

Spring 2024

Healthy

COMMUNITY

This Issue:
**Focus on
Heart
Health**



Country Music Icons

The Oak Ridge Boys

Hearts on Fire

**The Oak Ridge Boys’
William Lee Golden has a passion
for walking his way to an active
lifestyle and a heart-healthy life.**



You had a heart attack back in 2004. Tell us about that.

We were on tour that summer in Wausau, Wis. I was out walking as I always do on the road, and I just wasn’t feeling right. I was aware even then that something was wrong with my heart. Later, they said I was lucky to get to the hospital before I had a bad heart attack. The doc and the radiologist found a blockage in my heart, the kind they call a widow-maker.

What was your treatment and recovery like?

Luckily, my condition could be treated with a couple of stents. From there they prescribed blood thinners and told me to walk 10 minutes four times a day. Each day I was supposed to add another minute. Eventually I got up to an hour twice a day. After a month I was in great shape, even better than before the heart attack. I was performing again six weeks later.

Is this when you learned to love walking?

It goes back further than that. My dad had a heart attack when he was 65 ... same age as me when I had mine. After that, I like to say he activated himself. Dad would walk eight miles a day. He always said, ‘You just got to take that first step. You’ve got to make up your mind that you’re going to do it every day. No one else holds you back except you. It’s easy to put everything off, but you have to take that first step and then you’re on your way.’ I always remembered that.

THE OAK RIDGE BOYS are one of country music’s best known and most beloved groups, with 17 No. 1 hits, five GRAMMY® Awards, nine CMA DOVE Awards and two American Music Awards. They have sold more than 41 million records worldwide, including 12 gold, three platinum and one double-platinum album. They were inducted into the Country Music Hall of Fame in 2015.

The group — Duane Allen, Richard Sterban, Joe Bonsall and William Lee Golden — have been singing together for 50 years, and they’re still going strong. In fact, their 112-date farewell tour, *American Made*, is underway. *Healthy Community* recently had a chance to talk with William Lee Golden, a heart attack survivor who turned 85 in January. He spoke to us about the importance of being active and staying healthy on the road.



Above: The Oak Ridge Boys, from left to right, William Lee Golden, Joe Bonsall, Duane Allen and Richard Sterban.

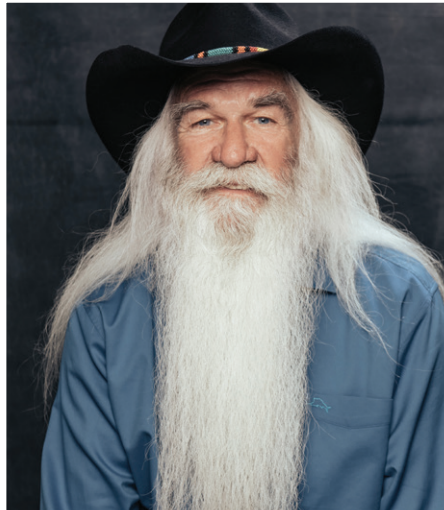
Top Right: William Lee Golden, longest-standing member of The Oak Ridge Boys, has been part of the group since 1965.

What makes you such a big believer?

Walking helps everything. Helps you mentally, physically, emotionally and spiritually. It helps keep a balance. When I don't walk, I feel like I'm missing something. The day can turn negative. No energy. But the minute I start walking, boom, all at once I start feeling better and more energized. I'm more positive. It activates your body and fills your whole being with fresh oxygen – brain, heart, everything.

What else do you and the others do to stay healthy on the road?

I really push myself to be active. Richard loved jogging and riding a



“When you get your body in shape, you get your mind and your whole being in shape.”

bicycle. When I had my heart attack, we were traveling 150 days a year. We still do. Lots of hotels. I wasn't too fond of treadmills, so wherever we'd go, I'd find a way to get out and walk. I had a good friend in the business who thought I should try sit-ups, so I started doing 25 at a time. These days I do at least 200 a day in four sets of 50. Takes about 20 minutes. Some days I do 300. The more in shape I am, the better I sing.

You just turned 85. How is your heart health today?

I feel healthy as a horse. I'm able to take long walks. I can pick up heavy things like sacks of corn and feed. I've really had no serious health problems in the last 20 years.

Any final words of advice?

Be active. Your body needs to be cranked up every day. We were made to be active, but no one else can do it for you.

KNOW US BY Heart

William Lee Golden is not alone. Someone in America experiences a heart attack every 40 seconds.

February is American Heart Month, a perfect time to learn more about the risks of heart disease, the most common cause of death in this country. In addition, nearly half of U.S. adults have high blood pressure, also called hypertension, which can lead to stroke, heart failure and other life-threatening conditions.

Here's the good news: 80% of heart attacks and strokes are preventable. That's why Community Healthcare System encourages you to act now to lower your risk of heart attack or stroke. It starts by scheduling a wellness exam with your primary care provider, who can recommend a program of diet, exercise and other lifestyle changes to help reduce your risk of heart disease. From there, Community Healthcare System has the expertise and the technology to help you live a heart-healthy life.

Sources: American Heart Association, World Health Organization, Centers for Disease Control and Prevention

Heart Health Services



For more information or to find a primary care provider, visit [COMHS.org/find-a-doctor-HC](https://www.comhs.org/find-a-doctor-HC).



for the Fight

HOW CAN I REDUCE MY RISK OF HEART DISEASE?

Someone dies of heart disease in the U.S. every 33 seconds. Don't be a statistic! Consider these five simple changes and start lowering your risk.

1 Stop Smoking — The most important thing you can do to improve your overall health and reduce your risk for heart disease is to stop smoking. In fact, smoking is the single most preventable cause of early death in the U.S. Smokers are two to four times more likely to have a heart attack or stroke compared to non-smokers and are more likely to die as a result. Quitting is tough, but resources are available. Talk it over with your primary care provider.

2 Get Your Heart Pumping — Regular physical activity is another key to preventing heart disease. The success of any exercise program starts with consistency and perseverance. Like William Lee Golden, come up with a reasonable plan and stick to it! Start slowly and work up to a goal, such as 30 minutes of exercise five times a week.

3 Follow a Heart-healthy Diet — Eat food that is high in fiber but low in cholesterol and saturated fat. Try to limit the amount of salt and sugar you consume. When it comes to meat, keep the portions lean and modest in size. The American Heart Association can help. Visit heart.org.

4 Lose Weight — Approximately 70% of Americans are either overweight or obese, putting them at a higher risk for heart disease. Obesity is directly linked to heart disease, stroke, high blood pressure and Type 2 diabetes.

5 Check in with a Checkup — Heart disease and hypertension can progress for years without symptoms or detection, causing more damage to your heart and arteries. That is why it is so important to see your primary care provider on a regular basis to check your blood pressure, heart rate, cholesterol and other risk factors.



Sources: American Heart Association, CDC, Johns Hopkins Medicine, healthline.com

THE HIGHS & LOWS OF HYPERTENSION

Nearly half of all Americans over age 20 – that’s 120 million – have high blood pressure, also called hypertension, making it the most common risk factor for heart disease. For those with a high risk, there are ways to make it lower.

8 RISK FACTORS FOR HIGH BLOOD PRESSURE

Family History: The risk is higher if your parents or close relatives have high blood pressure.

Age: As you grow older the risk increases.

Gender: Until age 65, men are more likely to have high blood pressure. After age 65, women are at greater risk.

Race: Non-Hispanic black people have a higher risk than other ethnic groups in the U.S.

BMI (Body Mass Index): 70% of Americans are overweight or obese, which increases the risk.

Alcohol and Tobacco: Smoking or drinking too much can dramatically increase the risk.

Lack of Exercise: A sedentary lifestyle increases the risk.

Sodium: Too much salt in the diet increases the risk.

What’s normal?

120/80 mmHg or below is considered normal.

8 WAYS TO LOWER YOUR BLOOD PRESSURE

Lose Weight: Losing 10-20 pounds can lower blood pressure by 5-10 mmHg.

Exercise: Regular aerobic exercise can help lower it 5-6 mmHg.

Eat Right: A diet rich in whole grains, fruits, vegetables and low-fat dairy and low in saturated fat and cholesterol can lower blood pressure by up to 11 mmHg.

Quit Smoking: Not only will this lower blood pressure, but it reduces the risk for heart disease.

Get a Good Night’s Sleep: Establish a sleep schedule and try to get more than six hours a night.

Reduce Stress: For starters, make time to relax and practice gratitude. Know your stress triggers.

Reduce Sodium: Even a small reduction in your diet can reduce high blood pressure by 5-6 mmHg.

Limit Alcohol: Less than one drink a day can help lower blood pressure by as much as 4 mmHg.

Are you old enough for a colonoscopy?



It was a memorable year! McDonald’s introduced The Happy Meal, and the Pittsburgh Steelers won the Super Bowl.

1979 may also be an important lifesaving milestone for the nearly 3.5 million Americans born that year. If you are turning 45 in 2024, now is the time to be screened for colorectal cancer, the third most common cancer (excluding skin cancer) in the U.S. If you are older than 45 and have never been screened, this message is for you too!

Why is a colonoscopy so important?

Because there are no symptoms for colorectal cancer during the early stages, a colonoscopy is the best way to detect the disease early on, when treatment is most effective. The procedure takes only 30 to 60 minutes, and most insurance plans cover the cost.

Colonoscopy Screening



For more information or to find a gastroenterologist, visit [COMHS.org/find-a-doctor-HC](https://comhs.org/find-a-doctor-HC).

Fighting Heart Disease with the **Power of 4**

THE HUMAN HEART has four chambers that work together to pump life-sustaining blood throughout the body. Community Healthcare System offers four keys to manage heart disease.

1 Assessment

Regular visits with your primary care provider is the most important step you can take in fighting heart disease.

Your provider will check and continue to monitor any factors that put you at risk for heart disease, including blood pressure, heart rate, cholesterol, body weight and BMI (body mass index). This establishes a baseline and helps determine what steps you may need to take to reduce your risk.

Should your provider recommend additional tests or evaluations or should you or a family member experience symptoms of a heart attack or stroke, our hospital team is trained and ready to provide a wide range of assessments, expertise and technology.

24/7 ED — Our 24/7 Emergency Department features expert physician specialists, trauma-certified nurses and a full array of advanced technology to evaluate and assess your condition.

TeleStroke — Because time matters when there are signs of a stroke, our onsite medical team uses videoconferencing to evaluate, diagnose and, if necessary, administer lifesaving treatment.

EKG — An EKG (electrocardiogram) uses electrodes to check the heart's electrical activity, speed, rhythm and possible damage from a heart attack. An EKG is often used to find the cause of unexplained chest pain as well as other symptoms, such as irregular heartbeats (arrhythmia), shortness of breath, dizziness or fainting.

Exercise Stress Test — Often used to locate the cause of chest pain, a patient's heart rate, blood pressure and breathing are constantly monitored while under physical exertion. An EKG measures the response of the heart to stress.

2 Diagnosis

If your primary care provider determines that you have a high risk of heart disease, or if your ER team assesses that you are experiencing a cardiac event, additional testing may be required.

Echocardiogram — A non-invasive ultrasound, this test produces a video image to check the heart's structure and blood pumping efficiency, as well as the muscles, valves and chambers of the heart.

Chest X-ray — This is used to create an image of your heart and chest to check for an enlarged heart or fluid build-up in the lungs.

Holter Monitoring — A Holter monitor is a portable, battery-powered device used to record heart rhythm disturbances, such as palpitations or arrhythmia, over a 24-hour period or longer as the patient goes about his or her activities. The information collected is then analyzed by a cardiologist to determine the cause of the symptoms.

Cardiac CT Scan — Multiple X-rays are taken to create a 3D cross-sectional view of the heart, allowing a closer look at the structure, blood vessels and anatomy of the heart to identify possible blockages.

Cardiac MRI — Instead of using X-rays, a cardiac MRI uses a magnetic field and radio waves to create a detailed image of the heart.

Coronary Angiogram — Considered the gold standard for the evaluation of coronary artery disease, this process uses a special contrast dye injected into your arteries to create images of the heart in action, allowing cardiologists to check blood flow and look for arterial blockages.

3 Treatment

From interventional cardiology to medication to surgery, treatment for heart disease can take many forms.

Cardiac Catheterization — This refers to a surgical procedure that can be used to both diagnose and treat heart disease. A small IV tube is placed in a vein or artery of a leg, arm or neck. Then a small hollow tube (catheter) is gently inserted and slowly moved through the blood vessels until it reaches the veins and arteries connected to the heart, where it can check the blood flow and pressure in the heart.

Interventional Catheterization — Once a cardiac catheter is in place, it can be used to close an opening in the wall between the upper chambers of the heart or to open a blocked valve or vessel.

Angioplasty — When coronary arteries become narrow or blocked, an angioplasty can often restore the blood flow. A thin flexible tube with a balloon on its tip is threaded through the coronary artery. Once in place, the balloon is inflated. The pressure from the balloon forces plaque to the side and widens the artery. In many cases, a small wire mesh tube, called a stent, is placed in the artery to help keep it open.

Peripheral Angioplasty — Like cardiac angioplasty, this procedure is used to examine arteries in the legs and other parts of the body to diagnose and treat hardening and narrowing of the arteries.

Electrophysiology — Refers to tests that examine the heart's electrical activity, which produces the signals (impulses) that control the timing of heartbeats. Depending on the results, possible treatments may include the insertion of a pacemaker to regulate these signals.

4 Recovery

Recovering from a heart attack or stroke is usually a long process. Ongoing support from an experienced medical staff plays a critical role, and participation in a cardiac or stroke rehab program dramatically decreases the risk of future cardiac problems.

Cardiac Rehab

Cardiac rehab is a structured, supervised exercise and education program for people who have had a heart attack, bypass surgery, angioplasty or other heart-related conditions. After a heart attack, people who participate in a cardiac rehab program have a 50% greater survival rate after three years compared to those who don't. They also lower their risk of death by 47% and their risk of having another heart attack by 31%. Unfortunately, only about half of heart attack victims participate fully in a cardiac rehab program.

Our team of cardiologists, nurses, dietitians and physical therapists can help you stop smoking, manage your blood pressure, create a heart-healthy diet and develop an exercise program customized to your specific needs and goals.

Stroke Rehab

After suffering a stroke, many patients have problems with physical mobility, speech and mental functions. Through rehabilitation, stroke victims can relearn many of the skills they have lost, strengthen motor skills, improve mobility and range of motion, and regain their independence and quality of life. Stroke rehabilitation can include the following:


Motor Skill Exercises that improve muscle strength and coordination.

Mobility Training, using a walker, cane and other mobility aids, can help the patient learn how to walk again.

Forced-use Therapy restrains the unaffected arm or leg in order to improve the function of the affected limb.

Range of Motion Therapy improves strength and flexibility in the joints and limbs.

Speech and Occupational Therapy helps patients who have memory issues, have trouble speaking and communicating with words or need to improve their social skills and problem-solving abilities.

Cardiovascular Services 

For more information about cardiovascular services at Community Healthcare System, visit [COMHS.org/heart-HC](https://www.comhs.org/heart-HC).



Caring for complex cases

Gary mother, baby find network of support
at Community Healthcare System

by Vanessa Negrete



Members of the Community Hospital Neonatal Intensive Care Unit team pose with Rebeccah Wilson shortly before the infant went home after spending 132 days under their care in the NICU.

Endometriosis. An incompetent cervix. Advanced maternal age. Jami Wilson had the makings of a high-risk pregnancy. She and her husband, Tony Wilson, moved to Gary not long after she became pregnant. Finding a physician she trusted to handle the complexity of her health was a priority.

“I really wanted to find a doctor who had a specialty in endometriosis and all of the complications that can come with it,” she said.

In Community Healthcare System, she found a whole team. That team of specialists cared not only for her but for her daughter, Rebeccah, who was born prematurely with considerable medical needs.

After receiving around-the-clock care in the Neonatal Intensive Care Unit at Community Hospital for 132 days, Rebeccah left the hospital on Feb. 9, 2023, amid a parade of applause from those who cared for her.

“After 132 days, you can’t help but become family,” her mother said of the bond formed with Rebeccah’s healthcare providers.

Community Hospital operates a certified Level III Neonatal Intensive Care Unit with a team of neonatal specialists, physician assistants and nurse practitioners available 24/7. The unit uses advanced procedures to care for premature newborns.

Wilson, who was 39 when Rebeccah was born, also appreciated the bedside livestreaming video system used in the NICU. The feature allows family members to view the baby remotely via a secure online portal.

When Rebeccah was born Sept. 30, 2022, she weighed barely more than 1 pound and measured 11.32 inches long.

“It was crazy for us,” Wilson said. “I felt like we were watching her grow from the outside as she would in the womb.”

Each time Rebeccah encountered a medical obstacle –

whether suffering a brain bleed, needing a feeding tube or when her heart stopped beating and she needed to be resuscitated – she bounced back.

Neonatology Nurse Practitioner Kelley Thompson said Rebeccah had to put up a fight because she was born so early.

“Being able to care for her from the beginning of her life to celebrating her graduation from the NICU was an honor,” Thompson said. “Seeing all her good days and being there for her during her bad days, we got to witness how strong she is and how hard she can fight!”

Carla Meyer, director of Patient Care Services at Community Hospital, said the skilled NICU team and advanced treatment options help support babies like Rebeccah every day.

“Knowing that Rebeccah is thriving today and that our team had a meaningful impact on her early development is wonderful,” Meyer said. “Such positive feedback from Jami about her experience at Community Healthcare System confirms we are living up to our high standard of care.”

Now, Rebeccah requires only an inhaler and thyroid medication to maintain her health. She regularly attends physical therapy at Community Hospital Fitness Pointe and continues to develop.

Pediatric therapists at Community Healthcare System work with children of all ages, from premature infants to high schoolers. Each session is tailored to a patient’s specific needs and goals.

“Knowing that Rebeccah is thriving today and that our team had a meaningful impact on her early development is wonderful.”

Rebeccah has been a fighter since the moment she entered the world. “When she came out, she cried,” Wilson said. “It was beautiful.”

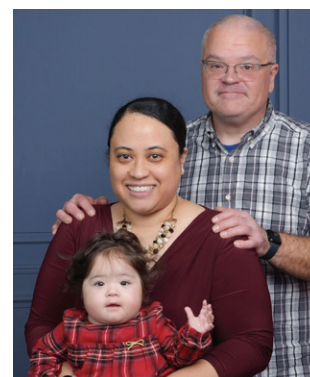
Nurses cleaned and swaddled the baby and placed her on Wilson’s chest. She and her husband took turns holding her. “She made little cooing sounds,” Wilson said. “She was so happy sleeping on me. When they pulled her off to check her heartbeat, she threw a fit.”

Born just shy of 23 weeks gestation, Rebeccah was not expected to survive. NICU team members gently warned Wilson that the outcome likely would not be good, but they would do what they could.



Above Left: Rebeccah Wilson, born prematurely and cared for in the Community Hospital Neonatal Intensive Care Unit, grasps the index finger of her father, Tony Wilson.

Above Right: Liz Zurek, supervisor of Pediatric Therapy Services for Community Hospital, works with Rebeccah Wilson in January 2024 during a physical therapy session inside Community Hospital Fitness Pointe. **Right:** Rebeccah, Jami and Tony Wilson, of Gary.



The Wilsons turned to what sustained them in the months leading up to Rebeccah’s birth – prayer. Their church family also initiated a prayer chain, a frequent occurrence during Wilson’s complicated pregnancy.

NICU nurse Nina Pellicane said she feels blessed to have been “a part of Rebeccah’s time with our NICU family.”

“She is one of the strongest li'l fighters I've seen in my 30 years here,” Pellicane said.

Wilson was blown away by the love, care and outpouring of support from her medical team throughout her pregnancy. She was on a first-name basis with Rebeccah’s nurses and keeps in touch with them.

“The nurses really trained us how to be parents,” Wilson said. “They taught us how to feed her, how to change her, how to move her, what her signals are and what they mean. You always hear about parents or sisters coming over for the first few weeks when a baby comes home. We didn’t have that, but it didn’t matter because the nurses prepared us for everything.”

Experiencing pregnancy complications, delivering prematurely and watching her daughter treated by a skilled and loving NICU team convinced Wilson that, if she gets pregnant again, Community Healthcare System is where she wants to be. ■

Maternal and Neonatal Care



For more information about maternal and neonatal care at Community Healthcare System, visit COMHS.org/baby-HC.



Breathing *a sigh of* Relief

Hebron woman back to running, feeling
'fantastic' after swift lung cancer treatment

by Kerry Erickson

LUNG CANCER IS THE leading cause of cancer death in the United States, accounting for about 1 in 5, according to the American Cancer Society. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined.

When it comes to battling this most fatal cancer, Community Healthcare System wields a powerful new weapon.

"The Ion robotic-assisted endoluminal system is a game-changer for biopsying, diagnosing and treating lung cancer," said Bilal Safadi, MD, a pulmonologist with Community Care Network, Inc., and co-medical director, Respiratory Care Services at St. Mary Medical Center in Hobart. "This unprecedented technology allows us to go further into the lungs and find nodules at a smaller size and at an earlier stage, which significantly improves patients' five-year prognosis."

Robin Biggs, a 61-year-old Hebron resident, is one of more than 100 patients at St. Mary Medical Center who has benefited from Ion's technology since it arrived at the hospital in August 2022.

Biggs' cancer was detected at Stage 1 after Safadi used the system to biopsy a small nodule in Biggs' right lung.

Biggs was referred to Safadi after she wasn't getting better from treatments for what she was told was bronchitis.

"I just didn't have the lung capacity that I always had, and then I got a bad cold," said Biggs, who had quit smoking decades ago and later became an avid runner, often logging up to 6 miles at a time.

After a battery of tests, Biggs was told she had bronchitis. After two rounds of steroids, antibiotics and an inhaler, her condition didn't improve. She pushed for more testing and was scheduled for a lung scan. She subsequently was told she had "an infectious lung."

After more of the same treatment, she saw no improvement.

"I said, 'There's something wrong,'" Biggs recalled telling her doctor. "There was no change. None. Not better, not worse, no change whatsoever."

Her doctor recommended she see a pulmonologist.

"That was the first time I met Dr. Safadi. He is a wonderful person. I just cannot give him enough credit," Biggs said. "He just really listened to me about how I was feeling, what I was going through."

Biggs told Safadi about her family history of lung cancer. At the time, she had just lost a close relative to the disease, and another relative was fighting it.

Safadi scheduled Biggs for a PET scan, which subsequently showed a small nodule on her upper right lobe.

"It was an abnormal spot on the lung. It could have been a variety of different things, including infection,

“The doctors listened to everything I had to say and answered every question with thoughtful, reassuring answers.”



From Left: Bilal Safadi, MD, patient Robin Biggs and her husband, Mark Biggs, gather for a photo at St. Mary Medical Center in Hobart. Mark’s “Lung Squad” sweatshirt was made by a family member as a way to support Robin during her treatment and surgery for lung cancer, which was detected at an early stage by Safadi and the use of Ion technology. Robin’s cancer was contained to a mass, which was surgically removed. She now is back to running and feeling great.

Right: The Ion robotic-assisted endoluminal system is a game-changer for biopsying, diagnosing and treating lung cancer,” said Bilal Safadi, MD, a pulmonologist with Community Care Network, Inc., and co-medical director, Respiratory Care Services at St. Mary Medical Center in Hobart. “This unprecedented technology allows us to go further into the lungs and find nodules at a smaller size and at an earlier stage, which significantly improves patients’ five-year prognosis.”

inflammation, but with her underlying history, we felt that a biopsy would be warranted,” Safadi said. “The Ion gives us the advantage of catching cancer as early as possible. In the past, this spot never would have been something we would have considered for biopsy because we didn’t have an accurate enough device to allow us to safely biopsy

this from the inside, which minimizes risk of lung collapse and other potential complications.”

After receiving the PET scan results and consulting with Safadi, Biggs chose to have the nodule biopsied with the Ion as soon as possible.

The decision gave Biggs the best chance of catching the cancer early enough to stop it in its tracks, and that is exactly what happened.

“It showed that I had lung cancer, and by God’s grace, it was Stage 1,” Biggs recalled. “It did not go anywhere else. It was still all contained in that mass.”

On Valentine’s Day 2023, Safadi’s colleague, Cardiothoracic Surgeon Jason Frazier, MD, performed a lobectomy, removing Biggs’ upper right lobe, and took out lymph nodes to make sure the cancer was contained.

“The cancer had not gone anywhere else,” Biggs said. “My advice to anyone who finds themselves in a situation like mine, is to go with your gut. Doctors are very smart, but you need to advocate for yourself based on how you feel so that they can better assess the situation and help. I couldn’t have asked for a better group of

doctors. They listened to everything I had to say and answered every question with thoughtful, reassuring answers.”

Just nine months after her Valentine’s Day surgery, Biggs ran the Turkey Trot 5K on Thanksgiving Day, coming in fourth place in her age group.

“My lungs feel great, and I feel fantastic,” Biggs said. “I am just extremely blessed. There’s just no other way to put that.” ■



Lung Care



The Ion system is one of numerous comprehensive cancer care options at Community Healthcare System hospitals, which includes Community Hospital in Munster; St. Mary Medical Center in Hobart, St. Catherine Hospital in East Chicago and Community Stroke & Rehabilitation Center in Crown Point. For more information, visit COMHS.org/lung-care-HC.

Cleared for TAKEOFF

Munster pilot credits therapy team, Fitness Pointe support for recovery after near-fatal crash

by Vanessa Negrete

DON BOLDENOW EASED himself from a wheelchair into a low-seated exercise bicycle and slowly pedaled. It was a far cry from his previous routine of pull-downs and free weights, but he had to start somewhere.

A charter member of Community Hospital Fitness Pointe, the Munster man was a familiar face on the fitness floor for 25 years. Staff and other regulars noticed his sudden months-long absence. When he returned, they also noticed the wheelchair and his mangled right leg.

“People would see the shape I was in and ask what happened,” Boldenow said. “That really moved me.”

Soon, the people with whom he exchanged nods and smiles were more like friends, and the now-66-year-old retiree shared his story of survival.

The afternoon of June 24, 2022, Boldenow went for a ride in his Glasair II FT, an experimental aircraft he had piloted for two decades. He was practicing maneuvers when the aircraft went into a flat spin.

“You know in the spring, when the maple seeds – a lot of people call them helicopters – they spin all the way down?” he said. “That was me. From several thousand feet up, I had to ride the aircraft down. I was yelling at myself and thinking, ‘This is it. It’s over.’”

Boldenow’s descent came to a halt in a tree beside a creek in an unincorporated Will County, Ill., field.

“A tree pierced the bottom of the aircraft in the cockpit

where I was sitting,” Boldenow said. “That tree saved my life. It lessened the impact of the crash.”

Two men working nearby witnessed the disaster and called 911. Boldenow was semi-conscious as first responders from Peotone, Manhattan, Monee and Crete fire departments worked for an hour to extricate him. All the while, his feet burned from the pooling aviation fuel. Once freed, he was airlifted to a Chicago hospital.

“I consider the staff and members at Fitness Pointe and Community Hospital a rare group of people who showed great generosity and kindness during my recovery.”

Boldenow’s wife of 37 years, Jeannine Boldenow, had been home on the computer when news broke of the accident.

“She zoomed in and she recognized the tail number of the aircraft,” Don Boldenow said. “That’s how she found out I had crashed.”

After treatment for his traumatic injuries, Boldenow spent two weeks at Community Stroke & Rehabilitation Center in Crown Point.



Left: Jeannine and Don Boldenow pose in their Munster home.

Below Left: Don Boldenow's Glasair II FT crashed June 24, 2022, in a field in unincorporated Will County, Ill.

Below Right: Don Boldenow, of Munster, poses between two of his physical therapists at Community Hospital, where he went for some of his outpatient therapy while recovering from a plane crash.

Boldenow craved a sense of normalcy, so he sought permission to resume workouts at Fitness Pointe, even as he used a wheelchair or cane to get around.

His friends at Fitness Pointe reached out to check on him, and one fitness instructor along with Fitness Pointe members even sent a care basket.

"I consider the staff and members at Fitness Pointe and Community Hospital a

"I still couldn't walk," he said. "I could barely stand. The people at Community Stroke & Rehabilitation Center were excellent and helped me regain basic mobility."

The center, which offers inpatient and outpatient physical therapy with a range of rehabilitation services and equipment, ranks No. 2 in Indiana for physical rehabilitation centers. The rating comes from Newsweek and Statista Inc., an industry ranking provider.

"Patients trust us to help them reach their goals, and we are proud to partner with them in their effort to achieve positive results," said Craig Bolda, administrator of the center and vice president of Acute Rehabilitation Services for Community Healthcare System.

For Boldenow, the subsequent months were occupied by more surgeries followed by outpatient physical therapy at Community Hospital.

Boldenow's motivation to function as well as he did before the crash helped him during his physical therapy sessions, said Samantha Paige, physical therapist at Community Hospital.

"Don showed up for his appointments ready for whatever we challenged him with," she said. "When a patient is mentally prepared to work toward recovery, that is a huge help. On days that were a little more tough, Don knew he could lean on us for encouragement."



rare group of people who showed great generosity and kindness during my recovery," he said.

Doctors and physical therapists told Boldenow that his lifelong commitment to physical health helped save his life.

"Typically, nobody survives what I went through," he said.

Despite the physical and mental toll, Boldenow has been up in the air a few times as a passenger and intends to pilot again. ■

Rehabilitation and Therapy Services



For more information about Rehabilitation and Therapy Services at Community Healthcare System, visit COMHS.org/therapy-services-HC.



Pathway to Heart Health

Transcarotid artery revascularization offers clinically proven treatment for cardiovascular ailment

by Karin Saltanovitz

KATHY WARNER WAS going about her busy day when she suddenly lost sight in her right eye. Since she has a history of migraines, she didn't think much of it until she awoke the next morning and still couldn't see. That's when her husband drove her to the Emergency Department at St. Mary Medical Center in Hobart.

Warner soon discovered she had suffered an ocular stroke. While her vision returned, the underlying problem remained – carotid artery disease.

People often dismiss the “vascular” part of cardiovascular services, said Kais Yehyawi, MD, an interventional cardiologist with Community Care Network, Inc., and medical director of the Catheterization Lab at St. Mary Medical Center.

“The carotid artery carries blood to the most vital organ – the brain,” he said. “The vascular system is most affected by atherosclerosis – the buildup of plaque in the arteries. When that happens, it often leads to carotid artery stenosis, which is responsible for a transient ischemic attack (TIA), or stroke.”

A carotid angiogram showed Warner had a 75% blockage in her right internal carotid artery. If left untreated, this buildup could have slowed blood flow or

dislodged and traveled through the artery to the brain, causing a potentially disabling stroke.

Every year, 15 million people worldwide suffer a stroke, with 6 million dying and another 5 million left permanently disabled, according to the World Health Organization. Carotid artery disease is the cause of stroke in up to one-third of cases.

Transcarotid artery revascularization (TCAR) is clinically proven to be a safer procedure for high-risk surgical patients. Traditional treatment options, such as carotid endarterectomy (CEA, an open surgery) or carotid artery stenting, have been shown to treat the blockage effectively. However, both options have limitations and carry a risk of stroke during the procedures themselves.

Community Healthcare System's team of interventional cardiologists and cardiovascular surgeons reviews patient profiles during multi-disciplinary meetings to carefully consider each person's case and potential risks.

It was determined that Warner was a good candidate for a new minimally invasive procedure – transcarotid artery revascularization (TCAR). St. Mary Medical Center was among the first hospitals in

Every year, 15 million people worldwide suffer a stroke, with 6 million dying and another 5 million left permanently disabled.



Left: A cardiovascular medical team at St. Mary Medical Center performed the area's first TCAR procedure for patients with carotid artery disease – a leading cause of stroke. TCAR (Transcarotid Artery Revascularization) is an innovative, less-invasive procedure available to help treat the disease. From left are, Mehdi Akhavan-Heidari, MD; Laura Schmidt, peripheral vascular coordinator; Kais Yehyawi, MD; Vsevolod Tikhomirov, MD; and Anas Safadi, MD.



Above: Kathy Warner, 64, is thankful for her quick recovery from the TCAR procedure.

Left: Kais Yehyawi, MD



Warner has a history of valve replacement and underwent two open heart surgeries within six years. She recently celebrated her 64th birthday and is thankful for her quick recovery from the TCAR procedure.

“It’s amazing how fast it was,” she said. “Compared to how they used to do this surgery, I’m sure this is a home run.”

Like CEA, TCAR involves direct access to the carotid artery, but through a much smaller incision just above the clavicle instead of a longer incision along the entire neck – creating enough room to place a stent directly into the carotid artery to stabilize the blockage and help prevent future strokes. This minimally invasive procedure is unique in that blood flow is temporarily reversed so any plaque debris that may break off is diverted away from the brain, preventing a stroke from happening.

“This procedure is groundbreaking in the fight against stroke,” Yehyawi said. ■

Indiana and the first Community Healthcare System hospital to offer TCAR to treat carotid artery disease and prevent future strokes.

“We’ve been extremely successful in helping patients who have symptoms like the ones Kathy experienced,” Yehyawi said.

TCAR is a clinically proven treatment that uses temporary blood flow reversal during direct transcarotid stent placement. This treatment option provides best-in-class neuroprotection in a more-efficient and less-invasive approach compared to traditional carotid endarterectomy.

“It represents the modernization of carotid repair,” he said. “Our patients recover quickly with less pain, and the risk of complications is significantly decreased.”

The Centers for Disease Control and Prevention say 80% of strokes are preventable.

“The key is understanding who is at risk,” Yehyawi said. “Usually we look at the traditional risk factors, including diabetes, high cholesterol and family history. However, there’s more to consider. People who are depressed, have a higher stress level and are anxious are at an increased risk.”

Learn more about TCAR



TCAR is a minimally invasive procedure that can help the majority of patients with significant carotid disease to reduce their risk of developing a stroke or mini-stroke. For more information about cardiovascular care at Community Healthcare System, visit COMHS.org/heart-HC.

INSIDE THIS ISSUE



The Oak Ridge Boys



5 for the Fight

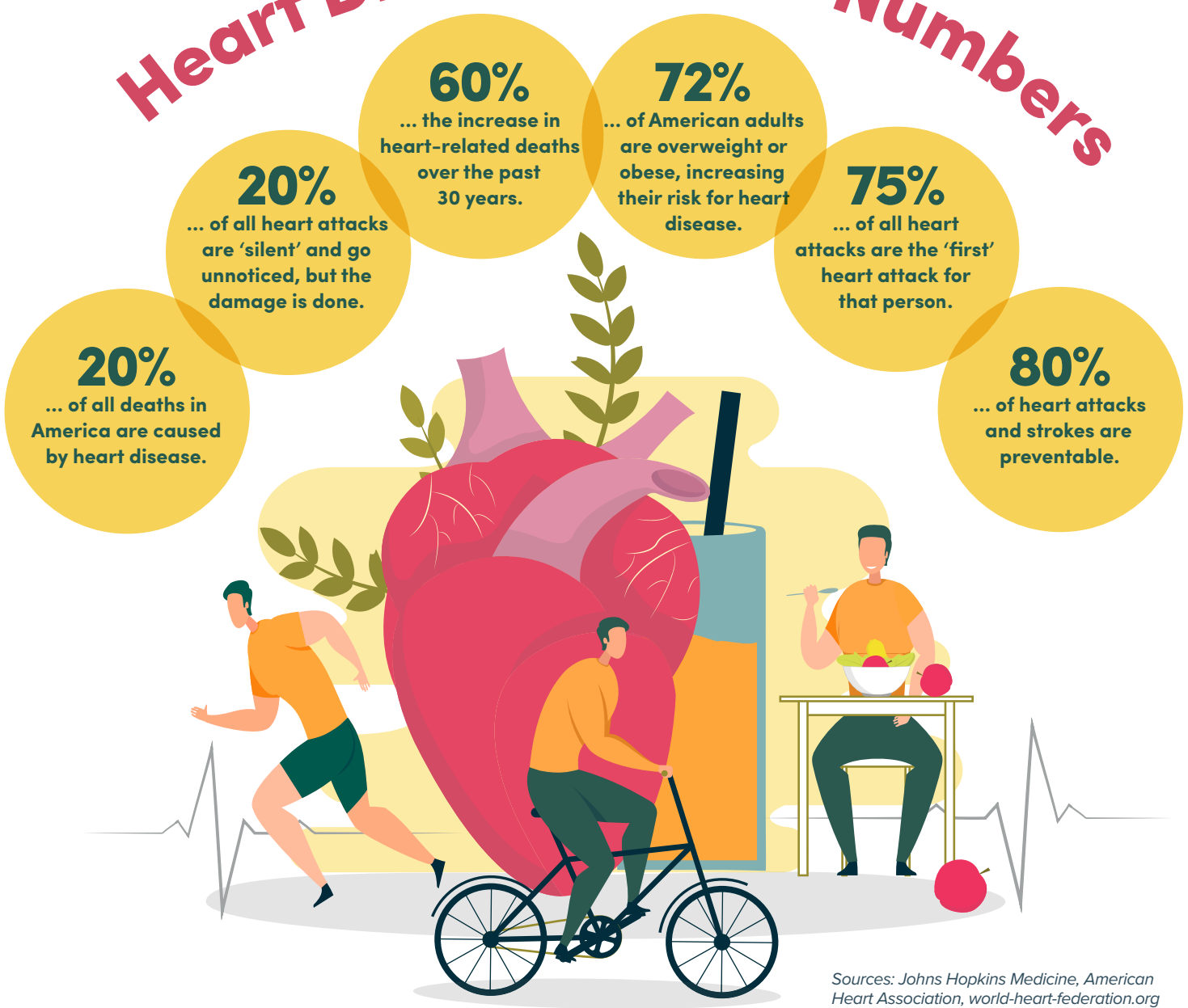


Are you 45 or Older?



Power of 4

Heart Disease by the Numbers



Sources: Johns Hopkins Medicine, American Heart Association, world-heart-federation.org