

HOUSECALL

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September 2011



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with two Paducah area
cardiologists*

Inside: Boy or girl? Simple test raises ethical concerns

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HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

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CHILDREN'S HEALTH



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concussion program.

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House Call is dedicated to providing our readers with helpful health related information. We strive to help answer the questions of current and ongoing concerns. This publication is not intended to take the place of medical experts, but rather inspire our readers to take an active role in their physical and mental well being.

Cover Story

Marshall County partners with two Lourdes cardiologists

BY ALAN REED

areed@paducahsun.com

Two cardiologists practicing at Lourdes are extending their practice to include clinic days in Marshall County.

Dr. David Hogancamp said he will be working every other week for one day in Marshall County Hospital while his colleague, Dr. David Talley, will spend one day per week at the Benton hospital. While not conduct-

ing any interventional procedures at Marshall County, they will be conducting diagnostics like EKGs, stress tests and conducting follow-ups with patients.

“Generally, the patients we see are new patients with problems related to chest pains, shortness of breath or congenital types of heart problems,” Hogancamp said. “Whether or not some of these problems are cardiac-related is what we can determine with tests.”

Talley said Lourdes has a sense of kinship with Marshall County residents and a fair number of patients hail from the area. By working in Marshall County, some of the more critical patients are able to receive care without having to travel for diagnostics and treatment.

“Dr. Hogancamp and I think of our commitment in Marshall County as being related to what we call the

four Cs: Compassionate cardiac care with continuity,” Talley said. “We’ve made a commitment to the county to provide longitudinal care to our patients.”

Hogancamp said after initial consultations and diagnostics, patients needing interventional medicine or surgery could come to Lourdes.

“We’d love to make a further commitment to Marshall County, but we need to focus on diagnostics and

consultations and see how that works out,” Talley said.

Hogancamp said he expects to see between a dozen and 20 patients per day. Out of these consultations, he believes about a third will require interventional cardiology like placement of stents in blocked arteries. The rest can be treated with medication or lifestyle changes. Some patients may not have problems with their hearts.

Michele Toun-

gette, director of the Lourdes Cardiovascular Institute, said the clinic days Hogancamp and Talley spend in Marshall County are a part of Lourdes’ philosophy of providing care where patients need it. Talley will be at the hospital every Wednesday, and Hogancamp will see patients every other Tuesday.

“Patients they are seeing are older and may have conditions that make travel harder,” Toungette said. “They

“Patients they are seeing are older and may have conditions that make travel harder. They need follow-ups after a procedure and seeing a doctor in town will ease their burden.”

Michele Toungette
Director of Lourdes
Cardiovascular Institute



ALAN REED | The Sun

Dr. David Talley (left) observes patient Johnny Jones on a stress EKG during a visit to Marshall County Hospital. Talley and his colleague, Dr. David Hogancamp, will visit the Benton medical center for a few days a week to provide office consultation and diagnostics for patients.

need follow-ups after a procedure and seeing a doctor in-town will ease their burden. We know from literature that patients who are able to stay home enjoy faster recoveries.”

Patient Johnny Jones of Benton said before Talley and Hogancamp

started working clinic days, he had to go to Paducah for consultations and diagnostics.

“I like seeing doctors close to home,” Jones said. “It’s going to be nice having them in the community in case there is ever an emergency.”

Children's Health

Athletes get heads checked through concussion program

BY MARNI JAMESON

McClatchy-Tribune News Service

School physical. Check. Immunization record. Check. Emergency contact. Check. Head examined. Huh?

Back to school means back to sports for many student athletes, but before they get their heads in the game, a greater number of them will be getting baseline concussion scans, which can improve treatment if they suffer a blow to the head.

Several recent high-profile sports-related head injuries, including the one sustained by former Florida Gators quarterback Tim Tebow, have highlighted the importance of proper concussion management. As a result, more high schools, and now a sporting goods retailer, are stepping up to the plate to make sure athletes receive baseline testing in time for fall sports.

In 2005, only five Florida high schools offered baseline screens to athletes, now 50 do, said Mark Lovell, founder of ImPACT, a computerized concussion-evaluation system. ImPACT provides screening software for professional teams, universities and schools, including 18 high schools in Central Florida.

Those numbers are about to shoot up. This month, Dick's Sporting Goods, in partnership with ImPACT, is targeting an additional 1 million screenings for youths nationwide.

Lovell estimates that 16 percent of the nation's 40,000 high schools offer the screening, which costs less than \$1 per student. Dick's effort will add 3,300 schools, meaning almost one in four high schools will offer student athletes the program.

Though concussions most often occur in football, they're also common in other impact sports such as soccer, horseback riding, gymnastics,

cheerleading and field hockey. Nearly 4 million activity-related concussions occur in the United States each year, mostly in teenagers, according to the American Academy of Pediatrics.

Initial concussions aren't usually serious. It's the second ones that do real damage, especially if they occur before the brain has recovered. If an injured brain has a repeat injury too soon, permanent brain damage — and even death — can result, experts say.

After an injury, the brain needs time to heal. Until it does, it is prone to more serious injury the second time, according to the American Academy of Neurology, which has long-warned coaches about the consequences of "second-impact syndrome."

Baseline screenings help make sure the athlete doesn't go back too soon.

When students have a baseline test, full recovery is easier to assess, said Michael Dougherty, an athletic trainer and manager of the Sports Concussion Program at Florida Hospital.

"Having a baseline scan really helps us assess the injury right after impact, analyze recovery progress and make safer judgments about when the athlete can return to play," said Dougherty.

The 20-minute baseline test measures memory, reaction time, processing speed and problem-solving skills to establish an athlete's normal function.

Lia Whitmore, a rising junior at Oviedo High School who plays club level and varsity soccer, has suffered several concussions during her sports career, including two in the past year.

In a match just before Thanksgiving, she suffered one. Then, a couple months later, "I collided with a girl in a corner kick," she said. The next thing she remembers was the coach



McClatchy-Tribune News Service

Lia Whitmore has sustained several concussions in her soccer career, so she now wears a head brace for protection.

walking her off the field.

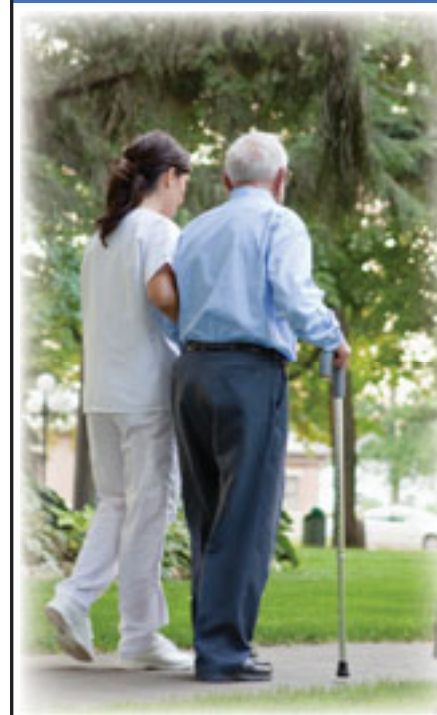
"It was worse the second time," Whitmore said, "probably because I went back too soon."

Though Whitmore was offered baseline testing at her school, she admits she blew it off "because practice was starting. I should have taken it more seriously."

She has since been working with the Florida Hospital Concussion Program to play it safe. Her doctor ordered her to wear a head brace whenever she plays.

Currently 15 states have laws preventing coaches from letting kids return to play the same day they have suffered a suspected concussion.

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Just 5 percent of the nation's hospitals are named outstanding in cancer care. For Marsha and Kathy and thousands more survivors, Western Baptist is happy to be one of them.*

Cancer treatment brings Kathy Chomicz (right) of Benton a new friend – nurse Marsha Penrod, a cancer survivor herself.



**Only 5 percent of the nation's hospitals meet the Commission on Cancer's standards for the Outstanding Achievement Award for excellence in cancer care. Western Baptist Hospital recently won it for the second consecutive three-year cycle.*

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Dr. Withrow's HeartBeat

by Patrick Withrow, M.D.
Vice President / Chief Medical Officer
Western Baptist Hospital



As featured in The Paducah Sun's House Call • Available online at paducahsun.com and westernbaptist.com

Even small amount of exercise helps the heart

A new study verifies what I've been saying for years – 30 minutes of exercise five days a week is good for your heart.

Researchers have found that 2 ½ hours of moderate physical activity per week or 30 minutes five days a week can lower the overall risk of heart disease by 14 percent, according to *Circulation*, a journal of the American Heart Association.

SOME EXERCISE IS BETTER THAN NONE

The study found that people who engaged in 150 minutes of moderate-intensity leisure activity had a 14 percent lower risk of coronary heart disease compared to those who reported no physical activity. It also showed that people who exercise less than the recommended 2 ½ hours per week had a lower risk of heart disease than those who had no activity at all.

The findings prove you have to get your heart pumping every now and then to keep it healthy. The more you exercise, the better off you will be. While 150 minutes of exercise is beneficial, 300 minutes per week will bring even more benefits.

STARTING EARLY

Parents need to be role models for their kids when it comes to exercise and eating healthy. There's no better time to start heart-healthy habits than at the beginning of another school year.

Western Baptist Hospital is doing its part by initiating and supporting several programs in the region aimed at educating, informing and alleviating the national epidemic of childhood obesity. Our goal is to make children — and their parents and caregivers — “heart smart.”

One in three U.S. children is

overweight or obese, which can lead to serious health problems now and later, including diabetes, heart disease, high blood pressure and high cholesterol. Children today may live two to five fewer years than their parents because of obesity, according to a 2005 government study.

GET MORE EXERCISE

This most recent study backs up guidelines from the Department of Agriculture and the Department of Health and Human Services, which indicate that at least 30 minutes of daily physical activity is required to reduce the risk of chronic diseases in adulthood. Keep the following steps in mind to get moving:

- Recruit a walking buddy or training partner. Working out with a friend can provide accountability and incentive.
- Keep walking shoes at work

and take a 30-minute walk break during lunch.

- Make walking around the block a family activity every evening.

CHEST PAIN & STROKE HOTLINE

If you have questions about heart attack or stroke symptoms, you can talk to a Western Baptist nurse free 24 hours a day on the Chest Pain & Stroke Hotline: 1-800-575-1911.

Send your questions!

Do you have a cardiac question tugging at your heart? Send it to heartbeat@bhsi.com or mail it to HeartBeat, 2501 Kentucky Ave., Paducah, KY 42003. If we use it in a future HeartBeat column, you will receive a Western Baptist Hospital door prize.

Heart attack or stroke? That can be a tough call.

Treating you well.

Here's an easy one: **1-800-575-1911**

If you have questions about the symptoms of heart attack or stroke, talk to a nurse any time on our 24-hour hotline.

Golden Years

Could your dirty mouth be making you sick?

BY JANE GLENN HAAS

McClatchy-Tribune News Service

Chances are you have a dirty mouth and it could be killing you.

The Surgeon General estimates 85 percent of Americans have gum disease — which make it one of the six major risk factors for heart attacks and strokes.

Indeed, the plaque in our mouths is the same as the plaque in our arteries, so if you have bleeding gums, that stuff is entering your bloodstream.

“Our mouth is the gateway to health,” says Daniel L. Sindelar, co-founder of the American Academy for Oral Systemic Health. “Our mouths are where our life begins, so don’t let it end there.”

Q: Haven’t we all been checked for gum “pockets” over the years? Why is this more of a

problem today?

A: People don’t always exhibit visual problems. We now have a “Rinse Test” that shows us which bad bacteria are present. Dentists need to be more aggressive with their patients.

Think about it this way -- if you have bad bacteria, that stuff is leaking into you. The scientific term for this is “portal of entry.”

Q: Why this sudden interest in gum disease?

A: The new research shows us that — although our mouths are only a few inches from our brains — we have allowed inflammation to occur without much worrying.

The old style of checking for gum disease was just observations. Measuring pocket depths, looking for bleeding, observing the color of the gums, to name a few. These are still

important but now we can be more scientific with salivary diagnostics.

Trouble shows up before gums are bleeding, teeth are loose or you have bad breath.

If you have gum disease, you are two times more likely to have a heart attack; three times more likely to have a stroke; four times more likely to have dementia if the disease is present before age 35.

Q: What should we ask the dentist to do?

A: Your dentist should do a salivary diagnostic test that shows if the bad bacteria are present. Then that can be followed with gum therapy and nutritional counseling.

Q: And at home, we should ...?

A: Use something to clean between your teeth at least twice a day.

There are several tools you can use

to clean between your teeth, in addition to brushing —which you need to do twice a day minimally, of course.

Indeed, in addition to brushing morning and night, you should clean your teeth after eating or drinking anything but water.

And between your teeth, there is floss and interproximal brushes, also waterpick-type devices.

Q: Are wisdom teeth a “trap” for disease?

A: In light of the recent research, if the wisdom tooth is not going to be in a good position that it can be kept clean, it should be removed. As for wisdom teeth in general, if they erupt in good alignment and can be kept clean, that’s probably OK. But I would suggest being more aggressive in removing any wisdom teeth that cannot be kept clean.



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Learn how to be your family's nutrition director

BY ALISON JOHNSON

McClatchy-Tribune News Service

In many households, one person is in charge of food shopping — and has lots of power. “They lay the groundwork for healthy eating habits,” says Babs Benson, R.N., director of the weight management program at Children’s Hospital of the King’s Daughters in Norfolk, Va.

To do the job well:

■ Get rid of your own misconceptions. Whole-wheat bread and low-fat ice cream might have tasted like cardboard when you were a child, but many products have greatly improved.

■ Avoid open-ended choices. Instead of asking, “What do you want to eat?” offer two or three nutritious options. Encourage variety and new

Plan ahead ... Prepare a weekly menu before going to the grocery store. You're more likely to stick to a list, eat healthier and save money.

items.

■ Don't reward non-eaters. If a child doesn't eat dinner, no favorite snack later in the evening. If you can't stand seeing him hungry, offer something “plain” such as a piece of fruit.

■ Don't replenish treats right away.

Junk food and sugary drinks should be for special occasions, not part of the everyday supply.

■ Create easy access to produce. Wash and slice fruits and vegetables and store them in visible spots on the counter or in the refrigerator.

■ Share what good foods can do

now. Kids may not relate to the word “health” or talk of future wellness. But they'll like hearing about strong bones and muscles, smart brains, clear skin and shiny hair.

■ Plan ahead ... Prepare a weekly menu before going to the grocery store. You're more likely to stick to a list, eat healthier and also save money

■ ... and plan for busy days. Buy thin cuts of meat or fish such as turkey cutlets or tilapia that cook quickly and are nutritious.

■ Involve everyone. Let kids help with the menu, shopping and cooking — or even grow a small vegetable garden. Teach them to read labels and avoid products with a long list of ingredients, especially words they can't pronounce.

Healthy Living

What not to eat

A study shows that eating certain foods contributes to a larger amount of weight gain over time.

Hold the chips

Average amount of weight gained by study participants every four years over a 20-year period that was associated with these foods, in pounds (kilograms):

Potato chips	1.7 (0.77)
Potatoes	1.3 (0.58)
Sugary drinks	1.0 (0.45)
Red meat	.95 (0.43)
Alcohol*	.41 (0.19)

*One drink daily

Source: Harvard School of Public Health, ABC News
Graphic: Pat Carr

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Top of the Chart

Study: Smoking ups risk of bladder cancer

BY SHARI ROAN

McClatchy-Tribune News Service

LOS ANGELES — Smoking is known to raise the risk of bladder cancer, but a new study shows the link is much stronger than first thought, possibly because cigarettes today are even more toxic than before.

Studies undertaken from 1963 to 1987 estimated that current smoking increased the risk of bladder cancer by almost threefold. The new research examined data from more than 467,000 people who were followed from 1995 to 2006. Bladder cancer was diagnosed in 3,896 men and 627 women.

Compared with people who had never smoked, former smokers had a 2.2 times increased risk of bladder cancer and current smokers had about a fourfold higher risk.

The constituents of cigarette smoke have changed, including an increase in the concentration of a chemical called beta-naphthylamine, which is a known carcinogen. While the rates of bladder cancer have remained stable over the past four decades, a decrease in smoking rates may be offset by more dangerous chemicals in cigarettes, the authors said.

The study was published in the Journal of the American Medical Association.



Researchers say they believe smoking raises the risk of developing bladder cancer more than previously thought because of more toxic chemicals in today's cigarettes.

MD ✓ ID

Know Who's Treating You



To learn more, go to mdidky.org, or visit the Kentucky Physician Finder at kydocfinder.org

Seems like everyone calls themselves 'Doctor' these days. Many have never been to medical school, trained with patients in a hospital, or have been licensed by a nationally accredited medical board.

MD ID – Know who's treating you.

As health care laws change, politicians are loosening the rules for treating serious conditions. MD ID helps you know whether your health care provider is really a trained and qualified physician.

You have the RIGHT to demand Qualified Care.

When it comes to your family's health, why take risks? Check to make sure your doctor is a licensed physician with an MD (Medical Doctor) or DO (Doctor of Osteopathic Medicine) degree. *It's not just smarter. It's not just safer. It's your Right.*

Biking in traffic: What you need to know to stay safe

BY JULIE DEARDORFF

McClatchy-Tribune News Service

Biking in traffic isn't as treacherous as it might seem. Cyclists rarely get mowed down by motorists from behind — a common fear — and in fact, most accidents don't involve motor vehicles at all.

The more common threats are often found where you might least expect them: on car-free paths filled with distracted pedestrians, dog walkers, and in-line skaters.

Still, when bike riders do collide with a car, it's often serious. In 2009, 630 U.S. cyclists were killed in crashes with motor vehicles, according to the Pedestrian and Bicycle Information Center. Meanwhile, more than 500,000 cycling accidents result in a trip to the emergency room each year.

Common sense is your best defense when riding the roads:

- Don't ride drunk. One-third of all cycling fatalities involved a legally intoxicated cyclist, according to cycling attorney and cyclist Bob Mionske.

- Ride with traffic — never against it — as close as possible to the right.

- Don't ride with headphones. Hearing the "click" of a car door could save you.

If you're still feeling anxious but want to reap the benefits of an efficient, inexpensive and healthy mode of transportation, here are some ways to reduce your risk of an accident:

Be safe

Don't hit the road without a helmet. Some suggest that helmeted riders take more risks. But head injuries are responsible for about three-quarters of deaths among bicyclists involved in crashes; wearing one can reduce the risk of a head or brain injury by approximately two-thirds or more, according to a research review.

- Make sure it's not on backward! The helmet should cover your forehead. When you look up, you should see the helmet's front edge. Wearing a baseball cap or hair clips can interfere with fitting; meanwhile the steel ball at the top of the baseball cap can concentrate the force of an impact in one spot, according to the Bicycle Helmet Safety Institute, which has detailed fitting instructions at bhisi.org.

- Replace your helmet every three to five years. The sun's ultraviolet rays weaken the glues, resins

and other materials used in helmet production. Sweat and hair products can also reduce a helmet's effectiveness, according to the Snell Foundation, which certifies helmets. If you crash — or the outside of your helmet is foam or cloth instead of plastic — get a new one. "A helmet is good for one hit," said Emily Furia, senior editor at *Bicycling Magazine* and the author of "The Big Book of Cycling."

- The helmet should be approved by the U.S. Consumer Product Safety Commission, the ASTM or the Snell Foundation.

Be predictable

Be predictable. Ride in a straight line — and hold it while checking over your shoulder. Don't weave in and out of cars. If there are potholes, the street isn't wide enough to share safely or you see a row of parked cars, it may be safer to temporarily "take the lane," or to boldly ride in the middle of the street, said Furia.

Be seen

- Be visible. Some evidence suggests that riding at night — at least without a light — is a factor in nearly half of all cycling fatalities, Mionske wrote in his book, "Bicycling & The Law." To reduce your risk, limit riding to daylight hours and wear fluorescent colors to increase the distance that drivers can see you. Use white lights in the front and red in the rear, as well as reflectors and reflective clothing. By law, you must ride with a light at night; if you flout this, you could be liable for your injuries, according to Mionske.

- Assume drivers are blind. Also, assume car drivers are drunk and multitasking, which is often the case when an automobile hits a cyclist.

- Dodge the door. Though striking the door as you ride past can certainly hurt, "getting nailed by a passing vehicle is far more deadly," said Mionske. Ride outside the door zone, which means keeping a distance of 3 to 5 feet between your handlebars and the parked vehicles. Again, you may have to "take the lane," which is a cyclist's right in most states, said San Francisco attorney Miles Cooper.

Look for silhouettes or movement inside the car, said Cooper. "Look for taillights that have just gone out — those frequently indicate a driver is just about to get out of the car," he said.



Remember to always wear a helmet when riding a bike. In addition, brightly colored clothing can make you more visible to others on the road.

Be vigilant

- Anticipate accidents. "Assume that the car coming in the opposite direction will turn left in front of you, and be prepared to slow down to avoid it," said David Scharff, an internist at Mercy Hospital in Baltimore. "Know where the car behind you is, so when you move out to avoid the pothole or rain grate or parked car opening its door, you have plenty of room to glide in front of the car or behind the car to take up the lane," said Scharff, who is also a bike racer and commuter. "Don't get yourself pinned in."

- If you see a car turning into your path, go with the flow and turn right into the lane with the vehicle, even if you weren't planning to go that way. "Intersections, including at driveways, are the most dangerous section of the road for cyclists," said Mionske.

Send a signal

Legally, cyclists must signal a turn unless doing so would make them fall off the bike, said Mionske. At the same time, don't assume drivers will signal right hand turns.

To signal a left, point your left arm straight to the left.

To signal a right, point your right arm straight to the right.

To stop, point your left arm, bent at a right angle, hand pointing down. Signal about 100 feet before turning.

Orthopedic Insight

Treating Sports Injuries In Young Athletes

Students are getting ready to go back to school & participate in school sports...

millions of young athletes across North America will participate in sports activities, from football and soccer fields to tennis and basketball courts. With this increased activity, we physicians also see a dramatic and parallel increase in sports-related injuries – more than 3.5 million in children under age 15.

Thankfully, many of these injuries can be prevented which will allow our young people to continue to participate in sports activities that help to improve physical fitness, coordination, self discipline and self esteem. Here are a few key points that will help to keep young athletes in the game and out of the emergency room.

Remember that children are still growing.

Parents and coaches must remember that child athletes are not simply small adults. They are continuing to develop and their bones, muscles, tendons and ligaments are still growing, making them more susceptible to injury. To help prevent injuries, young athletes should be grouped

by skill level and size – not necessarily age – particularly in contact sports.

Understanding types of injuries.

As sports medicine specialists, we treat a variety of sports-related injuries, including: acute injuries, which are caused by sudden trauma and include contusions (bruises), sprains (a partial or complete tear of a muscle or tendon), and fractures. Overuse injuries often occur in athletes who are physically underdeveloped and include minor fractures, minimal muscle tears, or progressive bone deformities. Severe injuries to the neck, spinal cord, and growth plates can often occur in contact sports. Proper equipment and taking proper safety precautions are the best ways to decrease these contact sports risks.

Importance of proper diagnosis.

While some aches and pains are typical and normal in young athletes, some injuries, if left

“Parents and coaches must remember that child athletes are not simply small adults.”

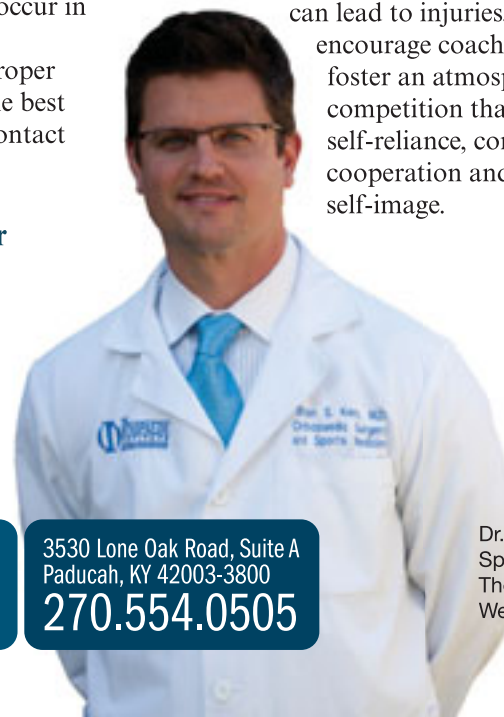
untreated, can cause permanent damage and interfere with proper physical growth. Whether an injury is acute or due to overuse, no young athlete should “play through the pain,” and should be examined by an orthopaedic surgeon when there is any discomfort or impairment.

Things go better with R.I.C.E.

For many simple injuries, we prescribe R.I.C.E. – Rest, Ice, Compression, and Elevation.

Make It Fun

Promoting a win-at-all-costs attitude can lead to injuries. As physicians, we encourage coaches and parents to foster an atmosphere of healthy competition that emphasizes self-reliance, confidence, cooperation and a positive self-image.



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Dr. Brian Kern, MD
Sports Medicine Specialist
The Orthopaedic Institute of
Western Kentucky

You're Expecting

Boy or girl? A simple test raises ethical concerns

BY LINDSEY TANNER

Associated Press

CHICAGO — Boy or girl? A simple blood test in mothers-to-be can answer that question with surprising accuracy at about seven weeks, a research analysis has found.

Though not widely offered by U.S. doctors, gender-detecting blood tests have been sold online to consumers for the past few years. Their promises of early and accurate results prompted researchers to take a closer look.

They analyzed 57 published studies of gender testing done in rigorous research or academic settings — though not necessarily the same methods or conditions used by direct-to-consumer firms.

The authors say the results suggest blood tests like those studied could be a breakthrough for women at risk of having babies with certain

diseases, who could avoid invasive procedures if they learned their fetus was a gender not affected by those illnesses. But the study raises concerns about couples using such tests for gender selection and abortion.

Couples who buy tests from marketers should be questioned about how they plan to use the results, the study authors said.

The analyzed test can detect fetal DNA in mothers' blood. It's about 95 percent accurate at identifying gender when women are at least seven weeks pregnant — more than one month before conventional methods. Accuracy of the testing increases as pregnancy advances, the researchers concluded.

Conventional procedures, typically done for medical reasons, can detect gender starting at about 10 weeks.

The new analysis involved more than 6,000 pregnancies. The testing

used a lab procedure called PCR that detects genetic material — in this case, the male Y chromosome. If present in the mother's blood, she's carrying a boy, but if absent, it's a girl.

Senior author Dr. Diana Bianchi, a reproductive geneticist and executive director of the Mother Infant Research Institute at Tufts Medical Center in Boston, called the results impressive. She noted that doctors in Great Britain are already using such testing for couples at risk of having children with hemophilia or other sex-linked diseases, partly to help guide treatment decisions.

Dr. Lee Shulman, chief of clinical genetics at Northwestern Memorial Hospital in Chicago, said the testing "isn't ready for prime time."

He said his hospital doesn't provide the blood tests, and doesn't offer more conventional techniques,

including amniocentesis, to women who have no medical reason for wanting to know their baby's gender.

Recent research found that increasing numbers of women in India who already have daughters are having abortions when prenatal tests show another girl, suggesting that an Indian ban on such gender testing has been ineffective.

Evidence also suggests that China's limits on one child per couple and traditional preference for male heirs has contributed to abortions and an increasingly large gender imbalance.

There's very little data on reasons for U.S. abortions or whether gender preferences or gender-detection methods play a role, said Susannah Baruch, a policy consultant for the Generations Ahead, an advocacy group that studies genetic techniques and gender issues.



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Clinical trial raises hope for cancer treatment

BY ERYN BROWN

McClatchy-Tribune News Service

LOS ANGELES — In a potential breakthrough in cancer research, scientists at the University of Pennsylvania have genetically engineered patients' T cells — a type of white blood cell — to attack cancer cells in advanced cases of a common type of leukemia.

Two of the three patients who received doses of the designer T cells in a clinical trial have remained cancer-free for more than a year, the researchers said.

Experts not connected with the trial said the feat was important because it suggests that T cells could be tweaked to kill a range of cancers, including the blood, breast and colon.

"This is a huge accomplishment — huge," said Dr. Lee M. Nadler, dean for clinical and translational research

at Harvard Medical School, who discovered the molecule on cancer cells that the Pennsylvania team's engineered T cells target.

To build the cancer-attacking cells, the researchers modified a virus to carry instructions for making a molecule that binds with leukemia cells and directs T cells to kill them. Then they drew blood from three patients who suffered from chronic lymphocytic leukemia and infected their T cells with the virus.

When they infused the blood back into the patients, the engineered T cells successfully eradicated cancer cells, multiplied to more than 1,000 times in number and survived for months. They even produced dormant "memory" T cells that might spring back to life if the cancer was to return.

On average, the team calculated, each engineered T cell eradicated at

least 1,000 cancer cells.

Side effects included loss of normal B cells, another type of white blood cell, which are also attacked by the modified T cells, and tumor lysis syndrome, a complication caused by the breakdown of cancer cells.

"We knew (the therapy) could be very potent," said Dr. David Porter, director of the blood and marrow transplantation program at the Hospital of the University of Pennsylvania in Philadelphia and a coauthor on both papers. "But I don't think we expected it to be this dramatic on this go-around."

Bone marrow transplants from healthy donors have been effective in fighting some cancers, including chronic lymphocytic leukemia, but the treatment can cause side effects such as infections, liver and lung damage, even death.

"It is kind of a holy grail," said Dr. Gary Schiller, a researcher with the University of California, Los Angeles' Jonsson Comprehensive Cancer Center, who was not involved in the trial.

Earlier efforts to replace risky transplants with engineered T cells proved disappointing because the cells were unable to multiply or survive in patients, Porter said. This time, he said, the T cells were more robust because the team added extra instructions to their virus to help the T cells multiply, survive and attack more aggressively.

Porter cautioned that these were preliminary results. The scientists plan to continue the trial, treating more patients and following them over longer periods. The researchers also would like to expand the work to other tumor types and diseases, Porter said.



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Top of the Chart



Tossing and turning in your sleep may impair your memory and learning ability, a new study says.

Fragmented sleep may impair memory, learning

BY MELISSA HEALY

McClatchy-Tribune News Service

WASHINGTON — Forgotten how to do something you just learned yesterday? Consider the possibility that last night's sleep was punctuated by mini-awakenings, robbing you of the ability to commit that new skill to memory. You might have gotten eight hours of sleep, and may not even feel tired. But when sleep is interrupted frequently — as it is in a wide range of disorders, including sleep apnea, alcoholism and Alzheimer's disease — the ability to learn new things can be dramatically impaired, says a new study conducted on mice.

The research, published this week in the Proceedings of the National Academy of Sciences, used a novel method to isolate the effects of sleep fragmentation from overall sleep quality. Studies to date have shown

that when sleep is frequently interrupted, memory suffers. But no one really knew whether the memory problems they observed were the result of shorter cumulative sleep times, poor overall sleep quality, the degradation of some distinct part of the sleep cycle, or the sheer annoyance of being prodded awake repeatedly while sleeping. This study suggests that even when frequent waking doesn't affect sleep quality and doesn't cut into overall sleep time, memory takes a hit.

Researchers at Stanford University stimulated "microarousal events" in mice by injecting their brains with a virus carrying a red fluorescent protein. Once established in the brain, the protein found its way to specialized brain cells in the hypothalamus involved in awakening. When stimulated by a laser diode directed at that region of the brain, those specialized

neurons became active and the mice briefly awakened. During four hours of daytime sleep, scientists "lit up" the awakening neurons every 60 seconds, causing the mouse's brain briefly to stir, and then fall back to sleep. The frequent awakenings did not drive down the amount of rapid-eye-movement (REM), or deep, restorative sleep the mouse had. Nor did it drive down cumulative sleep time. And it didn't appear to cause the mouse any stress.

A control group of mice had the laser diode flashed at them. But since they had not had the specialized protein introduced into their brain, they did not experience microarousal events, and slept through.

Before tuck-in time, each mouse had been put into a cage where it had two novel areas to explore (when introduced to two new things, a mouse will typically explore both equally).

After four hours of daytime sleep, researchers sought to test whether a mouse would remember having explored these areas before.

After four hours of sleep, the mice whose brains had been prodded awake every 60 seconds showed no familiarity with the cage to which they had been introduced earlier, and their patterns of exploration reflected that. The mice whose sleep had not been interrupted behaved as if they remembered having explored the cage.

Researchers suggest that new skills and information are committed to memory during sleep when our brains "replay" recently learned actions or sequences. Biologist H. Craig Heller and neuroscientist Luis de Lecea, the Stanford researchers who led the study, suggested that when frequent awakenings interrupt that process, the memory can be lost or compromised before it is stored.



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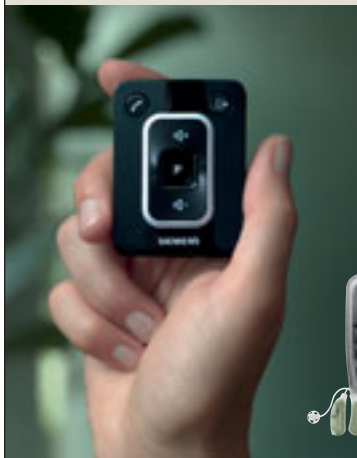
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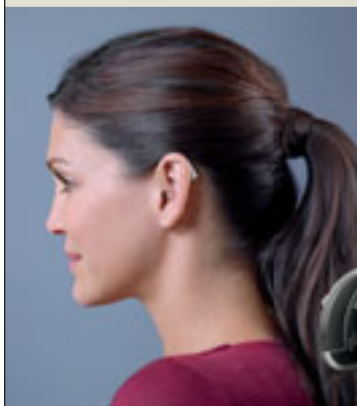


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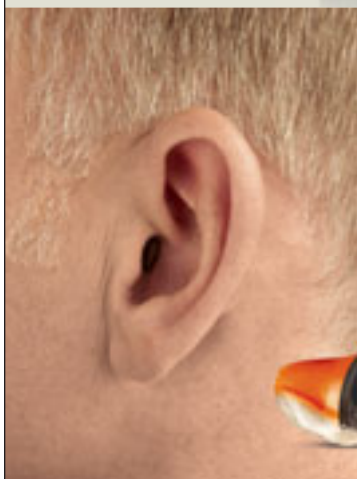
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