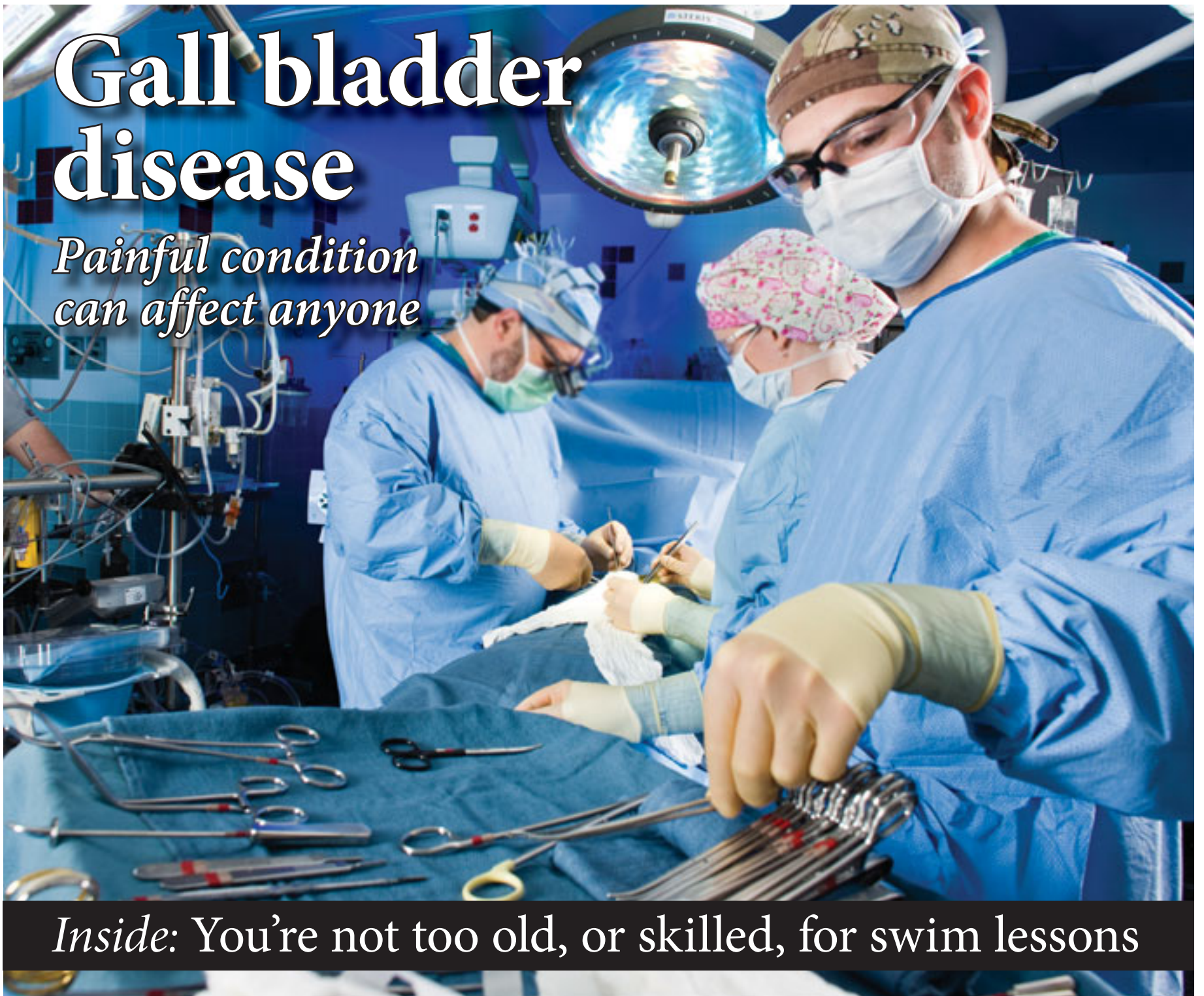


HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

January 2012



Gall bladder disease

Painful condition can affect anyone

Inside: You're not too old, or skilled, for swim lessons

HOUSE CALL

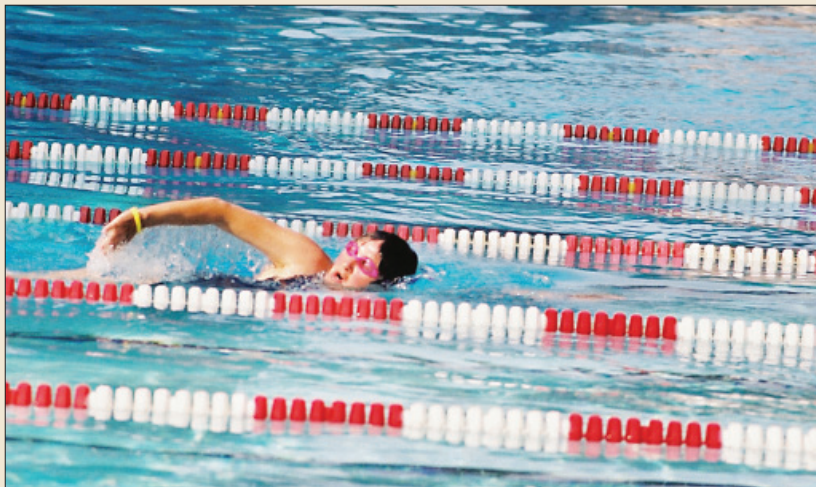
YOUR GUIDE TO HEALTH AND WELLNESS

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LIVING WELL



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You're not too old, or too skilled, to take
swimming lessons.

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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.

Gall bladder disease can affect anyone

BY ALAN REED

areed@paducahsun.com

Abdominal pain may be a sign of gall bladder disease.

Dr. Dana Tyrrell, a general surgeon at Lourdes hospital, said gall bladder disease is caused by either a malfunctioning gall bladder or stones blocking the flow of bile. The gall bladder is an organ attached to the liver that stores bile, a digestive juice. It secretes bile into the intestines to digest food.

“The most common symptoms of gall bladder disease are nausea, bloating and abdominal pain,” Tyrrell said. “It’s most commonly experienced on the upper abdomen, right side, but pain from gall bladder disease can be felt anywhere, from the chest, to the shoulders to the back.”

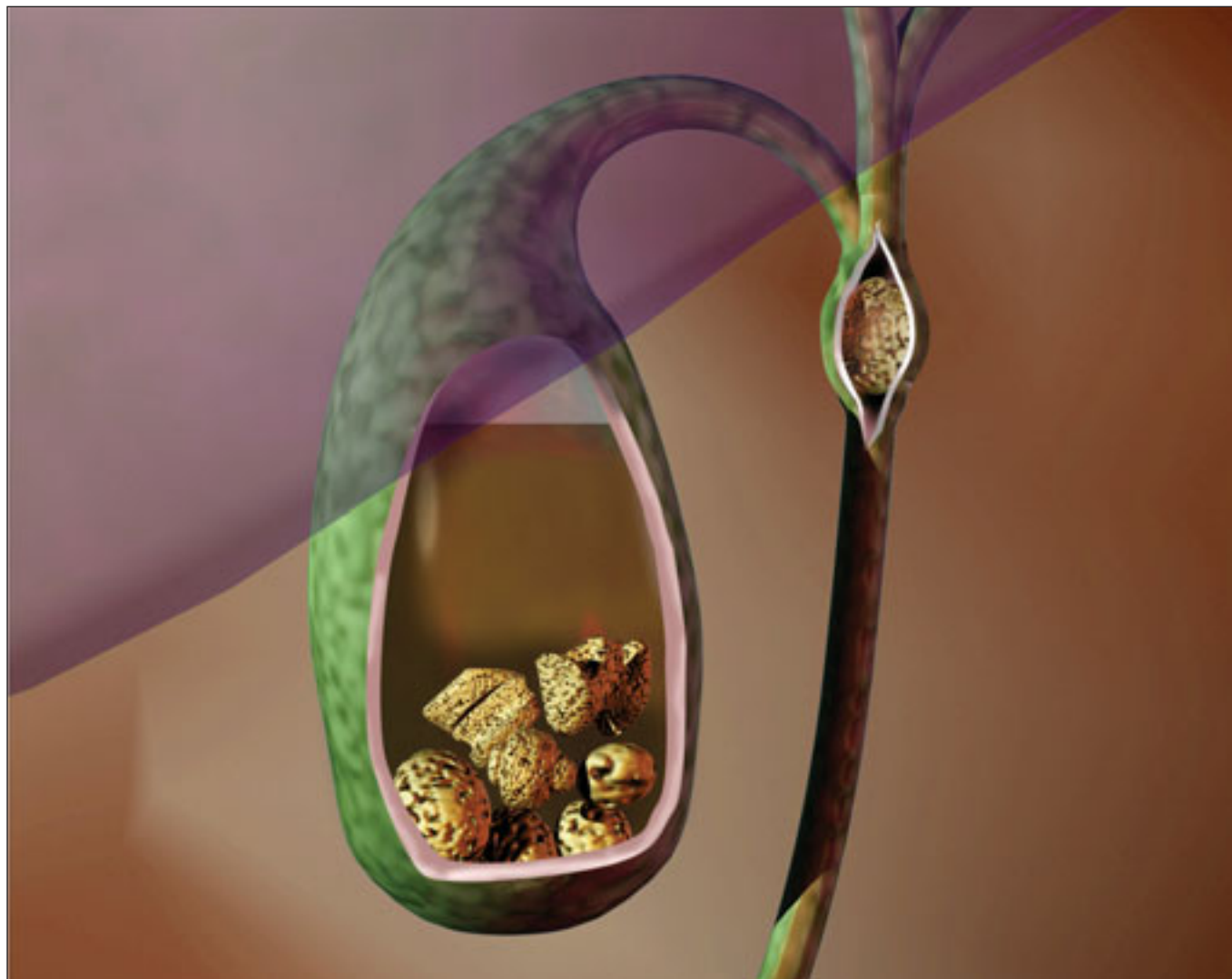
Tyrrell said gall bladder disease may be exacerbated by eating greasy foods. Fatty foods may cause cramping, pain, diarrhea or an upset stomach in a patient with gall bladder disease. Attacks of gall bladder disease may come on at any time.

“Some people with gall bladder disease, but no stones can change their diet to avoid greasy foods,” Tyrrell said.

“A bland diet may decrease symptoms, but once a person is diagnosed with gall bladder disease, we usually perform a laproscopic cholecystectomy.”

A cholecystectomy, or surgical removal of the gall bladder, is performed in cases of chronic gall bladder disease or when gall stones block the bile duct. Tyrrell said some patients with this surgery may suffer from diarrhea as their bodies adjust to a new flow of bile.

“This may last for a month or two, then it goes away. For some patients, certain foods may trigger an upset stomach, but for most patients, it’s a well-tolerated procedure. It’s really not life-altering at all,” Tyrrell said.



McClatchy-Tribune News Service

This illustration shows gall stones that build up inside the gall bladder. Gall stones block the flow of bile, which is a digestive juice.

“The most common symptoms of gall bladder disease are nausea, bloating and abdominal pain. It’s most commonly experienced on the upper abdomen, right side, but pain from gall bladder disease can be felt anywhere”

Dr. Dana Tyrrell

General surgeon, Lourdes hospital

Tyrrell said doctors once considered the most likely victim to be female, in her 40’s, pre-menopausal and overweight. Now doctors see gall bladder disease in all ages, men,

women and children alike. Gall stones can be detected with sonography, while scans can show how the gall bladder’s function.

“There’s the question if it’s genetic

or acquired,” Tyrrell said. “Sometimes one patient gets it, and so does his parents and siblings. We don’t know if it’s genetic or because they’ve all had the same diet all their lives.”

On & Off *the Vine*

Sporadic low-carb diets may help people lose weight, reduce insulin resistance

BY JEANNINE STEIN

McClatchy-Tribune News Service

An intermittent low-carb diet could be better than a standard low-calorie Mediterranean diet for weight loss and lowering insulin, a study finds.

Low-carb diets have been shown in a number of studies to be superior to regular low-calorie diets for various weight health outcomes, but they're notoriously difficult to stick to for a number of people. In this study, researchers followed 115 women who had a family history of breast cancer for four months as they were randomly assigned to one of three diet programs.

One was a very calorie-restricted (650 calories) low-carb diet for two days a week, one was a low-carb diet in which participants could eat unlimited amounts of protein and healthy fats

for two days a week, and the last was a standard 1,500-calorie-per-day Mediterranean diet followed every day.

Both of the low-carb diets beat the Mediterranean diet for lowering weight and improving insulin resistance. Women in the low-carb groups lost an average of about 9 pounds, compared to about five pounds in the Mediterranean diet group. Insulin resistance dropped an average 22 percent in the calorie-restricted low-carb group, 14 percent in the all-you-can-eat low-carb group and 4 percent in the Mediterranean diet group.

"Weight loss and reduced insulin levels are required for breast cancer prevention, but (these levels) are difficult to achieve and maintain with conventional dietary approaches," said co-author Michelle Harvie of the Genesis Breast Cancer Prevention Appeal in England.

Healthy Living

Pomegranates

Native to the Middle East, pomegranates, one of the world's oldest fruits, are also among the healthiest.

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Source: About.com, Juicing for Health, MCT Photo Service
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Forming a habit is a marathon, not a sprint

BY NARA SCHOENBERG

McClatchy-Tribune News Service

I tried for years to do two simple things: brush my teeth for two minutes every night and floss.

Let's just say the results were uninspiring.

And then I took my kids in for their dental checkup, and the hygienist gave us two little plastic hourglasses — one blue, one green. I made my kids brush until the sands of time passed through an hourglass, indicating two minutes had elapsed. Then I started using an hourglass myself. I would spot one perched on the sink, turn it over, brush and then floss.

I didn't notice much of a change until the night when I decided it was late and I could ditch the dental routine just this once — and before I knew it I was standing in front of the bathroom mirror like a zombie slave of the American Dental Association, my teeth squeaky clean and a piece of mint-flavored floss in my hand.

Seems I had stumbled into a good formula for forming a healthy habit.

"The general principle is, try and keep it simple in terms of what you want to do, try to do it each time you encounter (the triggering event), just keep doing it, and make sure you're realistic in what you expect the behavior to be like and what its consequences will be," says Benjamin Gardner Sood, a psychologist who lectures in motivation, habits and health at University College London.

"If that's all in place, then I'm very confident that you will form a habit."

That's not to say that forming a habit is easy. If it were, we would all be eating our green vegetables, exercising regularly and flossing with great abandon. But intentional habit creation is possible, and though research on human habit formation is still in its early stages, studies that have come out in recent years provide insights and suggest basic guidelines.

Breaking a habit

Emboldened by my success in establishing a flossing habit, I asked for expert assistance in breaking my snacking-while-channel-surfing habit.

Psychologist James Claiborn, author of "The Habit Change Workbook: How to Break Bad Habits and Form Good Ones," suggested that I consider what I'm getting out of my mindless snacking, under what circumstances I do it and whether there's a more healthful habit that might offer the same rewards.

Since the snacking was giving me a little mood boost and a little selfish "me" time at the end of a busy day, I tried a minor beauty routine which only made me feel, well, ready to snack. Since I tend to eat when I'm bored by what's on TV, I tried watching shows I actually wanted to see. That was a little better, but not much.

Claiborn suggested that I keep a record of when I eat while watching TV and why, which I couldn't make myself do, but I did have a breakthrough of sorts one morning when I was taking a shower. The breakthrough went something like this: "Hey, I like taking a shower. I get a little mood boost from taking a shower. This is selfish 'me' time."

I switched shower time to the evening, after the kids were in bed, and — lo and behold — emerged with zero interest in hitting the refrigerator.

Now if only I can repeat that result 65 more times, I may have a new habit.

"The general principle is, try and keep it simple in terms of what you want to do, try to do it each time you encounter (the triggering event), just keep doing it, and make sure you're realistic in what you expect the behavior to be like and what its consequences will be."

Benjamin Gardner Sood

Psychologist at University College London

One of the places I went right in the case of flossing — and had all too often gone wrong in the past — was to choose a behavior that was triggered by a regularly occurring outside event.

In animal research conducted by Massachusetts Institute of Technology professor Ann Graybiel and her colleagues, rodents received start signals, ran mazes and reaped food rewards. At first, neurons in the animals' brains fired fairly constantly

throughout the maze-running process, but as the animals learned how to correctly run the mazes and their behavior became more automatic, neuron activity concentrated at the very beginning of the process (when the animal received the start signal) and at the very end, suggesting that the start signal was playing a key role in triggering the habit, and the reward was vital to its completion.

Similarly, I seem to have needed a start signal to cue my automatic

behavior. I'd had little success when I assumed that a two-minute brushing habit could be triggered by, well, my repeated decision to brush. Seeing the hourglass by the sink every night at bedtime was enough of a reminder to turn over the hourglass, which in turn did get me on track to brushing for two minutes.

I got my small but consistent reward — clean-feeling teeth and a sense of accomplishment — and eventually it was hard not to turn the hourglass or brush once I'd done it.

Over a fairly long period, probably more than a year, the brushing and subsequent flossing became very consistent and — bingo — I was behaving as predictably as a lab rat.

I probably owed my success, in part, to my choice of habit. In a 2011 study of human volunteers in the European Journal of Social Psychology, researchers found evidence that simpler behaviors (drinking a glass of water after breakfast) are more easily converted into habits than more complex ones such as exercising.

Similarly, M.J. Ryan, an executive coach and author of "This Year I Will ...: How to Finally Change a Habit, Keep a Resolution, or Make a Dream Come True," says to focus on one specific thing that you're truly motivated to change. It's not enough to say, "I want to be organized," she says. You have to whittle that down to something along the lines of, "I want to take 10 minutes every day to straighten up my desk."

The 2011 study in the European Journal of Psychology found that for a subset of 96 volunteers, it took a median time of 66 days to form a new habit. The total time it took for a behavior to become habit ranged from 18 to 254 days. That's a marathon, not a sprint, and experts say motivation is key; you've got to pick something that you really want to do and that offers a genuinely rewarding outcome.

Top of the Chart

Flour may be culprit in 2009 cookie dough E. coli outbreak

BY JEANNINE STEIN

McClatchy-Tribune News Service

LOS ANGELES — An investigation of a 2009 outbreak of E. coli traced back to raw cookie dough finds the culprit may be raw flour.

A report in the journal *Clinical Infectious Diseases* provides the details of the analysis, from the first outbreaks of E. coli to interviewing patients to tracking the illnesses to raw cookie dough and trying to determine which ingredient cause the illnesses. In all, 77 patients from 30 states were affected; 35 people were hospitalized but there were no deaths.

In May 2009 a food-borne disease surveillance system found a 17-case cluster of E. coli infections in 13 states, prompting an investigation by the Centers for Disease Control and Prevention and local public health officials.



Cookie dough may be tempting, but eating it raw isn't the best idea. Investigators suspect raw flour may be the cause of a 2009 cookie dough E. coli outbreak.

Studying 36 patients and 36 controls from 18 states, researchers found that eating a particular brand

of cookie dough was the only thing significantly linked to illness.

After some cookie dough product samples turned up positive for E. coli in testing there was a recall.

But what ingredient in the dough was to blame for the outbreak and how did it become contaminated? Despite investigations and testing, that's still not known. After ruling out the likelihood of being caused by factors such as food handling, safety violations or intentional contamination, the study authors considered ingredients like molasses, unpasteurized eggs, sugar, margarine, chocolate chips and baking soda. But each of those was also ruled out.

That pretty much left flour, which, the authors noted, is a raw product. Although no conclusive evidence was found to pin the illnesses on flour, they made the case that flour is pur-

chased in large quantities and could have been distributed to a number of lots. Also, it's not processed to kill pathogens.

"Consumption of cookie dough," the authors wrote, "appears to be a popular practice, especially among adolescent females." Need some proof of that? Among the patients who contracted E. coli from eating cookie dough, 66 percent were under 19 years old, 71 percent were female, and some told investigators they bought the stuff never intending to bake it.

So let's review: Don't eat raw cookie dough. The study noted that several cookie dough manufacturers told the FDA they started using heat-treated flour, and suggested all companies consider making their product safe to be eaten raw. Because people are going to do it anyway.

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Dr. William R. Adams, II ▲

Dr. William Adams attended Western Michigan University for undergraduate studies and graduated with a degree in podiatric medicine from Scholl College of Podiatric Medicine in Chicago, IL. He completed his surgical residency at Harris County Surgical Residency/Greater Texas Education Foundation in Houston, TX. Dr. Adams is board certified in foot surgery and board certified in reconstructive rearfoot and ankle surgery. He is on staff at Western Baptist Hospital, Jackson Purchase Medical Center and Ambulatory Surgery Center.



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Orthopedic Insight



Treatment for Arthritic Joint Pain in the Great Toe Joint

William R. Adams II DPM, FACFAS

One of the more common joints in the foot to be affected by arthritis is the first metatarsophalangeal joint, or Great Toe Joint. Arthritis within this joint may cause pain that makes it difficult to walk or even wear shoes. While conservative treatments such as shoe modifications, bracing, injections, medications and orthotics are effective for some patients, others may require surgery in order to achieve effective symptom relief.

Surgery for arthritis of the first metatarsophalangeal joint may involve cheilectomy, cheilectomy with decompression of the joint, joint resurfacing, and joint arthrodesis. All of these procedures are performed in an outpatient setting such as a hospital or surgery center.

Cheilectomy is a very simple procedure performed to remove prominent bone spurs that rub on shoes. This procedure can give significant pain relief in the appropriate patient. With this procedure patients are allowed to bear weight

immediately after surgery and are back into a regular shoe at 3-4 weeks.

Cheilectomy with Decompression of the Joint includes removing spur and shortening the metatarsal bone behind the joint or the phalanx or toe bone in front of the joint. With this procedure patients are allowed to walk in a walking boot immediately after the procedure and return to regular shoes in 6-8 weeks.

Joint Resurfacing replaces the cartilage with a metal spacer. This allows for continued motion of the joint following surgery. This is a great option in patients with post traumatic arthritis or in conjunction with decompression. Follow up for this procedure includes protected limited weight bearing for two weeks, followed by weight bearing in walking boot for 2-4 weeks before returning to regular shoes.

Joint Arthrodesis is considered the gold standard for treatment of end stage arthritis. Arthrodesis means

fusion of the bones on both sides of the joint to prevent them from rubbing against each other and causing pain. Other indications for this procedure include severe hallux valgus (bunion) deformity, rheumatoid arthritis, failed previous surgery to this joint and trauma. The bones are held together with metal screws and a plate to allow them to heal in place. The plate is titanium and 1.5 mm in thickness. Due to the fact the plate is so thin and the screws sit flush with the plate, removing it is rarely necessary. This is a successful, reproducible procedure, even in very active patients. Following surgery, patients are typically allowed no weight bearing with a removable cast and crutches for four weeks, followed by a two week course of more progressive weight bearing with boot and crutches and then two remaining weeks full weight in a walking boot. Patients typically can return to normal activities in 12 weeks and can typically return to their preoperative level of activity, including running and other sports.



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Children's *Health*

Chronic pain is common child complaint, study says

BY SHARI ROAN

McClatchy-Tribune News Service

Chronic pain is usually thought of as a problem affecting adults. But a new study shows that chronic pain is also highly prevalent in children and that more kids today suffer from pain compared to two decades ago.

Researchers in Nova Scotia analyzed data from 41 studies on pain in children published since 1991. They found that chronic pain conditions are more common in girls than boys and that pain problems tend to increase with age. Headache is the most common type of chronic pain in kids, with 23 percent of children age 7 to 18 reporting weekly head-

aches and 5 percent reporting daily headaches. But abdominal, back and musculoskeletal pain were common, too. Recurrent abdominal pain was reported by 12 percent of children. And, in two studies that looked at back pain, 21 percent of the children reported pain for at least one month.

Understanding pain patterns in children may alleviate their suffering and help explain how and why adult chronic pain occurs, the authors said.

“(R)esults of this review indicate that persistent and recurrent chronic pain is overwhelmingly prevalent in children and adolescents and should be recognized as a major health concern in this population.”

Women's *Health*

Researchers link starchy food to breast cancer recurrence

BY ERYN BROWN

McClatchy-Tribune News Service

Another reason to avoid the carbs: Researchers reported that increased carbohydrate intake was associated with a higher rate of breast cancer recurrence in survivors of the disease.

Starch intake seemed to be particularly influential, they said, accounting for 48 percent of changes in the women's carbohydrate intake.

“Women who increased their starch intake over one year were at a much likelier risk for recurring,” said team leader Jennifer Emond, a doctoral student in public health at the University of California-San Diego.

Emond and her colleagues looked at data from the Women's Health Eating and Living (WHEL) Dietary Intervention Trial. About 3,000

breast cancer survivors participated in an annual phone interview over the course of seven years.

For the starch study, the researchers looked at food recall interviews at the beginning and after one year from 2,651 women. They found that the initial carbohydrate intake was 233 grams per day. Women who had a recurrence of their cancer increased their carb intake by 2.3 grams per day, on average. Women who did not have a recurrence decreased carb intake by 2.7 grams per day, on average.

The increased risk was limited to women with lower-grade tumors.

The researchers said that the discovery called for more study of limiting starch intake in women with breast cancer.

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Swimming lessons can help even skilled swimmers improve efficiency in the water.

You're not too old, or skilled, for swim lessons

BY JOSH NOEL

McClatchy-Tribune News Service

It wasn't as if I couldn't swim. Drop me in an ocean and I can splash with the best of them. At the hotel pool I usually knock out a few laps. Nothing brings a bigger smile to my face than a water slide plunging into 8 feet of chlorine.

But I didn't swim with much efficiency or grace, and I tired easily. My stroke was stuck somewhere around my last lesson, which came at about age 10. And — most relevant — run-

ning several times a week was starting to feel rough on the knees and joints. I wanted to mix in another form of exhaustion, and, based on swimming's reputation for a thorough, but gentle workout, it seemed like an ideal solution.

So I paid \$225 for five 25-minute private lessons to improve my stroke and maximize the workout. I wasn't sure adults took swim lessons, but the people at Chicago Blue Dolphins, a local swim school, assured me adults do it all the time.

But when that first lesson neared, I had almost convinced myself I didn't need it. I could swim. I had no fear of the water. Why waste my time and money? It's just swimming, right?

Not so right.

The first lesson began with John Fitzpatrick, owner of Chicago Blue Dolphins, whom everyone simply calls Fitz, pointing me to one of his two pools that are too small for a swimmer to go anywhere but that generate enough resistance to swim in place. Minutes before, a handful

of 6-year-olds had been splashing in that same pool with a bunch of bright floating toys.

I waded into the 90-degree water and Fitz followed me in for what I learned would be hands-on training — literally at times. As I tested my new black goggles by swimming around the bottom of the pool, he positioned an underwater camera that would project my stroke onto a flat-screen television just outside of

Please see **SWIMMING** | 11

SWIMMING: Lessons can reteach adults how to swim for better performance

CONTINUED FROM 10

the pool. Before anything, he wanted to see how I swam. No problem. After all, I wasn't even sure I needed the lessons.

Fitz cranked up the jets, stepped outside of the narrow current (there is room for two swimmers at different speeds in the pool, plus someone like Fitz to stand by and watch), and off I went, chugging hard in the water for about 45 seconds. I felt good. I even started to think I looked quite good. What was I doing there? Then we watched the video.

My first realization is that it is strange to see yourself underwater (So that's what fish see!). The second was that I was a dreadful swimmer. I had thrashed through the water like a frantic hippo — arms pawing, legs bent and flailing, body barely aloft. I seemed to be expending more energy trying to float than trying to move forward.

It wasn't encouraging, but it also wasn't uncommon. Fitz said about 40 percent of lessons at Chicago Blue Dolphins are given to adults. Many

are in the same, ahem, boat as I was. Many more can't swim at all, or are overcoming fear of the water.

For the next half-hour Fitz began the process of reteaching me to swim. He broke down the freestyle stroke piece by piece, making me aware for the first time of swimming's complexity. Though half the body does most of the work for biking or running, I realized, swimming is more like swinging a baseball bat: the legs, arms, hips, feet and head all have specific roles in success and efficiency. Unlike swinging a bat, though, swimming isn't finished in two seconds; it's motion on repeat, making the body a constant and intricate machine.

There was the first advantage of adult swim lessons. Kids just do. Adults think.

Fitz started me with simple kicking, facedown in the water with my arms at my sides. It was a simple beginning but immediately taught me the importance of letting go. Becoming light and relaxed allows you to focus on the work of swimming. The

water wants to keep us aloft. Let it. Spend your energy moving forward.

Next we moved on to floating facedown while kicking and pulling my arms from my sides to straight ahead. Simple, but it also taught me how to float well with my arms engaged. Then I went facedown with my arms ahead, brought one hand back and brushed my thumb along my thigh before bringing it back up top and repeating with the other arm. It was 90 percent of swimming, but without the breathing, and with emphasis on form more than speed or distance. Fitz was truly taking me apart before putting me back together.

At the conclusion of our first half an hour, Fitz offered simple instruction for practicing at the public pool across the street from my home: "Think about how you move through the water. Don't worry about how far you go."

Over the coming weeks, the learning curve was steep and the strides swift. Fitz slowly integrated wrinkles, like forcing my chest deeper into the

water and turning my body — chest, hips, legs, feet — almost 90 degrees to the wall with each stroke. I was already feeling stronger, lighter and more confident. The lessons routinely ended with Fitz recording video of me and us reviewing it together.

"You're 100 percent better," he said after the second lesson.

As the weeks went on, my strides became straighter, smoother and more consistent, propelled by each of Fitz's encouraging words — "Good!" or "Much better!" or "Excellent!" — whenever I popped up from the water. It was like being 10 again.

I couldn't remember the last time I had learned so much in such a short amount of time. Probably it was childhood — which is when we tend to leave bettering ourselves behind. We do it all day at school, then often after school with music lessons or sports. As adults, we tend to operate as if who we are somehow became immutable. A handful of swimming lessons has given me, I hope, a new hobby for life. It turned out to be liberating just to learn something new.

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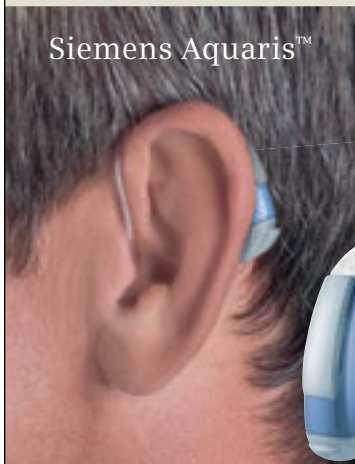
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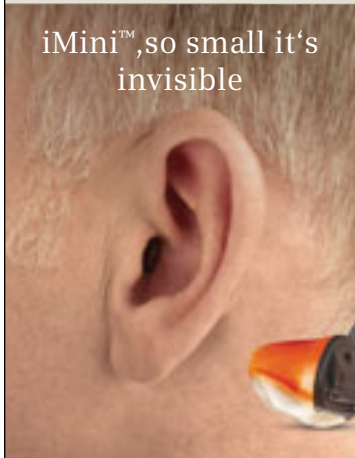




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