

# VIM & VIGOR

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**PLUS** Parkinson's disease hasn't stopped **Michael J. Fox** from pursuing his passions

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# 52

**SPOTLIGHT: Community Hospital**  
The Family Birthing Center delivers healthy beginnings.

# IMPROVING CARE FOR PEOPLE WITH NEUROLOGICAL CONDITIONS

*Advanced treatments help patients maintain quality of life*



Featured on our cover this issue, Michael J. Fox is still acting and advocating despite his Parkinson's diagnosis nearly three decades ago.

Adapting one's lifestyle due to a neurological disease or injury is important to quality of life.

The hospitals of Community Healthcare System are using some of the most advanced treatments for conditions such as stroke, Parkinson's, multiple sclerosis, brain tumors and epilepsy. We also provide quality care to help manage symptoms—like dizziness—that affect walking, balance and coordination.

Physical, occupational and speech therapies play a vital role in treatment and maintenance of function in individuals with neurological diseases or injuries. The new RehabTracker app enables patients recovering in our hospitals' acute rehabilitation centers to view their goals, track progress and enhance communication in their support circle (page 4).

The Community Dizziness & Balance Center in Schererville, as well as outpatient rehabilitation locations at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, provide vestibular rehabilitation (page 6). This exercise-based program was designed by a specialized physical therapist to improve balance and reduce issues related to dizziness.

The hospitals of Community Healthcare System are also there when needed for joint issues, maternal care and more.

Portage resident George Miller returned to St. Mary Medical Center 10 years after his knee replacements to celebrate the Joint Academy's anniversary (page 50). Also in attendance were many other patients who have regained their mobility and resumed their everyday lives thanks to the academy's physicians and staff.

Community Hospital's Family Birthing Center offers the highest level of care for mothers and their babies before, during and after birth. One local family tells how the center's integrated, coordinated and patient-centered care made a difference in their childbirth experience (page 52).

When Andy Loomis suffered a debilitating hand injury at work, the Hand Center of St. Catherine Hospital was there to let the healing begin (page 54).

Patients today have reason for optimism. At the hospitals of Community Healthcare System, you will find expert care that is close to home.

**Donald P. Fesko**  
**President and Chief Executive Officer**  
**Community Foundation of Northwest Indiana**



# VIM & VIGOR

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# NURSES AT THE HEART OF HEALING



Nurses help fulfill Community Healthcare System's mission to serve by providing quality, compassionate care to our patients. Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart salute this dedication with a presentation of awards during National Nurses Week. These are just a few of the extraordinary people who practice the art of healing at our hospitals.

At Community Hospital, Grozda Vranic, a patient care technician for Labor & Delivery in the Family Birthing Center, is the recipient of the 2018 Patient Caregiver Excellence Award. Mary Puntillo, nurse clinician, received the 2018 Nursing Excellence Award.

"Our nurses place the care of our patients first and foremost before anything else we do, and we appreciate their outstanding efforts," says Lou Molina, Community Hospital CEO.

Vranic and Puntillo were nominated by their peers at the hospital for going above and beyond in their respective patient care areas and in the community.

St. Catherine Hospital presented the Excellence in Nursing Award to Amanda Arrendondo of the intensive care unit. Arrendondo has worked at the hospital for six years.

Arrendondo's peers nominated her for this prestigious award based on characteristics of nursing excellence in areas of leadership, dignity, compassionate care, community, quality and stewardship.

"Amanda is very deserving of this award," says Leo Correa, St. Catherine Hospital CEO. "We are happy to have her as part of our family, and our patients are happy, too."

St. Mary Medical Center recognizes outstanding nurses with Nursing Pillar Awards in categories of service, people, growth, quality and finance. The 2018 Nursing Pillar Awards were presented to Katie Good, service; Christina Marroquin, people; Jana Dravet, growth; Pat Troller, quality; and Josh Pool, finance. Chosen overall as the SUPERSTAR was Cheryl Watkins, nurse on 3 East.

"Every day our nurses walk in our patients' shoes, caring for them with compassion and dignity," says Janice Ryba, St. Mary Medical Center CEO. "The Pillar Awards showcase their commitment to improving the lives of others." ■



Community Hospital recognized Mary Puntillo, nurse clinician, and Grozda Vranic, patient care technician, center.



Amanda Arrendondo of St. Catherine Hospital's ICU was chosen as the 2018 Nursing Excellence Award winner.



St. Mary Medical Center's Nursing Pillar Award winners were Josh Pool, Christina Marroquin, Jana Dravet, Katie Good and Cheryl Watkins. Not pictured is Pat Troller.

WEBSITE



## Who's Your Favorite?

Have a favorite nurse or caregiver of your own? Visit [comhs.org](http://comhs.org) and click the "Send a Star to our Staff" button on the homepage.

# Family Connection

Technology provides instant report on care for rehab patient, family *BY ELISE SIMS*



After a bad fall, Margaret Machuca, 80, spent some time recovering at St. Catherine Hospital in the Acute Rehabilitation Center. Her daughter, Susan, who lives in Indianapolis, and her sons, Daniel and Wayne, who live in Highland and Portland, Oregon, respectively, were able to view their mother's progress and cheer her on every step of the way thanks to technology called RehabTracker.

RehabTracker is a phone app that enables patients to view updates from their therapy team, track progress on areas of functional improvement and share the results with designated family and friends. Through a partnership with Kindred Hospital Rehabilitation Services (KHRS), this app has been made available to Community Healthcare System patients.

"My kids live far away and asked for the app," Machuca says. "This way, I can have them see how I'm doing and how I'm progressing."

## A New **TOOL**

At Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, the app to date has been used exclusively in the hospitals' acute rehabilitation centers. Staff on the units care for patients with strokes, traumatic and nontraumatic brain injuries, amputations, spinal cord injuries, cardiac or pulmonary issues, broken legs or hip replacements. A patient's typical stay is 10 to 12 days. Patients spend three hours of the day with physical, speech and occupational therapists.

"For patients who have had a stroke or an injury such as a hip fracture, RehabTracker enables them to view their goals, track progress and enhance communication in

their support circle,” explains Muhammad Khan, physical therapist and program director, St. Catherine Hospital, where the device was piloted by KHRS for the hospitals of Community Healthcare System.

Family members see a corresponding daily grid to follow their loved ones’ results on their smart device. There are 18 goals being measured, ranging from bathing, upper-body dressing, lower-body dressing, fully assisted and partially independent to fully independent. After uploading designated contacts from his or her address book, the patient can choose which goals to share. Of the 18 measurements, patients can choose which ones family members or friends may view.

### **Progress REPORTS**

“Developing a care plan based off goals that are important to the patient helps to keep the patient motivated and gives them something to focus on,” says Sandra Morrison, physical therapist, St. Mary Medical Center. “The RehabTracker app allows the patient to visually see their progress toward the goals identified as important to them.”

***“The RehabTracker app allows the patient to visually see their progress toward the goals identified as important to them.”***

*– Sandra Morrison, physical therapist*

Therapists use the app as they work with and assist the patient to put instructions, goals or words of encouragement on an iPad that they carry with them and show the patient as they progress. Patients who want the app downloaded to their Android or Apple phone need to sign a consent form. Therapists then help to set up the app, which displays:

- The patient’s current status or “baseline” status
- Short- and long-term goals such as how far to walk with a walker, with assistance or alone; dressing with assistance; grooming; and daily living skills
- The daily grid, which includes “transfers” to and from the toilet, chair and bed
- An activity page that includes points earned for completing goals in grooming, comprehension and memory

Goal prompts work much like wristband activity trackers with symbols for fully assisted, partially assisted or fully independent. Patients get a star for each task and move through a series of stepping stones (blue dots) as they progress. Patients collect a flag when they achieve a goal.



**Margaret Machuca uses RehabTracker with Marina Eshak, speech therapist. The app allows rehab patients to view updates from their therapy team, track their progress and share the results with designated friends and family.**

### **Caregiver TRAINING**

Besides helping them meet all goals, the acute rehabilitation centers staff also prepares patients for going home by offering family training. Family members planning to take care of their loved one once home again come in and review the goals—everything the patient will do at home—and then do it themselves: walking, stairs, getting in and out of a car, bed, the bathroom, the shower.

“We usually offer this training near the end of the patient’s stay, but with enough time to adjust plans as necessary,” says Michael Flores, physical therapy assistant, Community Hospital. “With RehabTracker, the fact that the family can follow their loved one the whole time they are here instead of just one time is really important.”

“If a family member is going to be responsible for the patient’s care after they are discharged from the hospital, they need to know in advance what they can do and what tasks they will need help with,” Khan explains. “Keeping treatment focused on goals helps.”

“It is a great tool to keep families involved with their loved one’s progress when they cannot be here during therapy sessions,” Morrison says.

“With RehabTracker, we are able to really explain what is going on with their family member, have a better conversation and better communication with the family,” Flores says. ■

WEBSITE



## **Caring for You**

For more information about the programs and services at the hospitals of Community Healthcare System, visit **[comhs.org](http://comhs.org)**.



# Balalan

*Dizziness therapy  
restores quality of life*

BY **ELISE SIMS**

# Act



One morning last March, Virginia Clark couldn't get out of bed. She was so disoriented and dizzy that she thought she would fall if she tried to get up. Not sure what was happening, she asked her husband to drive her to the Emergency department.

"I had never experienced that sensation in my life and never want to experience anything like it again," Clark says. "It was like a roller coaster, and everything was crashing down on me."

PHOTO BY GETTY IMAGES



# cing

Clark was relieved to find out that she wasn't suffering a stroke, but she was still dizzy.

"They diagnosed me with a UTI and dehydration and sent me on my way," she explained. "A few days later, when I was in Florida, I went to the immediate care. The doctor said I had fluid in my ear and probably had vertigo."

He prescribed ear drops and antibiotics. That helped a little bit, but the dizziness still didn't go away completely.

## Vestibular Rehabilitation

Back home in Northwest Indiana, Clark made an appointment with an ear, nose and throat specialist in Munster. The ENT checked her for an ear infection, which could cause benign paroxysmal positional vertigo. To clear it up, he prescribed vestibular therapy at St. Catherine Hospital.

Dizziness can be related to a number of health issues that stem from inner ear or vestibular disorders, concussions, head injuries or neurological conditions such as stroke, Parkinson's disease and multiple sclerosis. Vestibular rehabilitation is a specialized form of therapy used to improve

balance and reduce dizziness symptoms associated with inner ear and balance disorders.

"That part of the inner ear helps to stabilize vision and balance when we move our head," says Community Hospital physical therapist Patricia Tunberg, who specializes in vestibular rehabilitation. "We are trying to retrain and impact the brain to look at the issue differently through compensation. Some inner ear disorders are permanent and you can't change them. But you can change how the brain perceives it. You can 'turn off' the over-focus on it, which is making the patient dizzy and unsteady. If you have an inner ear condition that is affecting balance, then you rely on the other balance systems and ask them to be amplified to cover for the other weakened areas."

Dizziness can lead to falls, and that can lead to more injuries, more hospital admissions and higher mortality rates. Fall risk and avoiding falls is a big area of focus, says Dave



Physical therapist Gerald Dino adjusts goggles that are used to help determine the cause of a person's vertigo. The goggles display and record the smallest of eye movements during vestibular system testing.



New technology such as the Balance Master® System enables physical therapist Patricia Tunberg to assess a patient's balance and mobility, then design an effective treatment using objective biofeedback data.



**Physical therapist Jaime Vander Zanden shows repositioning exercises that can be done at home to help alleviate dizziness after a fall.**

Hudak, director of Outpatient Therapy Services at St. Mary Medical Center.

“We have always treated balance issues with the goal of improving steadiness and safety with functional activity,” Hudak says. “Along with balance training, we incorporate strengthening based on patients’ needs. The balance and strengthening combination will help the patient improve their ability to perform activities of daily living. We want our patients to be able to perform all the activities they want to be able to perform and be safe doing it.”

### **Back on Her Feet**

“I am a bowler,” Clark says. “I have been bowling for more than 40 years. Down in Florida, we have a lot of activities that we do at the community center. I realized I couldn’t do the things that I loved when I was dizzy. I did my homework. My physical therapist told me he could take care of it in one or two sessions, and he was right.”

“In Virginia’s case, with the help of specialized equipment, ICS Impulse goggles, we got a closer look at her eyes to help determine the vestibular response to any positional challenges that we put her and our other patients through during the evaluation process,” St. Catherine Hospital physical therapist Gerald Dino explains. “These goggles helped us break down the exact cause of Virginia’s dizziness, which helped us to formulate an individualized treatment plan just for her and get her on her feet again.”

Other state-of-the-art technology that is used to help evaluate and treat patients with dizziness and balance disorders at the Community Neuroscience & Sports Medicine Center includes computerized dynamic posturography; inVision™ vestibulo-ocular reflex testing; RealEyes™ binocular oculography; Biodex balance system; Korebalance™ computerized balance therapy; LiteGait® partial weight-bearing therapy; Vis-Flex light bar therapy; Vision Coach; and virtual reality.

# One Stop for Treatment

When your head is spinning like a top, everyday activities can become difficult or nearly impossible to complete.

Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart provide comprehensive evaluation and treatment to patients who are lightheaded, unsteady or suffer from imbalance. The Dizziness, Balance & Neuro Rehabilitation team consists of highly trained physical and occupational therapists using the most advanced diagnostic and rehabilitative vestibular balance equipment.

Regionally, the Community Neuroscience & Sports Medicine Center in Schererville offers a “one-stop shop” that serves as a single outpatient location for patients requiring evaluation and treatment of balance disorders and neurological conditions, as well as concussion and post-concussion neck and back pain.

“This new center features a neuroscience and balance suite where patients receive comprehensive evaluations and individualized treatments,” says John Doherty, vice president, Therapy Services, Sports Medicine, & Occupational Health for Community Healthcare System. “To bring our skilled neuroscience and sports medicine physician specialists and therapists under one roof allows closer coordination of care. Our patients benefit from a team approach.”

CALL



## Find Your Balance

To learn more about the Dizziness, Balance & Neuro Rehabilitation Clinic in Schererville (**219-836-5381**) or vestibular therapy at the hospitals of Community Healthcare System, call East Chicago (**219-392-7400**), Hobart (**219-947-6580**), Munster (**219-836-4527**); St. John (**219-226-2326**) or Valparaiso (**219-286-3703**).

“We treat very complex patients,” says Jaime Vander Zanden, supervisor of the Physical Therapy, Dizziness, Balance & Neuro Rehabilitation Clinic.

“Oftentimes it is not just cut and dry treating their dizziness, but a combination of things,” she says. “Sometimes it takes all of this equipment and all of these diagnostic tests to get them back on track to improve their safety.” ■

# The Challenge Issue

Mom and Dad's little miracle.

## EXCEEDING EXPECTATIONS

▶ Thanks to medical advancements—and the human spirit—people survive extraordinary circumstances

**59%**

The proportion of babies born in 2012 at just 28 weeks' gestation (about 12 weeks early) who were discharged from the hospital without complications, up from **43 percent in 1993**.

**>80%**

More than 8 in 10 children with cancer now survive five years or more. In the mid-1970s, the survival rate was about 58 percent.



**1967**

The year of the first heart transplant. The recipient lived 18 days. Today, **more than 3,000** heart transplants are performed each year in the United States alone, and the five-year survival rate is about 78 percent.

**35**

The number of validated “supercentenarians” worldwide—that’s people older than 110. Their average age is 113. The current life expectancy worldwide is 72 years.



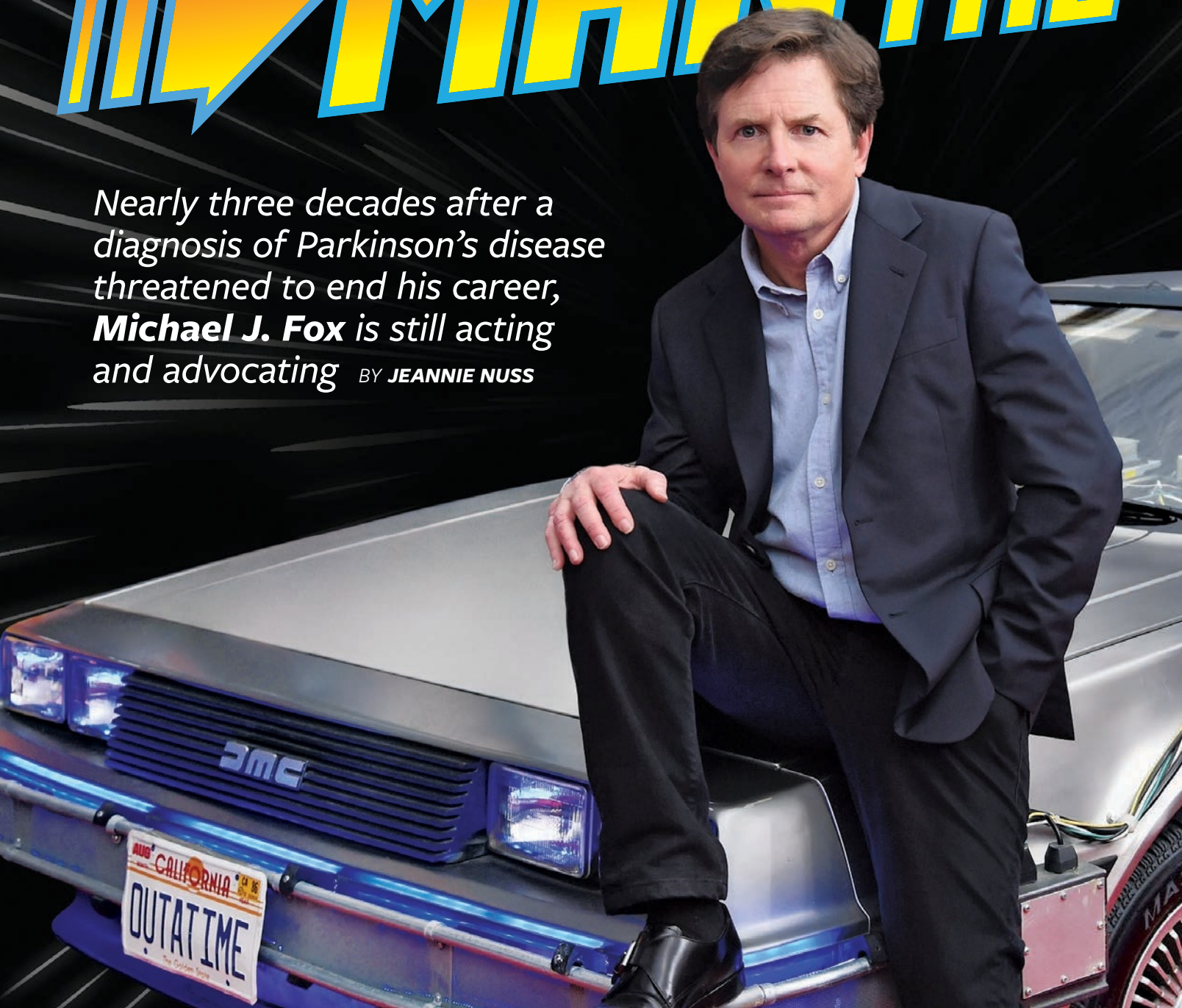
**Read on** to learn more about turning a tough outlook into a positive outcome ▶

Sources: American Cancer Society, Gerontology Research Group, History.com, JAMA, Scientific Registry of Transplant Recipients



# MAN OF THE

Nearly three decades after a diagnosis of Parkinson's disease threatened to end his career, **Michael J. Fox** is still acting and advocating BY JEANNIE NUSS



# FUTURE



**I**n the 1980s, Michael J. Fox endeared himself to American audiences as the charming boy next door with his roles as Alex P. Keaton in “Family Ties” and Marty McFly in “Back to the Future.” He went on to further success in the sitcom “Spin City,” winning an Emmy for acting and serving as executive producer.

But his wunderkind rise seemed to hit a brick wall in 1998, when he told the stunned public that he had been diagnosed with young-onset Parkinson’s disease.

Parkinson’s is a complex neurodegenerative disease that usually affects older people. And Fox was just 37 when he made his announcement. He was even younger when he found out he had the disease in 1991.

“I was 29 years old, and so it was the last thing I expected to hear,” Fox told David Letterman in 2015. “I thought I’d hurt my shoulder doing some stunt because I had a twitch in my pinkie. And the doctor said, ‘You have Parkinson’s disease.’ He said, ‘The good news is that you have 10 years of work left.’”

It’s fair to say that doctor was wrong.

In the 27 years since his diagnosis, Fox has dedicated himself to Parkinson’s advocacy, launching the Michael J. Fox Foundation for Parkinson’s Research, which has raised more than \$750 million for the cause.

His foundation also helped raise awareness about the disease, which affects an estimated 1 million people in the U.S. and more than 5 million people worldwide.

“People have a much greater understanding of Parkinson’s because of Michael J. Fox,” says John Lehr, CEO of the Parkinson’s Foundation.

Fox has led the fight by example, too, continuing to act and produce. He starred as a character with Parkinson’s on NBC’s “The Michael J. Fox Show” in 2013-14 and has guest starred as the manipulative attorney Louis Canning, who has a condition that causes erratic body movements, on CBS’s “The Good Wife.”

“I realize now that I can play anybody, as long as they have Parkinson’s,” Fox told *Haute Living* magazine in 2016.

## The Face of Parkinson's

No matter what role he takes on, Fox has become one of those famous people who is intimately connected in the public mind to his illness. And he's shared his struggles honestly, talking about the disease's characteristic tremors and other movement issues.

"The biggest problem I have now is balance," Fox told *Haute Living*. "That's kind of tricky because you fall down a couple of times at 55 and you realize that you're not 25."

The disease hasn't touched Fox's sense of humor, though.

"The truth is that on most days, there comes a point where I literally can't stop laughing at my own symptoms," he told *AARP The Magazine* in 2017.

As an example, Fox described how the disease affects the little things—like getting a cup of coffee for his wife, actress Tracy Pollan.

"Just the other morning, I come into the kitchen," he said. "Oh, good, coffee. I'm gonna get some! No, wait—I'm gonna get some for Tracy—who's at the table with the paper. I pour a cup—a little trouble there. Then I put both hands around the cup. She's watching. 'Can I get that for you, dear?' 'Nah, I got it!' Then I begin this trek across the kitchen. It starts off bad. Only gets worse. Hot java's sloshing onto my hands, onto the floor ... And Tracy's watching calmly, going, 'Darling, why don't you [emphatic expletive] let me get it?' 'I'm almost there, babe!' Of course, by the time I reach the table, the cup's all but empty. 'Here's your coffee, dear—enjoy!'"

Fox's ability to play out a scene is still spot on.

"I was supposed to be pretty much disabled by now," Fox told *Haute Living*. "I'm far from it."

Indeed: 13 of his 18 Emmy nominations and five of his nine Golden Globe

nominations came after his Parkinson's diagnosis, and he has received a number of humanitarian awards, including being honored on the Difference Makers series of commemorative stamps issued by Canada Post in 2012.

## Understanding the Disease

A neurodegenerative disorder is one in which brain cells progressively die. Parkinson's is the second-most-common such disease after Alzheimer's, according to the Parkinson's Foundation.

Parkinson's affects cells in the brain that produce dopamine, a chemical messenger that transmits signals linked to coordinating movement.

The disease is known for its cardinal symptoms: resting tremor (an uncontrollable movement that affects a limb when it's at rest), slowness of movement (also known as bradykinesia) and rigidity or stiffness. Many people—including Fox—also experience balance problems.

# 7 THINGS

## You (Probably) Didn't Know About MICHAEL J. FOX

- 1 He was born Michael Andrew Fox and later adopted the "J." as an homage to the actor Michael J. Pollard of "Bonnie and Clyde" fame.
- 2 Fox was born and raised in Canada and as a kid dreamed of a career in the National Hockey League.
- 3 In his teens, Fox played guitar in several garage bands.
- 4 He made his debut as a professional actor at age 15, co-starring in the sitcom "Leo and Me" on Canadian Broadcasting Corporation.
- 5 During his seven years on NBC's "Family Ties," from 1982 to 1989, Fox earned three Emmy Awards and a Golden Globe.
- 6 Fox married his "Family Ties" co-star Tracy Pollan in 1988, and the couple have four children. Pollan played Michael P. Keaton's girlfriend, Ellen, on the show.
- 7 Fox has voiced a number of characters in children's movies, including Chance the dog in Disney's "Homeward Bound" series and the title character in "Stuart Little."

Sources: The Michael J. Fox Foundation, IMDb



Michael J. Fox and wife Tracy Pollan have been married 30 years.



Other symptoms include cognitive impairment, problems sleeping, low blood pressure when standing, constipation, speech and swallowing problems, unexplained pains, drooling, loss of smell, and mood disorders such as anxiety and depression.

Movement problems are “just one part of the disease,” Lehr says, and some of the lesser-known symptoms can be just as devastating.

“If you’re, say, someone who loves food and you lose your sense of smell and your sense of taste, think about the quality-of-life issues that come along with that,” Lehr says.

The good news? People with Parkinson’s tend to live about as long as people without it.



## A Mysterious Disease

What exactly causes Parkinson’s is still unknown.

“It’s a very complex disease,” says Leslie A. Chambers, president and CEO of the American Parkinson Disease Association. “It’s not probably a single cause. We think it’s a combination of environment and genetics.”

Risk factors include age, being a man, having a relative with Parkinson’s disease and ongoing exposure to herbicides and pesticides. But even some of these risk factors are iffy: Experts say your hereditary risk is still small unless you have several relatives with Parkinson’s, and exposure to toxins appears to increase risk only slightly.

Because doctors don’t really know what causes the disease, it’s impossible to say how to prevent it. Studies have shown that caffeine consumption and smoking (yes, smoking) are associated with lower rates of Parkinson’s. This is, of course, not an invitation to smoke—smoking contributes to heart disease, stroke and diabetes and is the leading preventable cause of death worldwide.



## Diagnosis and Treatment

For some diseases, doctors perform a test, offer a diagnosis and prescribe medicines. Things aren’t that simple with Parkinson’s.

There is no definitive brain scan or blood test, and there’s no cure.

To diagnose Parkinson’s, doctors look at a person’s medical history, perform neurological exams and look for two or more of the cardinal signs. Doctors also often prescribe Parkinson’s medications and look to see if these work as evidence that they have the right diagnosis.

Although there’s no cure for Parkinson’s, a number of treatments can manage symptoms of the disease, including:

### Levodopa/Carbidopa

The most widely prescribed Parkinson’s drug dates back to the 1960s. Levodopa is converted in the brain to dopamine, the chemical that is missing in the brains of people with Parkinson’s. Carbidopa is a drug that helps levodopa get into the brain and limits levodopa’s side effects. The drugs are often combined.

### Deep Brain Stimulation

Deep brain stimulation delivers electrical pulses to brain cells to decrease symptoms and is the most common surgical treatment for Parkinson’s. It’s usually performed on people who have had Parkinson’s for at least four years and still get a benefit from medication but have motor complications.

Other treatments can help people manage Parkinson’s symptoms, including symptoms that aren’t related to movement. For example, diet and lifestyle changes, along with fiber supplements, are options for treating constipation.

Other drugs are in development, including options that aim to prevent, slow or stop the progression of Parkinson’s by targeting proteins and pathways known to play a role in the disease.

## EXERCISE TO DELAY PARKINSON’S

Research shows that exercise may slow down the progression of Parkinson’s disease.

The hospitals of Community Healthcare System are now offering an innovative exercise program called Rock Steady Boxing. The program gives people with Parkinson’s hope by improving quality of life through a noncontact boxing-based fitness curriculum.

“With Rock Steady Boxing, we hope to maximize the mental, emotional and physical potential of people with Parkinson’s disease,” explains Jessica Whalley, licensed athletic trainer and head coach, Community Hospital Fitness Pointe®. “Exercises are fashioned after boxing drills and also include balance and agility training. The program uses a rigorous plan of activity and delivers it in a caring, supportive environment.”

CLASS



## Register Today

Sign up for Rock Steady Boxing classes at Community Hospital Fitness Pointe, Munster (219-924-5348) or the Valparaiso Family YMCA (219-286-3890).

Fox relishes his front-row seat to such research through his foundation.

“A funny thing happened,” Fox told *AARP The Magazine*. “Doctors reached out to me. And I reached out to doctors. More important, the Parkinson’s community reached out to me, and I immediately felt better, just empowered, knowing there were people who understood what I was going through.” ■

**THE BIG STORY**

# *Defy*



PHOTO BY GETTY IMAGES



# Living the Odds



*When it comes to living with a chronic condition, preventing cancer or trying to cure illness, we can take action to live our best lives* BY ALLISON THOMAS

Your heart isn't going to text you that it needs help.



# Heed the WARNINGS

➔ *The first signs of heart failure can be subtle, so you've got to know what to look for*

Talk about two words that sound especially frightening when put together: heart failure. How does the heart fail, exactly? And what warning signs should you be watching for to help save a life—possibly even your own?



## **LEARN** *the Basics*

Heart failure (also sometimes referred to as congestive heart failure) is a clinical syndrome where the heart doesn't work as well. While most cases of heart failure occur on the left side (or ventricle) first, it can involve the right ventricle or both sides of the heart, and its effects can be debilitating. Heart failure can lead to frequent hospitalizations and complications including stroke, heart rhythm problems, renal

and kidney dysfunction and liver damage, says Gregg Fonarow, MD, cardiologist and spokesman for the American Heart Association.

“Approximately 6.5 million Americans have heart failure, and there are about a million new cases each year,” Fonarow says. “It’s common and costly and contributes to premature death, so it’s really important to know the warning signs and get diagnosed and treated early—and work to prevent heart failure in the first place.”



### **RECOGNIZE** *the Risks*

The two biggest risks for heart failure are high blood pressure and coronary artery disease, the most common type of heart disease, where the arteries that supply blood to the heart narrow and harden, Fonarow says. Diabetes, excess weight and obesity, and lack of physical activity can also contribute to your risk, as can older age.

“The likelihood of heart failure increases with age, yet it can occur at any age, and individuals with risk factors are at a greater risk even when they’re younger,” he says.



### **WATCH** for Signs

Heart failure has several common symptoms you should look out for, including:

- Shortness of breath with everyday activities, like going up a flight of stairs or walking a block or two—things you could previously do with ease.
- Unexplained swelling in your legs, feet or ankles.
- A dry cough that becomes more pronounced when lying flat versus sitting or standing.
- Trouble sleeping or breathing when lying flat.
- Feeling generally fatigued without any other explanation.

- Rapid, unexplained weight gain from fluid retention (3 or more pounds in a day).

- Confusion or memory loss.
- A racing or throbbing feeling in your heart.

“It’s important to note that these symptoms can also occur with other conditions, so if you experience them, seek appropriate medical attention rather than trying to diagnose yourself,” Fonarow says.



### **PRACTICE** *Prevention*

Here’s some good news about heart failure: It is preventable.

“Approximately 80 percent of cases that occur could have been prevented,” Fonarow says. “Many of the risk factors for heart failure themselves are preventable, like type 2 diabetes, for example.”

He recommends working with your care provider to learn your personal risk factors and taking proactive steps toward prevention. That means—you guessed it—eating a balanced diet, exercising regularly and keeping your weight, blood pressure, cholesterol and glucose levels in a healthy range. Your provider can help you achieve all of that.



### **TELL** Your Doctor

Perhaps the most important advice Fonarow offers is to seek care quickly if you have worrisome symptoms, as early treatment can improve your prognosis.

“A lot of people see their primary care physician and get diagnosed with upper respiratory problems or bronchitis when it’s really heart failure,” he says. “If your symptoms are not responding to treatment based on that original diagnosis, follow up with your physician to confirm it’s not something more serious.” ■

CALL



### **The Next Step**

Learn more about cardiac rehab at Community Hospital (219-836-4526); Community Hospital at Lake Business Center (219-934-2830); St. Catherine Hospital (219-392-7100); or Spectrum of St. Mary Medical Center (219-947-6085).

## **PRESCRIPTION: EXERCISE**

Patients with heart failure can manage their condition and improve their symptoms through the cardiac rehabilitation services offered at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart.

“A regular supervised exercise program can improve cardiovascular performance in a patient with heart failure,” says MaryAnn Kolodziej, supervisor of Cardiac Rehabilitation at Community Hospital. “Exercise has a positive impact on muscle strength and endurance, exercise capacity and quality of life. Studies have shown that exercise can also reduce cardiac mortality in heart failure patients.”

“Our program aids patients in understanding their disease process, along with the importance of the lifestyle choices they make, such as quitting smoking, managing their blood pressure, losing weight and reducing stress,” Kolodziej says. “Our staff closely monitors patients throughout their workout and provides guidance to prevent future cardiac events.”

You want to protect him from everything you can.



## The Shot That **PREVENTS CANCER**

➔ *What all parents need to know about the human papillomavirus vaccine, including how, when and why you should vaccinate your kids*

If there were a common infection that could cause cancer, and you couldn't treat the infection but there were a vaccine that prevented it, you'd beat down your doctor's door to get it, right?

Meet the HPV vaccine. It helps safeguard against the human papillomavirus, which can cause cervical, vaginal and vulvar cancers in women; penile cancer in men; and throat cancer, anal cancer and genital warts in both sexes.

We spoke with Debbie Saslow, PhD, senior director of HPV-related and women's cancers for the American Cancer Society, to help understand why the vaccine is so important and when to vaccinate your child.

## **V&V:** Why is the HPV vaccine so critical?

**Saslow:** It prevents six types of cancer. It doesn't get any more important than that. You look at the numbers and the harms that these diseases can do. Why wouldn't a parent rush their child to the doctor to get it? All it takes is two shots and they're done. For parents who say, "My kid doesn't need this," we point out that most kids aren't going to get any of the diseases they're vaccinated for. But we get them vaccinated. Most people are not going to lose their home in a fire or total their car, but we all get insurance, and that's what this is. Approximately 39,800 new cases of cancer are diagnosed each year in parts of the body where HPV is typically found; the virus is responsible for around 31,500 of these cancers.

## **V&V:** What are the most common myths and misconceptions that keep parents from vaccinating their children against HPV?

**Saslow:** Myths about the HPV vaccine causing autoimmune diseases or infertility still circulate on social media, and they're completely false. Some parents are concerned the vaccine will increase promiscuity, but studies have shown kids who get vaccinated have the same sexual behaviors as kids who aren't vaccinated—and if anything, they're safer. The rates of vaccinating boys have almost caught up to girls, but there are still a lot of people who don't realize this is for boys, too. They think it's just for cervical cancer.

## **PROTECTING YOUR HEALTH**

Vaccinations aren't just for children. Adults, especially seniors and those with chronic conditions, need protection, too.

"As you age, the risk of getting influenza and shingles increases," says Community Care Network family medicine practitioner Anand Shah, MD, on staff at Community Hospital in Munster. "Compound that with a compromised immune system, and you're at an even higher risk for complications. Being proactive and immunized not only helps protect you from a potential life-threatening illness, but it helps protect those around you."

Shah recommends everyone ages 6 months and older receive a flu shot annually, while adults 60 and older should get a shingles vaccination. It's important to note vaccines prime the immune system to fight infections, but they do not guarantee protection. Anyone with a history of allergic reactions to vaccinations or patients who are pregnant should first consult with a physician.

## **V&V:** When should your child be vaccinated?

**Saslow:** Vaccination is recommended at age 11 or 12 and can start as early as age 9. It's given in two shots, with six to 12 months between each, and the series should be completed by age 13.

## **V&V:** Why should kids be vaccinated at this age?

**Saslow:** There are two big reasons. First, while we don't know when an individual will start having sex, we do know they're highly likely to get HPV soon after. In fact, HPV is so common that approximately 4 out of 5 people will get the virus at some point in their lives. Plenty of teens aren't having sex, but many of them are. About 80 to 90 percent of people will get some exposure to HPV by mid-adulthood, and we don't know who will go on to get cancer. Second, we have a stronger immune response as children and develop better protection against HPV at this younger age than in our teens or 20s.

CALL 

### Find a Doctor

If you or a family member needs a vaccination, the Community Care Network of physicians can help. Get a physician referral at [comhs.org/find-a-doctor](http://comhs.org/find-a-doctor) or call 219-836-3477 or toll-free 866-836-3477.

## **V&V:** Are there any potential side effects?

**Saslow:** We know the vaccine is as safe at ages 11 and 12 as it is at age 18. Minor side effects like soreness at the shot site can occur, as they can with other vaccines. Serious side effects are rare. The most common is fainting, which normally wouldn't be serious, but if children or teens hit their head, that could be serious. Another serious and very rare side effect is an allergic reaction. The HPV vaccine contains yeasts, so if the child is allergic to yeast, he or she shouldn't get the vaccine. ■

Alzheimer's disease is a puzzle we all want solved.

# Unlocking ALZHEIMER'S

➔ *How close are we to a cure for this deadly form of dementia?*

Alzheimer's disease is relatively new to the public consciousness. Sure, it was first observed by German physician Alois Alzheimer in 1906, but it wasn't recognized as the most common form of dementia and a significant public health challenge until 1976.

For something to be fought, of course, it must be understood. And we've been playing catch-up with dementia.

"It had to be labeled accurately first," says George Schoepfoerster, MD, a geriatrician and spokesman for the Alzheimer's Association. "Much of the progress that's been made can be attributed to the acceptance of Alzheimer's disease as a problem."

While record-breaking levels of funding are pouring in to study Alzheimer's, including a \$414 million increase for 2018 from the National Institutes of Health, a cure is still likely decades away. About 5.7 million

Americans have Alzheimer's disease, and more people die from it than breast and prostate cancers combined. We'll explore what the research has shown us in recent years and where it's headed.

## RECOGNIZING Problems Earlier

In the last five years, doctors learned something interesting yet devastating about the importance of early detection of Alzheimer's and how challenging it will likely continue to be.

"By the time a person's brain has been damaged enough to show behaviors we recognize as the start of dementia, like short-term memory loss, the problem has been going on for around 20 years," Schoephoerster says.

But brain imaging research is working to make problems easier to detect. Positron emission tomography (PET) scans done with molecular imaging tracers (known as radiotracers) that bind to proteins in the brain can reveal how abnormalities accumulate over time, and this can help with earlier diagnosis and monitor disease progression.

## MAKING TREATMENT More Effective

Because it's still so challenging to diagnose Alzheimer's early, most of today's medications are designed to temporarily slow the worsening of symptoms.

"There are five or six medications we use now to try to decelerate the damage, but they don't work that well because they are coming in at the end of the process," Schoephoerster says.

Researchers are working to improve effectiveness of treatments by targeting specific brain changes. As with current treatment regimens for AIDS and cancer, the future of Alzheimer's treatment may require a cocktail of medications targeting multiple brain changes.

## BUILDING HOPE Through Prevention

Preventing dementia is a growing focus area for researchers, and Schoephoerster notes that a prime example is the new Alzheimer's Association U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk, which began recruiting participants this year. This large-scale study, known as POINTER, will follow 2,500 people at risk for dementia due to circulation problems such as diabetes, high blood pressure, stroke or heart attack to determine whether lifestyle interventions like exercise, a healthy diet, brain activities and social interaction can delay or even prevent cognitive decline. There is already some research pointing in this direction.

Exercise, good nutrition and social stimulation seem to make a difference, Schoephoerster says. But researchers have recently discovered something new about the cognitive piece: Brain games only help your brain get better at the particular game you're playing and don't translate beyond that.

"If you're really trying to improve cognitive function or slow its decline, you need to stimulate your brain with

new things, like learning a new language, reading books if you weren't a reader before or taking up singing," he says.

Knowing all that we've learned in recent years—and all the research that's ongoing and planned—Schoephoerster thinks it's unlikely we'll see a cure anytime soon, but that Alzheimer's will someday be a chronic condition like diabetes or heart disease.

"We may eventually reach a level like we are with hypertension, where if you take your medication, your condition can be well-managed," he says. "But there's still a lot of work to get there." ■

CALL



### Memory Screening

Hartsfield Village senior living community is part of Community Healthcare System. Appointments are required for this free screening. Register at **219-703-5131**.

## DIAGNOSING DEMENTIA

As we age, some forgetfulness and memory loss is normal. However, other traits set Alzheimer's disease apart from what is typical.

**Typical:** Forgetting what day it is but remembering it later.

**Alzheimer's sign:** Losing track of the day, date and season.

**Typical:** Misplacing things once in a while.

**Alzheimer's sign:** Misplacing things but being unable to determine where they might be.

**Typical:** Making a mistake in balancing the checkbook.

**Alzheimer's sign:** Trouble with planning or problem-solving such as following a recipe or paying monthly bills.

If your loved one seems more forgetful than usual, it may be time to make a screening appointment. Hartsfield Village senior living community, 10000 Columbia Ave. in Munster, is a designated Memory Screening Center for the Alzheimer's Foundation of America. Confidential memory screenings are offered several times throughout the year. Screenings are free and are available between 10 a.m. and 2 p.m., but appointments are necessary in advance.

# Is It Time for Weight-Loss Surgery?

Learn more about what it takes to qualify, what to expect afterward and what questions to ask yourself **BY LEXI DWYER**



In March 2018, the federal government published a sobering statistic: 40 percent of Americans are now obese.

“Obesity is an epidemic. It’s not just about extra weight—it’s linked to life-threatening diseases that, if allowed to continue, will lead to an early death,” says Samer Mattar, MD, president of the American Society for Metabolic and Bariatric Surgery. Obese people may also have a decreased quality of life from being less active, and they’re often targets of bias and stigma.

For the severely obese, losing weight isn’t just about eating more salad and walking frequently. As Mattar says, severely obese people are “hard-wired to react to stress by conserving energy,” and even healthcare professionals may wrongfully assume that obesity is linked to a character flaw such as laziness.

“Many people don’t understand the underlying metabolic dysfunction

driving this behavior. Nobody wants to be 400, 500, 600 pounds. And when people are told to ‘just diet,’ it’s almost impossible,” Mattar says.

The only long-lasting treatment for obesity is bariatric (weight-loss) surgery; experts no longer believe that lifestyle changes alone will result in lasting weight loss. With bariatric surgery, people can shed 50 to 80 percent of excess weight and see a dramatic improvement in chronic conditions such as type 2 diabetes, high blood pressure and sleep apnea.

“The real success story is type 2 diabetes, which can go into remission. But it’s not a cure—if patients gain weight or eat poorly, it comes back,” says Marina Kurian, MD, a bariatric surgeon who is a fellow of the American College of Surgeons, a member of the Society of American Gastrointestinal and Endoscopic Surgeons, and the author of *Weight Loss Surgery for Dummies*.



ILLUSTRATIONS BY JONATHAN CARLSON





## WHO Qualifies?

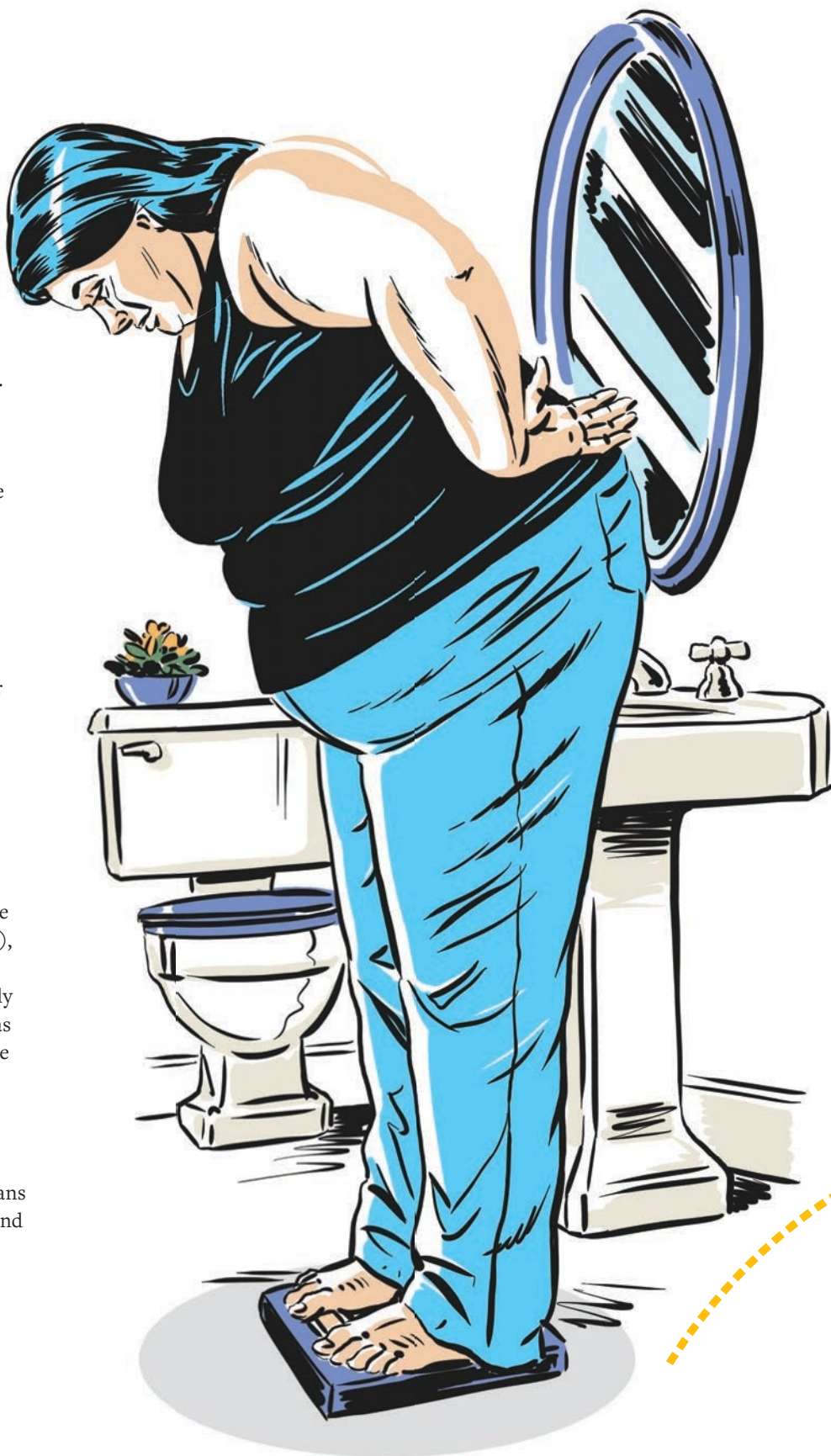
For a person to be a candidate for weight-loss surgery, insurance companies usually require a body mass index (BMI) that's 40 or above, or a BMI greater than 35 along with one of the aforementioned chronic conditions. (A person who is 5 feet 5 inches reaches a BMI of 40 at 240.5 pounds.) In some cases, people with a BMI over 30 might be considered as well. The American Diabetes Association recommends that surgery be considered for people with a BMI between 30 and 35 if blood sugar control remains poor despite proper medication.

## WHY Does It Work?

Bariatric procedures are characterized as either restrictive or a combination of restrictive and malabsorptive—the latter leading to the greatest weight loss. With restrictive surgeries, the amount of food you can consume is limited. Most commonly, this is because a large portion of the stomach has been removed.

Malabsorptive means that you absorb fewer calories from the food you do eat. This can happen solely from stomach size being reduced (as with the gastric sleeve), but it's especially pronounced when the stomach and small intestine are surgically rearranged so food bypasses certain areas (hence the name "gastric bypass"). There is also a metabolic shift: The hormones responsible for hunger (such as ghrelin) decrease, and production of the GLP-1 hormone, which helps create feelings of fullness, increases. For patients, this means that not only can they control portions and absorb fewer calories, but food cravings also decrease after surgery.

"Patients tell me that the biggest benefit is that the drive to eat is lessened," Mattar says. "You put them in front of a juicy cheeseburger and they're not that tempted."



## HOW Risky Is It?

Like any surgery, there are short-term risks that include reactions to anesthesia, blood clots and infection. But bariatric surgery has become much safer over the last few decades; today, the risk of complications is roughly equivalent to gallbladder surgery or hip replacement.

Results have improved because patients must undergo a rigorous screening process that includes nutrition and mental health evaluations before a surgeon will operate. Nearly all procedures today are laparoscopic, which means smaller incisions, quicker recovery and lower infection risk. And many more doctors now specialize in weight-loss surgery.

Depending on the procedure, long-term risks include digestive distress like “dumping syndrome,” characterized by diarrhea and vomiting, which can happen when people eat too quickly or consume too many refined carbohydrates. They may also be at risk of nutrition deficiencies, because the body can no longer break down substances like calcium and vitamin B12. Most people will take vitamin supplements for the rest of their lives.

## Team Players

Your bariatric surgeon is just one part of your support system. For surgery to be successful, you need help from several key people:

**Bariatric dietitian:** A specially trained nutritionist will educate you about what to eat in the weeks immediately before and after surgery. The dietitian can also advise you on long-term issues, such as how to get enough protein, vitamins and minerals and what to eat to avoid losing muscle mass.

**Exercise physiologist:** This fitness expert will help you set goals and suggest routines for before and right after surgery, as well as a long-term exercise plan with a focus on cardiovascular health.

**Mental health professional:** Insurance companies usually require a one-time psychological evaluation before surgery, but many people find it helpful to see a counselor for a few sessions.

**Consulting physicians:** Any chronic health problems, such as diabetes or hypertension, should be brought under control as much as possible before surgery.



## MORE QUESTIONS to Ask

This major life decision requires thoughtful consideration. Ask yourself:

→ **Does my insurance cover it?**

Insurers may require a mental health evaluation and proof of attempted weight loss through a program like Weight Watchers. Make sure your surgeon's office has experience working with your insurance company.

→ **Am I willing to change my lifestyle—for good?** This is crucial. "The patient has to be ready to make major changes and embrace the entire concept. Not just of surgery, but of changing their lifestyle and improving activity levels by exercising," says Mattar. To ensure success, patients also must commit to following up indefinitely with their doctor for bloodwork and weight checks.

Then there's the diet overhaul. Most procedures shrink the stomach capacity from three pints to just a few ounces, so eating and drinking must be relearned. "You can't wait until you're thirsty and down a bottle of water, so we train patients to sip liquids through the day," Mattar says. "We have them focus on foods that give energy in a healthy way. And we ask them to consider meals formal events—sit at the table, shut off the TV, look at what you are eating, appreciate the taste and texture. Eat slowly, swallow no more than once a minute. All of these things that we are naturally supposed to do become easier once you have had this operation."

And many people find that maintaining weight is harder than losing it. "You have to be constantly vigilant, despite having the surgery. I would say that bariatric surgery isn't the easy way out, but it's the healthy way out," Kurian says.

*"The patient has to be ready to make major changes and embrace the entire concept. Not just of surgery, but of changing their lifestyle and improving activity levels by exercising."* —Samer Mattar, MD



→ **What is my relationship to food?** Tanie Kabala, PhD, a psychologist and the author of *The Weight Loss Surgery Coping Companion*, says some people who are obese use food to self-soothe. An eating disorder therapist can suggest alternative coping methods such as meditation, journaling, imagery exercises and breath work. “It’s best to do this in advance so they aren’t stuck going, wow, I’ve just had major surgery, my body has changed, and now I can no longer binge eat to escape emotions,” Kabala says.

→ **Am I facing life changes?** If you’re switching jobs, ending a relationship, facing financial woes or going through another major event, you’ll want to consider postponing surgery until things are calmer. Weight-loss surgery can be stressful enough without piling on other concerns.

→ **What support will I need afterward?** Some surgeons run patient groups that meet regularly, and sites like ObesityHelp (obesityhelp.com) give people the chance to swap stories with others. And even for those who don’t struggle with emotional eating, a therapist can be helpful, Kabala says. “After surgery is a real profound time of identity development; it’s kind of a rebirth. They are doing things they haven’t been able to do. It’s overwhelming, and having a professional help them navigate the changes is a valuable idea.” ■



## Resolution, Healthy and Happy

Every year many Americans resolve to adopt healthier habits and begin a new lease on life. For most, this involves losing weight and exercising more. For many people, losing weight and keeping it off can be a struggle.

At Community Healthcare System, our Healthy 4 Life program offers surgical and medical weight loss services designed to help patients stay healthy, lose weight and keep it off. Our staff of certified bariatric surgeons and weight loss physicians work collaboratively with our team of health professionals to create unique care plans tailored to each of our patients.

Finding the way to healthy and happy is no easy task. There are many triggers that can knock a person off course, says Debi Pillarella, director of Bariatric Services for the Healthy 4 Life Advanced Weight Loss Center.

“It’s like a game of dodgeball, always dodging things that can sabotage your healthy efforts,” she says. “Treating the disease of obesity has become a specialty, just like cardiology or endocrinology. The best part of my job is partnering with my patients on this journey and seeing the life-changing transformations that they experience through the power of healthy weight loss.”

Addressing the lifestyle and nutritional issues associated with weight loss is an essential component of the Healthy 4 Life program. At Healthy 4 Life, our goal is to help you reshape your life by teaching you ways to develop a long-term, healthy relationship with food.

EVENT



### Attend a Free Seminar

With offices at St. Mary Medical Center in Hobart and Community Hospital in Munster, our Healthy 4 Life program offers easy access to weight loss treatment options. To attend a free seminar in East Chicago, Hobart or Munster, call **219-836-3477** or toll-free **866-836-3477**.



# *Kin*

# older Joint Replacements

*A growing number of people are taking advantage of improved materials and techniques*

BY ROSE SHILLING



**W**hen Linda Daly woke after her first knee replacement surgery 14 years ago, the pain was so intense that she thought she was still being operated on.

“It was horrible. I wanted to jump out of the bed” from pain, she says.

You get an idea of how far joint replacement has come when you contrast that with the replacement of her second knee earlier this year.

Daly, 53, of Chicago, walked soon after surgery and left the hospital the next day.

“This time around, I was like, hey, this is great. I feel almost nothing.” She felt better and walked more easily in the weeks after.

Her second replacement for arthritis is among a modern breed of surgeries that are less painful and less intrusive on life. Better pain management is one of the biggest differences between procedures today and those of decades past.

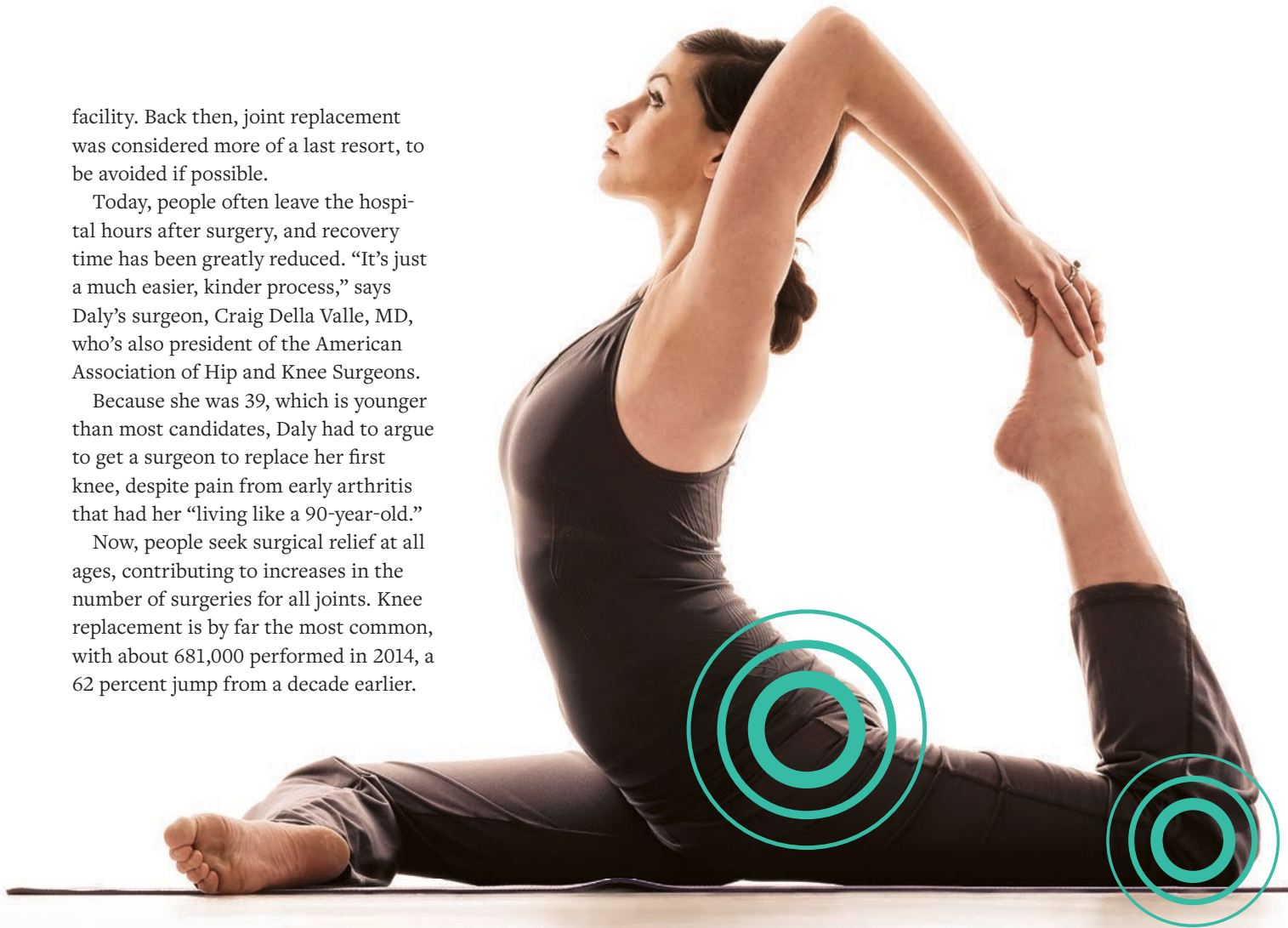
Even with her first operation in 2004, Daly still was much better off than those who had joint replacements in the 1960s, when modern surgeries were widely introduced for some joints, including hips and knees. Throughout the '70s and '80s, implants had unresolved complications, and surgery routinely required long hospital stays to handle pain and extended time in a rehabilitation

facility. Back then, joint replacement was considered more of a last resort, to be avoided if possible.

Today, people often leave the hospital hours after surgery, and recovery time has been greatly reduced. “It’s just a much easier, kinder process,” says Daly’s surgeon, Craig Della Valle, MD, who’s also president of the American Association of Hip and Knee Surgeons.

Because she was 39, which is younger than most candidates, Daly had to argue to get a surgeon to replace her first knee, despite pain from early arthritis that had her “living like a 90-year-old.”

Now, people seek surgical relief at all ages, contributing to increases in the number of surgeries for all joints. Knee replacement is by far the most common, with about 681,000 performed in 2014, a 62 percent jump from a decade earlier.



### **Better Surgery, Better Hardware**

During surgery, damaged bone is removed and the joint is replaced with plastic, metal or ceramic pieces.

Patients always want to know: How long will my implant last?

Della Valle explains that the failure rate for knee and hip implants increases by about 1 percent each year. In other words, after 10 years, there’s a 90 percent chance the implant will still be working.

If the implant fails eventually, surgeons perform a revision surgery to replace the replacement.

Decades ago, surgeons worried about whether replaced joints would even work and for how long, Della Valle says. But in recent decades, hip and knee implants have evolved:

→ Better plastic for the bearing surface doesn’t break down as quickly when the metal or ceramic replacement joint moves across it.

→ Implant shape and sizing better replicate real bone for improved fit and movement.

→ More implants are inserted successfully without using cement, which has broken up in some patients.

### **A Gentler Patient Experience**

As materials improved and surgical techniques were refined, more attention turned to making the procedures easier on patients.

Since Della Valle’s medical training in the late ’90s, he has witnessed the long recovery times in hospitals and nursing facilities nearly disappear for a growing

number of patients, though hospital stays still can run one to four days.

Many healthy patients with a good support network go home the same day as surgery.

“If you’d asked me 15 or 20 years ago, I wouldn’t have believed you if you told me we’d be sending folks home the same day—and routinely,” Della Valle says.

Hip and knee surgeon Ritesh Shah, MD, spokesman for the American Academy of Orthopaedic Surgeons, overhauled his practice to make outpatient surgeries the norm.

People with serious health problems probably won’t be eligible for outpatient surgery, but Shah says that many more people than expected qualify for the approach.

The key is getting patients up and walking within the hour after surgery.



That's because movement works better than medication to reduce pain by restoring flexibility to muscles that can spasm and grow tight lying in bed, Shah says.

"What's interesting is after they walk a little while, they start asking the question: What else can I do? They're very confident. The entire recovery curve changes," he says.

Other benefits of walking ASAP after surgery include:

- Confidence boost for patients that their bodies and implants can handle the activity, hastening recovery.
- Minimization of anesthesia side effects, including nausea.
- Decreased risk of blood clots, meaning aspirin can be used instead of heavy-duty blood thinners.

### Booming Demand

The fear of joint replacement surgery is decreasing among the public. People putting up with pain and reduced mobility are coming off the sidelines to get surgeries as they see neighbors or relatives recovering in the comfort of their homes and moving around well within days, Shah says. That group is a major driver of surgery increases.

"They realize it's no longer the difficult task it used to be," he says.

People who need surgeries in their 30s, 40s and early 50s are comforted that implants are lasting longer, and people in their 70s and 80s are eager to live their remaining years with more movement and less joint pain.

When evaluating older patients for a new hip or knee, Shah relies on the person's physical health rather than age. The oldest person he's given a new hip joint was 81. The patient did great.

"An 81-year-old who is more like a 70-year-old is very much an outpatient candidate for hip," he says.

Shah works with many athletes and active people who return to vigorous exercise that historically has been

forbidden after surgery, he says. While long-distance running continues to be tough on implants, his patients ice skate, cycle many miles, ski and hike great distances, often resuming their activities within a week to a couple of months.

### More Change Coming

The industry is in the infancy of using robotic technology to position implants more accurately, rather than relying solely on human hands, Della Valle says.

Studies are examining whether assistance technologies provide long-term advantages, and medical leaders are weighing whether the expensive additions improve patients' results.

Della Valle expects change to happen quickly. "In 20 or 30 years, are we still going to be using manual instruments to do hip and knee replacement surgeries? I'd say chances are no." ■



## 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 best patient experiences at every level of care, from before surgery to post-surgery and throughout rehabilitation.

Our Joint Academy programs begin with patients being fully educated about their procedure well before surgery and continue with inpatient group therapy, followed by education and readiness for recovery at home. Family members are encouraged to serve as coaches who help motivate their loved ones after surgery. Board-certified and fellowship-trained physicians offer minimally invasive surgical options from arthroscopic surgery to robot-assisted knee replacements. They are trained in the diagnosis and treatment of work and sports-related injuries, concussions and other conditions. Our medical specialists collaborate as a team to provide seamless care and help patients heal quickly, so they can regain their active lifestyles.

CALL



### Joint Help

Choose outstanding orthopedic care you can trust. Choose the hospitals of Community Healthcare System. For orthopedic specialists in your area, call **219-836-3477** or **866-836-3477** or visit **comhs.org**.

# 10 WAYS TO OVERCOME HEALTH CHALLENGES



1

Don't let a diagnosis keep you from doing the things you love. If you feel up to working or pursuing hobbies, go for it.

2 Talk to your doctor about your risk factors for heart disease, the No. 1 killer of Americans.

3

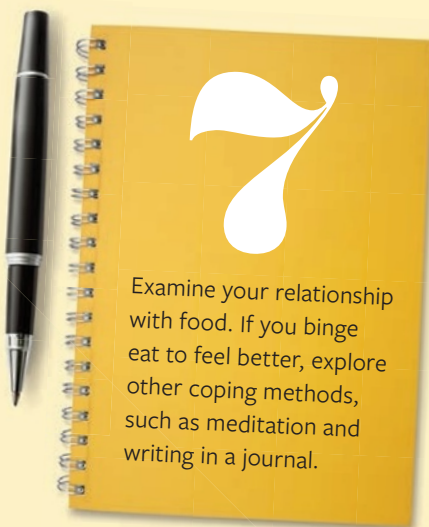
Make plans with friends. Socializing has been shown to have a protective effect on the brain.



4 Listen to your body if you have new symptoms, such as shortness of breath or unexplained swelling. They could be early signs of heart failure or another condition that you'll want to detect early.

5 Prevent cancers in your children by getting them vaccinated for HPV.

6 Be skeptical of medical claims on social media. Read reputable sources, and ask your doctor.



7 Examine your relationship with food. If you binge eat to feel better, explore other coping methods, such as meditation and writing in a journal.



8

Exercise and eat healthy foods—you'll reduce your risk of everything from heart disease to cancer to Alzheimer's disease.

9 If your BMI is over 40, surgery might be your best option to get your weight in a healthy range. Talk to your doctor.

10 Consider joint replacement if you have pain from arthritis. The surgery might give you your mobility back.

➔ **WANT MORE HEALTHY IDEAS?** Check out our Spring issue, all about breaking norms.

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



## **WORKING AT NIGHT POSES HEALTH RISK**

People who work night shifts have an increased risk of type 2 diabetes, according to a study in the journal *Diabetes Care*. The risk of developing diabetes appeared to be tied to the frequency of night shift work: Those who occasionally worked the shift were 15 percent more likely to get diabetes, and those who worked frequent night shifts were 44 percent more likely. Working at night can alter circadian rhythms and restrict sleeping, which elevate the risk of diabetes.

PHOTO BY GETTY IMAGE

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



## 1 in 20 Kids Might Have Fetal Alcohol Spectrum Disorders

It turns out that fetal alcohol spectrum disorders (FASDs) are more common in American children than previously thought. A new study estimates that 1 to 5 percent of children in the United States experience a range of health effects caused by prenatal alcohol exposure. The research, funded by the National Institute on Alcohol Abuse and Alcoholism, involved more than 6,000 first-graders across four U.S. communities and was the first study to use school-based assessments, expert in-person evaluations and a common methodology across the study.

FASDs can include growth deficiencies, facial abnormalities and organ damage, including brain damage. The disorder is one of the leading preventable causes of developmental disabilities worldwide.

## CHILI vs. BROCCOLI CHEDDAR

• Which soup is superior for your health?

**Answer: Chili**

When sweater weather sets in along with soup cravings, you're better off reaching for protein-packed chili than fat-laden broccoli cheddar. But don't despair: It's possible to enjoy healthier versions of both soups.

Beef chili tends to have less total fat and lots more protein than broccoli cheddar soup. On the downside, both soups have a lot of sodium, with a minimum of 750 milligrams per serving, even in homemade versions—which is about half an adult's recommended sodium intake for a day.

The healthiest choice is turkey chili, which is lowest in fat and sodium. And if you can't do without broccoli cheddar, try making your own and substituting low- or no-fat dairy products. You can even skip the dairy altogether and use nutritional yeast instead, which lends the same savory taste as cheese but without the added fat. Soup's on!



## ▶ TRUE OR FALSE

Flu shots bring on the flu.

**FALSE.** Flu vaccines are made from viruses that have been killed, so they are not active and cannot make you sick. Some people develop symptoms after getting the vaccine, for a variety of reasons:

- ▶ A reaction—including muscle aches and fever—as the body develops antibodies to the vaccine.
- ▶ Coming down with the flu before the vaccine is fully effective, which takes about two weeks.
- ▶ Contracting a different flu virus, when the virus used in the vaccine does not match the viruses in circulation during the flu season. But know this: Even when the vaccine does not match the virus, the flu shot can reduce the severity of symptoms.

## OPIOID CRISIS WORSENING

Overdoses from opioid use continue to increase, with a 30 percent jump in cases seen in U.S. hospital emergency rooms from the third quarter of 2016 to the same period in 2017. Some regions saw even larger increases, such as the Midwest (69.7 percent) and the West (40.3 percent), according to a report by the Centers for Disease Control and Prevention.

Researchers think the number of people addicted to opioids is not changing much, but newer, highly potent illegal opioids could be causing the increase in overdoses.



PHOTOS BY GETTY IMAGES

## SLEEP STATS



# 10%

of adults have chronic insomnia, occurring at least three times a week for at least three months.

# 1/3

of U.S. adults get less than the recommended seven hours of sleep each night, and the shortage can lead to chronic health issues including diabetes, heart disease and obesity.

# ABOUT 40%

of adult men and 24 percent of adult women regularly snore while they sleep, which could signal a sleep disorder.

Sources: American Academy of Sleep Medicine, Centers for Disease Control and Prevention



## Medicating Infants Could Have Long-Term Effects

Infants who took medication for gastroesophageal reflux were more than twice as likely to have a food allergy, and those who took antibiotics had a 14 percent increased risk, according to a study in *JAMA Pediatrics*. Infants who took antibiotics also were at increased risk of anaphylaxis and asthma.

Researchers think antacids and antibiotics disrupt normal intestinal bacteria, and more caution should be used when prescribing medication for illnesses that are common in babies.

DOWNLOAD



## Sleep Problems? Write It Down

By jotting down a few notes about your sleep in the morning and at night, you can help figure out whether you're getting quality rest. Go to [sleepfoundation.org/sample-sleep-log](http://sleepfoundation.org/sample-sleep-log) for an easy-to-use form.

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## GOT GERD? GET RELIEF!

Community Healthcare System physicians are taking a proactive stance against gastroesophageal reflux disease (GERD) because acid reflux and heartburn can escalate into other health risks. If left untreated, GERD can increase your risk of esophageal cancer.

The good news is that board-certified physicians at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart offer a full spectrum of diagnostic and minimally invasive treatments. New technologies, including LINX® and transoral incisionless fundoplication (TIF), are helping patients find relief from GERD and improve their quality of life.

The TIF procedure is performed transorally, or through the mouth, and creates a valve between the stomach and esophagus. Implanted laparoscopically, LINX is a small band of magnetic beads that is positioned around the patient's esophagus at the lower muscle or sphincter to act as a natural barrier to reflux.

Both procedures are minimally invasive and offer reduced pain and quicker recovery times.

CALL



### Stop the Burn

When acid reflux symptoms can no longer be managed by medications and you continue to experience GERD, ask for a free referral to the Community Healthcare System physicians using TIF and LINX. Call **219-836-3477** or **866-836-3477**.

The house is clean and you burned calories? That's a win-win.



## WORKOUTS THAT WORK: CLEANING HOUSE

As anyone who has cleaned house can attest, scrubbing, mopping and vacuuming will definitely make you break a sweat. A 150-pound person can burn 238 calories an hour while vacuuming or mopping—the same amount of calories burned when doing Pilates.

Intensity and working quickly are both necessary to get in a workout while cleaning. Here are some other tips for torching calories while tidying up:

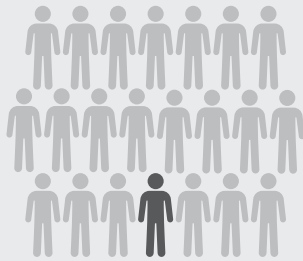
- ▶ Don't carry all of your supplies with you—walk the extra steps to gather items individually as needed.
- ▶ Listen to fast music to set the pace and keep you moving quickly.
- ▶ Aim for large up-and-down movements when cleaning large surfaces.
- ▶ To clean area rugs, beat them with a broom to give your arms a workout.

PHOTOS AND ICONS BY GETTY IMAGES



## WHAT ARE THE ODDS

of having colorectal cancer?



**1 in 22**  
for men



**1 in 24**  
for women

Some risk factors involve behaviors you can change, such as being overweight or obese, smoking and heavy alcohol use.

## Monitoring Your Own Blood Pressure Brings Benefits

People who measure their own blood pressure do better than those who have theirs checked at the doctor's office, according to a study in the journal *Lancet*.

The research showed that people in two groups had the biggest improvements with blood pressure: those who took their own blood pressure readings daily for one week a month for a year and mailed them to a doctor, and those who used a phone app and submitted results to their doctor online. Those groups lowered their systolic reading—the top number of a blood pressure reading—by 16 and 17 points, respectively.

By comparison, those in the control group, who had their blood pressure checked in a doctor's office, saw their systolic reading fall to a lesser degree (13 points).

Researchers said patients who monitored their own results achieved better control, and their lower readings would decrease stroke risk by 20 percent and coronary artery disease risk by 10 percent. If you want to keep tabs on your own blood pressure, it's easy to do it yourself—monitors for home use are sold at drugstores and major retailers.



## JARGON WATCH

**LIPIDS:** Lipids are fatlike substances (including cholesterol) that are in blood and body tissues and are needed in small amounts. When your lipid levels are too high, it can lead to fat deposits on artery walls, increasing the risk of heart disease.



Improving your cholesterol can be a team effort.

## THE TRUTH ABOUT **CHOLESTEROL**

*Cholesterol is vital to your health, but too much of it can wreak havoc on your heart and blood vessels*

-----



Let's clear up one thing right away—cholesterol isn't "bad." You need cholesterol, which is a waxy substance in your cells, to make hormones and vitamin D and to help digestion. But you don't need to get cholesterol from your diet—your liver makes all the cholesterol you need.

The problems with cholesterol start when there's too much of it. A combination of family history and lifestyle factors can cause increased cholesterol levels that can put you at risk for heart attack and stroke. It's a common problem—almost 37 percent of adults in the United States have worrisome cholesterol levels, according to the Centers for Disease Control and Prevention.

In spite of its prevalence, many people don't understand the basics about cholesterol and how it affects your health. Robert Eckel, MD, past president of the American Heart Association, helps clear up the misinformation.



## TRUE OR FALSE:

### If you have high cholesterol levels, you should eat less fat.

→ **FALSE.** “A low-fat diet is not something we recommend to get cholesterol levels down,” Eckel says. It’s specifically saturated fats—found in meat, dairy products and tropical oils like coconut and palm oils—that raise cholesterol levels.

Replacing saturated fats with unsaturated fats, which you can get from certain types of fish, walnuts, olives and liquid vegetable oils, may help lower levels of bad cholesterol.

## TRUE OR FALSE:

### Eggs are loaded with cholesterol, so it’s best to avoid them.

→ **FALSE.** “It’s difficult to give a simple answer,” Eckel acknowledges. Eggs do contain a lot of cholesterol, but it’s not fully known whether they’re harmful. The connection between cholesterol in your diet and cholesterol levels in your bloodstream isn’t clear. The bottom line? Restricting eggs is not recommended for lowering levels of bad cholesterol.

## TRUE OR FALSE:

### Eating a healthy diet can help keep your cholesterol levels where they should be.

→ **TRUE.** Eating mostly vegetables, fruits, whole grains, lean poultry, fish and legumes can crowd out unhealthy foods like simple sugars and saturated fats. And your diet isn’t the only healthy lifestyle step you can take. Exercising for at least 30 to 40 minutes four or more days a week, losing weight if you’re overweight and quitting smoking can also improve your cholesterol levels.

## TRUE OR FALSE:

### If your cholesterol levels are high, your doctor should prescribe a statin.

→ **FALSE.** “It depends how high your levels are,” Eckel says. Your doctor can calculate your risk of heart attack or stroke over the next 10 years and determine whether a statin is the right choice for you.

## TRUE OR FALSE:

### Men and women over age 20 should know what their cholesterol levels are.

→ **TRUE.** Elevated cholesterol isn’t a problem exclusive to older people; more than 6 percent of people ages 20 to 34 have elevated cholesterol levels. Abnormal cholesterol levels don’t trigger any symptoms, so blood testing is the only way to know if your levels are putting you at risk for heart disease. ■

# A LOOK INSIDE

**Increased cholesterol can lead to coronary artery disease, a condition where fatty deposits known as plaque build up in the coronary arteries, limiting blood flow to the heart. Those with this condition are at higher risk of heart disease, heart attack or stroke, but they may not have obvious symptoms that something is wrong.**

**People with risk factors, such as elevated cholesterol and blood sugar levels and high blood pressure, may benefit from a low-cost coronary scan offered through the hospitals of Community Healthcare System. This screening uses high-definition CT technology to reveal plaque deposits at their earliest stages, preventing disease before it begins. The noninvasive test is a quick and painless way to get an inside look at what’s happening in the arteries. The screening is offered at the Munster and Hobart locations.**

## APPOINTMENTS



### Know Your Risk

Take the next step and schedule your low-cost coronary scan by calling **219-836-4599**, **877-999-SCAN** (Munster) or **219-947-6436** (Hobart). A physician order is not required.

# HOW TO EAT A DIABETES-FRIENDLY DIET

*Changing your diet can seem daunting, but it doesn't have to be*



Does a type 2 diabetes diagnosis have you worried you'll never again enjoy your favorite foods? Diabetes management takes discipline, but it doesn't mean you're destined to a life without carbs. You don't even have to make drastic changes immediately. In fact, Sandra J. Arevalo, a registered dietitian, certified diabetes educator and spokeswoman for the Academy of Nutrition and Dietetics, encourages taking it slow.

"If you incorporate changes little by little and you give yourself time to adjust to those changes, you have a better chance of maintaining them for a long time," she says. Here's how to get started.



## DEALING WITH DIABETES

Do you have diabetes? If so, it is important to take control. A key component of managing diabetes is understanding how lifestyle changes can help.

The hospitals of CommunityHealthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—offer diabetes education on self-care behaviors that can positively impact you and your health.

Diabetes Center classes, led by certified diabetes educators, nurses and dietitians, offer tips on healthy eating, blood glucose monitoring, coping skills and lifestyle adjustments to reduce risk. The classes help you to better understand the importance of maintaining control and set diabetes management goals.

CLASS



### Call for Care

To learn more about diabetes education that fits your needs, call the Diabetes Centers at Community Hospital, Munster, **219-836-7714**, St. Catherine Hospital, East Chicago, **219-392-7786**, or St. Mary Medical Center, Hobart, **219-947-6234**.

### 1 Meet with a dietitian.

There are plenty of books and even more places online to go for information about what a diabetes-friendly diet looks like, but there's nothing like meeting one-on-one with a dietitian.

"A registered dietitian will be able to assess your diet—not only what you're eating but how much and when—and make recommendations based on your lifestyle, including your activity level, budget, likes and dislikes, and even who in the family does the cooking," Arevalo says.

Medicare and many insurance plans cover diabetes education, including nutrition counseling. Ask your doctor for a referral.

### 2 Pile on the vegetables.

Rather than being a proverbial side, make nonstarchy vegetables the star of your meal.

"Vegetables are very, very important," Arevalo says. "They provide us with vitamins and with dietary fiber that aids in digestion and keeps us full. They also help reduce cholesterol and blood sugar levels."

If you're thinking, but I don't like vegetables, Arevalo says to keep looking

"There are so many out there, it's impossible not to find some you like," she says. "I invite people to create a list of all the vegetables they haven't tried and just give them a chance."

Once you find some, fill half your plate with vegetables at every meal.

### 3 Choose your carbohydrates wisely.

Carbohydrates have a place in a diabetes-friendly diet. You just need to be discerning at the grocery store.

Skip white rice and all white flour-based products. Opt instead for pastas, breads and cereals with a whole grain as the first ingredient. Some examples of whole grains are bulgur, whole-wheat flour, whole oats, whole rye, buckwheat, millet and quinoa.

Limit starchy vegetables, too, such as potatoes, peas and corn. Carbohydrates should take up no more than a quarter of your plate, Arevalo says.

### 4 Make dessert the exception, not the rule.

Sweets have become a mainstay in the Western diet—doughnuts in the morning, office birthday cake in the afternoon

and ice cream after dinner. But too much sugar is dangerous for people with diabetes.

"With diabetes, the concern is glucose—sugar in your blood," Arevalo says. "So, the more sugar you eat, the worse your condition is going to get."

Uncontrolled blood glucose can lead to complications, including nerve damage, kidney disease and vision problems. But that doesn't mean sugar is completely off-limits.

"A piece of cake on your birthday or a few bites of a shared dessert when out with friends—that's manageable," she says. "But sweets should truly be a treat and not a mainstay."

### 5 Monitor and make adjustments.

Healthy eating with diabetes is all about balance. If you overeat or indulge in sweets at one meal, go lighter on the next one and up your activity.

"If you're not insulin-dependent, even 30 minutes of walking every day can be enough to lower your blood sugars big-time," Arevalo says.

Regularly monitoring your blood sugar can help you find a balance between eating and activity. ■



If eyes are the window to the soul, you'll want to keep them healthy.

## FREAK OUT OR CHILL OUT?

*Not all eye problems require treatment. But it's important to know which ones do*



Aside from taking the occasional trip to the optometrist or misplacing your readers, you probably don't give much thought to eye health. But eye problems can be some of the scariest when we think our sight is in jeopardy.

Teri Geist, OD, a spokeswoman for the American Optometric Association, helps us see clearly when it comes to which issues to worry about.

**Q** You can't seem to keep enough eyedrops on hand, and you reach for them daily. You blame the eight hours a day you spend in front of a computer, but your eyes are dry even on vacation.

**Is it:** Digital eyestrain or chronic dry eye?

**Dry eye.** Your eyes may feel dry after staring at a computer all day, but digital eyestrain should resolve after a break from the screen. Chronic dry eye is when your eyes don't make sufficient tears to keep your eyes lubricated.

“Dry eye is most often a result of the natural aging process,” Geist says. “Most people’s eyes tend to become drier as they age, especially women’s because of hormonal changes, but the degree of dryness varies.”

Dry eye can be treated with medication and, in extreme cases, surgery.

**Q** Your 8-year-old granddaughter, who’s visiting for the weekend, wakes up with a swollen, red, crusty eye.

**Is it:** Pinkeye or blepharitis?

**Pinkeye.** Both pinkeye and blepharitis—inflammation of the eyelids—can lead to swelling and redness, but blepharitis affects only the eyelids, whereas pinkeye also causes the eye itself to be red. Pinkeye, or conjunctivitis, is usually caused by an infection and accompanied by crusty discharge.

Age is another clue.

“Pinkeye is highly contagious and common among school-age kids,” Geist says. “Blepharitis is much more prevalent in the older population.”

Most pinkeye will resolve on its own in a week or two. Use over-the-counter pain medication and warm, damp compresses to alleviate discomfort in the meantime. Contact your doctor if symptoms linger or are severe; you might be prescribed antibiotic eyedrops.

**Q** Your college-age son is constantly texting you selfies, asking if his outfit matches. It never does.

**Is it:** Color deficiency or poor taste?

**Poor taste.** Color deficiency, often referred to as color blindness, is typically diagnosed in childhood during a routine school eye exam, and it manifests in more ways than just clothing

choice. Children would have difficulty completing tasks such as identifying green or red objects. (If your son made it to college without any hint of eye trouble, he probably just doesn’t have good fashion sense.)

The term color blindness is misleading. Color deficiency rarely means a person can’t distinguish colors at all.

“Red-green deficiency is by far the most common and results in the inability to distinguish certain shades of red and green,” Geist says. “Blue-yellow deficiency is less common. Only in very rare cases does color deficiency exist to the extent that no colors can be detected.”

There is no cure for color deficiency, but there are ways to deal with it, such as labeling clothing.

**Q** You’ve been nearsighted as long as you can remember. Suddenly you’ve noticed a ton of small, dark spots in your field of vision and changes to your peripheral vision.

**Is it:** Floaters or retinal detachment?

**Retinal detachment.** As you age, it’s normal to gradually develop floaters—dark spots, threadlike strands or squiggly lines in your field of vision. If you suddenly see lots of floaters,

particularly when they’re accompanied by flashes of light in your peripheral vision or loss of peripheral vision, get to the emergency department. It could be retinal detachment, which is an emergency and requires surgery. Retinal detachment is more common in nearsighted individuals.

“Detachment is something that we need to repair fairly quickly, so people shouldn’t hesitate to get their symptoms checked,” Geist says.

**Q** You’ve noticed your vision is blurry, and your kids make fun of you for repeatedly increasing the font size on your phone.

**Is it:** Normal aging, macular degeneration or glaucoma?

**It’s hard to say.** Age, macular degeneration and glaucoma can all lead to gradual vision loss. Only an eye doctor can diagnose the cause.

Geist stresses the importance of having regular eye exams, even if nothing seems amiss.

“So many eye diseases are quiet, meaning they don’t have any symptoms at first,” she says. “Regular eye exams allow us to detect problems like macular degeneration and glaucoma before symptoms start.” ■

APP



## Communicate “Color Blindness”

If someone you love deals with color deficiency (aka color blindness), you can use technology to see what they see. Download **Chromatic Vision Simulator** and view your photographs through the lens of color deficiency.

# SIX HOLIDAY HEALTH HAZARDS

*'Tis the season for burnout, accidents, illness and injuries. Here's how you can avoid them all*



It's supposed to be the most wonderful time of the year, but the holidays could leave you physically and emotionally exhausted—or worse. Here are six health hazards to watch for, plus our tips for preventing them.

## 1 Fires

Your decked halls could be a recipe for disaster. From 2011 to 2015, U.S. fire departments responded to an average of 200 Christmas tree-related fires and 840 decor-related fires each year.

**Prevent it:** If you have a real tree, keep it well-watered. Make sure candles and other heat sources are kept far from your tree and other flammable materials (and where kids and pets can't reach them), and always extinguish open flames before leaving the room.



## 2 Depression

The holidays can be especially difficult for those with seasonal affective disorder, those who are socially isolated and people who have recently lost a loved one.

**Prevent it:** If you're struggling, try to limit the time you spend alone, maintain good self-care habits and talk to your doctor to develop a treatment plan that's right for you.

## 3 Stress

In addition to keeping up with normal work and family commitments, most people have numerous holiday gatherings to host or attend—plus the added stress and financial pressure of gift-giving.

**Prevent it:** Avoid overscheduling by declining some invitations in advance. To minimize overspending, set aside money in a holiday savings account each month, then set a gift budget and stick to it.



## 4 Alcohol/Car Crashes

Enjoying a few holiday spirits this season? Just remember that even a small amount of alcohol can affect your judgment, impair your driving ability and lead to a crash. In fact, nearly 10,500 deaths were caused by alcohol-related crashes in 2016 alone.

**Prevent it:** Plan your ride home using a ride-sharing service or designated driver—before you start drinking.



## 5 Flu

Getting the flu over the holidays is more than a nuisance—it can be downright dangerous. While most people will recover from the flu fairly quickly, some will develop serious complications that could lead to hospitalization or even death.

**Prevent it:** Get the flu vaccine, avoid contact with sick people and wash your hands regularly. If you get sick, stay home and take anti-viral medications as prescribed by your doctor.



## 6 Falls/Injuries

While transforming your home into a winter wonderland is done to spread holiday cheer, it can also lead to serious injury. An estimated 14,700 people were treated for holiday decorating-related injuries in the U.S. during the 2016 season.

**Prevent it:** Take extra care when using ladders to hang house lights and other holiday decor—or hire a professional to do the job instead.



DOWNLOAD



### Fireproof Your Festivities

Stay safe this season. To download safety tip sheets from the National Fire Protection Association, visit [nfpa.org](http://nfpa.org) and search “winter holiday safety.”



## THREE WAYS WITH **FENNEL**

*Whether you serve it raw or cooked, this aromatic bulb will add elegance to your next meal*



It might not be the first thing you reach for in the produce aisle on a busy weeknight, but bulb fennel, with its sturdy, white base and wispy, fernlike greens, is a distinctive ingredient that's as worthy of a place on your dinner plate as broccoli or spinach.

"Fennel is sometimes an unappreciated vegetable, but it's versatile and has interesting health benefits," says Robin Foroutan, a registered dietitian nutritionist and spokeswoman for the Academy of Nutrition and Dietetics.

One cup of raw fennel has about 20 percent of an adult's recommended daily allowance of vitamin C, known for its ability to protect cells from free-radical damage, which has been linked to illnesses such as cancer and autoimmune disease. Fennel is also a good source of folate, fiber and potassium, all of which may play a role in better cardiovascular health. A lesser-known nutrient is anethole, the compound that gives fennel its licorice-like smell. Researchers believe anethole may block carcinogenesis, or the formation of cancer cells, as well as reduce inflammation (studies recently showed that it may be effective against gum disease).

"Don't be quick to dismiss a plant with a pungent flavor, because you may be missing out on unique health benefits," Foroutan says, adding that if you find the taste of raw fennel too sharp, roasting or braising will caramelize it and make it taste sweeter and mellow.

Here are her three favorite ways to prepare fennel:

### **1 MAKE A WINTER SALAD**

Cut off the stalks (which can be saved to use in stock) and chop the fronds finely. After removing any wilted outer layers, slice the bulb in half lengthwise and then again into quarters. Slice fennel into thin strips; for lighter, wispiest pieces, use a mandoline. Toss fronds, fennel strips and orange slices with lime juice and olive oil. Serve with a garnish of pomegranate seeds.

### **2 ROAST IT**

Preheat oven to 425 degrees. Cut three fennel bulbs into quarters as described above. Toss fennel with olive oil in a large bowl. Arrange slices on a baking sheet and season with salt and pepper. Cook for 30 minutes or until fennel can be easily pierced with a fork, turning once.


### **3 MAKE FENNEL-FROND PESTO**

Got leftover greens? In a food processor, combine two cups of chopped fronds, two cloves of garlic and two tablespoons of pine nuts. While the machine is running, slowly add  $\frac{1}{2}$  cup olive oil. When olive oil is blended, add  $\frac{1}{2}$  cup Parmesan cheese and pulse just a few times, until mixed in.



PHOTO BY GETTY IMAGES





Nope, it's not an onion—just another versatile vegetable.

## FENNEL FACTS

- ▶ **It has roots in Greek legend.** As the story goes, Prometheus stole fire from the gods, hid it in a hollow fennel stalk and brought it to humankind.
- ▶ **Fennel is diverse.** The fennel with the white bulb is called Florence fennel or finocchio and was originally grown in warmer Mediterranean countries such as Italy. Another kind is herb fennel, which can grow up to 5 feet tall. Its stalks and fronds are edible, but it lacks the bulb at the bottom. Bronze fennel, with its purplish fronds, is a variant of herb fennel and often used as an ornamental garden plant.
- ▶ **Don't call it anise.** Because anise is also licorice-flavored, some people use the terms “fennel” and “anise” interchangeably, but this is incorrect. Anise is an herb that's typically sold as seeds or powder and used to flavor Italian baked goods such as biscotti and pizzelle cookies.
- ▶ **Tiny kernels have big benefits.** Fennel seed, which is made by harvesting the dried flowers of the greens, is often used to aid digestion and freshen breath. Some spice merchants also sell pricey, hand-harvested fennel pollen, which tastes sweeter and more complex than fennel seed and can be used to season savory dishes such as pork, chicken, pasta and rice.

APP



### Cook More at Home

Try the **Kitchenbowl** app (iTunes), which allows food bloggers and home cooks to create and share recipes; you can search by meal type, cuisine and dietary restriction. It uses color photos and video clips to show different culinary techniques, like how to combine flour, salt and butter to get perfectly textured cream puff dough.

# CANCER SCREENINGS

## IN 1991 THE CANCER DEATH RATE PEAKED

due to the tobacco epidemic. By 2014 it dropped by 25 percent, thanks to fewer people smoking, earlier detection and better treatment options.

## ONLY 3.9%

of people eligible for lung cancer screening in 2015 were tested. If you're a current or former smoker, ask your doctor if you qualify.



## 39% fewer

people died from breast cancer in 2015 compared with 1989 — an estimated **322,600 lives**.



## 1 in 3

people in the United States who should be screened for colon and rectal cancer **haven't been tested**.

# 15.5 M

This is how many cancer survivors are alive in the United States today. They most commonly have battled melanomas and, for men, prostate, colon and rectal cancers, and for women, breast, uterine, colon and rectal cancers.

Sources: American Cancer Society, Centers for Disease Control and Prevention

## FINDING CANCER EARLY IS BEST

People at greater risk for breast, lung, prostate or other types of cancers may benefit from genetic counseling and testing. Oncology professionals at the hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—help those at increased risk for many types of cancers find out about their options and gain peace of mind.

“Genetic testing may help some individuals learn whether or not they have an increased likelihood of developing a

certain type of cancer or whether inherited factors have contributed to their own or a family member's cancer,” says Janice Zunich, MD, medical geneticist on staff.

The decision whether to have genetic testing is a personal choice that can be made at the time of a genetic counseling appointment or later. For many people, a cancer risk assessment can be provided through genetic counseling alone, without genetic tests. However, in some cases testing may help you and your physician make important decisions about your medical care.

WEBSITE



### Know Your Risk

For more about genetic consultation and testing at the hospitals and outpatient facilities of Community Healthcare System (Munster, East Chicago, Hobart and Valparaiso), visit **comhs.org**.



At its May meeting, the Lake Station School Board honored, from left, police officers Daniel Perryman and Brian Williams, athletic trainer Taylor Shoemake and athletic director Jason Hawkins for their roles in saving a student's life.

# Training and Teamwork

Quick response saves a teen's life

BY ELISE SIMS

**T**aylor Shoemake was in the right place at the right time. The place was Edison High School in Lake Station. The school's outdoor athletic complex was hosting home baseball and softball games while the track was readied for a meet. Inside the school gymnasium, AAU basketball players from across Northwest Indiana were practicing.

Shoemake, a second-year Community Healthcare System athletic trainer for Lake Station Community Schools, expected a hectic evening. But time stood still as athletic director Jason Hawkins radioed her to come into the school gym because a student had collapsed.

Shoemake helps to provide students with preventive services, emergency care, clinical assessment, therapeutic intervention and rehabilitation of injuries and medical conditions. Like first responders, many Community Healthcare System professionals, including Shoemake, are out in the community helping people.

"He was struggling for breath," Shoemake says. The student had a pulse for two seconds, then his pulse and breathing stopped, she explains.

Shoemake was joined by police officers Daniel Perryman and Brian Williams, who were at the school working event security. Williams took over CPR while Shoemake hooked up the automated external defibrillator, or AED.

"The situation warranted shock to the heart," she says. "After the shock, the AED indicated continuing CPR, so I was giving compressions and Officer Brian Williams was giving breaths as two-person CPR. We got a pulse back. We continued until the EMS arrived. He was struggling for his breath, but he was breathing on his own again."

"Taylor is a true hero," said Hawkins during a school district meeting where the first responders and Shoemake were honored for their lifesaving actions.

"It was a team effort," Shoemake says. "My education and extensive training paid off. The night before this happened, we were given two training videos to watch as homework. They were virtual scenarios of a high school volleyball player and a minor league basketball player who collapsed during a game and what to do and not to do in each case. It was a quick refresher and reinforced what I already knew through training."

"Keeping up with my education and the importance of having AEDs at this school factored into the successful outcome," she says. ■

WEBSITE



## Trained to Help

For more information about the Community Healthcare System athletic trainers, visit [comhs.org](http://comhs.org).

# Joyous, Pain-Free LIVING

*First Joint Academy patient not slowing down a decade after both knees were replaced*



Before he came to St. Mary Medical Center in 2008 for knee replacement surgery, Portage resident George Miller had never been a hospital patient. Nonetheless, Miller became notable around the medical center. He was the first patient to “graduate” from the Joint Academy, the hospital’s joint-replacement unit.

The Joint Academy was established to complement patients’ surgical procedures with a streamlined process of education, preparation, therapy and follow-up. Miller would have both knees replaced within about eight months.

## **A Happy Reunion**

Fast forward 10 years later to June. Miller and his wife, Sharon, who served as his recovery coach, returned to St. Mary Medical Center for a reunion luncheon. In attendance were medical director Scott Andrews, MD, program coordinator Donna Gribshaw and many other patients who have regained their mobility and resumed their everyday lives thanks to the physicians and staff at the Joint Academy.



**Joint Academy coordinator Donna Gribshaw (left) and George and Sharon Miller reminisced about George’s knee replacements, which took place 10 years ago when St. Mary Medical Center’s Joint Academy opened.**

“I’m 75 now, and I helped my son build a deck the other day,” Miller says. “I can get on my knees and get up; I carry a pad around with me to cushion my knees. But otherwise, I can do anything. It was really a good thing.”

Miller said he has experienced no complications with either knee in the

decade since his procedures. He and Sharon continue to travel extensively; earlier last summer they traveled to Thailand for 40 days.

“Being his coach was one of the most fun experiences of my life,” Sharon says. “I wasn’t mean, I was just firm. The Joint Academy staff told us all the things he

had to do for his recovery, and he did awesome. We went home in a few days. Eight months later he came in to have the other one done. He felt fine. He went one session to the Joint Academy and said, "I'm ready to go home."

## **A Joint Effort**

Since its inception, Andrews estimates that physicians with the program have completed several thousand joint-replacement procedures. The average time of stay for patients is about 1.5 days.

"We're pretty proud of that," Andrews says at the reunion. "We like seeing happy patients do well with their joint replacements. We want to get you back to your regular activities as soon as possible."

"I can't thank Donna enough for spearheading this program," Andrews adds. "She's just been an integral part of it."

Gribschaw came to St. Mary Medical Center to help create and develop the Joint Academy.

"Donna followed us around," George Miller says. "Any questions we had were answered right away."

"I can still call and chat with her now, and she always remembers us," Sharon adds. "We appreciate everything she does for us."



**Sharon discusses her role as coach to George during his recovery from both procedures. George and Sharon spoke at a reunion luncheon to mark the Joint Academy's 10th anniversary at St. Mary Medical Center.**

Gribschaw credits the team of physicians, nurses, physical therapists and surgical and support staff at St. Mary Medical Center with making the Joint Academy program distinctive and successful in its approach to patient education, treatment and recovery. She proudly notes that the academy became Joint Commission-certified two years after it was established and has maintained that accreditation ever since.

## **Continuing Advances**

St. Mary Medical Center continues to lead the way in advanced orthopedic procedures. The hospital is the

first in Northwest Indiana to offer robot-assisted minimally invasive knee replacements, Gribschaw says.

"We're a team," she says. "It's not just me, it's not just the doctors. It's the whole department. Physical therapy, surgery, anesthesia ... everyone works together to make the program successful."

"What's key is the attention we provide our patients, whether it's our very first phone contact with them, scheduling them for pre-op class, when they come to pre-op class, having the two-hour meeting with them, showing them the room where they're going to be and following them through the process," Gribschaw explains. "If they have questions ahead of time, they can always call us."

Most rewarding, Gribschaw says, is seeing patients like George Miller living full, joyful lives unhindered by pain or limited mobility from joint issues.

"It's very enlightening to know that you impacted people and you touched their hearts," Gribschaw says. ■

CALL



## **Are Your Joints Aching?**

To find an orthopedic specialist on staff, call the Community Healthcare System referral line at **219-836-3477** or toll-free at **866-836-3477**. To learn more about joint care at the hospitals of Community Healthcare System, visit [comhs.org/services/orthopedics/joint-surgery](http://comhs.org/services/orthopedics/joint-surgery).

# Nationally Recognized CARE

## *Family Birthing Center delivers healthy beginnings*



The birth of a baby is one of life's precious miracles. For many families, some miracles come more easily than others.

April and Michael Hornbuckle of St. John have a deeper understanding of that than most. Through the years, they have experienced both the joy and heartache of trying to grow their family.

"After our first child, we tried getting pregnant again," April says. "It didn't happen easily, and we suffered several miscarriages. After a few years, the emotional toll became unbearable and we finally gave up. That is when I discovered I was pregnant with Evan."

Those years of trying gave them a strong foundation of experience. Their

first child, a daughter, was born with a cleft lip. So when they saw the ultrasound of their second baby, a boy, they recognized right away that he had a cleft palate.

"We were just so thankful to have a successful pregnancy, we knew we could handle the cleft palate," April says. "But we also knew we needed a perinatal team that would be prepared for any possible complications. Community Hospital's Family Birthing Center offered the highest level of care for both me and my baby before, during and after his birth."



**The Hornbuckle family of St. John counted on Community Hospital's Family Birthing Center to provide the highest level of care before, during and after the birth of their son, Evan.**

### ***Finding a Team***

Community Hospital delivers the most babies in Northwest Indiana, making the hospital the most experienced in the area and one of the leading facilities in the state for newborn care. Recently, it became one of only a handful of facilities in Indiana to earn Perinatal Care Certification from The Joint Commission. The voluntary certification program recognizes Joint Commission-accredited hospitals for their commitment to achieving integrated coordinated and patient-centered care for mothers and their newborns.

"Perinatal Care Certification gives us an unparalleled advantage when it comes to preparing mothers for labor and delivery, while also being able to



**Community Hospital's Family Birthing Center staff includes (pictured, left to right) Hope Robinson, nurse clinician; Mary Puntillo, nurse clinician; Kelly Spomar, nurse manager, NICU; Carla Meyer, director, Patient Care Services; Teresa Meece, nurse manager, Labor & Delivery; Christie Demo, nurse clinician; and Debra O'Neill, clinical team leader.**

help them if complications arise," says Ronda McKay, chief nursing officer and vice president of Patient Care Services. "Situations can change, and expectant mothers need to choose the place and the doctors who can manage those situations and deliver the best outcome."

During The Joint Commission review, Community Hospital underwent a rigorous on-site evaluation of its perinatal healthcare services. These services include labor and delivery, mother-baby and Level III neonatal intensive care (NICU). To achieve certification, besides meeting and exceeding The Joint Commission core measures, Community Hospital demonstrated the ability to provide:

- Integrated, coordinated patient-centered care that starts with prenatal and continues through postpartum care
- Early identification of high-risk pregnancies and births
- Management of mother and newborn risks at a level corresponding to the program's capabilities
- Available patient education and information about perinatal care services

### **Integrated Services**

"By working together to achieve this certification, we have shown that we are focused on ongoing quality-improvement processes that ultimately improve care for mothers and their newborns," says Lou Molina, chief executive officer. "Our physicians, healthcare professionals and staff continue to provide high-quality care to all of our patients, especially to the women who entrust us with their care and their infants before, during and after birth."

"Our team was proud of the work that had already been done to integrate our services on labor and delivery, mother-baby and our NICU," adds Carla Meyer, director of Patient Care Services. "This certification provided an opportunity for us to re-examine our policies, procedures and practices and, in doing so, it became clear that we could move from a strong patient-centered care program to one that is outstanding."

The hospital also uniquely provides 24/7 coverage of board-certified obstetricians on-site through its Laborist program, ensuring the highest level of medical care

is available to patients if the unexpected happens. The Community Hospital and University of Chicago partnership for Fetal and Maternal Medicine also provides continuity of care and local access to specialized services for high-risk pregnancies and births.

### **Continuing Care**

For the Hornbuckle family, their journey continues.

"Even through his first year, Evan has had several surgeries and he'll have several more in the future," April says. "His greatest cheerleader is his 5-year-old big sister, who has been through it all before and has the confidence of a rock star! Both of our children are such an inspiration. My husband and I are truly blessed." ■

**WEBSITE**

## **Care for Your Growing Family**

For more information about the Family Birthing Centers at the hospitals of Community Healthcare System, visit [comhs.org/baby](http://comhs.org/baby).

# Power of the **PINKIE**

*Professional pitcher attests to quality treatment*



One moment, Andy Loomis was moving nimbly across an industrial warehouse. Seconds later, he tripped and his right hand grazed a cutting saw as he moved to catch his balance.

The 32-year-old warehouse technician from Dyer watched as his amputated pinkie flew across the floor.

Loomis and his co-workers knew the potential loss of his pinkie—the humble fifth finger—could not be taken for granted. The severed finger was put on ice, and paramedics rushed to get him to the Hand Center of St. Catherine Hospital in East Chicago.

Loomis' mind raced to the days on the pitching mound when every digit was used to twirl the ball to position it for the perfect pitch.

"I tripped in the wrong place at the wrong time, and in a split second I thought that my whole life dramatically changed," recalls the former Minor League and Gary SouthShore RailCats pitcher. "When they took me to St. Catherine Hospital, I really lucked out. Three weeks later, I was back at work."

His arrival couldn't have been timed any better, recalls Ralph Richter Jr., MD, FACS, medical director of the Hand Center of St. Catherine Hospital.

"Andy suffered a significantly debilitating injury to his hand," Richter explains.

Replantation surgery is a complex surgery to reattach and restore function to the injured part. A number of steps are involved in the process. First, damaged tissue is removed. Then, bone ends are trimmed. Next, the surgeon and the medical team stitch together arteries, nerves, muscles and tendons.

Loomis' ring finger was also crushed and became a work in progress by the specially trained microsurgeon in the Hand Center and the nationally certified care team. After initial repairs, a second



surgery was scheduled to snip tendons to improve flexibility.

## Restoring Use

Extensive therapy with therapists has also brought him healing.

After injuries like Loomis', Hand Center therapy is essential to manipulate the fingers in ways that keep the swelling down, prevent stiffness and stop excessive scar tissue from forming. Treatments include heat, ultrasound, neuromuscular stimulation, splinting and manual exercise.

"Hand therapists are an important part of the Hand Center team because they close the circle on saved hands and fingers," Richter explains.

Loomis' clinical specialist, Jane Kye, has worked with Loomis on different types of hand movements to prevent stiffening or contracture, a condition that causes a finger to get stuck in a particular position at one or more of the joints.

Occupational therapy and bracing has been important to his recovery, Loomis explains.

As a longtime alumnus in the pitching realm, the Triple-A player for the Miami Marlins, Philadelphia Phillies and Baltimore Orioles (2008-14) knows training is ongoing both on and off the field. With many sports injuries, it can take up to two years to achieve full recovery.

"I was fully aware of how complicated this was going to be," he says. "I'm very pleased with the outcome."

## Pinkie Power

Now, as a master pitching coach at Dave Griffin's Baseball School in Griffith, Loomis practices that philosophy with his students.

"Fortunately, I'm a left-handed pitcher," Loomis says, so the ability to pass on his tips on the best way to throw

a slider and other fastball tricks to students hasn't been sidetracked.

He attests to the importance of the pinkie. While the index and middle fingers function with the thumb to pinch and grab buttons or zip zippers, the pinkie teams up with the ring finger to provide almost 50 percent of a person's hand strength.

The extraordinary anatomy of the hand is the reason for its countless uses. It is also the reason St. Catherine Hospital is committed to a full continuum of care for amputations, arthritis, burns, carpal tunnel release, tendinitis, wrist fusions, fractures and neurological challenges through its Hand Center. ■

**Bottom: Dr. Ralph Richter examines Andy Loomis' hand after microsurgery to reattach his pinkie.**

**Below: The Hand Center team at St. Catherine Hospital includes (from left to right) Jane Kye, occupational therapist; Ralph Richter Jr., MD, hand surgeon; Brenda Kos, operating room technician; and Cynthia Newlin, RN.**



CALL



## Helping Hand

The Hand Center of St. Catherine Hospital offers expert care from hand to shoulder of traumatic injuries and chronic conditions. To learn more about our certified hand therapists and surgeons, call **219-392-1215**.



**Neurosurgeon  
Mohammad  
Shukairy, MD**

## THINGS TO KNOW ABOUT SPINAL SURGERY

*Neurosurgeon Mohammad Shukairy discusses advanced solutions for neck and back pain*

### **Q** When should patients consider seeing a spine or neck surgeon for their pain?

A patient who suffers pain beyond a week or two weeks should consider seeing a doctor or healthcare provider for evaluation. Patients who suffer from radiating pain, such as pain going down the arm or down the leg, should see a surgeon to ensure that there are no serious neurological findings. A patient may also seek the opinion of a spine surgeon when he or she has exhausted all conservative management options for their pain.

### **Q** What are the latest advancements in spine surgery?

Today, minimally invasive options for spine surgery require much less extensive scar and muscle dissection. The critical issue is to try to preserve

the musculature of the back since we know that spine surgery tends to weaken those muscles. New approaches to spine treatment include access through the side or the front to spare muscles. Other innovative spine treatments can be completed through a tiny opening using an endoscope. Advancements in navigation technology and robotics allow surgeons to accurately place any needed instrumentation.

### **Q** What should patients know when choosing minimally invasive spine procedures?

Minimally invasive surgical options are attractive because they offer the following advantages:

- Less muscle disruption in the back, leading to less pain and quicker recovery
- Less operative blood loss
- Enhanced visualization through

advanced navigation and robotic technologies, making spine surgery safer.

However, there are risks with any spinal procedure, and patients should discuss those risks with their surgeons.

### **Q** What advice can you offer those suffering from back and neck pain?

Most patients with back and neck pain will not need surgery. That is a great relief to the vast majority of our patients. However, because of our society's increasing sedentary lifestyle, many of us do not engage in sufficient exercise, particularly for our backs. Patients don't necessarily have to lift weights or do strenuous workouts, but they should do focused exercises for the lumbar spine and cervical spine to strengthen the core muscles, which are critical for maintaining spine health. ■

#### APPOINTMENTS



### Ready for a Consult?

Neurosurgeon Mohammad Shukairy, MD, welcomes new patients at his Community Spine and Neurosurgery Institute offices in Munster, Crown Point and Valparaiso. For appointments, call **219-836-5167**.

# BETTER TOGETHER

## St. Mary Medical Center Physical Therapy at the Valparaiso Family YMCA



Recovering from orthopedic surgery, sports-related injury or a neurological condition that requires therapy? St. Mary Medical Center and the Valparaiso Family YMCA offer Physical and Aquatic Therapy services in one convenient location.

The Physical Therapy Clinic at the Valparaiso Family YMCA can help verify insurance coverage and referral requirements.

**Call 219-286-3890 for more information.**



**ST. MARY** Medical Center

Physical Therapy

[comhs.org](http://comhs.org)



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# We Deliver

## Expert Care when it Matters Most

### Community Hospital's Family Birthing Center

delivers more babies annually than any other NW Indiana hospital. Our expert teams offer unparalleled care for the comfort and safety of every mother and baby with:

- Board-certified neonatologists in-house 24/7
- A Level III Neonatal Intensive Care Unit for nurturing premature infants
- Laborists (board-certified OB/GYNs) ready for the unexpected before, during and after delivery
- Maternal-Fetal Medicine partnership with the University of Chicago for high-risk pregnancies and access to medical subspecialties close to home



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To schedule a tour, visit our website at [comhs.org/baby](http://comhs.org/baby) or call

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