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HELP WOMEN KNOW
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AFTER LIFESAVING
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St. Mary Medical Center's new 113,000 square foot surgical pavilion and Intensive Care Unit is now open, offering patients the most advanced critical care and surgical facilities in Northwest Indiana!

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FIRST FLOOR

- 12 large surgical suites
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- Same day surgery
- Phase II Recovery Unit
- New Central Sterilization Department
- Surgical Family Lounge

SECOND FLOOR

- 20 private ICU beds
- ICU Family Lounge
- Family-focused design, that seamlessly integrates technology and expertise with a comfortable, healing environment

THIRD AND FOURTH FLOORS

- Planned expansion for patient needs

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Younger heart disease patients like Diane Martinson benefit from a new kind of heart stent.

AT THE CENTER OF EVERYTHING WE DO

Community Healthcare System's focus is always on the patient



Changes in healthcare and technological advances have given the hospitals of Community Healthcare System another opportunity to take a closer look at our patient care experience. We are continuing to find ways to engage and partner with our patients to ensure that we are providing the right care, in the right place, at the right time—every time.



In this issue, you will find information about patient-centered initiatives across our healthcare system that aim to provide respectful, responsive, individualized care for you and your family.

Women with a significant family history of breast cancer or those at a higher risk for the disease can receive specialized care and peace of mind at the High Risk Breast Clinics (**page 4**) at our Women's Diagnostic Centers. Our staff helps women cope with their concerns about developing cancer and make informed decisions about reducing their risk.

Orthopedic care can dramatically improve quality of life. Our hospitals offer a full range of services from minimally invasive procedures to complex surgeries, physical therapy and rehabilitation—to get you moving again, without pain (**page 6**).

The new Surgical Pavilion at St. Mary Medical Center features the latest in technologies that focus on the safety and comfort of patients and provides surgeons and staff with an exemplary environment (**page 50**).

Highland resident Diane Martinson was accustomed to taking care of others until a massive heart attack put her in need of help (**page 52**). Her forward-thinking Chest Pain Center team at Community Hospital used a new stent that has turned out to be a better choice for a younger patient with heart disease, like Martinson.

St. Catherine Hospital is partnering with a number of specialists to provide patients with quality healthcare that requires skilled professionals who treat their patients with compassion and sensitivity. This kind of care translates into a more personalized, one-on-one experience that is also close to home (**page 54**).

John Gorski
President and Chief Executive Officer
Community Foundation of Northwest Indiana

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MANIFEST



Julie Burk, FNP, sees patients at the Brickie Community Health Clinic in Hobart.



Trainer Patrick Ohaver examines Highland High School student Ryan McKnight's knee.

HEALTHIER STUDENT BODIES

Community Healthcare System works with area schools to ensure students and teachers have access to immediate care and sports medicine



Care Clinic at Purdue Calumet

Purdue University Calumet

students and faculty members have the convenience of seeing Community Care Network medical professionals at the Purdue University Health Center. Our affiliated specialists, located at the health center on the Calumet campus, treat minor injuries, common illnesses and a wide variety of health conditions. Services include blood testing, breathing treatments, health/sports physicals, screening, sick visits, treatment of skin conditions, vaccinations/immunizations, weight loss counseling and more.

“We also have partnered with Purdue Calumet to remodel and double the size of the athletics training room so that it may be used as a combination training room/physical therapy clinic staffed by

two full-time athletic trainers and one physical therapist,” says Don Fesko, CEO of Community Hospital.

Community Healthcare System Trainers

Community Healthcare System is working to ensure that area high schools have access to expert athletic trainers who can provide the kind of quick response that research has shown leads to fewer injuries and faster recovery times. Our athletic trainers provide students with preventive services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. They also provide a direct link from the field or gym to our medical providers.

We provide daily athletic training services to Andean High School, Calumet

High School, Griffith High School, Hammond High School, Hammond Clark High School, Hammond Gavit High School, Hammond Morton High School, Hanover Central High School, Highland High School, Lake Central High School, Lake Station High School, Munster High School, Purdue University Calumet and Whiting High School.

Brickie Clinic in Hobart

Located at Hobart High School, the Brickie Community Health Clinic is open to all School City of Hobart students and employees. Parents and employees need to preregister for services at the clinic, which offers basic primary care, school and sport physicals, vaccinations, flu shots and basic lab services (including urinalysis, glucose, rapid strep test and blood draws), as well as health education and health-risk assessments. The clinic is staffed with a certified family nurse practitioner and a medical assistant. Both are part of St. Mary Medical Center's affiliated physician network, the Community Care Network, Inc.

“The Brickie Community Health Clinic allows us to provide easy access, preventive medicine and prompt care to medical needs before they develop into more serious conditions,” says Janice Ryba, CEO of St. Mary Medical Center. ■



THE POWER OF KNOWING

Clinics evaluate breast cancer risk through one-on-one individualized care BY **ELISE SIMS**

With a family history of breast cancer, actress Angelina Jolie sought to understand her risk before choosing a bilateral mastectomy and reconstruction. But you don't need to be a movie star to know your options and get peace of mind when it comes to breast cancer.

Women at increased risk for breast cancer can benefit from the expert guidance offered by the staff of the High Risk Breast Clinics at the Women's Diagnostic Centers of Community Healthcare System.

Community Healthcare System is the only healthcare system in Northwest Indiana with four high-risk breast clinics, located in Munster, East Chicago, Hobart and Valparaiso. The clinics' staff follows national guidelines to empower patients with knowledge, providing individualized recommendations for prevention and surveillance.

"Many of the questions that women have are related to 'Do I have the Angelina Jolie gene?' and 'Do I need to have my breasts removed?' and the answer is that most women do not," explains Mary Nicholson, MD, regional

director of breast imaging services for Community Healthcare System. "Not everyone who has breast cancer has the Angelina Jolie mutation. Our high-risk clinics' staff works to educate and debunk false or misleading information."

Women at elevated risk for breast cancer can come in with a physician's order and meet with a certified breast health navigator for a one-on-one individualized assessment. The navigator will provide an explanation of national guidelines and offer information on developing a personalized surveillance plan and prevention strategies.



Martina Galaviz, left, talks with Maria Marrero, NP-C, quality care nurse navigator at St. Catherine Hospital, about good breast health steps she can follow as a radiology patient with an elevated risk for breast cancer.

Staff members also help coordinate scheduling and preauthorization of imaging studies. They provide referrals to valuable resources such as genetic or psychological counseling, nutrition experts and research studies.

“As advanced practice nurses and certified breast health navigators, we work in collaboration with our physicians to get patients individualized care in a one-on-one setting,” says Suzanne Ruiz, NP-C, a certified breast health navigator at the Women’s Diagnostic Center in Munster. “It’s comforting; most women feel better when they leave than when they walked in because they have factual information and understand their risk.”

Factors that can increase a woman’s risk of developing breast cancer include her age (four out of five breast cancers diagnosed are in women over 50); family history (a close female relative who has

had breast or ovarian cancer, particularly before menopause, or a male relative with breast cancer); an Ashkenazi Jewish heritage; certain breast changes (such as diagnosis of atypical hyperplasia); menstrual period beginning at an early age; going through menopause at a late age; and having no children or having a first pregnancy after age 30.

Screening tests used to detect early stage disease in those who show no symptoms include clinical breast exam and digital mammography. For women with an elevated lifetime risk of breast cancer, annual screening through breast MRI in addition to an annual mammogram is recommended by the National Comprehensive Cancer Network. The Women’s Diagnostic Centers provide results of screening mammograms within the same visit, and next-day results for nonsurgical biopsies.

Though most breast cancers occur in women who do not have a strong family history, about 5 to 7 percent are traced back to a genetic predisposition. Genetic testing may be valuable for some women.

No matter a woman’s circumstance, the doctors and other breast health experts at the clinics take a personalized approach to her care.

“We get to know our patients ... we are there with them from the beginning,” says Charisa Spoo, DO, lead interpretive breast radiologist at the Women’s Diagnostic Centers of St. Mary Medical Center. “From the day of the mammogram to the day of the biopsy, or if it is to sit down with them to talk about their risk, we know them individually and find out what their needs are for the very best care.”

You may want to visit the High Risk Breast Clinic if you:

- Have a lifetime risk of breast cancer of 20 percent or greater using standard risk assessment models
- Have a mutation in BRCA1, BRCA2 or another cancer predisposition gene
- Have a relative with a mutation in BRCA1, BRCA2 or another cancer predisposition gene
- Received radiation treatment to the chest between the ages of 10 and 30
- Carry or have a relative with a genetic mutation in the TP53 or PTEN gene or another cancer predisposition gene. ■

WEBSITE



Learn More

For more information about High Risk Breast Clinics at the Women’s Diagnostic Centers of Community Healthcare System and the services we offer, visit www.comhs.org/community/high_risk_breast_clinic.asp.

Returning to an **ACTIVE LIFE**



Hospitals offer outstanding orthopedic options

BY **CHS HOSPITALS STAFF**

Most people who have had a hip, knee or shoulder replacement will tell you they feel more mobile than they have in years (including actor Steve Carell—see page 10). That's because orthopedic breakthroughs are giving surgeons the ability to perform more complicated procedures more easily than in the past.

Community Healthcare System's surgeons are using computer-guided surgeries and minimally invasive techniques with much smaller incisions and less tissue damage than before, leading to even better results. Physicians have access to more durable materials in artificial joints and are able to get a better fit as manufacturing companies offer a broader range of sizes and shapes. There also have been advances in pain management and physical therapy for post-surgical patients.

All these advancements and more are accessible at the hospitals of Community Healthcare System, where patients receive a continuum of care that is convenient and close to home.

Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart have been recognized for excellence in orthopedics.

Community Hospital

Community Hospital has been nationally recognized as one of America's 100 Best Hospitals for Orthopedic Surgery, 2016, by Healthgrades®, an independent national healthcare quality ratings organization. This designation validates our healthcare team's dedication to following processes and procedures designed to help keep patients safe, experience fewer complications and have the best outcome possible.

"We understand that successful orthopedic procedures positively impact quality of life," says Donald P. Fesko, chief executive officer of Community Hospital. "So it is vital that our physicians and healthcare professionals are consistent and well-prepared to handle these health concerns for

our patients. We are proud of their efforts and their ongoing commitment to excellence."

Many orthopedic and spine surgeries are performed through a minimally invasive technique rather than traditional surgery, which often has longer recovery times and more pain due to disrupting the muscle around the bone or joint. Minimally invasive surgery has many benefits, including reducing the surgical and anesthesia time, shorter hospital stays, decreased blood loss and faster recovery. There are minimally invasive options for both spinal surgery and joint replacements.

St. Mary Medical Center

From hip surgery to knee replacement, St. Mary Medical Center has received some of the highest marks in the country for specialized care. The Joint Academy of St. Mary Medical Center has received The Joint Commission's Gold Seal of Approval for Knee and Hip Replacement. This certification is awarded by The Joint Commission on

Hospital Quality to medical facilities that have demonstrated expertise in delivering quality healthcare in the areas of knee and hip replacement. Patients have reassurance that the hospital's healthcare team is consistent in following processes and procedures designed to help keep patients safe and experience fewer complications.

Taking this excellence to another level, the hospital's Joint Academy program educates each patient about his or her procedure prior to surgery and continues with inpatient group therapy, followed by education and readiness for recovery at home. Procedures are scheduled so that patients can relate to others experiencing similar joint surgery at the same time. Each patient is assigned his or her own specialized, dedicated team of orthopedic professionals.

The unit offers private suites with accommodations for a family or friend "coach" who assists with recovery.

St. Mary Medical Center joint replacement patients are treated by board-certified and fellowship-trained orthopedic physicians, specially trained orthopedic nursing staff and surgical technicians. Then, after discharge, patients continue therapy at one of the hospital's Outpatient Rehabilitation Centers, where they receive education and follow-up from certified physical and occupational therapists.

"With advances in technology and development of increasingly effective and minimally invasive surgical techniques, we are continuing to help set the standards of excellence for total



Community Hospital's award-winning orthopedic team of multidisciplinary professionals includes nurses, physical and occupational therapists, technicians and social workers.

joint replacement surgery,” says Scott Andrews, MD, orthopedic surgeon and medical director of the Joint Academy. “We have established a nationally recognized joint replacement program that is among the best in Indiana and the entire Chicagoland area.”

St. Catherine Hospital

St. Catherine Hospital in East Chicago’s Hand Center is dedicated to the treatment of hand pain and injury. This network of specially trained physicians, nurses, therapists and skilled healthcare professionals believes in early diagnosis, treatment and preventive education.

“We diagnose and treat all kinds of hand conditions from the common to the complex,” says Ralph Richter, MD, director of the Hand Center. “Every day we treat the effects of disorders like carpal tunnel syndrome and the pain and suffering caused by diseases such as arthritis and rheumatoid arthritis. Each patient and each situation is

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An Orthopedics Expert, Just for You

Our dedicated team of physicians and staff takes pride in providing exceptional care that improves a patient’s quality of life. To find an orthopedic specialist, call **219-836-3477** or toll-free **866-836-3477**.

unique. Medication may be all that is necessary. Often therapy is the best treatment. In some cases, surgery may even be required. Whatever the condition might be, patients do not have to learn to live with the pain.”

If an unexpected hand injury occurs, Hand Center staff can be reached 24 hours a day through the Emergency department. After an initial exam, a physician who specializes in the treatment of hand injuries or conditions will provide follow-up care. If occupational

therapy is necessary, St. Catherine has therapists who are specially trained in hand rehabilitation to help coordinate care with the patient’s employer and physician.

Whatever the location, at the hospitals of Community Healthcare System, a total approach to care and rehabilitation is practiced that addresses all aspects of our patients’ health and well-being, from pre-operative education to rehabilitation and support services. Our innovative recovery practices and pain management options make joint surgeries and other orthopedic treatments easier and help our patients get moving sooner, so they can enjoy life. ■

● **At the Hand Center of St. Catherine Hospital, you’ll find a total approach to care and rehabilitation with specially trained physicians, nurses, therapists and skilled healthcare professionals who diagnose and treat all kinds of hand conditions, from the common to the complex.**



The Get Moving Issue

You don't have to be a marathoner or able to do a headstand in yoga. Get healthy with exercise, your way.

WORK IT!

Most of us need more activity than we get



150 minutes of moderate aerobic physical activity—or 75 minutes of vigorous activity—plus at least two days of strength training is recommended for adults each week.

79% of American adults **do not meet these guidelines.**

1 in 3 American children **is physically active** each day.

<5% of adults **participate in 30 minutes** of physical activity each day.

54.1 million Americans (about 17 percent) **belong to a health club or gym.**

28,000 running events were held in the U.S. in 2014, including marathons, half-marathons and more manageable 5Ks.

We've heard it a million times: Exercise, combined with a nutritious diet, is key to good health. Read on to learn how to be more active, avoid injury and lose weight.

Getting started is as easy as standing up. ➔

Sources: health.gov, fitness.gov, CDC, ihrsa.org, runningusa.org



Too HIP to Quit

Steve Carell underwent joint replacement surgery at age 51 and came out laughing—and kicking

BY **MEREDITH HEAGNEY**

Younger joint replacement patients, like Steve Carell, can look forward to decades of mobility.

PHOTO BY GETTY 2016 DAVID LIVINGSTON

Take a look at Steve Carell's résumé over the past few years and you'd never know the comic-turned-Academy Award nominee struggled with a deteriorating hip joint, requiring a total joint replacement in 2013.

After wrapping his iconic portrayal of buffoon boss Michael Scott on *The Office*, Carell continued his eclectic career full-speed, moving from comedy-drama (*Seeking a Friend for the End of the World*) to animated film (*Despicable Me*, *Despicable Me 2* and *Minions*) to dark drama, earning an Oscar nomination for his role as eccentric heir and convicted killer John du Pont in *Foxcatcher*. More recently, he played a caustic hedge-fund manager in *The Big Short*, about a group of men who bet on the collapse of the housing market and got rich.

Carell is like many other Americans who undergo joint replacement: He's middle-aged (he'll turn 54 in August), active and in good general health. Joint replacement was once considered a surgery for overweight or unhealthy seniors, but younger patients increasingly are choosing it to avoid pain and immobility.

About a year after his surgery, Carell told David Letterman he had made the right choice.

"I was walking with a limp. It was not good," he said of his condition before the replacement. Now, "I love it. I'm so happy with my hip." And then he swung his right leg up, kicking and bending to show off his range of motion.

Not Just for Retirees Anymore

The number of joint replacement surgeries done each year has gone up as the patients have gotten younger. In 2000, the Agency for Healthcare



Research and Quality reported that 160,282 patients were discharged from hospitals after total hip replacement. Thirty-one percent of those patients were ages 45 to 64. By 2012, discharges for hip replacements were at 320,420, with 42 percent represented by the 45- to 64-year-olds.

Total knee replacements have followed the same trend. Of the 631,264 discharges in 2012, 42 percent were middle-aged, up 11 percentage points from 2000.

The culprit is usually osteoarthritis, the wearing down of protective cartilage to the point where bone rubs bone. Sometimes replacements are needed to correct damage from other bone and joint conditions or traumatic injuries.

It's common for athletes, both professional and amateur, to have wear and tear on their joints. Carell told Letterman that his problems resulted from playing hockey.

"At least that's what I say, because it sounds kind of macho," Carell joked. >

"I was walking with a limp. It was not good," Carell told David Letterman. Now, "I love it. I'm so happy with my hip." And then he swung his right leg up, kicking and bending to show off his range of motion.



7 THINGS YOU (PROBABLY) DIDN'T KNOW ABOUT STEVE CARELL

- 1 He owns Marshfield Hills General Store in his native Massachusetts.
- 2 His wife of 21 years, actress Nancy Walls (above), played his love interest Carol on *The Office*.
- 3 In college at Denison University, his radio name was "Sapphire Steve Carell."
- 4 His first film appearance was in the 1991 John Hughes movie *Curly Sue*.
- 5 His first regular TV job was on *The Dana Carvey Show* in 1996.
- 6 The chest-waxing he endures in *The 40-Year-Old Virgin* was real.
- 7 Carell and Stephen Colbert voiced *The Ambiguously Gay Duo* animated short on *Saturday Night Live*.

Orthopedic surgeons and physical therapists say they've seen the youthful uptick firsthand in their practices, especially among the active.

"The needlepoint has shifted a bit younger," says Eric Robertson, a physical therapist and a spokesman for the American Physical Therapy Association who specializes in musculoskeletal rehabilitation. He adds that while the old way of thinking was to wait as long as possible to replace a faulty joint, the new attitude is becoming, "Let's replace this sooner and avoid the suffering and the debility and the reduction in overall health status that would come from trying to prolong it."

Replacements can be performed earlier because the technology in artificial joints has improved, says Brett Levine, MD, an orthopedic surgeon and a spokesman for the American Academy of Orthopaedic Surgeons.

"We think the longevity (of the joints) is going to be a little bit better than in the past," Levine says. "In the past, you'd never operate on certain people because you'd get them to wait as long as possible. Now we're thinking the implant might last 20 to 30 years."

That means a joint replacement patient like Carell might not even need revision

surgery, a process in which some or all of the artificial parts of the joint are replaced. Hips may last 20 to 25 years, while a replaced knee, a less stable joint, usually makes it 15 to 20 years.

The typical replaced hip is made up of four parts, Levine explains: a metal stem with a ball on its end that fits into a cup, which has a liner. Younger patients, like Carell, often receive a ball made of ceramic, which is likely to last longer (Carell bragged to Letterman that his "will last forever"). Older patients may use cheaper metallic options. Replacement knees are generally made of the same materials.

While hips and knees are the most common replacements, other joints, such as shoulders, ankles and elbows, also may be switched out for artificial versions.

When Is the Right Time?

Despite the broader use of joint replacement surgeries in patients under 60, it's not a decision to be made lightly, Levine says.

"We still suggest people try to stretch it out some," he says. "I always tell patients who come in, if they say they can't play the last two holes of golf and they want a hip replacement, that's not quite hip-replacement material."

Injections of corticosteroids, which serve as an anti-inflammatory agent, can sometimes put off the need for surgery for years, Levine notes. His concern grows when a patient's pain becomes bad enough to limit daily activities and hobbies.

Then, quality of life decreases and weight often increases.

"You're trying to remain sedentary to avoid the pain," he says.

Carell said his doctor told him to wait on surgery until he started to limp, which he did.

Levine requires X-rays that show substantial arthritis and assurance from patients that they're mentally ready for the surgery and rehabilitation. For his patient Kim Sturonas, 56, that second part was the toughest.

Sturonas was 50 when she learned that her left hip no longer had cartilage and that the discomfort was caused by bone-on-bone friction. Sturonas, a former college athlete who played in an indoor soccer league, couldn't believe it. In fact, after she heard the news, she cried the whole way home.

"I'm thinking, I've done everything right. I've been active. I haven't lived a sedentary life. And here I am, at 50 years old, and I need a hip replacement."

It took Sturonas years to come to terms with it. Finally, she couldn't take it anymore. She had gone from jogging 2 to 4 miles daily to having trouble taking a short walk with the dog.

She had her left hip replaced in June 2014. Then her right hip began to fail; in June 2015, she had that one replaced as well. It was the right move, she says. "I should've gotten this done a lot earlier."

Rehabilitation and Recovery

Younger patients tend to recover quickly from surgery, says Levine, who tells his patients to take it easy for six weeks, outside of their physical therapy exercises. That's about how long it takes the bone to start growing into the implant. But it can be difficult to get patients to obey his orders, Levine says.

QUALITY CARE FOR JOINTS

Orthopedic specialists at the hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—are committed to delivering the very best patient experiences at every level of care, from before surgery to post-surgery and throughout rehabilitation.

Our board-certified and fellowship-trained physicians offer minimally invasive surgical options for patients, such as arthroscopic surgery and joint replacements. They are trained in the diagnosis and treatment of work- and sports-related injuries, traumas, concussions and other conditions. Specialists work together with a team of medical professionals to help patients heal quickly, regain full function of their injuries and return to more active lifestyles.

Choose outstanding orthopedic care you can trust. Choose the hospitals of Community Healthcare System.

"Some of them look at me like I'm crazy. They've got their basketball jersey on, and they're going to play their weekend game and I'm like, 'Where are you going?'"

The length of recovery depends on a patient's overall health, Robertson says. Some people bounce back in as little as two to three months. Physical therapists teach patients exercises that strengthen the muscle around the new joint and help them understand its range of motion—critical to preventing dislocation.

The joints wear down faster, potentially requiring revision surgery, if the patient engages in high-impact activities like running, Robertson says. He recommends staying in shape with cycling, swimming and walking.

Sturonas completed 10 weeks of physical therapy after her most recent surgery. She was thrilled by how quickly she could do things she hadn't done for years, such as swing her leg over the top of a bicycle seat.

Those "eureka" moments are common, Robertson says.

CALL 

Joint Help

For a list of orthopedic specialists in your area, call the Physician Referral line of Community Healthcare System at **219-836-3477**, toll-free **866-836-3477** or visit **www.comhs.org**.

"When people stand up after a joint replacement for the first time, there's always this moment ... the joint isn't sore," he says. "That aching deep pain they had from the arthritis is gone."

And they have a lot of life left to live—whether they spend it starring in movies or just taking long walks with the family dog. ■

BODIES IN MOTION

➔ *Although thousands of years have passed since our ancestors hunted game and gathered wild plants, our bodies are still programmed to be on the move. So when you plop a hunter-gatherer on the couch for a nightly TV marathon or in an office chair to work hours at a stretch, the resulting health issues shouldn't surprise you. Read on to learn how you can get active and reclaim your health.* BY **CONNIE MIDEY**



Make quality time
with your kids
active. It's good
for everybody.



WHAT'S YOUR EXERCISE LIFESTYLE?

*When life gets
in the way of
going to the
gym, you can
still exercise—
just sneak it
into to your
daily routine*



You can improve your health without changing your whole life.

“You don’t have to do a lot,” says Michele Stanten, author of *Walk Off Weight*. “Start with a little bit of activity and just do it consistently to build the habit.”

Consider these ideas for adding activity into your life.

FOR THE BUSY PARENT

• Skip the drive-thru lanes.

Stanten shuns the lanes at banks, stores and restaurants, parks her car and walks inside to conduct her transactions.

• **Explore your 'hood.** Registered nurse Basia Belza, PhD, lead author of *Mall Walking*, a guide from the Centers for Disease Control and Prevention, squeezes in short walks in her neighborhood.

• **Play catch or hopscotch with your kids for 10 minutes.** "Doing things together gets you and the kids out and active, and you're being a good role model," says Stanten, who is a mother of two and also an American Council on Exercise (ACE) board member and ACE-certified fitness instructor.

• **Build your active time around your kids' programs.** "Volunteer to help with their teams," she suggests. "Or when you drop them off at the field or music lessons or Boy Scout meetings, use that opportunity to take care of yourself with a walk."

• **Walk the talk.** "When you're walking, particularly with a teenager, and want to discuss difficult subjects, it's a little easier when you're not eye-to-eye," Stanten says.

• **Lose the guilt about me-time.** "If we don't take care of ourselves first," she says, "we don't do the best job of taking care of others. If you exercise and are more active, you're going to be stronger, less stressed, less likely to lose your temper, whether at work or at home."

TAKE THE FIRST STEP

Your most direct avenue to good health is a simple walk. To get started, you may want to join a walking group. Well Walkers Club is a Community Healthcare System group in Northwest Indiana for adults. Monthly meetings feature guest speakers discussing a variety of healthcare topics, and participants receive free pedometers.

The Well Walkers Club is offered at three locations: St. Catherine Hospital, 4321 Fir St., Professional Office Building Conference Room-North Entrance, East Chicago, 11 a.m., first Wednesday of each month (219-392-7104); Wicker Park Club House, 2125 Ridge Road, Highland, 1 p.m., first Tuesday of each month (219-313-3934); and Whiting Public Library meeting room, 1735 Oliver St., Whiting, 1 p.m., second Thursday of each month (219-392-7135).

EVENT



Join Us!

Well Walkers Club members meet on a regular basis to improve their health through exercise. To learn more about the many health groups and classes offered at our hospitals, visit www.comhs.org/stcatherine/health_events_calendar.asp.

FOR THE TRAVELER

• **Walk before you fly.** "You know you're going to be cooped up," Stanten says, so walk in the terminal while waiting for your plane.

• **Walk at your destination.** "Walking is one of the best ways to explore," she says. "You get a completely different experience when you're on foot. You see things you don't see when you're whizzing by, and you're interacting with people."

• **Look for active opportunities.** Rent a kayak, canoe or bike. Take a hike in the mountains, Stanten suggests, "or mix a walk in with lying on the beach reading a book."

• **Go prepared.** Pack workout clothes and shoes. Take a resistance band for strengthening exercises. "An elastic band is a great piece of equipment to take," she says. "It's flat, flexible, weighs nothing and takes up no space."

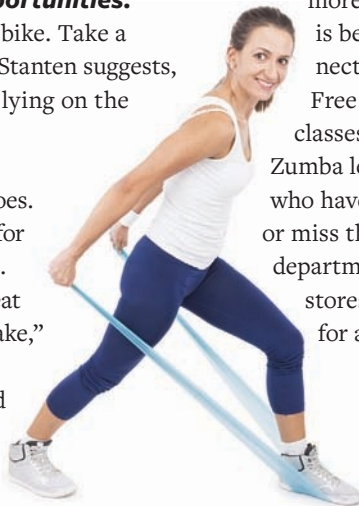
FOR THE RETIREE

• **Walk at a mall.** "It really makes sense," says Belza, whose guide is based on researchers' visits to malls in five states and interviews with people who walk at them. "A mall is indoors. It's climate-controlled, has flat surfaces and allows people to use the bathrooms and water fountains. There's transportation and usually some security, so people feel safe."

• **But then think outside the mall.** Commune with nature at zoos or botanical gardens. And take advantage of early open times to minimize walkway traffic.

• **Make a walking date with a friend.** "It's harder to cancel when someone's counting on you," Belza says.

• **Join a group.** Retirees tell Stanten that being engaged with others is important to them. "We're seeing more and more research that our health is better if we have those connections in our lives," she says. Free or reduced-rate exercise classes, yoga, hiking groups and Zumba lessons fill a need for people who have lost partners or friends or miss their jobs. Check with parks departments, churches, fitness stores, libraries and hospitals for activities. ■





YOUR RX-EXERCISE

Exercise is a vital part of the prescription for recovering from health crises and preventing future damage



Exercise isn't just essential for good health and weight loss. It's also a powerful tool in the body's efforts to prevent, recover from and delay diseases such as arthritis, cancer and even Alzheimer's. Read on to learn how activity heals.

CANCER AND HEART DISEASE

“It’s fairly well established that people who exercise have a lower risk of colorectal cancer and breast cancer,” says epidemiologist I-Min Lee, MD, a co-author of *Exercise: A Program You Can Live With*.

That’s why cancer treatment programs have begun incorporating exercise. They’re following the lead of cardiac rehabilitation programs, which have shown that physically active heart patients are more likely to recover well.

Lee and her colleagues in 2014 reported that male cancer survivors who exercised had lower rates of death. The minimum recommended 150 minutes a week of moderate-intensity activity was sufficient to lower mortality rates.

ARTHRITIS

Just as exercising can prevent arthritis by keeping muscles strong and excess pounds from overloading joints, exercising after a diagnosis of arthritis can limit aches and pains and improve movement, says sports medicine specialist Bashir Zikria, MD, a member of the American Academy of Orthopaedic Surgeons (AAOS).

“One of the strongest recommendations the American Academy of Orthopaedic Surgeons has for nonoperative management of arthritis is a physical therapy program of supervised exercises,” Zikria says.

Continue to watch your weight, he advises, and when you’re ready to exercise on your own, start with low-impact activities such as swimming, walking and bicycling, which are great for joints.

You can increase your workout time gradually as you make exercise a part of your daily routine, preferably in morning sessions before your day gets busy.

EXERCISE TO DELAY PARKINSON’S

For people with Parkinson’s disease, research reveals that exercise is the one thing that may slow down disease progression. Parkinson’s symptoms include rigidity, tremor, difficulty walking and balance issues.

The Parkinson’s group program at Community Hospital Fitness Pointe® incorporates high-intensity movements, whole-body exercises, task-specific strengthening and postural training. These movements help patients counteract the symptoms of Parkinson’s. Other exercises help to increase

balance and core strength and improve functional movement.

“When you have been diagnosed with Parkinson’s, it is very important to stay moving and keep active in order to maintain optimal function,” says Jan Duncker, DPT, supervisor of Outpatient Physical Therapy at Fitness Pointe.

CLASS



Register Today!

Parkinson’s therapy group classes are made possible with generous support from Northwest Indiana Parkinson’s, Inc. Call the Physical Therapy department at Fitness Pointe, **219-934-2840**.

PREGNANCY-RELATED BACK PAIN

Your baby’s birth doesn’t guarantee an end to the lower-back pain you might have experienced during pregnancy, orthopedic surgeon Zbigniew Gugala, MD, says in a 2015 literature review published in the AAOS journal. For about half of pregnant women with lower-back pain, the pain continues after delivery.

“As ligaments—which connect bones to each other—stretch and the uterus expands as the baby grows, they put excessive stress on the spine and pelvis,” Gugala says. “This can lead to low-back pain, pelvic-girdle pain or both.”

Talk with your obstetrician about an exercise regimen that makes sense for your fitness level, incorporating flexibility, stretching and muscle-strengthening exercises such as water workouts, aerobics and yoga.

OSTEOPOROSIS

Exercise strengthens the musculoskeletal system and improves balance, making us less vulnerable to osteoporosis and the chance of fall-related fractures, Lee says.

Plus, some studies have blamed inactivity for much of the bone deterioration seen as people age.

So, it follows that “resting” your bones after a diagnosis of osteoporosis

is not the answer. The AAOS and the National Osteoporosis Foundation note that bone is living tissue rebuilding itself all the time.

Talk with your doctor about the benefits of low-impact, weight-bearing exercises such as walking.

ALZHEIMER’S DISEASE

“We know that physical activity improves blood flow to the brain,” Lee says, “and we believe that helps with cognitive function.”

Exercise also reduces the body’s misdirected inflammation, a risk factor associated with Alzheimer’s disease and other health conditions, she says.

Some preliminary reports have found that even in Alzheimer’s early stages, people who did regular aerobic exercise showed modest improvements. ■

STOP SITTING

Standing desk?
Walking meetings?
Look for ways to leave
that chair.



STAND UP TO SITTING

“Sit still” is a childhood lesson you may have learned too well for your own good



Glued to our chairs, we lose two hours of life for every hour we sit, warns endocrinologist James Levine, MD, PhD, author of *Get Up! Why Your Chair Is Killing You and What You Can Do About It*.

“Why would you expect something you do for half an hour a day at the gym to be enough?” Levine asks. “We know that gym-going alone does not actually offset the harm of sitting.”

THE HARMS

A sedentary lifestyle has been linked to a growing list of ills, such as heart disease.

Epidemiologist Charles Matthews, PhD, a National Cancer Institute investigator, cites evidence that people who aren't physically active have a higher risk for cancers of the colon, breast (especially after menopause) and endometrium, which is the lining of the uterus and the most common starting point for uterine cancer.

Research is ongoing for other cancers, he says. Matthews stands as he talks, a practice that has become second nature.

"There are intriguing suggestions that exercise after prostate cancer may prevent a recurrence," he says. "And a lot of recent research into the relationships between exercise and cognitive decline is saying that regular exercise early in life and at midlife can prevent or delay dementia later on."

No wonder health professionals view what they've dubbed "sitting disease" with alarm as they observe an increasingly chair-tethered society.

Using digital activity monitors, Matthews and his research team estimated in a 2008 study that Americans ages 6 through 75 spent on average 55 percent, or 7.7 hours, of their waking day sedentary.

"And that was before our tablets and phones got so interesting," he says.

TV is another lure. Matthews and colleagues found in a 2012 study that watching TV seven or more hours a day was associated with higher risk of death—even among those who exercised more than an hour a day—compared with those who watched TV less than one hour a day.

In his book, Levine lists potential consequences of sedentariness from A (arthritis) to Z (zest, lack thereof).

WORK OUT AT YOUR DESK

Short on time? Reverse the harmful effects of sitting by exercising at your desk. Portage Township Y, a health partner of St. Mary Medical Center, offers the following suggestions from Healthy Living Director Amber Zimmer:

- 1. March in place:** Bring your knees as high as you can without stomping.
- 2. Arm circles:** Raise arms to your sides, gradually increasing the circle size, moving arms forward and backward.
- 3. Standing heel raises:** Raise and lower heels slowly.
- 4. Standing hip circles:** Stand on one leg while moving the other in a circular motion as though drawing

Using diabetes as an example, he explains that after a meal, blood sugar rises, and the body reacts by making more insulin to push the sugar into the thigh, buttocks and trunk muscles—what he calls the stand-and-walk muscles.

If you continue sitting, he says, "you don't use that sugar from your meal." The unused fuel ends up as fat and could lead to type 2 diabetes.

Being sedentary also weakens muscles and bones, elevates blood pressure and contributes to depression. Moving can prevent such problems.

"That's why some people call activity the silver bullet," Matthews says. "There are relatively few adverse side effects to exercising."

WHAT TO DO

To reduce the harms of sitting, consider the following.

- **Exercise regularly.** "You get the most bang for your buck," Matthews says. "Even a modest amount of exercise or leisure-time activity provides huge benefits."
- **Reduce sitting time by an hour a day.** He suggests keeping a diary to identify potential activity times, then marking them on the calendar.

a circle with your foot. Repeat with other leg.

5. Chair squats: Stand from a seated position, extend arms overhead, lower arms, sit and repeat.

6. Standing torso side bend: Cross arms in front of your body and tilt to the right, then left.

WEBSITE



Get in Shape!

To join Community Hospital Fitness Pointe®, Munster, or St. Mary Medical Center partners Hobart Family YMCA, Portage Township YMCA and Valparaiso Family YMCA, visit www.comhs.org.

- **Combine walking with other commitments.** Make it your practice that you need an excuse to sit down, not the opposite, Levine suggests. He invites colleagues and students to join in walking meetings, sometimes at a nearby mountain trail or shopping mall.
- **Get up after dinner.** Walk 15 minutes at 1 mph after meals to cut blood sugar peaks in half, Levine says. But even two minutes will help.
- **Set a timer.** Program a reminder to stand and move every 30 minutes or so.
- **Walk to a colleague's desk.** Don't call, email or IM your message—say it.
- **Pace while on the phone.**
- **Create a movement-friendly office space at home or work.** This might include an elevated surface for your computer keyboard, a telephone headset, a treadmill desk or a fitness ball instead of a chair. ■


YOUR INJURY-PREVENTION PLAYBOOK

Whether you're an
avid athlete or a
weekend warrior,
here's what's most
likely to ail you
and how you can
protect yourself
from head to toe

BY CHEYENNE HART



ILLUSTRATIONS BY JUDE BURFUM; DESK PHOTO © ISTOCKPHOTO

A top-down photograph of a wooden desk. In the upper right, a yellow mug is filled with dark coffee. Below it, a pair of black-rimmed glasses with clear lenses lies on the wood. To the right of the glasses are several colorful paper clips (blue, green, yellow). In the lower right, three pens are visible: one orange, one red, and one teal. On the left side, a blue pen and a blue grid-patterned notebook are partially visible.

I'll admit it, I spent the first 30 years of my life doing everything I could to avoid running. I was *that kid* in school who walked the mile in gym class because my ankle hurt or my knee hurt or my head hurt—whatever body part I hadn't used as an excuse in a while.

Then at 31 I decided to make a career change to law enforcement, and that meant I had to start running. And because I'd never had formal—or informal—training before, one day I just started running.

A few months later I had my first sports-injury diagnosis: stress fractures. That's also when I learned that training in any type of sport without proper conditioning can cause all kinds of setbacks—and a great deal of pain.

Who's at Risk?

So, who needs to worry about sports injuries? "Anybody who does sports," says Matt Gammons, MD, a sports medicine physician and vice president of the American Medical Society for Sports Medicine. "The biggest risk factor for sports injury is doing sports."

Of course, not all athletes get injured. As far as amateurs go, "weekend warriors tend to be a bit more prone to injury because they're participating at a moderate or higher level on a sporadic basis," says Nancy Yen Shipley, MD, an orthopedic surgeon specializing in sports medicine and a spokeswoman for the American Academy of Orthopaedic Surgeons (AAOS). "Even if you can't participate in your sport every day, it's best to do something active for at least 30 minutes in order to stay conditioned."

Staying conditioned can help you prevent several types of injuries. Here are the most common sports injuries from head to toe and what you can do to avoid them. >

HEAD

More than 300,000 concussions are diagnosed each year, many of them from sports, according to the American Association of Neurological Surgeons.

A concussion is a temporary loss of normal brain function after a blow to the head. And while football tends to be the poster child for the injury, one study by McGill University in Montreal found that soccer players suffer just as many concussions per year as football players do. Any sport that involves contact or a risk of falling increases chances for concussion.

WHAT YOU CAN DO: Aside from choosing a non-contact sport, proper gear is the next line of defense in concussion prevention. Helmets should be worn during baseball, cycling, football, skateboarding, inline skating and skiing. Headgear is recommended for martial arts and wrestling, pole vaulting and soccer.

Once you've had one concussion, you are four to six times more likely to have a second one. So recovering fully before returning to play and easing back into a sport after a concussion are essential to preventing further injury.

SHOULDERS

The shoulder is a complex joint with four muscles and their tendons. While sprains, strains and tendinitis can affect the shoulder, more than half of doctor visits because of shoulder pain involve the rotator cuff.

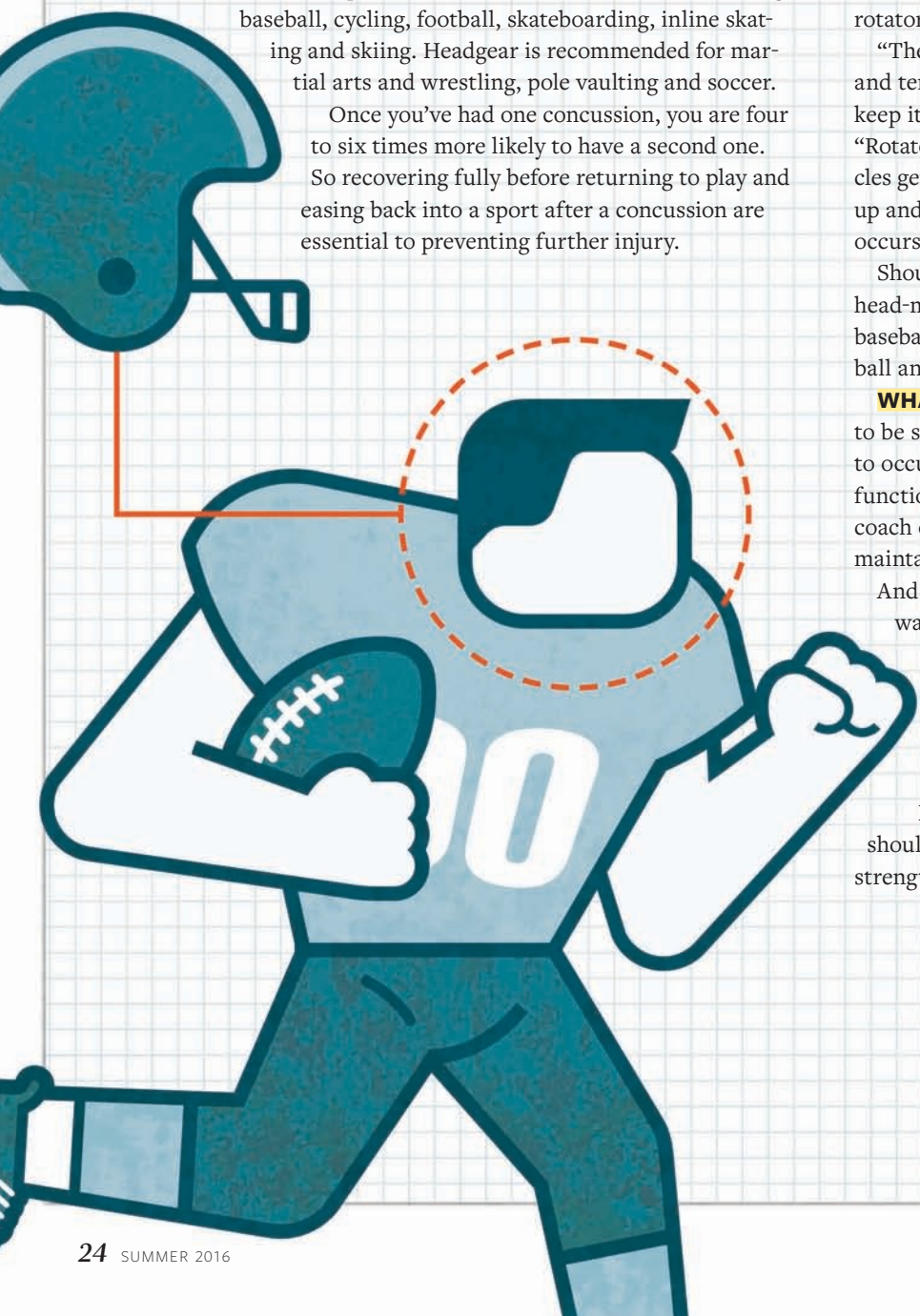
"The rotator cuff is made up of the muscles and tendons that surround the shoulder ball to keep it stable in the socket," Gammons says. "Rotator cuff impingement occurs when the muscles get fatigued, and they allow the ball to ride up and pinch the soft tissue." A rotator cuff tear occurs when a tendon pulls away from the bone.

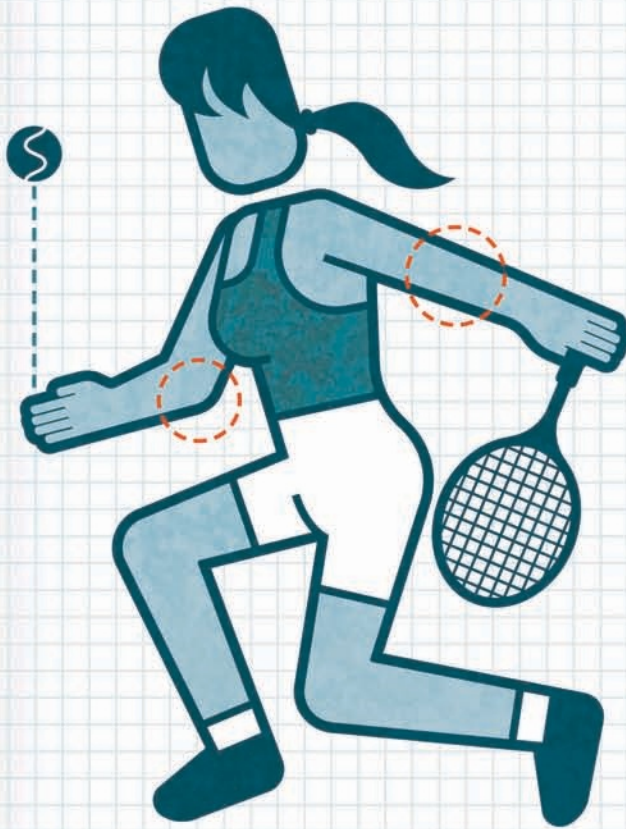
Shoulder injuries are most common in overhead-motion sports, such as golf, pitching in baseball and softball, swimming, tennis, volleyball and weightlifting.

WHAT YOU CAN DO: "There's always going to be some level of degeneration that's going to occur," Shipley says. "But working within a functional range of motion and revisiting with a coach or trainer every so often to ensure you're maintaining proper form can be helpful."

And don't underestimate the importance of warming up. "It's important for any activity but particularly for activities that involve the shoulder," Gammons says. "Try some light rows to warm up the muscles in the upper back and shoulder blades, which help stabilize the shoulder joint."

He also recommends keeping the shoulder muscles strong through regular strength training.





ELBOWS

Lateral epicondylitis, aka tennis elbow, is caused by inflammation in the tendons that join the forearm muscles on the outside of the elbow. It's a painful overuse injury common in athletes of sports that require gripping and swinging, such as tennis and golf, but also affects pitchers, too.

The majority of people who develop tennis elbow do so between ages 30 and 50, according to the AAOS.

WHAT YOU CAN DO: Don't overlook smaller muscle groups when strength training, Gammons advises. "The muscles in the forearm are the ones that help you lift, so you have to make sure the strength is there," he says. "You may be able to curl, say, 50 pounds with your bicep, but your stabilizing muscles may only be able to do 30 pounds." He suggests strengthening those muscles with wrist curls.

If you end up with pain in the forearm or elbow, see your doctor sooner than later.

"Listen to your body," Shipley says. "You can head off tennis elbow by seeing a doctor early. There are lots of options for managing the condition." >

SIDELINE SUPPORT

For many Americans, sports are included in their summertime fun. Whether on the softball field or playing volleyball at a backyard barbecue, there is always a risk for injury.

The Community Care Network of health professionals includes expert athletic training services. From sprains, breaks and tears to specialized concussion care, our team of award-winning athletic trainers treats a complete spectrum of sports-related injuries.

Concussion Clinic Director John Doherty, PT, who is also an athletic trainer, encourages injury prevention through sport-specific warm-ups. "Fifteen to 30 minutes of a gradual warm-up will help to prevent a painful injury that may require days, weeks or even months to recover," Doherty explains. And when it comes to preventing concussions, he says, "never use your head as the initial point of contact."

CALL



Help for Heads

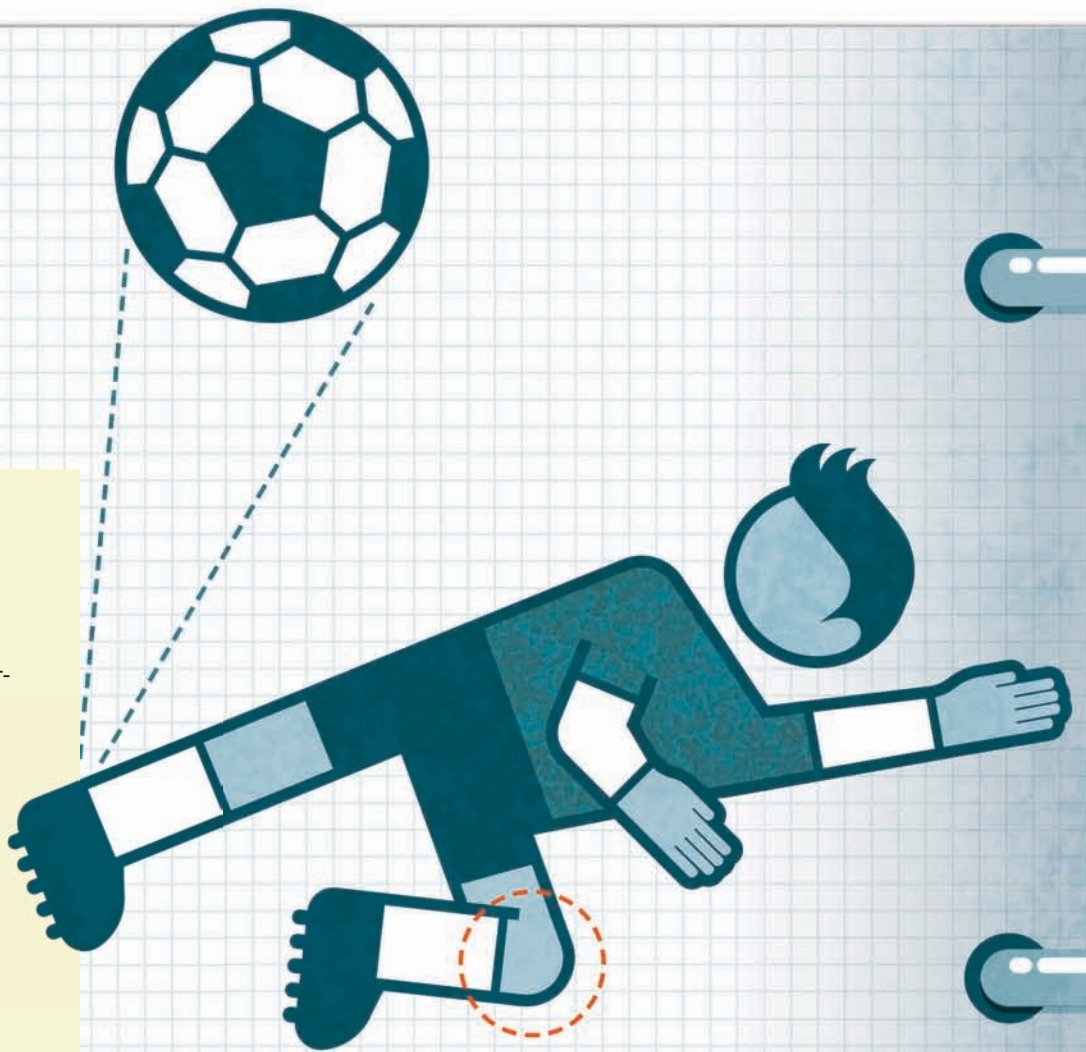
The Concussion Clinic at Community Hospital in Munster and St. Mary Medical Center in Hobart and Valparaiso offers individualized treatment and care to help patients recover from a concussion. Call **219-836-4461**.

A CAUTION ON CROSSFIT

CrossFit has gained in popularity since its inception in the early 2000s, but is the high-intensity strength and conditioning program safe?

A small survey published in the *Journal of Strength & Conditioning Research* found that more than 73 percent of CrossFit respondents had suffered an injury related to the workout. That rate, the journal notes, is on par with injury rates among Olympic weightlifting, powerlifting and gymnastics athletes.

“The thing about CrossFit is that it involves a lot of complex ballistic movements,” says Matt Gammons, MD, a sports medicine physician and vice president of the American Medical Society for Sports Medicine. “It takes a long time—years—to train people to do those movements accurately. It’s not that CrossFit is inherently bad, but for the average person who’s never done any training like that before, it’s a lot to ask of your muscles.”



KNEES

The knee is the largest joint in the body and yet one of the most easily injured. Knee injuries are common in runners as well as in sports that require jumping and twisting, such as basketball, soccer, tennis, volleyball and skiing.

“We tend to see fewer catastrophic knee injuries—ACL tears and dislocations—in older populations, but we do see plenty of sprains and strains,” Shipley says. “As we age, we lose muscle mass and may not be as strong as we were in our younger days. And if you’re not as strong, you’ll be more prone to knee injury.”

WHAT YOU CAN DO: Proper form and strength training are essential to preventing knee problems as you age. But don’t think squats and lunges alone will do the trick.

“The best way to prevent knee pain is actually to keep the muscles around the hip very strong,” Gammons says. “It’s the muscles on the back side of the hip that help stabilize your femur [thighbone] during activity. If they’re not strong, it will create a rotation of the femur that puts stress on the knee.”

SHINS

Inflammation that causes pain in the muscles, tendons and bone tissue around the tibia (shinbone) is called shin splints, which often affect runners and dancers. But stress fractures, or tiny cracks in the shinbone, cause similar symptoms, so it's important to get an official diagnosis.

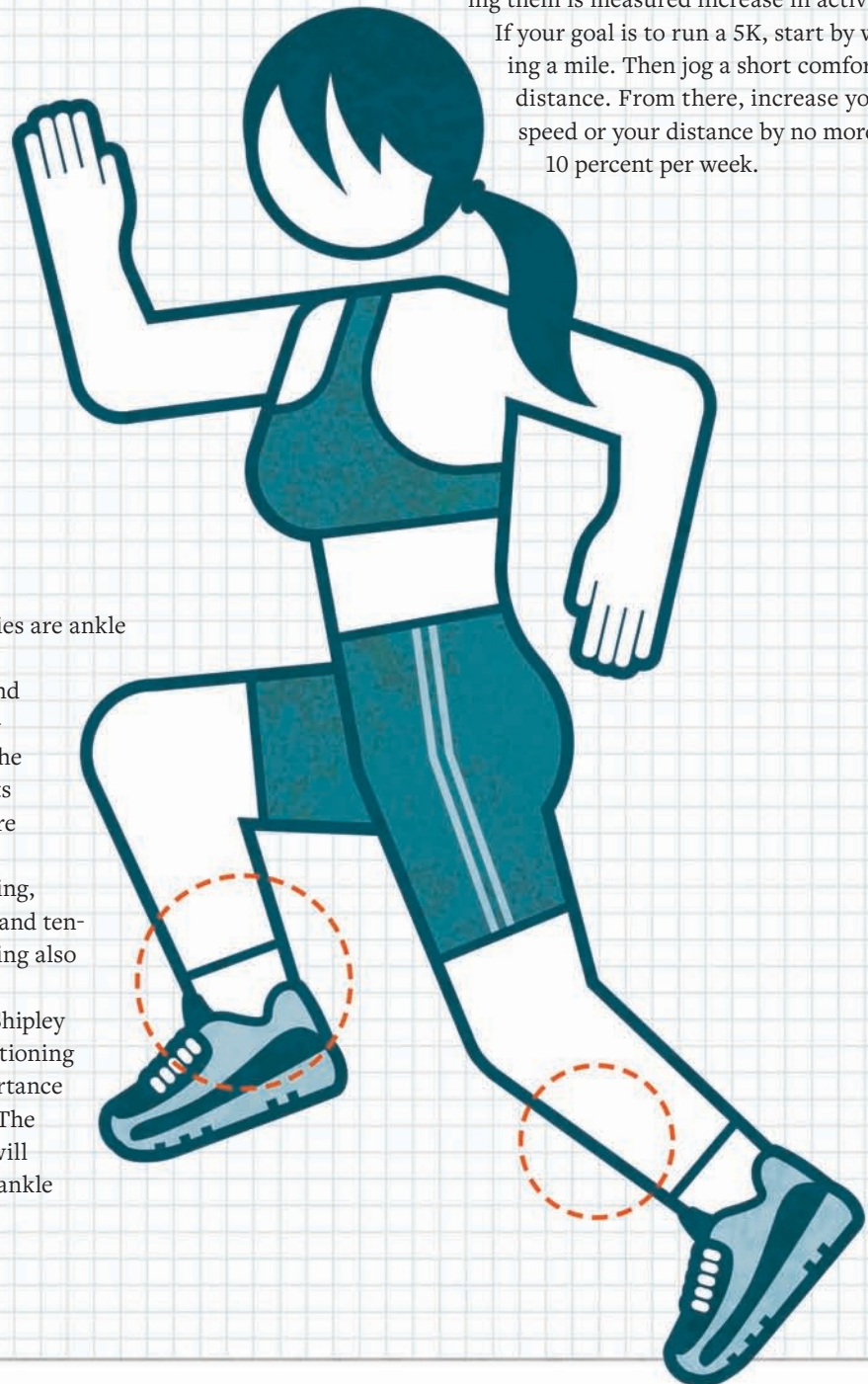
WHAT YOU CAN DO: Both shin splints and stress fractures are overuse injuries. The key to preventing them is measured increase in activity.

If your goal is to run a 5K, start by walking a mile. Then jog a short comfortable distance. From there, increase your speed or your distance by no more than 10 percent per week.

ANKLES

Nearly half of sports injuries are ankle sprains—when your ankle stretches on the outside and your foot comes up underneath you—according to the American College of Sports Medicine. Ankle sprains are common in activities that require running and pivoting, such as basketball, soccer and tennis. Trail running and hiking also pose risk.

WHAT YOU CAN DO: Shipley recommends proper conditioning but also stresses the importance of appropriate footwear. “The right shoe for an activity will help provide stability and ankle support,” she says. ■



CUT THE

FAT

*What science tells us
about successful weight
loss* BY JENNIFER RICHARDS

SCISSORS BY GLOW IMAGES; PLATE BY THINKSTOCK

If weight loss were easy, we'd be able to drop two dress sizes by the weekend—just like magazine headlines promise. And the latest workout video would zap fat in no time.

But for most people, the way to lose unwanted pounds isn't found in fads and gimmicks; it's rooted in science. And understanding that science could be the key to realizing your weight-loss goals.

DIET MATTERS Most

Here's the most clear-cut finding about weight loss that is often misunderstood, or perhaps, ignored: Diet is more important to weight loss than exercise. Put simply, you're not going to jog or Zumba those cupcakes away.

"In a general sense, we know that to lose weight, you need a structured diet. You need a way of clamping your intake," says Holly Wyatt, MD, an endocrinologist and the co-author of the weight-loss book *State of Slim*. "I think there are multiple diets that will do that, but usually, it's very hard to lose weight with exercise alone. Diet's in the front seat driving the car in weight loss."

It's a concept that is as much math as it is science.



CUT THE CALORIES

No matter how many jumping jacks you do, it's hard to burn a lot of calories with exercise. Diet is key.

Most of your calorie burn isn't through exercise. Based on your age, gender and weight, your body requires a certain number of calories just to maintain its basic functions throughout the day. For a 45-year-old, 5-foot-5 woman who weighs 150 pounds, the body would need 1,400 calories even if she did nothing but lay in bed all day.

To lose weight, the body must burn more calories than it takes in. If you eat a 500-calorie cheeseburger, 350-calorie fries and a 300-calorie slice of pie for lunch, you have consumed 1,150 calories at just one meal.

Now, consider this: Jogging for 30 minutes burns just under 300 calories—that's

the pie. You can see there's a good chance you'll take in more calories that day than you'll burn.

A 30-minute workout every day is good for your body (and mind), and will help increase how quickly you can burn calories. But it's not going to make much of a dent in a calorie-packed day. That's why the best way to meet calorie goals, experts say, is to avoid consuming extra calories in the first place. >

MAKING QUALITY Food Choices

It's not just the number of calories you take in that matters. Science shows that the source of those calories is key as well.

When choosing which types of calories to consume, go with complex carbohydrates, which are fiber-filled, and lean proteins, says Marjorie Nolan Cohn, a registered dietitian nutritionist and a spokeswoman for the Academy

of Nutrition and Dietetics. And pass on the sugar.

"Our bodies have to work harder to handle fiber than it does simple sugars and simple carbs, like candy and white bread," Nolan Cohn says.

Fiber can't be digested, she explains, so the digestive tract spends a great deal of energy moving fiber through the body, breaking it down and extracting its calories and nutrients.

The body expends more calories to break down animal-based protein, too, she says.

"Protein makes you feel more full," she notes. "Part of why people are more full with eating protein than other food groups is because it takes longer to digest. Your body has to work harder to break it down, find the amino acids and extract them. It's there a little bit longer."

THE TRUTH About Fat

There was a time when dieters rejoiced in finding that their favorite food now had a "fat-free" version. But science has us questioning our fat-phobic ways with a more nuanced view.

In fact, there's room in your diet for fat. Unsaturated fats—such as those found in avocados, olive oil and many nuts and seeds—can have a positive effect on your heart health. Eaten in moderation, these fats are perfectly healthy and likely not contributors to excess weight.

Experts generally advise against going overboard with saturated fat—the kind that comes from animal sources.



CUT SIMPLE CARBS

Choose whole-grain bread and other complex carbohydrates, and enjoy in moderation.

PHOTO BY THINKSTOCK



CUT TRANS FATS

Stick to healthy, unsaturated fats, found in avocados, olive oil and nuts.

But you don't have to live on chicken breasts alone. The occasional rib-eye is just fine. Nolan Cohn even points out that grass-fed organic beef contains saturated fat as well as some healthy omega-3 fatty acids.

But the science is clear on one fat to ban: trans fats. These fats can occur naturally (they're made in the guts of some animals and can be found in milk and meat products), but there's also the artificial variety, whereby hydrogen is added to liquid vegetable oils to make them more solid.

"Trans fats, we know and have proven without a shadow of a doubt, contribute to hardening of the arteries and atherosclerosis," Nolan Cohn explains, noting that part of the reason for this is the biochemical nature of these fats. They're more rigid than other types of fat.

On food labels, watch out for "partially hydrogenated oils," the main trans

fat source in our diets. In three years, the word *ban* will apply literally: The U.S. Food and Drug Administration has declared partially hydrogenated oils as unsafe because of their link to coronary artery disease. Manufacturers of processed foods have to phase out the substance.

Getting **STARTED**

"When we talk about why people are overweight or why people are obese, there are so many pathways," Wyatt says. "We want a simple answer."

But science can be complex, and the path to health can be fraught with obstacles. Fortunately, when we step back and look at the science, we have exactly what we need: a good road map. ■

YOUR WEIGHT LOSS EXPERTS

Embarking on a successful weight loss journey is a life-changing decision. Community Healthcare System's wellness and weight loss program, Healthy 4 Life, offers solutions for lifelong health and obesity issues.

The Healthy 4 Life team includes highly skilled, board-certified bariatric surgeons and an internal medicine physician with special interest in nutrition and weight management. They collaborate with a multidisciplinary team of health and fitness professionals to help patients meet their goals at two locations: Community Hospital in Munster and St. Mary Medical Center in Hobart.

EVENT



Healthy 4 Life

Our Healthy 4 Life team of weight loss experts addresses the needs of the patient as a whole person. To attend one of our free seminars, visit www.comhs.org/bariatric-surgery-weight-loss or learn more by calling 866-224-2059.

10 THINGS TO REMEMBER FOR AN ACTIVE LIFE



1 Look for opportunities to exercise in your daily life. Park the car and go inside the bank instead of using the drive-thru, choose a last-row space in the grocery store lot or ask your kid to play catch.

2 If achy joints keep you from walking comfortably, talk to your doctor. A range of treatments and lifestyle changes can help.

3 If you're facing cancer or another chronic illness, talk to your doctor about how regular exercise might aid your recovery and well-being.



4 Starting a jogging program or training for a race? Increase mileage slowly to avoid shin splints, and make sure you have supportive shoes.

5

Sitting at work all day? Plan to stand up every 30 minutes.

6 If you've had a hip or knee replacement, keep exercising. But stick to low-impact activities like swimming.

7 Exercise for your brain: Physical activity improves blood flow to the brain, which helps cognitive function.

8

When you strength-train, focus on often-neglected muscle groups (think forearms) along with the obvious ones (biceps) to ward off injury.



Take the risk of concussions seriously, for yourself and your children: Once you've had one concussion, you're four to six times more likely to have a second one.

10

No, you can't pig out just because you worked out. Experts agree that while exercise is important for health, diet is the biggest factor in weight loss.



PHOTOS BY THINKSTOCK

➔ **WANT MORE HEALTHY IDEAS?** Check out our fall issue, full of tips for keeping your family healthy.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



PHOTO BY THINKSTOCK/HEMERA TECHNOLOGIES

SHAKE IT OFF

While we've long been warned about the link between excess salt and high blood pressure, a recent study shows that a diet high in both sodium and potassium may worsen chronic kidney disease.

An estimated 26 million people in the United States have chronic kidney disease, which ups the risk for heart disease, kidney failure and premature death.

The next time the urge to salt your food strikes, shake it off. And check nutrition labels for sodium content. The U.S. Food and Drug Administration recommends a daily limit of 2,400 milligrams (about 1 teaspoon) of sodium per day, and the American Heart Association urges we aim for 1,500 milligrams.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



A NEW TAKE ON PEANUTS

If your infant is at high risk for peanut allergy, a new recommendation suggests that introducing peanut products before age 1 may lower risk for allergy by 80 percent. That's right. Give your little peanut some peanut butter—under a doctor's supervision, of course.

The recommendation was issued by the American Academy of Pediatrics and other medical groups in light of research showing that high-risk infants who ate peanut products developed peanut allergies at a rate of 3 percent, compared with 17 percent for high-risk children who did not eat food or snacks with peanuts in them until they were 5 years old.

Peanuts should be crushed or smooth and should be introduced to high-allergy-risk infants (determined by a skin test) with the help of their doctor.

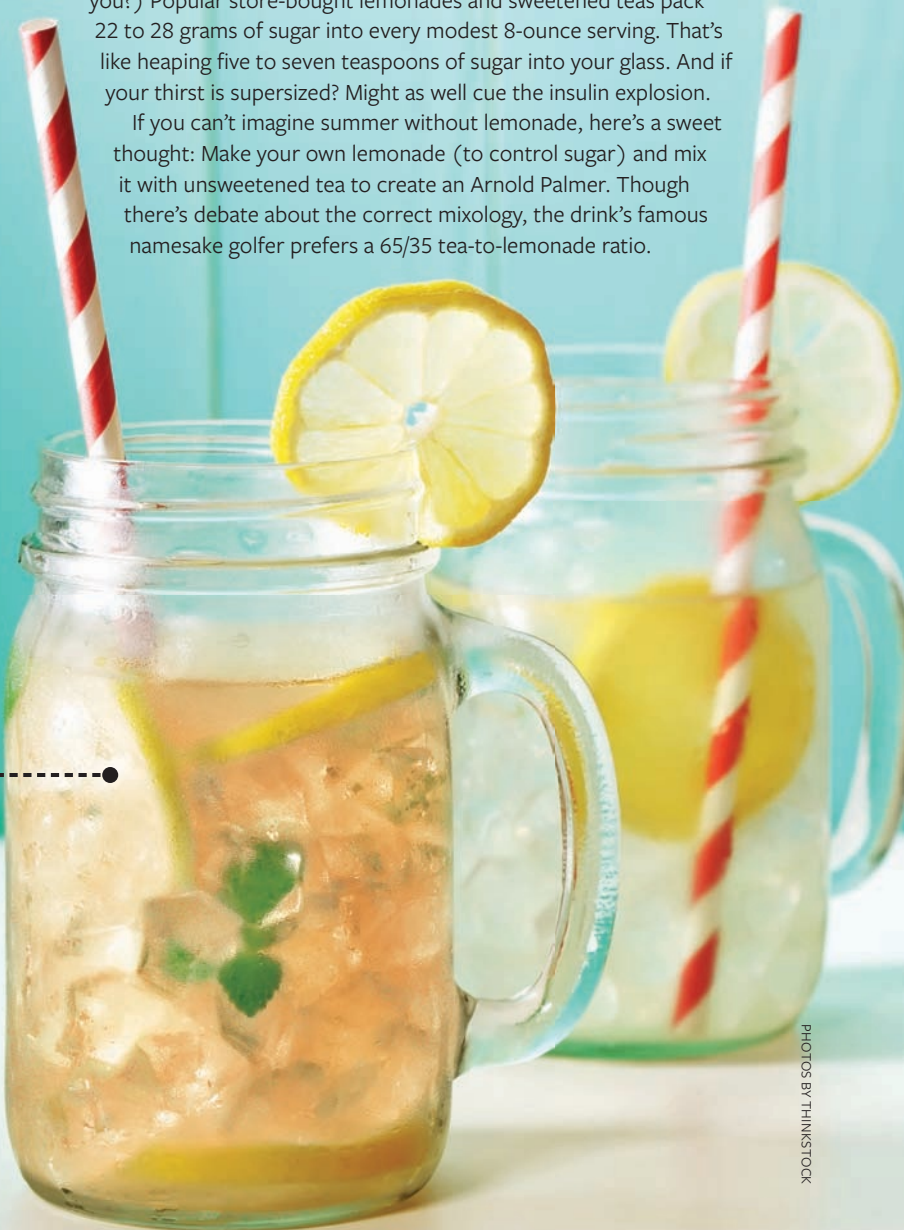
LEMONADE VS. ICED TEA:

Which summertime drink is healthier?

ANSWER: TEA IS HEALTHIER, BUT ONLY IF UNSWEETENED.

(Come now. You didn't think you could get by with sweet tea, did you?) Popular store-bought lemonades and sweetened teas pack 22 to 28 grams of sugar into every modest 8-ounce serving. That's like heaping five to seven teaspoons of sugar into your glass. And if your thirst is supersized? Might as well cue the insulin explosion.

If you can't imagine summer without lemonade, here's a sweet thought: Make your own lemonade (to control sugar) and mix it with unsweetened tea to create an Arnold Palmer. Though there's debate about the correct mixology, the drink's famous namesake golfer prefers a 65/35 tea-to-lemonade ratio.



PHOTOS BY THINKSTOCK



OVERTIME DOESN'T PAY

Workaholics may be doing more than working their fingers to the bone. They might be upping their risk for heart attack and stroke.

Examining studies involving more than a half-million adults from several countries, researchers found that people who worked more than 55 hours per week were 13 percent more likely to develop heart disease and 33 percent more likely to have a stroke than those who worked 35 to 40 hours per week.

The message? If you can't curb hours, curb your risks by building more physical activity into your life, eating healthy foods and limiting your alcohol intake.

▶ TRUE OR FALSE

A "base tan" protects skin from getting sunburned.

FALSE. A tan is a sign of skin damage. That golden-brown pre-vacay tan you're sporting is your body's response to injury from ultraviolet rays.

A far smarter, and safer, way to prevent sunburn—and skin cancer—is to follow these tips from the Centers for Disease Control and Prevention:

- Use broad-spectrum SPF 15 or higher sunscreen. (No skimping. Many women report slathering their faces but not the rest of the body.)
- Seek shade *before* you need relief from the sun.
- Wear a brimmed hat.
- Wear clothing with tightly woven fabric.

PHOTO BY THINKSTOCK

HOLD THE HEAT



618

From 1999 to 2010 there were 7,415 heat-related deaths—an average of 618 per year—in the United States.

68

About 68 percent of those who died were males.

103

A body temperature above 103 is a sign of heatstroke. So is hot, red, dry or moist skin, rapid and strong pulse, or unconsciousness. Call 911 immediately.

ADVANTAGE, PARENTS

If you're the bedtime bad-die, forcing your kids to dock smartphones and tablets in a room other than their bedroom, research has your back. The bright light emitted by these devices may suppress the sleep hormone melatonin, according to results from a small study.

Researchers found that late-night light exposure caused lower levels of melatonin in boys and girls ages 9 to 15. With their child's sleep rhythms already affected by puberty, parents would be wise to ban smartphones and other screens from the bedroom.

WEBSITE



Shape Up Your Sleep

Ease your children into the back-to-school routine with sleep tips from the National Sleep Foundation. Visit sleepfoundation.org and search "back to school sleep tips."

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

KNOW YOUR BONES

Osteoporosis weakens bones, increases risk for debilitating fractures and affects one in four women older than 65, according to the Centers for Disease Control and Prevention.

The first step in determining your risk for osteoporosis is to have a bone density screening that estimates bone mass measured at the heel of the foot. If the screening reveals a high risk for osteoporosis, your doctor will follow up with a bone density test, often of the hip and spine. This non-invasive exam, called a dual-energy X-ray absorptiometry (DEXA) scan, uses X-rays to measure how many grams of calcium and other bone minerals are packed into a bone segment. It usually takes less than 15 minutes, and the patient remains fully dressed.

Bone density tests are available at the hospitals of Community Healthcare System.

APPOINTMENTS



Are You at Risk?

St. Catherine Hospital offers a free bone density screening to help determine osteoporosis risk. Results are available the same day. Call 219-836-3477.



WORKOUTS THAT WORK: CYCLING

With broad appeal across age groups, cycling helps improve health from head to toe. Here's how:

- ▶ **THE MIND:** Cycling can improve well-being, self-confidence and tolerance to stress.
- ▶ **THE HEART:** Studies show that youths who ride their bikes have better cardiorespiratory fitness, and adult commuter cyclists improve their heart health, too.
- ▶ **THE WAISTLINE:** Europeans in cycling- and walking-based countries have much lower obesity rates than car-dependent Americans.
- ▶ **THE CELLS:** A review of 16 cycling-specific studies showed that middle-age and elderly cyclists are less likely to have cancer or die from cancer.
- ▶ **THE KNEES AND FEET:** Cycling gets your heart rate up without your body taking a pounding. This benefits people with plantar fasciitis and other painful foot conditions or arthritis in their knees.

PHOTO BY GETTY IMAGES/PEEPO

WHAT ARE THE ODDS

of getting pregnant through the years?

Father Time affects would-be mothers, lowering chances of fertility as women age. In each monthly ovulation cycle, approximately, a woman:



In her 20s has a **33 PERCENT** chance of getting pregnant



In her 30s has a **15 PERCENT** chance



In her 40s has a **5 PERCENT** chance

SISTER ENVY

If you've long been jealous of your younger, *thinner* sister, research suggests that's actually a thing. Firstborn girls are 29 percent more likely to be overweight and 40 percent more likely to be obese in adulthood than their younger sisters. Firstborns also have a tendency to be more insulin-resistant and have higher blood pressure than their little sis.

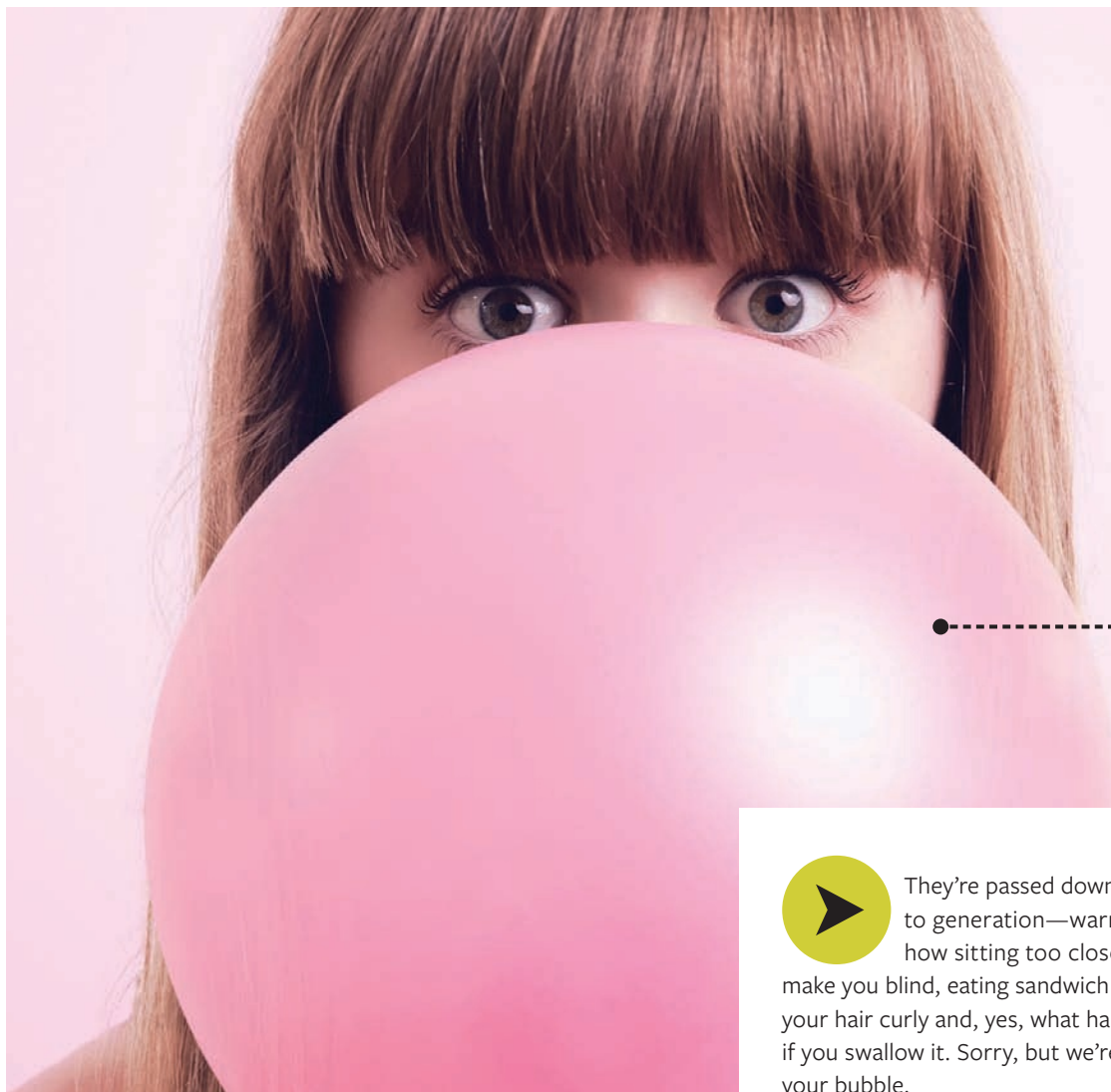
The association is in line with earlier research that found that firstborn men weighed more and were taller.

Researchers can't explain for sure why the phenomenon occurs.



JARGON WATCH

ANGINA, rooted in the Latin word for "of the chest," is simply the medical term for chest pain. It may feel like pressure, squeezing or even indigestion. Angina is triggered when the heart does not get enough blood. Any pain in the chest should be checked out by a doctor.



**Just because
Grandma said
you shouldn't
doesn't mean
you can't ...**

THE TRUTH ABOUT OLD WIVES' TALES

You've heard them before—and you may even believe a couple of them—but it's time to retire these five health myths



They're passed down from generation to generation—warnings about how sitting too close to the TV will make you blind, eating sandwich crusts will make your hair curly and, yes, what happens to gum if you swallow it. Sorry, but we're here to burst your bubble.

With the help of Wanda Filer, MD, president of the American Academy of Family Physicians, we take a look at the science behind five old wives' tales that somehow persist.

TRUE OR FALSE:

You have to wait an hour after eating to go swimming.

→ **FALSE.** This one is so specific, it must be true! It's not. "It's clear that vigorous exercise after a large meal may upset your stomach, but you're not going to drown," Filer says. The most important rule to follow before you go swimming: Slather on the sunscreen.

TRUE OR FALSE:

If you swallow gum, it will stay in your stomach for seven years.

→ **FALSE.** While gum can't be digested like other food, that doesn't mean it will just hang around in there for years. Your stomach moves nondigestible items (bubblegum, sunflower seeds) through your digestive system at a normal speed until they pass in your stool. So, swallowing the occasional piece of spearmint isn't hazardous to your health.

TRUE OR FALSE:

Eating spicy foods causes ulcers.

→ **FALSE.** If you have ulcers, spicy foods can worsen your symptoms, so it's easy to see why they get the blame. The same goes for stress, as well as smoking and alcohol, which can cause flare-ups. But bacteria are actually the most common cause of these sores in the lining of your stomach. Taking antacids can offer relief, but they're not a cure. Your doctor can prescribe medication to treat your specific type of ulcer.

TRUE OR FALSE:

Keep cracking your knuckles and you'll end up with arthritis.

→ **FALSE.** Current research says there's no cause-and-effect relationship between the two. "Someone who gets arthritis might have had a habit of cracking their knuckles, so that gets blamed. But did one really lead to the other? There's no evidence there," Filer says. So what can cause arthritis? Right now, researchers aren't entirely sure but are investigating how genetics and certain lifestyle factors come into play. There are, however, proven ways to reduce your risk, including maintaining a healthy body weight and protecting your joints from injuries.

TRUE OR FALSE:

Vitamin C prevents colds.

→ **FALSE.** "I hear this one all the time, and an awful lot of study has been put into it," Filer says. The conclusion: There's some evidence—not strong, but it exists—that vitamin C may decrease the severity of a cold's symptoms, but it won't keep you from catching it in the first place. Your best bet for beating the bug? Washing your hands (use soap and warm water for 20 seconds) and avoiding people who are sick. ■

EATING FOR TWO?

Pregnant women have their own old wives' tales, including "pregnant women should eat for two." That's false. The American Congress of Obstetricians and Gynecologists says pregnant women at normal weight need only 300 extra calories a day for baby's growth.

Another falsehood? "Aerobics class is a bad idea." Also untrue. Exercising while pregnant is great not only for mom, but also baby, research shows. Thirty minutes of activity a day can help prevent gestational diabetes, increase energy levels, reduce backaches and swelling, and improve sleep.

And to continue your fitness routine after delivery, Community Hospital Fitness Pointe® offers the Baby & Me class. This postpartum class enables new parents and caregivers to share their fitness with baby, ages 6 weeks through crawling. Exercises are designed to build cardiovascular strength while bonding with your little one. Our postnatal fitness expert will not only take you through an enjoyable workout experience but also will provide you and baby with exercises to do at home.

CLASS



Baby and You

Free Baby & Me postpartum exercise classes are offered at 11 a.m. Wednesdays at Community Hospital Fitness Pointe®, 9950 Calumet Ave. in Munster. For upcoming dates and to register, please call **219-836-3477** or toll-free **866-836-3477**.

You can extinguish the habit—and revive your health.

HOW TO **QUIT SMOKING**

It's not easy, but it's the most important thing you can do for your health



No one needs to tell you that smoking is bad for you. You know it. Everybody knows it.

And still, so many of us—nearly 18 percent of American adults—continue the habit. That's because nicotine addiction is powerful and has physical, mental and social components, says Bill Blatt, director of tobacco programs for the American Lung Association.

Even so, he offers this bit of encouragement: "Every single smoker can quit." Here's how.



Make a plan.

Each person must devise his or her own strategy for quitting, Blatt says. The most successful attempts combine one of the many medications on the market (gum, patches, nasal spray, lozenges, inhalers and pills) with a behavioral program, like the American Lung Association's Freedom From Smoking. In a group setting or online, smokers get help developing quit plans and coping methods.

The federal government offers resources at smokefree.gov, including a smartphone app and tips for dealing with depression.

If you're thinking about going cold turkey, think twice: That method has just a 3 percent to 5 percent success rate.



Focus on short-term survival.

It can be overwhelming to think about never having a cigarette again, so it's best to take it one day at a time.

"Don't think about quitting smoking for the next 50 years," Blatt says. "Think about quitting for the next 24 hours."

The first two to three weeks will be the hardest, and withdrawal symptoms like irritability and headaches are likely.

"It's a rough time," Blatt acknowledges. "But that rough time means your body is healing itself."



Avoid temptation.

When you quit, you'll want to stay out of situations where you used to smoke and avoid exposure to all-too-tempting secondhand smoke. For example: No matter how much you like your smoking buddies at work, don't join them on breaks after you quit. Instead, Blatt recommends grabbing a friend and going for a walk. Try to exit the building through a different door than you used for your smoke breaks—anything to disrupt your mental patterns.



Reward yourself.

Blatt recommends quitters design, and then sign, a contract with themselves. No tobacco for a day or a week or a month, and then you get some reward. It might be as small as a new song on iTunes or giving yourself a pass on cleaning the house this weekend.

The average smoker spends about \$1,200 a year on cigarettes, according to American Lung Association calculations. Why not keep track of that saved cash and spend it on something fun?



Learn from setbacks—and move on.

You decide to quit smoking. But then, a few days in you have a cigarette. Don't assume all is lost. Just think about what went wrong: Were you stressed? In a tempting situation?

Then throw out your cigarettes and carry on.

"Recognize it takes most people several attempts before they're able to quit for good," Blatt says. "Just keep going."

Six months without smoking generally means you've made it, Blatt says. But even then you don't want to smoke the occasional cigarette, or take a drag on a

CLASS

You, Tobacco-Free

To learn more about the smoking cessation programs offered by St. Mary Medical Center and Community Hospital and start on the road to living a smoke-free life, call toll-free **866-836-3477**.

friend's. That could easily lead back to a full-time habit.

"Celebrate that things taste better, that you can walk up and down stairs without stopping," Blatt says. "Don't be lulled into thinking, 'Oh, I'll just have one.'" ■

READY TO SAY, 'I QUIT!'?

Sometimes the road to living smoke-free is too challenging to navigate alone—and that's OK. The hospitals of CommunityHealthcare System offer I Quit! Smoking Cessation classes to help those struggling to kick the habit and live a smoke-free life. Led by an experienced smoking cessation instructor and respiratory therapist, this eight-week program provides cessation education, coping advice, counseling, behavior modification techniques and

the support you need to overcome a dependence on cigarettes.

"Our smoking cessation classes will help you gain a better understanding of your habit and the reasons you smoke," says Nancy Medellin, smoking cessation instructor at St. Mary Medical Center. "Quitting is not an easy journey and it may take many attempts. Through this program, individuals gain the focus needed to help them breathe easy and kick the habit for good."

Skin: You never know what you'll find in the mirror.



FREAK OUT OR CHILL OUT?

You know your own skin like the back of your hand. But see how smart you are when something unexpected shows up



Blemishes, blotches and bug bites are common skin issues. But unless you're an expert, it's not always easy to tell one condition from another.

Even then, it can take detective work, says Adam Friedman, MD, a researcher and a member of the American Academy of Dermatology.

Here are some clues to help you identify what's up on—or under—your skin.

Q You didn't see anything on your neck but, boy, did it start to itch! After giving it a good scratching, you now have a rash that's dry, flaky and cracked.

IS IT: Eczema or scabies?

ECZEMA. "We call eczema the itch that rashes," Friedman says, because the itching starts before the rash appears. Eczema is a chronic condition that can appear anywhere on the skin and can be managed with the right kinds of soap and moisturizers. Scabies is inflammation caused by a mite, and the rash comes before the itch. It's also contagious, which eczema is not.

Q What started as a rash on your arm progressed to swollen blisters that itch like crazy.

IS IT: Shingles or poison ivy?

POISON IVY. Poison ivy doesn't start itching until the blisters show up. If it were shingles—which is caused by the same virus that causes chickenpox—you'd have pain and burning before the blisters appeared and would probably feel under the weather, Friedman says. Also, look at the pattern of the blisters. Poison ivy will only appear where you had contact with the plant (or maybe a pet that got into it) and only on exposed skin. Shingles can appear anywhere but usually affect the right or left torso, and the rash is roughly a stripe.

Q You have a bunch of bug bites on your lower legs and can't figure out where you got them.

You haven't been outside much except to walk your dog.

IS IT: Bed bugs or fleas?

FLEAS. The bites can look similar, so your biggest clue is where they appear. "Flea bites almost always cluster on the lower legs, while bed bugs tend to be in a linear pattern because the bugs feed on you, then take a little walk and feed some more," Friedman says. Owning a pet increases your risk of fleas, which are easier to get rid of than bed bugs. But don't despair: Both can be eradicated from your home with diligent disinfection.

Q You've had a few moles since you were a kid. But unlike those, which are round, you've found one with jagged edges.

IS IT: Melanoma or a mole?

POSSIBLY MELANOMA. Don't wait to have it checked out. Moles can change size and color over time, Friedman says, but watch out for the "ABCDE" signs of melanoma or other skin cancers. That's: asymmetry, border, color, diameter and evolution, as in, the mole is changing in shape, size, color or in some other way. (Learn more in "Look Out for Yourself," at right.) Have a doctor look at any new or changing moles or skin growths as soon as possible, and keep that SPF on whenever you leave home.

Q All of a sudden you have pimples popping up all over. They come and go pretty quickly, but it's embarrassing because they're hard to hide in your summer clothes.

IS IT: Acne or heat rash?

HEAT RASH. "Acne and heat rash can be easily confused because they can look very similar and often show up in the same areas, like the back or chest," Friedman says. But heat rash tends to be short-lived and only happens during hot weather. Acne, on the other hand, can happen anytime—and at any age. Keeping cool or using a topical treatment will usually banish heat rash. ■

WEBSITE




Look Out for Yourself

The American Cancer Society's Skin Cancer page has easy-to-understand explanations of the many types of skin cancer. Read up, and then take a sun-safety quiz to test your smarts. Visit [cancer.org/cancer/skincancer](https://www.cancer.org/cancer/skincancer).

PORTION CONTROL

Get a handle on what exactly makes a serving

 We've all been there: Face to face with a full bag of crispy, crunchy potato chips, we turn to the nutrition information to see what kind of damage we might do. Then there's that sigh of relief when we read that one serving is only 150 calories. It's here, in this pivotal moment, when most of us run into trouble and wildly guess at what that one serving looks like.

More often than not, we are very, very wrong.

"The biggest mistake people tend to make when it comes to portion sizes is that they overestimate what a serving size is," says Nancy Farrell, a registered dietitian nutritionist and a spokeswoman for the Academy of Nutrition and Dietetics. "Comprehension increases when we learn through different mediums—written, verbal, visual, tactile."

Because you can't always carry a scale and a measuring cup with you, use these visual benchmarks to help you know when enough is enough. (That one serving of chips that's 150 calories? It's 13 to 16 chips.)

Sources: Academy of Nutrition and Dietetics, American Heart Association, National Institutes of Health, WebMD

PACK OF DENTAL FLOSS

1 ounce of chocolate



TENNIS BALL

½ cup
cooked rice
or other
grains

**A COMPUTER
MOUSE**

1 baked potato

THREE DICE

1½ ounces
of cheese

A GOLF BALL

1 ounce or
2 tablespoons
of peanut
butter

CD

1 pancake

TOOL



Build a Better Plate

Create a personalized food plan for free with MyPlate's Daily Food Plan. Visit supertracker.usda.gov/createprofile.aspx to get started.

THREE WAYS TO PREPARE **BLUEBERRIES**

Get a mighty antioxidant boost in a variety of refreshing ways



Those plump little blueberries, readily available at farmers markets and grocery stores, aren't just beautiful and flavorful. They also pack a powerful antioxidant boost.

"Blueberries are one of the foods with the highest antioxidant capacities," says Sara Haas, a registered and licensed dietitian nutritionist, a chef and a spokeswoman for the Academy of Nutrition and Dietetics. That means those little berries can help repair and maintain body tissues, such as aiding in healing after a scratch.

Another benefit: Blueberries are low in calories and high in fiber. "They're only 80 calories a cup," Haas notes, "but the fiber makes you feel full; it satiates you if you're reaching for a snack."

And then there's this: They may help combat cancer, heart disease and diabetes and promote healthy aging.

Try these three ways to prepare these seasonal berries.

1 MAKE A SMOOTHIE

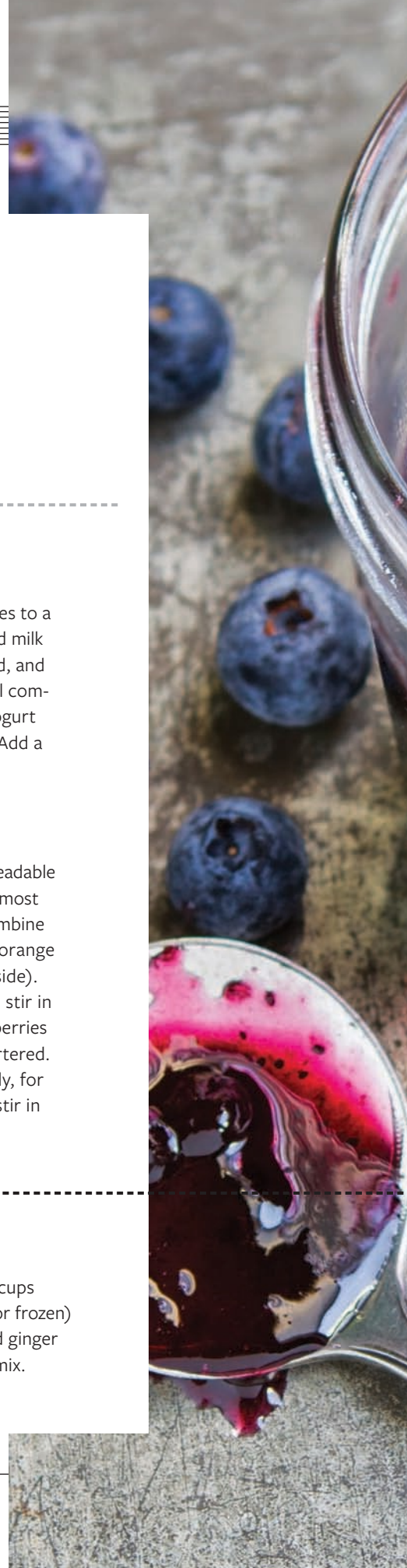
Haas adds $\frac{1}{2}$ cup frozen blueberries to a blender along with 1 cup each of almond milk and baby spinach, 1 tablespoon flaxseed, and chunks of peach and banana. Pulse until combined, then add $\frac{1}{2}$ cup low-fat Greek yogurt and $\frac{1}{4}$ cup ice and puree until smooth. Add a tablespoon of honey if you choose.

2 JAM IT

Three types of berries mean a spreadable jam with more fruit and less sugar than most commercial versions. In a saucepan, combine 1 tablespoon honey and juice of $\frac{1}{2}$ an orange (zest the orange half, too, and set it aside). Bring to a boil over medium heat, then stir in $\frac{1}{2}$ cup each fresh blueberries and raspberries and 1 cup strawberries, hulled and quartered. Simmer, uncovered, stirring occasionally, for about 40 minutes. Allow to cool, then stir in orange zest. Makes about $\frac{1}{3}$ cup jam.

3 MIX INTO MUFFINS

Stir 1 cup wild blueberries or $1\frac{1}{2}$ cups regular (cultivated) blueberries (fresh or frozen) plus 2 tablespoons chopped crystallized ginger into your favorite whole-wheat muffin mix.





Who knew
antioxidants
could be so
sweet?

PICK YOUR BERRIES

This summer—peak blueberry season—keep an eye out for two types of berries.

1 Cultivated, or “highbush,” blueberries. These are the type found in most grocery aisles. The plants grow as tall as 6 to 8 feet and produce larger fruits that taste less intense.

2 Wild, or “lowbush,” blueberries. These can be spotted in some Northern states as well as Canada—and increasingly, in the frozen sections of grocery stores. The plants tend to be shorter and produce smaller, sweeter berries that sport a slightly deeper blue hue.

APP



Bust Out the Blueberries

Want to know when blueberries—or other fresh produce—are in season? Check out the app Harvest, available for \$1.99 in the App Store.

PHOTO BY GETTY/LOUISE DOCKER SYDNEY AUSTRALIA

SLEEP SMARTS

2.5%

Conservative estimate of fatal crashes caused by sleep-deprived drivers



<6

Research has found that consistently getting less than six hours of sleep a night increases risk of heart disease.



Optimal daily sleep for the average adult. (Depending on the individual, the range of healthy sleep can vary between six and nine hours.)

3

Number of phases in a sleep cycle

4-5

Number of sleep cycles per night that healthy sleepers enjoy

90 TO 110 MINUTES

The length of a healthy sleep cycle

40 MILLION

Number of Americans who have long-term sleep disorders, such as insomnia, sleep apnea and restless legs syndrome

Sources: National Institute of Neurological Disorders and Stroke, WebMD, National Highway Traffic Safety Administration, Centers for Disease Control and Prevention

IMPROVE YOUR ZZZs

Seven hours of sleep a night? Talk about a dream come true! Sleep is one of the most underrated activities that can greatly improve our overall health and well-being. Inadequate sleep can lead to lack of productivity, serious medical conditions and even contribute to accidents. Of the more than 70 identified sleep disorders, most can be treated effectively once they are diagnosed. Finding a quality sleep center is paramount to determining whether you have a sleep disorder and which treatment options are best for you.

The accredited Sleep Diagnostic Centers at Community Healthcare System's hospitals offer the expertise

and advanced technology for diagnosing sleep disorders ranging from difficulty falling asleep to excessive daytime drowsiness. Our highly experienced staff works with patients and their doctors to treat and improve the quality of both sleeping and waking hours.

"Sleep is essential to our well-being, yet most people don't talk about it with their doctors," says Joann Borns, manager of St. Mary Medical Center's Sleep Center. "The good news is that it is easier than you think to call for a sleep study and to get the answers you need to get on the road to feeling better, through better sleep."

CALL



Schedule an Evaluation

To learn about our sleep services, please visit www.comhs.org or call Community Hospital in Munster and St. Catherine Hospital in East Chicago **(219-934-2873)** or St. Mary Medical Center, Hobart **(219-947-6790)**.

CARING *for the* CAREGIVER

Cancer Resource Centre offers support for supporters

BY **ELISE SIMS**

During the 26 years that Raul Romero of Hammond and his wife, Hortensia, have been married, the couple have done everything together. Now that Hortensia has been diagnosed with breast cancer, the Romeros are battling the disease together, too.

“It has been quite a journey and we have a little bit to go,” Raul says. Hortensia recently underwent a double mastectomy. “I admire her so much. I draw my strength from her. She has done so much for me and now I’m trying to be there for her.”

After attending his second session at the Caregivers Support Group at the Cancer Resource Centre in Munster, Raul found that “talking to people going through the same experience helps a lot. I’m here to listen to others and see how they are getting through it.”

Emotional and physical demands involved with caregiving can take a toll on even the most resilient person. That is why it is so important that caregivers take advantage of the many resources and tools available to help them.

“We offer the Caregivers Support Group once a month at the Cancer



Resource Centre,” says Susan Marcus, a licensed clinical social worker and program facilitator. “The patient has a whole team to take care of them, but the caregiver doesn’t have anyone to lean on for support. Caregivers have their own emotional responses to their loved ones’ diagnoses and prognoses, and sometimes this hour and a half is the only time they have to themselves.”

The Caregivers Support Group gives them an opportunity to share with others who have been there, Marcus says, and to see how they manage the stress of financial strain, managing symptoms and asking questions of doctors. It gives them an opportunity to be with people who know what they are going through.

“I have learned from all of them just how heavy a path it is,” Marcus says. “When you are sitting with a person and they open up their hearts and share with you everything that they take care of and

The Caregivers Support Group at the Cancer Resource Centre in Munster provides caregivers an outlet to work through emotions and talk to others in a similar situation. Attending this session are (from left) facilitator Anna Pullen, social worker Susan Marcus, Raul Romero and Kim Syler.

everything they are going through, you understand the importance of just being there and the need for this group.” ■

EVENT



Helping Helpers

The Caregivers Support Group meets from 6 to 7:30 p.m. the first Monday of each month. Call **219-836-3349** for more information.



St. Mary Medical Center CEO Janice Ryba is surrounded by hospital officials and dignitaries as she cuts the ribbon to mark the official opening of the new surgical department on the first floor of St. Mary's new \$40 million addition.

A NEW ERA

New Surgical Pavilion features latest technology, with a focus on patient safety and comfort



St. Mary Medical Center ushered in a new era of surgical care with the opening of its 32,000-square-foot surgical department, the foundation of the hospital's four-story, \$40 million surgery pavilion project.

The department design incorporates both inpatient and outpatient surgery in one convenient location. Features include 12 large surgical suites, one minor procedure room, two cystoscopy suites and two endoscopy suites. The suites are nearly double the size of the hospital's previous operating

rooms, and specially equipped for cardiothoracic surgeries, robotic surgery, and advanced orthopedic and neurosurgical procedures. The added space accommodates the latest technology, including the robot-assisted da Vinci Si Surgical System®, Image Stream video integration systems and surgical navigation systems.

A new Central Sterilization department, a post-anesthesia care unit, phase II recovery unit and same-day surgery also will be located in the new space.

"Our hospital has experienced steady growth across all of our surgical services

these past few years and we expect that to continue," CEO Janice Ryba says.

"Our teams have continually earned the highest levels of recognition, including our award-winning orthopedic surgery program, our bariatric surgery center of excellence distinction and our minimally invasive gynecologic surgery designation (COEMIG). These achievements, along with the continued complex technology of spine and cardiothoracic and valve surgery programs, are the motivation for building this new facility. We expect our new operating rooms to provide the flexibility for our staff to work closely

with our surgeons across a multitude of specialties to accommodate the needs of our patients.”

In addition to new spaces and equipment, great attention to detail was paid to enhance patient safety and a sterile environment.

“All of our design decisions—from the materials used for the walls and flooring in the surgical suites, to the special cart-cleaning systems and air-handling systems—serve to reinforce infection prevention and a sterile environment,” says Mia Wolf, RN, director of Surgical Services.

This new Surgical Pavilion was also built with an LED lighting system that reduces eyestrain for physicians and air-exchange systems that promote the safest environment for patients. It even has sinks that raise and lower so staff can work without muscle strain.

Other features include the following:

Surgical Suites

- ▶ Latest surgical overhead boom technology that provides light, power and medical gas outlets in multiple configurations. Utilities are easily accessible at the surgical field without cords and

mobile tanks on the floors, enabling surgeons to position patients to accommodate a variety of procedures.

- ▶ Image Stream video integration system that uses high-definition cameras to allow surgeons to share surgical images and communicate in real time to remote locations with pathologists, radiologists and collaborating physicians.

- ▶ Video integration allows surgeons to choose any image from any source—such as real-time radiological images or patient vital signs, surgical scope and camera images—to display on any of the multiple screens throughout the room during surgery. Videos can be incorporated into the hospital’s electronic medical record system.

- ▶ Nurse call system to communicate status of patients and room availability.

- ▶ State-of-the-art anesthesia equipment, along with Omnicell medication carts to ensure patient safety and that the necessary tools are at the fingertips of anesthesiologists.

GI/Endoscopy/Urology/Minor Procedure Rooms

- ▶ Centralized equipment decontamination and processing areas.

- ▶ Patient area with negative pressure room capability to safely accommodate bronchoscopy procedures.

Sterile Processing Area

- ▶ A cart-washer that allows entire carts, IV poles and other durable medical equipment to be completely washed and disinfected using liquid decontamination.

- ▶ Hydraulic decontamination work sinks to allow operators to adjust sink height to accommodate different equipment and instruments for optimal exposure to disinfection processes.

Pre-op Holding and Post-Anesthesia Care Unit (PACU)

- ▶ Twenty-eight bays to accommodate pre- or post-operative patients.

- ▶ Patient carts with 5-inch mattresses for greater comfort and safety.

- ▶ Six heated, vibrating patient recliners.

- ▶ Two isolation rooms easily accessible to meet specific patient/provider infection control needs.

“When planning this new addition, our focus has always been on the safety and comfort of our patients as well as providing surgeons and our staff with the resources and environment needed to support our continued growth in this area,” Ryba says. “We are well-positioned to accommodate our increasingly complex surgical procedures and can adapt to new developments and technologies in the future.”

For more information about the surgical services available at St. Mary Medical Center, visit www.comhs.org/stmary. ■

St. Mary Medical Center’s new Surgical Pavilion contains 12 surgical suites that have been designed for safety and comfort and feature the latest technologies available today.



..... Mission **ACCOMPLISHED**

Timely treatment, new stent make the difference for younger heart attack victim



Highland resident Diane Martinson always seems to be on a rescue mission.

She used to be an emergency medical technician. And for years, she volunteered at the Calumet Humane Society and assisted with disaster relief through Hearts in Motion and the American Red Cross. She was trying to save her dog from a vicious attack by another dog last October when she, at age 59, suffered a massive heart attack. Suddenly, she was the one who needed rescuing.

“It’s amazing and mind-boggling to think that I could be so close to death and now I feel perfectly normal,” Martinson says, after receiving lifesaving care from Community Hospital’s accredited Chest Pain Center. “I am extremely grateful to still be here.”

Cardiologist Samer Abbas, MD, FACC, FSCAI, says Martinson is lucky.

“It is almost unheard of—she had three different blocked arteries and they needed three different stents,” Abbas says. “We opened up her arteries so fast that she didn’t lose any muscle and there is no scar tissue. This could have easily been an open heart surgery with a three-vessel bypass. She went home without even a scar or complications and is doing very well. She will be able to live a normal life.”



Highland resident Diane Martinson underwent a lifesaving procedure at Community Hospital’s Chest Pain Center, and later had a high-tech stent inserted by cardiologist Samer Abbas, MD.

“My care was wonderful,” Martinson says. “Everyone was so nice and so professional. They made me feel comfortable. Everything went well ... and my dog is fine.”

After Martinson’s heart attack and initial emergency procedure to insert the stents, Abbas brought her back for another procedure to place a new, innovative stent in one of her arteries. The Synergy™ stent is a fourth-generation

device newly approved for patients with chronic or recurring coronary artery disease. Martinson was the first patient to get this stent as it became available shortly after her extraordinary rescue.

“I checked her arteries and they were fantastic ... wide open,” Abbas says. “Then I put a new stent in the third artery. I chose this particular stent for Diane because of her young age. We know that this stent will be durable



Exercise physiologist Mike Strabavy at Community Hospital works with Diane Martinson after her heart attack.

and last a long time, long-term—the rest of Diane’s life—and we won’t need to worry about increased risk of restenosis.”

The Synergy stent has a platinum chromium body that is covered with a medicated coating that dissolves after the medication is finished dispensing over three months. Research shows that this stent is more durable and lasts longer with less need to worry about increased risk of restenosis, the recurrence of abnormal narrowing of the artery after surgery.

Unlike previous drug-coated stents, Synergy’s coating is applied only to the exterior of the stent. This helps limit the patient’s exposure to foreign substances, like polymers that can trigger inflammation. Long-term exposure to polymers can be associated with stent thrombosis, or the formation of a blood clot near the stent, and formation of scar tissue in the coronary artery, according to Synergy manufacturer Boston Scientific.

“The Synergy’s bioabsorbable coating is designed to improve healing and

help patients avoid complications,” Abbas says.

Coronary artery stents are used in the majority of patients who undergo procedures to open blocked arteries.

“First, we had balloon angioplasty to open up an artery,” Abbas explains. “However, the blockage wouldn’t go away completely ... we might smash it or push it aside for a time, but over time the stenosis, or hardening in the artery, tended to return.”

Researchers then created the first stent, a metal coil that was placed in the artery. Complications occurred when the tissue of the artery would begin to grow around the coil and create restenosis or another blockage at the site. Six to nine months was the average time for restenosis. If the artery remained open after that time, the stent would be considered successful and permanent. First-generation stents had a 30 to 40 percent fail rate.

The second-generation stent was the metal coil coated with a drug to keep the tissue from growing around it.

The third generation stent combines the metal coil and a polymer wrapper that is coated with the drug. Studies show that the polymer can be a source of inflammation in the artery, and inflammation can trigger restenosis.

In the latest design version, Boston Scientific has created Synergy, a fourth-generation stent. Synergy has the drug Everolimus on the polymer. After the drug is completely secreted into the artery, the polymer disperses and the stent becomes a bare metal stent. By that time, the area around the stent has exceeded the body’s maximum healing time and is at less risk for restenosis or narrowing of the artery due to inflammation.

Community Hospital in Munster and Community Healthcare System’s other hospitals remain committed to the need to bring new technology to our patients locally. For more information about cardiac treatment and care, visit www.comhs.org. ■

FAMILY HEART HISTORY

Diane Martinson had no warning of her heart attack, but she did have a risk factor: Her father died at age 46 from a heart attack. A major contributing factor to heart disease is family history, says cardiologist Samer Abbas, MD, FACC, FSCAI.

“You need to be aware of your family history. It is so important,” he explains. “If you have any of the risk factors—family history, high cholesterol, high blood pressure, diabetes, obesity—you need to change your body and your lifestyle. If you have any of these risk factors you need to be screened on a regular basis before you have the ‘big one.’”

The hospitals of Community Healthcare System offer Coronary Health Appraisals to help determine your risk for heart disease and other related medical conditions. Screenings include tests for cholesterol (total, HDL, LDL, triglycerides), hemoglobin A1C (for diabetes), blood pressure, body mass index, metabolic syndrome assessment and a Heart Health Profile. A 10- to 12-hour fast is necessary. The cost is \$30. To register for the next Coronary Health Appraisal, call **219-836-3477** or toll-free **866-836-3477**.

It's Their **SPECIALTY**

Physicians/surgeons take leading role in hospital's all-star cast



Healthcare continues to evolve in order to address the unique needs of each patient. St. Catherine Hospital is making available to patients a variety of specialists in two convenient locations, at the hospital in East Chicago and at the Whiting Community Health Center, to improve access to care.

These physicians and surgeons, thanks to their advanced training and singular focus, are committed to detecting and understanding subtle signs and symptoms of particular conditions. This expertise translates into more accurate diagnoses and quicker answers for patients.

"Patients often struggle with transportation and with more choices in doctors," says Craig Bolda, chief operating officer, St. Catherine Hospital. "At the hospital and in Whiting, it is much easier for them to come to one convenient location for all of their services."

After meeting with key health and business representatives in the area, hospital officials decided that it was not enough to fill the retail space at the Whiting Community Health Center with basic healthcare services.

"We have been attentive to the voices of the community and wanted to provide them with what they want:

one-stop shopping for healthcare," Bolda says. "We found that there was a need for pulmonology and podiatry practitioners and weight loss expertise. We also looked to provide patients with more choices in Ob-Gyn doctors and have a pediatrician offering appointments in Whiting."

YOUR TEAM at St. Catherine Hospital

General surgeons Teoman Demir, MD, and Terrence Dempsey, MD, specialize in **minimally invasive procedures** that help to decrease recovery time and are associated with fewer



Teoman Demir, MD
General surgeon



Terrence Dempsey, MD, General surgeon



Amer Sidani, MD
Oncologist/
hematologist



Sunil Dedhia, MD
Orthopedic surgeon



Joseph Hecht, MD
Orthopedic surgeon



Nitin Khanna, MD
Orthopedic surgeon

complications. They are dedicated to making patient care their top priority.

St. Catherine has partnered with Northwest Oncology to provide **oncology and hematology services** to patients at the hospital. Led by oncologist Mohamad Kassir, MD, this group aims to provide the very best in cancer treatment. An infusion center with on-site chemotherapy and other services previously unavailable at the hospital make it more convenient for cancer patients who live nearby to obtain the services they need.

“We recognize that each person is an individual with individual needs and that the delivery of quality healthcare requires skilled professionals who treat their patients with compassion and sensitivity,” Kassir says.

Oncologist/hematologist Amer Sidani, MD, is the specialty physician who is on staff full-time at St. Catherine Hospital as an extension of the oncology and hematology group. Sidani is an internal medicine practitioner of osteopathy who specializes in the treatment of the combination of hematology and oncology disorders.

St. Catherine Hospital has partnered with **orthopedic surgeons** Nitin Khanna, MD, Sunil Dedhia, MD,

and Joseph Hecht, MD, to extend and enhance orthopedic services available to patients. Dedhia and Hecht will see patients in the Professional Office Building (POB) at St. Catherine Hospital, 4321 Fir St. Appointments are being accepted at **219-924-3300**.

YOUR TEAM at the Whiting Community Health Center

Internal medicine practitioner Mary Tilak, MD, cares for patients with **chronic conditions** and specializes in support for the **medical weight loss** journey. She provides the education and awareness necessary to empower her patients with better health, self-esteem and confidence.

Tilak and Nisis Rodriguez, MD, along with Elizabeth Case, NP, are seeing patients at the Whiting Community Health Center, 1516 119th St. in Whiting. Appointments are being accepted at **219-922-8051**.

Pediatrician Rajaraman Iyer, MD, specializes in **infant and children’s care**. He is accepting appointments at his office in the Whiting Community Health Center and he also sees patients at his office at the St. Catherine Hospital POB. Call **219-398-9265** for either location.

Podiatrist Ahmad El-Samad, DPM, specializing in **foot and ankle reconstructive surgery**, is seeing patients at the Whiting Community Health Center. He also has an office at the St. Catherine Hospital POB. Call **219-736-1010** for an appointment at either location.

Pulmonologist Puneet Sethi, MD, specializes in **pulmonary, critical care and sleep medicine**. His office is scheduling appointments with patients at the Whiting Community Health Center. Call **219-836-7723**.

Obstetrician-gynecologists Kimberly Arthur, MD, Michelle Contreras, MD, and Michael Hu, MD, specialize in **women’s care** and are accepting patients at the Whiting Community Health Center. Call **219-763-8112** to schedule an appointment.

To learn more about the Whiting Community Health Center, or to make an appointment with one of our Community Care Network doctors at this location, call **219-703-2550**.

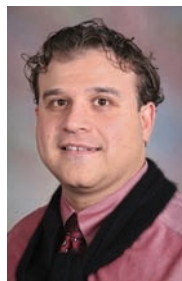
Looking for a specialty physician? Our online directory is available in English and Spanish, Monday through Friday, 8:30 a.m. to 5 p.m. Call **219-836-3477** or toll-free **866-836-3477**, or visit our website at **www.comhs.org** to find an expert for your needs. ■



Mary Tilak, MD
Internal medicine practitioner



Rajaraman Iyer, MD
Pediatrician



Ahmad El-Samad, DPM, Podiatrist



Puneet Sethi, MD
Pulmonologist



Kimberly Arthur, MD
Obstetrician-gynecologist



Michelle Contreras, MD, Obstetrician-gynecologist



Michael Hu, MD
Obstetrician-gynecologist



A PAIN IN THE BACK

Orthopedic spine surgeon Nitin Khanna, MD, answers questions about back pain and spine procedures

Q What does an orthopedic surgeon do?

Orthopedic surgeons care for the musculoskeletal system, made up of the spine, bones, tendons, cartilage, joints and other connective tissue that supports and binds the organs and tissues together. Orthopedic surgeons use both surgical and nonsurgical means to treat musculoskeletal trauma, sports injuries, degenerative diseases, infections, tumors and congenital disorders.

Q What are the most common reasons people need to see an orthopedic surgeon?

People are referred to an orthopedic surgeon to diagnose and treat conditions affecting the bones, joints and spine. People suffering from debilitating back pain are looking for quick relief.

There are recent significant advances in minimally invasive spine surgery that are allowing patients to get back to their normal activities sooner.

Q What is the newest advancement in minimally invasive spine procedures that you offer patients?

One of the latest FDA-approved technologies to relieve lower back pain, which I helped to develop, is called Minimal Access Posterior Lumbar Interbody Fusion (MAS[®] PLIF). The MAS PLIF system allows the goals of conventional fusion of the vertebrae to be accomplished while dramatically decreasing disruption of the soft tissue and the operating time and recovery time for patients. This procedure provides reliable pain relief and stability to the spine.

**Orthopedic surgeon
Nitin Khanna, MD**



Q What are the benefits of minimally invasive spine procedures?

The objective of minimally invasive spine procedures, such as MAS PLIF, is to achieve the same goals as conventional techniques without disrupting the back muscle. When the large muscle in the back is surgically cut, it can atrophy or degenerate and scar tissue can form. These conditions can cause long-term complications, including pain and lack of mobility.

Q What advice can you offer those suffering from back pain?

Many times patients are unaware of new treatment options or they are hesitant to pursue those options. When one is experiencing the potentially disabling effects of one of these conditions, it may seem as though the future does not hold much hope. We encourage you to take that first step forward as it can make a difference in your quality of life. ■

APPOINTMENTS



Feeling Pain?

Orthopedic spine surgeon Nitin Khanna, MD, welcomes new patients to his practice offices, Orthopaedic Specialists of Northwest Indiana, in East Chicago or Munster. Call **219-924-3300**.



CHOOSE QUALITY... CHOOSE EXPERT CARE

For people suffering from joint pain and loss of mobility, orthopedic surgery can make a difference in quality of life. Choosing the right hospital for this important surgery can also make a difference.

At **Community Hospital in Munster**, our board certified orthopedic surgeons embrace today's advanced techniques and technologies in joint replacement. Innovative rapid recovery practices and progressive pain management options are offered to make joint surgeries easier to undergo, and help patients get moving sooner and enjoy life again.

Whether it's knee, hip or shoulder surgery, our orthopedic team of physicians and medical professionals strive to provide this expert care to every patient we treat.



**Choose Community Hospital for the orthopedic program
and surgeons that Healthgrades has chosen
among their 100 Best.**

Call 219-836-3477 or toll free at 866-836-3477.

Visit www.comhs.org, follow us on Twitter @CHSHospitals or friend us on Facebook at CHSHospitals.



COMMUNITY Hospital

901 MacArthur Blvd., Munster, Indiana 46321

We Care About... You

WHITING COMMUNITY HEALTH CENTER



St. Catherine Hospital's newest facility in downtown Whiting at 119th and New York Avenue is home to a team of physicians who offer services for the entire family.

Our physicians will care for you in a health center that features an outpatient laboratory for routine tests, six exam rooms and a complete gym for physical therapy. Board certified team of doctors specialize in:

- *Family Medicine*
- *Internal*
- *Obstetrics and Gynecology*
- *Pediatrics*
- *Podiatry*
- *Pulmonary Care*

Health Center Hours:

Monday: 7 am – 5 pm
Tuesday - Friday: 9 am – 5 pm

For more information, or to make
an appointment, call: **219-703-2550**
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