Visits Living Lasting Memoirs, call (412) 259-0281 or visit www.Connectingheartsseniorcare.com.



BAYADA HHA Frances Beatty with her client, Frances S.

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BAYADA Provides Specialized Home Care Service

By Lois Thomson

BAYADA is a national company that provides home health care service and has approximately 300 offices around the country, and each one differs from region to region. Chris Bender, office director for Pittsburgh, said BAYADA "separates the offices into specialties. Some home care agencies do everything out of one office.



Over the past few years we've worked hard to specialize types of care per office and become experts in that specific care."

She went on to say that while the Pittsburgh-area office is hoping within the next year or two to separate, it is currently offering both skilled nursing services and home health aide work. "We provide one-on-one, in-home care. It's considered private duty nursing, with nursing shifts." In describing some of the services offered, Bender said that while a two-hour minimum is required, the staff in many cases provides anywhere from four hours to 24 hours of service. "For example, we have clients who are ventilator-dependent and don't have another family member able to provide their care, so we're there 24/7, and the nurses just continuously rotate shifts."

The home health aide services can be assistance with personal care, ambulation, range of motion exercises. Some clients need assistance with laundry or running errands. "Or we may have a family who just needs respite care. Say the husband has ALS and can't be left unattended. The wife is with him all the

time, but once a week she just needs to get out of the house for a few hours. We'll have an aide go to sit with him to provide a break."

BAYADA field employees number close to 200 in the Pittsburgh area, and Bender said all aides must have a minimum of one-year verifiable experience or be a certified nurse's aide. She admitted the hiring process is a long one, and includes an interview, a written exam, and a check on laboratory skills, along with references and background checks, and training through orientation.

However, she said the advantage is, "By that point we have had multiple interactions with them, we know their preferences for work and we have an idea of who we think they would fit in with well. We'll have them do a meet-and-greet with the client. The clinical manager will observe them the first time they're in the client's home to make sure everything is going well." This includes such details as, is the client a smoker or does the house have pets, and does the employee have allergies. Or is the employee a smoker – and while not permitted to smoke while working – their clothes may smell of smoke, which would not be an appropriate fit.

It's all part of BAYADA's specialized care.



For more information, call (412) 374-1440 or visit www.bayada.com

What Makes BAYADA Special? Client Satisfaction



Chris Bender

Chris Bender, office manager for BAYADA's Pittsburgh-area office, pointed out one of the unique things about the company: "Our clients are visited every 30 days by a clinical manager who is ensuring that everything is going well, that the aide is able to complete all tasks to the client's satisfaction. Not many agencies do that. If we see any indication that this may not be a good fit, we try to catch that early. We send out satisfaction surveys – are you happy, is there anything we can change. We really pride ourselves on client satisfaction and making that good fit."

Tips to Prevent Falls in Winter Weather

by Dr. Marylou Buyse

During the winter months, snow and ice can increase the risk of falls among seniors. Some may think that falling is a minor inconvenience, but the truth is, falls are the leading cause of injury among seniors. This is a serious concern, considering falls can lead to bone fractures, head injuries and prolonged hospital stays in addition to being painful. According to the Centers for Disease Control and Prevention, one out of every three adults age 65 and older falls each year.

While fall prevention should always be top of mind for seniors, it's especially important to take extra precautions to prevent falls during icy and snowy conditions. To avoid the risk of falling, consider the following helpful tips:

- **Keep sidewalks and driveways clear of snow and ice.** Keeping salt and ice removal tools on hand will make it easier to keep your sidewalks and driveway clear during a winter storm. Also, don't be afraid to ask your family, friends or neighbors for help when it comes to clearing snow from your sidewalks or driveway.

- **Wear appropriate winter footwear.** Wearing proper footwear, like winter boots or shoes with good traction, will help to eliminate slips and falls when there is snow and ice on the ground. You should avoid

Highmark PALS Program

The Highmark PALS (People Able to Lend Support) program, which provides in-home services such as grocery shopping, transportation to and from appointments, light household chores and more, is available at no charge to Highmark Medicare members in select counties throughout Pennsylvania and West Virginia. To find out if the Highmark PALS program is available in your area, call 1-800-988-0706.

shoes or boots that have smooth soles or heels.

- **Take your time.** Slow down and be aware of your surroundings when moving from one location to another, especially if you're not sure whether the path is clear. By taking small steps and keeping your hands free for balance or support, you will decrease the likelihood of falling.

- **Try to maintain physical activity.** Falls can also be avoided with consistent and regular exercise. By participating in appropriate exercises, you can improve strength and balance, which helps to prevent falls and avoid injury. If you're thinking about beginning an exercise program, make it a point to talk to your doctor about the level of physical activity that's right for you.

A little extra planning will go a long way in preventing a serious injury as a result of a fall. If you experience problems with falling, walking or balancing, talk with your doctor about steps you can take to keep yourself safe and healthy this winter.



Dr. Marylou Buyse is senior medical director of senior markets at Highmark Inc.



Bridging the Gap: A Story of Hope and Independence

LIFE Pittsburgh Helps Senior Transition from Nursing Home to Independent Living

AT AGE 63, ROGER WAS LIVING HIS LIFE. HE WAS GETTING UP EVERY DAY, WORKING, AND DOING THE THINGS HE ENJOYED. HE NEVER THOUGHT HE WOULD END UP IN A NURSING HOME.



Roger entering his new apartment building in the Northside.

March 2015, a nursing home became Roger's reality. "Not a place I wanted to be. I had to stick to their guidelines. My TV was too loud; I was not allowed to serve myself from the snack cart. I felt as if I was losing my independence."

The social worker at the nursing home told Roger about a program that might be able to help him go home. The program is called LIFE Pittsburgh, a program with a mission to help seniors age in place.

The only issue, the home Roger was staying at, was not appropriate. A social worker from LIFE Pittsburgh visited Roger in the nursing home explaining how the LIFE program could provide all the medical, home care,

and socialization Roger would need to remain successfully in the community. "I thought the program sounded cool."

The social worker started the process for the LIFE Program as well as thought of housing options for Roger. "I wanted to stay in the North Side where I grew up and where I am able to walk places." An apartment became available.

He began attending LIFE Pittsburgh's day program a few days a week so he could meet the staff prior to going to his new home. "I like that I have something to do." The apartment was ready and so was Roger. He finally went home. "What a great feeling. I was out of there, even though I was by myself, it was a great feeling."

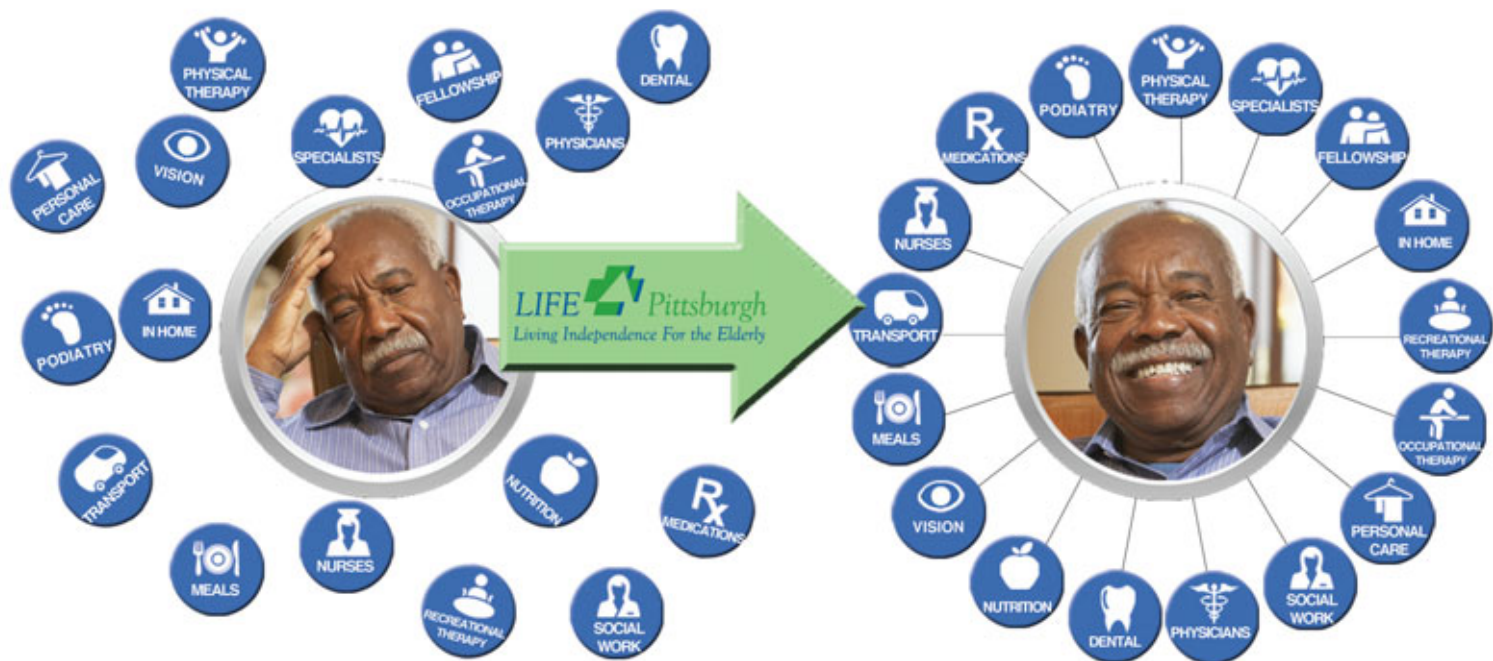
Roger attends the Day Center at LIFE Pittsburgh one day a week. Transportation is provided for him. He has a nurse who is visiting him daily to help with wound care. "It is good. I don't have to worry about anything, LIFE Pittsburgh even provided me with a hospital bed."

"I can't tell you anything but the truth; this program can help you with your medications, your healthcare, even your living arrangements. I recommend this program to anyone who needs help."



When evaluating long-term care facilities, consider receiving medical and supportive services in your own home. For more information, please call (412) 388-8050 www.LIFEPittsburgh.org

IS YOUR HEALTHCARE TOO MUCH TO REMEMBER?



Seniors with multiple chronic health conditions need more than a great insurance plan, they need a central source of support to integrate all their medical care, home care, and social needs. Seniors need LIFE Pittsburgh. Call us at 412-388-8050 or visit www.LIFEPittsburgh.org.

Identify Your Parents Needs With A 'Checklist for the Elderly'

by Brenda Metal, LLC.



Many adult children live in different homes, towns or even states than their aging parent. Visits may be sporadic. Many adult children rely upon phone conversations to evaluate their aging parent's welfare. Set aside some quiet time to make a "Checklist." This will provide you with an opportunity to assess possible safety issues, health decline and behavior changes. A "checklist can include, but is not limited to:

A review of your parent's medication list

What has changed – additions (newly prescribed), subtractions (no longer prescribed), dosage and time changes. Are there pills that are out of date or no longer needed? Is there a medication management system available that can be utilized.

A review of your parent's physician list

What has changed? Who do they go to? How often? For what? Phone numbers? Do they have upcoming appointments? Can you create a calendar for appointments and when meds need refilled?

A review of your parent's home

Do smoke detectors have new batteries? Do your parent have a CO2 detector with new batteries? Has the dryer vent and furnace filter been changed? Have the gutters been cleaned? Has the hot water heater been flushed? Are there chores to be done that might be dangerous for your aging parent to do on their own, such as high dusting, wall washing, curtain washing, or sweeping behind couches and beds?

A review of your parents finances

Are the taxes and utilities paid? Are their accounts up to date and accurate? Are there investments or accounts that need regular maintenance or decision making?

A review of your parent's healthcare decision making choices

Do they have a living will and formal power of attorney? Does it cover both medical and financial? Have they named a surrogate decision maker? What hospital do they prefer? Is this a good time to discuss protecting your parent's assets? Do they have pre-paid burial arrangements or life insurance policies? Do they have a will and a safety deposit box? Do they have a fire proof box? How are their records organized? Where are their ID cards and insurance cards?

A review of your parent's support structure

Is there a close neighbor, relative or friend that your parents can call in case of an emergency? Do they have an emergency response device? Do they have someone to clean snow off of sidewalks, cut grass, bring in groceries in inclement weather? Do they receive meals on wheels? Do you have a list of these people so that you can contact them if needed?

Making a "Checklist For Elderly" will allow you to identify your aging parent's needs, familiarize yourself with their situation and make suggestions to help them maintain their independence. Making the checklist may reveal changes in their mental status and their ability to organize and accurately remember.

Remember that when you're making the list you should do so in a way that respects your parent's dignity and need for autonomy. It is important to discuss the current situation and make suggestions that involve collaboration. Keep in mind that it is often difficult for parents to accept help and that it should be presented as a way to remain safe and independent. Remember that there are in home services that can assist with everyday chores, physician visits, and errands. A home service is an extension of your aging parent's family and involves caregivers who often become friends.

For more information please call **Brenda Metal** at **Caring Companions** at (724) 337-7581 or visit us at www.stayathomecare.net

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am-hcagency.org • email: amoon@am-hcagency.org

Have the Conversation and Make Your Healthcare Wishes Known

By Mark Katich

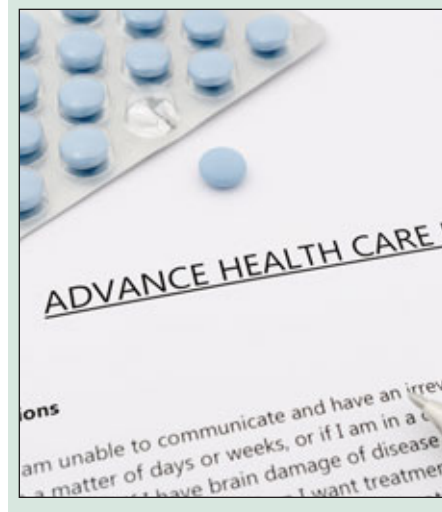
As we move forward into the New Year, it is important to remember to document your healthcare wishes before a healthcare crisis arises. Most Americans say they would rely on family or friends to carry out their wishes about end-of-life care, but many have never discussed or definitively expressed those wishes.

There are two types of advance directives, a health care power of attorney, where a person designates someone to make medical decisions on their behalf if they are unable to do so, and a living will which outlines a person's end-of-life wishes, including the type of medical treatment they want or don't want.

At VITAS, we recognize that the best way to get others to discuss end-of-life care is to do so yourself. While some would want to explore everything that advanced technology has to offer, others would prefer a gentle, pain-free death if their quality of life were seriously diminished.

Hospice is an end-of-life care option that focuses on the patient, not the disease, and is tailored to the needs of each patient and family. It includes expert pain management by treating physical symptoms, while providing emotional and spiritual support.

Additionally, Five Wishes (www.agingwithdignity.org) helps people express how they want to be treated if they are seriously ill and unable to speak for themselves. It addresses all aspects of people's needs, including medical, personal, emotional and spiritual.



FIVE WISHES LETS YOUR FAMILY AND DOCTORS KNOW:

- Who you want to make health care decisions for you when you can't make them.
- The kind of medical treatment you want or don't want.
- How comfortable you want to be.
- How you want people to treat you.
- What you want your loved ones to know.

As a leading pioneer in the national hospice movement since 1978, VITAS is committed to ensuring people can access these and other important resources.



VITAS serves Allegheny County and nine surrounding counties in Western Pennsylvania, and has an office conveniently located in Cranberry Township. For more information about advance directives or VITAS Healthcare, visit www.VITAS.com or call Mark Katich, VITAS Healthcare General Manager, at (412) 799-2101.



Mark Katich



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VITAS ensures that patients near the end of life are home, in comfort and dignity, with a professional hospice team to oversee their care. If symptoms become acute, a continuous care team is at the bedside up to 24 hours a day, avoiding frightening trips to the ER. And that makes the family feel better, too.

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www.Connectingheartsseniorcare.com
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Through our Pennsylvania-licensed Home Care Registry, the Caregiver Connection, JF&CS provides fully-screened, trained and experienced caregivers for short- or long-term engagements, with 24/7 back-up coverage as needed, easing the difficulties brought on by advanced age, recuperation after an illness or surgery or the challenges of managing special needs.

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VITAS HEALTHCARE

800-723-3233 • www.VITAS.com

Refer to our Home Care & Hospice Directory if you or your loved one needs assistance with daily living, nursing, hospice or palliative care.

Senior Guide

Connecting Seniors and Their Loved Ones to Peace of Mind

By Elizabeth Waickman,
Jewish Family & Children's
Service of Pittsburgh



Jewish Family and Children's Services provides free transportation assistance, home visits, support through geriatric care managers and information and referral services. Professional caregivers are also available.

Aging involves a broad range of ever-changing issues which can, at times, be challenging for seniors and their loved ones. When help is needed, it can often be difficult to know exactly what to do and where to get assistance.

Jewish Family & Children's Service (JF&CS) is committed to helping older adults remain in their homes for as long and as safely as possible—a common worry that children and their aging parents share. For this reason, JF&CS provides free transportation assistance, home visits, support through geriatric care managers and information and referral services. Additionally, professional caregivers are available to relieve the stress and uncertainty felt by family members who are managing the needs of aging parents and loved ones.

"When taking care of mom or dad as they age, the most important responsibility beyond caring for their needs is caring for yourself," said Holly Anderson, caregiver services coordinator at JF&CS. "A trusted, professional caregiver can help alleviate stress, give everyone peace of mind and help children and parents maintain their relationships."

Through JF&CS's state-licensed Caregiver Connection, family members are connected to fully-screened, trained and experienced caregivers for short- or long-term engagements. Caregiver Connection is ideal for older adults who are recovering from a surgery or a fall, managing complications from dementia or Alzheimer's and everything in between. Family members negotiate fees directly with caregivers, but JF&CS staff are available as a resource for everyone involved.

JF&CS also offers services that directly support family members, such as a spouse or adult child, who are caring for an aging loved one. A caregiver support group helps family caregivers protect their overall health and wellbeing, and individual counseling services provide extra attention when needed.

Additionally, the AgeWell Pittsburgh collaboration of JF&CS,

the Jewish Association on Aging (JAA) and the Jewish Community Center (JCC), provides older adults and their loved ones with access to a network of services, programs and information on issues related to aging. One call to the AgeWell Pittsburgh information and referral line at JF&CS puts seniors and adult children in contact with a knowledgeable specialist who is committed to connecting callers to the services and support they need – from AgeWell Pittsburgh partner agencies or through other community resources. Whether callers have specific questions or just don't know where to turn, the AgeWell Pittsburgh information and referral specialist helps to identify needs and provide answers.

By providing family members and older adults with information and options throughout the aging process, JF&CS helps everyone involved feel supported.

"Self-care is not selfish—it's essential to relieve stress and avoid burnout," Anderson said. "That's why it's so important to utilize available resources through JF&CS, Caregiver Connection and AgeWell Pittsburgh wherever you can. Care managers, professional caregivers and support groups are just some of the tools you can use to support yourself and your aging parent or loved one."

For more information about services and resources for older adults and their loved ones, visit www.jfcsph.org or call **AgeWell Pittsburgh** at (412) 422-0400.

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Kane Centers Receive Highmark Grant for Training to Help Dementia Patients

The Kane Regional Centers have received a \$45,000 one-year grant from Highmark Blue Cross Blue Shield to train caregivers on techniques used by professionals working with individuals with dementia or other brain changes. Specifically, health care workers will be training on the Teepa Snow “Positive Approach to Care” techniques that combine what is known about brain function and changes with therapeutic approaches.

“Having a better understanding of what a dementia patient is going through is critical to helping them function at their highest level,” said Dennis Biondo, Executive Director of the Kane Regional Centers. “The grant from Highmark Blue Cross Blue Shield helps re-inforce our commitment to our staff and providing quality care to the residents of Allegheny County who are living with changing abilities.”

The need for quality dementia care has continued to increase in the county. This grant will allow Kane to train 12 multi-disciplinary caregiver leaders on the Positive Approach to Care techniques and training models. Teepa Snow’s techniques and strategies integrate what is known about brain function and changes that happen with dementia conditions with therapeutic approaches to foster positive outcomes, modify environmental supports and alter task expectations that match the resident’s abilities. The caregiver leaders will then train Kane caregivers, workers and interested families on these innovative methods and strategies.

“Improving the care for some of the most vulnerable within our community is of tremendous importance to Highmark,” said Mary Anne Papale, director of community affairs for Highmark Blue Cross Blue Shield. “We are glad to be able to support a program that will improve the skills of the caregivers, and enhance the quality of life for the patients.”

Caring for the elderly and disabled of Allegheny County has been the responsibility of the Kane Regional Centers for over 50 years. The four skilled nursing and rehabilitation centers have three secure units within the system devoted to dementia care and behavioral care. As the community need for dementia care increases, the level of skill required by the caregivers at Kane will also rise to ensure that residents receive the very best care available. The grant from Highmark Blue Cross Blue Shield will help Kane staff meet the anticipated demand by providing state of the art dementia care training.

News Brief

Ohio Valley Hospital Now Offers Both Inpatient and Outpatient Psychiatric Services

Ohio Valley Hospital (OVH) has expanded its psychiatric care to better serve the needs of their community and surrounding areas.

Willow Brook Geropsychiatric Unit at Ohio Valley Hospital provides short-term, inpatient services to people over the age of 55 with mental health needs. Housed within the hospital, the unit works closely with OVH’s medical staff. This assures a patient’s medical and psychiatric needs can be effectively addressed. The Geropsychiatric Unit’s comprehensive services include assessment and diagnosis, medication management, and physical nursing support, along with primary therapy, community and family group therapy, and rehabilitation support. The Willow Brook Geropsychiatric Unit is located on the 3rd floor of Ohio Valley Hospital.

Ohio Valley Hospital’s new outpatient care clinic is called Ohio Valley Outpatient Psychiatry. Its services are for men and women over the age of 45. The Ohio Valley Outpatient Psychiatry staff is board certified in Psychiatry and Psychosomatic Medicine and specializes in depression, mood and anxiety disorders, Alzheimer’s, and dementia care. Their office hours are Monday through Friday, 8:30a.m.-5:00p.m., by appointment only.

Ohio Valley Outpatient Psychiatry is located at the Ohio Valley Hospital Kennedy Township Outpatient Center. This is located at 8 Hattman Drive, Coraopolis, PA 15108. You can reach them at (412) 458-1331.



MY MOTHER IS REALLY HAPPY HERE.

Mary Beth Semencar and Margaret Anne May.

SHORT TERM. LONG TERM. YOUR TERMS.

Kane

Allegheny County's skilled nursing and rehabilitation centers

Kane Memory Care Unit — a part of Kane, Allegheny County’s Skilled Nursing and Rehabilitation Centers. For information, call **412-422-KANE**.

Rehabilitation

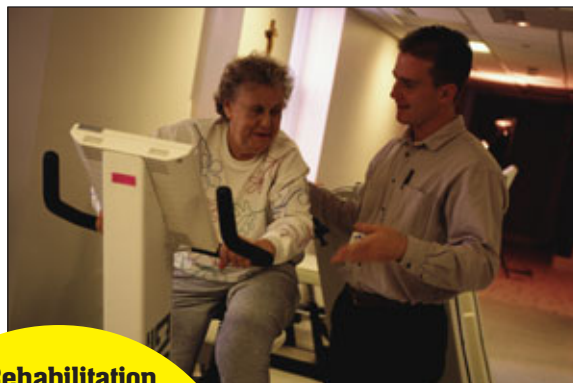
The Benefit of a Physiatrist in a Skilled Rehabilitation Setting

The changing landscape of healthcare and specifically skilled nursing facilities has required a change in clinical care. Skilled nursing facilities cannot function without the medical care of their medical directors and primary care physicians to handle a patient's general medical issues.

By adding a physiatrist to actively manage the rehab patients, a nursing rehab facility is then enhancing care and restoring a patient's function to be able to discharge safely home. Regular and routine communication between a physiatrist and the patient's primary care physician (or mid-level provider) allows for greatest clinical care of the patients.

Physiatrists are physicians who specialize in physical medicine and rehabilitation. Physiatrists specialize in restoring optimal function to people with injuries to the muscles, bones, tissues, or nervous system, such as stroke victims. They assess patients for functional deficits and work with the rehab team to both minimize disability and maximize independence. The rehab team sets goals appropriate to the patient and family's needs and works to eliminate any barriers impeding transition to home or a more home-like environment.

A physiatrist will use long-standing and time-honored physiatry principles, including medical knowledge of the pathology and pathophysiology of



Rehabilitation in the Skilled Nursing Facility environment is rapidly emerging as the predominant level of post-acute rehabilitation care in the United States.

diseases and trauma that may lead to physical and cognitive impairments and assessment of physical, cognitive and behavioral aspects of people with acquired and congenital disabilities, with an eye toward preservation and/or restoration of function. They use an evidence-based model of the use of physical agents, activity, repetition, and neuromuscular re-education that can restore function; prescription of pharmacological agents, technology (such as prosthetics) and physical agents, to minimize pain and disability. They focus on maximizing independence by encouraging incremental improvement toward self-efficiency, and have the ability to counsel patients and families at a time when they are in crisis due to a loss of independence.

Traditionally, physiatry has been linked to medical rehab units in hospitals and Inpatient Rehab Facilities (IRF). Over the past decade and more intensely over the past 5 years, there has been a steady decline of patients being approved for inpatient rehab stays by Medicare. Through payer regulatory changes and certain determinations, these patients who would have been approved for Inpatient Rehab Facilities are now being discharged to Skilled Nursing Facilities (SNF).

Rehabilitation in the Skilled Nursing Facility environment is rapidly emerging as the predominant level of post-acute rehabilitation care in the United States. More patients will receive their rehabilitation in a Skilled Nursing Facility today than in Inpatient Rehab Facilities and the trend is likely to continue.

(Continued on following page.)

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Rehabilitation

The Benefit of a Physiatrist

(Continued from previous page.)

Physiatrists tend to follow their patients closely through their rehabilitation. Because of this close relationship with the patient, the physiatrist may recognize a change in a patient's condition before the nursing staff or primary physician does. In some cases, the physiatrist may suggest changes, such as elimination of medication leading to an adverse side effect. In other cases (e.g. early identification and treatment of a UTI) may lead to the patient being able to continue rehab uninterrupted. Both of these examples demonstrate physiatrist interactions that tend to reduce likelihood of hospital readmission, a goal of most organized systems of healthcare.

A physician adds years to a patient's life. A physiatrist adds life to a patient's years. Having the best of both worlds is ultimately the best solution.



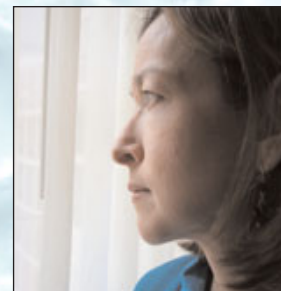
Dr. Kendall Kessler

Integrated Rehab Consultants, the nation's largest group of Physiatrists (Physical Medicine & Rehab Specialists) is proud to announce their new partnership with Consulate Healthcare of North Strabane, a leading provider of rehabilitative and long term healthcare services. IRC has ongoing partnerships with Consulate Health Care facilities in multiple markets and states. Kendall Kessler, MD, PM&R from IRC, has been assigned as the dedicated physiatrist for our North Strabane facility as of December 2nd, 2015. He has many years of experience in the area of Physical Medicine and Rehabilitation and will seek to enhance the clinical care at Consulate Healthcare of North Strabane.



For more information on **Consulate Health Care of North Strabane**, visit www.consulatehealthcare.com or call (724) 743-9000.

Keep the Wintertime Blues Away



We refer to the peak of summer as the 'dog days.' For many people, the peak of winter, January and February, could be recognized as the down days. The weather remains poor, the highs of the holiday season are gone, and these things can lead many people to fall into a funk.

According to the Cleveland Clinic, about 500,000 Americans suffer from seasonal depression, while 10 to 20 percent of the U.S. population struggles with a milder form of 'the winter blues.' Those blues manifest in many of the same ways as depression: sadness, anxiety, irritability and withdrawal from social activities, inability to concentrate, and an increased need for sleep.

Though the Cleveland Clinic says older adults generally are less affected by SAD, bad weather and treacherous outdoor conditions may keep them home and more isolated than at other points of the year.

"One of the biggest challenges we see for seniors in the winter is a lack of communication with the outside world," says Barbara Corsi, RN, Client Care Coordinator for Home Instead Senior Care in Oakmont. "Not only can that isolation lead to an increase in depression, but isolated seniors are also at risk of not being able to restock their food and medicines if they have no one to do those things for them."

If you know a senior who is isolated or needs more attention than their family, friends and neighbors can provide, it may be a good idea for them to hire a professional caregiver.

"In addition to important socialization and encouragement to stay active, professional caregivers can help seniors by providing companionship, someone to share a meal with, exercise together, grocery shop, or trips to other places they enjoy visiting. And most important, caregivers will ensure a senior's safety," says Corsi.



For more information about **Home Instead Senior Care**, visit www.homeinstead.com or call (866) 996-1087.

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SENIORLIFE
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DIRECTORY

In order to choose a health professional who is right for you, you need information. The following guide is a good place to start.



To be included in this Directory, call (412) 835-5796 or email goodhealthmag@aol.com.

Acute Rehab

Ohio Valley Hospital's Acute Rehabilitation Unit
412-777-6770
www.ohiovalleyhospital.org

Autism Study

Therapy for Individuals with Autism Spectrum Disorders
1-866-647-3436
autismrecruiter@upmc.edu
If you are between 16-45 and can come to the University of Pittsburgh regularly, you may be eligible to participate in research-based intervention program at no cost to you.

Breast Care

St. Clair Hospital Breast Care Center
412-942-3177 • www.stclair.org

Cancer

CCChampions (Connecting Children With Cancer)
www.cchampions.com

Children With Special Needs

The Early Learning Institute
412-922-8322 • www.telipa.org
Early Intervention Services for children with developmental delays. Outpatient Occupational and Speech Therapy also available.

Jewish Family & Children's Service of Pittsburgh

412-422-7200 • www.jfcsphg.org

New Story

877-622-7245 • www.newstory.com
Locations in Dubois, Indiana and Monroeville.

River Pediatric Services

412-767-5967
www.RiverPediatric.com
Speech therapy, Physical therapy, Occupational therapy, Psychological evaluations, Interactive Metronoma Therapy, Free Down Syndrome Play Groups, Free River Client Play Groups

Western Pennsylvania School for Blind Children

1-800-444-1897 • www.wpsbc.org

Diabetes Care

Type I Diabetes Study
412-692-7241
www.diabetestrialnet.org
Enrolling adults and children. See page 20.

Ponsi Shoes

1-866-708-5825 • www.ponsishoes.com
Large selection of Diabetic Shoes.

St. Clair Hospital Diabetes Center

412-942-2151 • www.stclair.org

Washington Health System Diabetes Education & Management

724-250-6262 • whs.org

Ear, Nose & Throat

Washington Ear, Nose & Throat
724-209-1028 www.washingtonENT.net

Eye Care/Rehabilitation Services

Blind & Vision Rehabilitation Services of Pittsburgh
412-368-4400 x 2231
www.bvrs pittsburgh.org
Helping people who are blind, vision impaired or have other disabilities achieve their goals.

Mobile Vision Care

412-849-4564
www.mobilevisioncarephg.com

Geriatric Care Management Golden Years Management

724-339-0281
www.goldenyearsmanagement.com
Call for a free copy of Caregiver Tips and to schedule an in-home assessment.

Glaucoma

UPMC Eye Center
1-800-446-3797
UPMC.com/Glaucoma

Green Resources

Women for a Healthy Environment
412-404-2872
womenforahealthyenvironment.org
Speakers available

Health, Wellness and Fitness Centers

Wilfred R. Cameron Wellness Center
724-225-WELL (9355)
www.wrcameronwellness.org
www.facebook.com/CameronWellness
70,000 square-foot facility featuring state-of-the-art cardio and resistance equipment, climbing wall, indoor track, lap pool, therapy pool, whirlpool, sauna, steam room, basketball court/gymnasium, spin/aerobics.

Heart Health

Allegheny Health Network Women's Heart Center
412.DOCTORS (362-8677)
www.AHN.org

Holistic Health

Enlightened Healing Energy
412-600-1269
www.EnlightenedHealingEnergy.com
Reiki, Pets Sessions, Magnified Healing Sessions, Integrated Energy Sessions

Holistic Approach 4 Life

412-221-0700
www.holisticapproach4life.com
Holistic healing options for stress, pain, infertility and cancer.

Home Health Care

A&M Healthcare Agency, LLC
412-793-3705 • am-hcagency.org
Our team of Home health aides, CNAs, LPNs, and RNs will deliver medically-based care in the comfort of your own home. We provide assistance in: activities of daily living, including bathing, cooking, house cleaning, medication maintenance/administration, wound care, diabetic accu-checks, IV therapy, transportation to/from medical appointments, nutritionist, social worker and physical therapy.

Hospitals

Allegheny Health Network
412-DOCTORS • AHN.org

Ohio Valley Hospital

412-777-6161
www.ohiovalleyhospital.org

St. Clair Hospital

412-942-4000 • www.stclair.org

The Washington Hospital

724-225-7000
www.washingtonhospital.org

Imaging

Health Enhancing Thermography
1-855-254-4328 (HEAT)
www.heat-images.com

St. Clair Hospital Diagnostic Imaging Services

www.stclair.org
State-of-the-art diagnostic imaging services at multiple locations: the Hospital; St. Clair Outpatient Center – Bethel Park and the St. Clair Outpatient Center – Peters Township; and the MRI Center on Broughton Road.

Independent Living Services

Life Pittsburgh
412-388-8050
www.LIFEPittsburgh.org
All inclusive Health Plan providing medical care and home care at no cost to qualified older adults who wish to remain independent in their own homes.

SeniorLife

1-877-998-LIFE (5433)
www.SeniorLifePA.com
Senior Life services are customized to meet the specific needs of each individual

Tri-County Patriots for Independent Living

724- 223-5115 • www.tripil.com

Massage Therapy

Beaufusion Massage, LLC
James Stark
(724) 255-6610 • www.beaufusion.com

Medical Care for the Uninsured

Sheep Inc. Health Care Center
(412) 856-7900 ext. 36
www.SheepIncClinic.org

Medical Supply Shoes, Mobility, Compression

Ponsi Shoes
1-866-708-5825 • www.ponsishoes.com
Diabetic & Orthopedic Shoes, Custom Orthotics, Stair Lifts, Power Chairs, Scooters, Incontinence Supplies

Mental Health & Wellness

Ohio Valley Hospital Outpatient Psychiatric Clinic
OVH Kennedy Twp Outpatient Center
412-458-1331
www.ohiovalleyhospital.org

Orthopedics

Advanced Orthopaedics & Rehabilitation
1-800-828-CAST (2278)
www.advancedorthopaedics.net

South Hills Orthopaedic Surgery Associates

412-283-0260
www.southhillsortho.com

Pain Management

Ohio Valley Pain Treatment Center
412-777-6400
www.ohiovalleyhospital.org

Physicians

Washington Physician Hospital Organization Provider Network
See pages 24-25 • whs.org

Dobkin/Riccelli Associates

250 Mt. Lebanon Blvd, Suite 306
Castle Shannon, 412-563-5560

Physical Therapy

Ohio Valley Hospital's The Balance Center
412-777-623
www.ohiovalleyhospital.org

Lifeline

www.LifelineTherapy.com
Physical Therapy • Pulmonary Rehab Cardiac Therapy. Visit our website for contact information for our five locations!

Pilates/Yoga

Live Well Yoga & Pilates At the Wilfred R. Cameron Wellness Center
724-225-WELL (9355)
www.wrcameronwellness.org
www.facebook.com/CameronWellness

The Pilates Body

724-941-2411
www.thepilatesbody.org
Pilates, Spinning, TRX, Yoga
Private lessons, small classes and introductory packages available

Psychiatric Service

Ohio Valley Hospital Outpatient Psychiatric Clinic
OVH Kennedy Twp Outpatient Center
8 Hattman Drive, Coraopolis
412-458-1331
www.ohiovalleyhospital.org
New outpatient psychiatric clinic.

Rehabilitation

Lifeline
www.LifelineTherapy.com
Physical Therapy • Pulmonary Rehab Cardiac Therapy. Visit our website for contact information for our five locations!

Novacare Rehabilitation

159 Waterdam Road, McMurray
724-942-1511
Physical, Occupational and Aquatic Therapy. Incontinence Rehab. Massage Therapy open to the public.

Rehabilitation

Presbyterian SeniorCare
MyLife Rehabilitation Services
Oakmont: 1-877-740-2179
Washington: 724-566-5132
www.SrCare.org

Sleep Apnea

Progressive Dental Solutions
Michael F. Hnat, DMD
724-942-5630
www.progressivedentalsolutions.com
Evaluation of snoring, sleep apnea and CPAP intolerance and treatment with Oral Appliances

Spa Services

Spa Harmony At the Wilfred R. Cameron Wellness Center
724-250-5238
www.spaharmony.org
www.facebook.com/spaharmonyCWC
Pamper yourself at Spa Harmony. We offer an array of treatments and services including massage therapy, acupuncture, reflexology, reiki, manicures/pedicures, waxing/sugaring, skincare and body treatments.

Transportation Services

Freedom Transit
724-223-8747
www.washingtonrides.org
Providing Door-To-Door Service to Person age 65 and older

Women's Health

K & J's Complete Woman
Monroeville: (412) 646-4661
Bethel Park: 412-835-5093
www.kjcompletewoman.com
Breast Forms, Bras, Wigs

Women for a Healthy Environment

412-404-2872
womenforahealthyenvironment.org
Join the network of women who, like you, want to change the way we influence our health and the environment!

Wound Care

Ohio Valley Hospital's The Wound Care Center
412-250-2600
www.ohiovalleyhospital.org

Washington Health System Wound & Skin Healing Center

724-222-5635 • www.whsdocs.org

Yoga & Pilates

Live Well Yoga & Pilates At the Wilfred R. Cameron Wellness Center
724-225-WELL (9355)
www.wrcameronwellness.org
www.facebook.com/CameronWellness

The Pilates Body

724-941-2411
www.thepilatesbody.org
Pilates, Spinning, TRX, Yoga
Private lessons, small classes and introductory packages available



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www.SrCare.org/experience
Oakmont Campus • 1.877.740.2179
Washington Campus • 724.566.5132

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**ST. CLAIR ACCEPTS ALL
MAJOR INSURANCES**

St. Clair Hospital is a highly honored, independent, acute-care medical center with 550 leading physicians, offering advanced, high-quality care in multiple specialties, including heart, vascular, oncology, orthopedics, spine, mental health, women's and children's services, stroke care, and more. Consistently rated by independent evaluators as one of the country's 100 Top Hospitals[®], St. Clair is a proven leader in patient safety, clinical outcomes, patient satisfaction, and value. Driven by a culture of continuous improvement, St. Clair earned the region's only "A" grade in patient safety, and ranks in the top 2 percent in the nation in patient satisfaction.

