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Help children separate health facts from fiction



Will swallowed gum stay in stomach for seven years?

METRO CREATIVE GRAPHICS

Well-meaning parents or grandparents often tell children not to do something with the warning that a serious health implication could result. Kids often take their elders at their word. But some of these warnings bear more truth than others. Here's the scoop on some of the more common misconceptions:

Myth: Swallowed chewing gum stays in the stomach for seven years.

Fact: While chewing gum cannot be digested and is meant to be chewed and not swallowed, accidentally swallowing a piece here and there won't cause major issues.

That's because the gum will simply pass through the digestive system whole and come out with stool. If a large amount of gum is swallowed in a short period of time, then there could be issues, including constipation and intestinal blockage in children.

Myth: If you keep your eyes crossed too long, they will get stuck that way.

Fact: The muscles in the eye are just like any muscles elsewhere in the body. Although they may tire and get sore, they are relatively resilient and can take a lot of wear and tear. Crossing your eyes may tax these muscles, but you won't do any permanent harm. Rest assured that crossing the eyes will not leave them stuck that way.

Myth: Going outside with wet hair will make you sick.

Fact: Although you will feel colder stepping outside with a part of your body wet, it won't make you more susceptible to catching a cold. Researchers at the Common Cold Research Unit in England once tested a group of volunteers who were given the cold virus. One half of the group stayed in a warm room, while the others took a bath and stood wet in a hallway for 30 minutes. The wet group didn't catch more colds than the dry.

Myth: Covering your head is most important because you lose 75 percent of your body heat through it.

Fact: This calculation is more for an infant whose head makes up a greater percentage of his or her body. In an adult, the figure is closer to 10 percent. Heat can escape from any exposed area of the body. Therefore, it is helpful to bundle up all areas of the body when spending time outdoors in the cold weather.

Myth: Don't swim right after eating.

Fact: The basis of this mantra is that when digesting food, the digestive system pulls blood away from the muscles and the idea is that you could cramp up and drown. While you may have less energy to swim vigorously, chances are you won't be so weak as to drown.

Although many health myths prevail, knowing the truth can help parents educate their children better about which behaviors are safe and which are risky.

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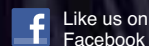
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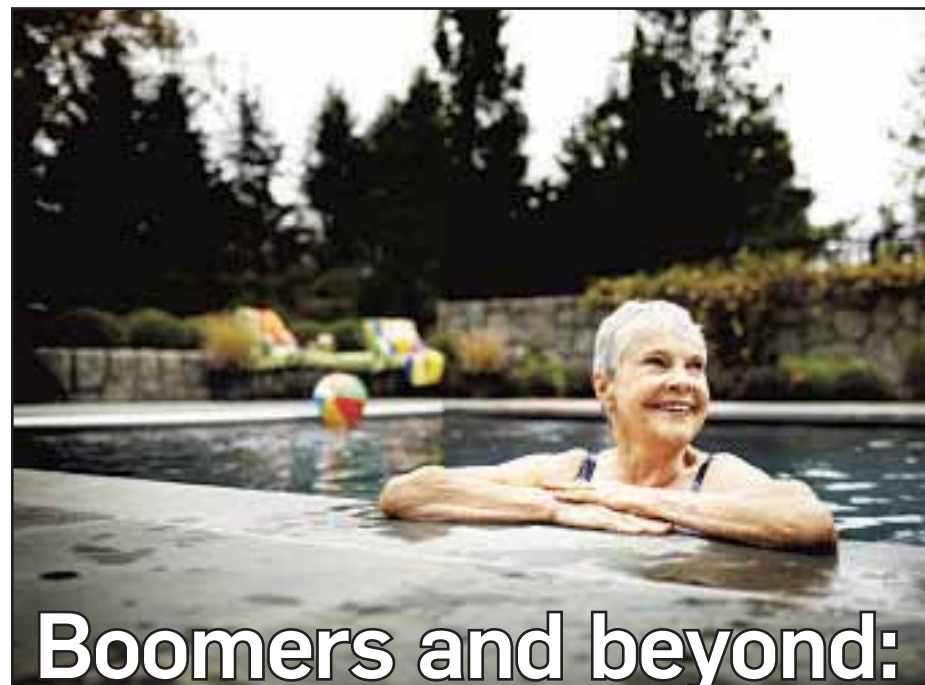
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Boomers and beyond: A five-step plan for keeping heart healthy

BRANDPOINT CONTENT

More baby boomers and older adults are taking a proactive approach to heart health. Living a heart-healthy lifestyle in your golden years and dealing with any type of diagnosis head-on is the smart way to keep your heart pumping strong for many years to come.

Following these five easy steps can help you take control.

1. Exercise your heart by staying active.

Increasing your heart rate through daily exercise can help keep your heart healthy and help you live longer. Good heart-healthy activities include walking, swimming and bicycling. Stay motivated by exercising with a friend.

2. Eat heart-healthy foods.

Fresh fruits and vegetables are fantastic for heart health — make it your goal to eat a variety of colors every day. Whole grains and fish rich in omega-3 fatty acids are good choices also.

3. Consult your doctor about heart-healthy supplements.

As we age, sometimes our bodies can't absorb vitamins and minerals as well as when we were younger. Many people take vitamin D and a low-dose aspirin daily once they hit their 50s or 60s. Ask your doctor for recommendations.

4. Schedule your annual physical.

An annual physical is the cornerstone of preventative care. At your appointment, make sure you get your blood pressure and cholesterol checked. Have your doctor explain what those numbers mean for you.

5. Don't be afraid to ask questions.

No matter what, when it comes to the

health of your heart, ask questions. If you are diagnosed with a slow heartbeat and need a pacemaker, talk with your doctor about your options and determine if a pacemaker that is approved for use in an MRI may be right for you.

Marilyn Rose of Richardson, Texas, ate healthy, exercised regularly and scheduled yearly physicals, but at age 80 she frequently felt tired and short of breath. Rose was scheduled for an echocardiogram, a heart test that allows the doctor to see the movement of the heart, and it was then that she learned she had a condition called bradycardia, or a slow heartbeat.

Rose needed a pacemaker to help her live a full life, but she learned that historically, pacemakers have not been approved in the U.S. for use with MRIs. She was concerned — she knew at her age the likelihood that she might need an MRI at some point was high.

After talking with her doctor and asking plenty of questions, Rose learned that the FDA had approved the first pacemaker that was fit for use in the MRI environment. Today, after getting her pacemaker, she's feeling great and is back to her regular life, swimming, knitting and playing with her five grandkids.

Her friends call her the "Energizer bunny," and with her pacemaker she says she feels better than she did before. For Rose, asking the right questions made a life-changing difference.

Rose's story is just one example of how the decisions you make today can impact your health tomorrow.

Whether you want to take on your golden years with a heart-healthy outlook, or you are a child of aging parents and you want them to live a long, full life, these tips can help you reach your goals.

The doctor will see you now –

online

By **DENNIS RICHARDSON**
SENIOR SPECIAL SECTIONS WRITER

It's late at night; your child complains of a sore throat and has a mild fever. You've tried, but cannot reach your pediatrician.

Do you go to the emergency room, or stay home from work the next day to take your child to the doctor's office?

Most parents have faced that question at one time or another.

These days, though, there is a third alternative: an online physician consultation, the digital version of the house call that doctors made prior to the late 1970s.

Thanks to telemedicine, or "tele-health" as it's also called, people today can have anytime/anywhere virtual access to a physician via a smartphone or a webcam-equipped personal computer from their home or office.

Telemedicine proponents say its main advantages are convenience, accessibility and affordability.

The average wait time for an online consultation, proponents say, is between 12 and 35 minutes. That's far less than the four-and-a-half-hour average wait in an emergency room.

"A lot of people go to the emergency room who don't really need to be there," says Jonathan Linkous, CEO of the American Telemedicine Association, based in Washington, D.C. "That's inefficient because: one, it costs a lot to the people and their insurers or the government; and two, it increases the waiting time for those people who really do need emergency care."

An alternative for non-emergency health care

It is estimated that as many as 70 percent of the visits to emergency rooms or urgent medical care centers are unnecessary.

"A lot of people go to the emergency room because they don't see an alternative," Linkous adds. "[Telehealth] provides one alternative."

"My favorite example," says Dr. John Shufelt, founder of the online consultation service MeMD, "is a patient [visiting an emergency room] with a [non-allergic-reaction] bee sting."

Telemedicine offers an alternative for

patients with non-emergency healthcare needs when they are unable to reach their primary care physician.

Google "online physician consultations" and you'll get a match with many companies that provide this service.

While the procedure for scheduling a digital doctor's visit can vary, commonly the patient registers online, and fills out a questionnaire similar to one at a doctor's office or an emergency room.

After the patient receives a prompt to "wait to see a physician," the medical service contacts a physician that a virtual patient is waiting. Then the doctor contacts that patient online, through the medical service.

Many services offer the option of making an appointment or seeing the next available physician.

Generally speaking, the doctor that the patient communicates with is not in the client's community. The doctor may be in, say, Iowa, Arizona or Montana. However, physicians offering online care must be licensed to practice medicine in the two states in which the consultation occurs.

Patients should check to be sure that the service complies with the Health Insurance Portability and Accountability Act, which means that the patient's medical records are safe and secure online.

Also, patients should check the credentials of the online physician, just as one would when selecting a primary care provider.

Telemedicine 'in the early stages'

One of telemedicine's benefits is that patients feel more relaxed and comfortable in their own home or office.

Also, proponents point out that telehealth saves patients money. Rates generally are around \$45 per "visit." That's considerably less than the \$165 fee for seeing an urgent care provider or the \$500-plus for an emergency room visit.

Sam Shatz, president of InteractiveMD, an online physician consultation service based in Boca Raton, notes that his company conducted a study with a company, Union Trust in California. During a six-month period, Union Trust employees spent \$2 million on emergency room visits. "If they had had telemedicine triage," he notes, those costs could have been cut by \$700,000.

Online physician consultations "truly are in the early stages," Shatz notes. He likens it to the early days of online banking. "Even four or five years ago, people had concerns about [performing financial transactions] online. Now it's an everyday occurrence."

Telemedicine fits our web-savvy and on-demand world. Today, we shop, bank, pay bills, work, play and communicate online. Telehealth is becoming another part of our everyday, digital world.

When to schedule a 'virtual' doctor's visit?

So, when should you meet with a doctor virtually?

Proponents and practitioners alike agree that the service is meant to supplement, not replace, medical care from a primary care physician.

In fact, all of the services contacted note that they advise patients to follow up with their primary care physician after receiving an online consultation.

"People need to use common sense," Linkous notes. "There are times when you do need to go to the emergency room or the doctor's office. [An online consultation] is for simple medical cases."

For instance, someone having abdominal pain and concerned that it might be appendicitis should see their doctor or visit the emergency room. But for something like a non-allergic bee sting, an online consultation should suffice.

Dr. Shufelt says the quality of the video conferencing makes it possible to see and diagnose things such as rashes and bee stings.

"This is for very simple, straightforward medical issues, like colds, minor infections, sore throats and small rashes," says Dr. Avraham Uncyk, medical director of Doctor's Express in Pembroke Pines, which is part of the MeMD service.

It also can be used for prescription refills, though not for controlled substances. Dr. Uncyk cites the case of one patient who was vacationing



from Germany. The patient had forgotten his blood pressure medicine. After an online consultation, the vacationer received a prescription.

Virtual diagnostic testing

"Not everything can be treated online," Shatz says. "It's hard to treat a broken leg via video."

There may be a day, Shatz says, "when [patients] can have a virtual relationship with their physician. But, that is some time away."

The next frontier is virtual diagnostic testing, the ability to conduct, say, blood tests or to listen to a patient's heart online.

Although physicians currently are pretty much limited to what they can see online, Linkous says "at some point we will get [to online diagnostic testing]."

"There are some things we are doing and beginning to do: take temperatures, measure weight. We're not at the point where we are able to do complete blood tests or scope an ear online, but we are getting there."

Then, the "virtual" house call will be as common as the real ones used to be.

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REST ASSURED

What you know about sleep apnea could save your life

BY LARRY SCHWINGEL
SPECIAL SECTIONS WRITER

If you experience daytime fatigue, have difficulty remembering and performing daily tasks, or even get drowsy when driving, you can be counted among the millions of people in America with a sleep disorder.

The National Sleep Foundation suggests that school-age children (up to 10 years of age) need 10 to 11 hours of sleep daily; teens up to 17 years, require between eight and nine hours; and adults should get a quality, sound sleep for at least seven to nine hours.

The key word is "quality" sleep. Sleep apnea denies that quality.

People with sleep apnea stop breathing many, many times during a single night, with interruptions lasting anywhere from 10 to 30 seconds. These events are normally followed by a snort when breathing resumes. The consequence is a break of the sleep cycle, a loss of oxygen intake and general fatigue the next day.

Symptoms include loud snoring, morning headaches, irritability, mood swings, depressed moods, difficulty concentrating, or even waking up frequently during the night to go to the bathroom.

"Anyone can experience a lapse in breathing while they sleep," says Ana I. Fins, Ph.D., associate professor, Center for Psychological Studies, and former chair of the Institutional Review Board at Nova Southeastern University. "The problem is the frequency of these events."

Colleague Jaime Tartar, Ph.D., a research coordinator for Social and Behavioral Science at NSU, says that two major

events occur during sleep apnea. "One is hypoxia — a deprivation of adequate oxygen intake — and the other is waking up to take a breath," she says. "That combination causes a fragmentation that affects both memory and cognitive function."

Obstructive sleep apnea (OSA) is the most common sleep disorder. The airway becomes obstructed, as soft tissue relaxes and collapses around the airway during periods of deep sleep. "The consequence is difficult breathing, less oxygen intake, daytime fatigue and slower reaction time," says Dr. Fins. Other types include central sleep apnea (CSA) or mixed sleep apnea.

With CSA, the brain's respiratory control centers are out of balance during sleep, and blood levels of carbon dioxide — and the neurological feedback mechanism that monitors them — do not react quickly enough to maintain an even respiratory rate.

Some people with sleep apnea have a combination of both types.

Who's at risk?

"People that are obese are prime candidates for OSA, as are those with structural irregularities in the mouth or airway that causes a reduction in the size, such as large adenoids," says Dr. Fins.

Studies also show that heavy drinkers and smokers are in jeopardy. In addition, the elderly are more likely to have OSA than young people, and men are more likely to suffer sleep apnea than women.

The risk of OSA rises with increasing body weight, active smoking and age.

According to Dr. Tartar, OSA increases to about 40 percent in the older population, and it does have a profound affect on



their cognitive attention and memory.

In addition, patients with borderline diabetes have up to three times the risk of having OSA. The effects of severe sleep apnea include high blood pressure, stroke, heart failure, irregular heartbeat, heart attacks, diabetes and depression.

Diagnosis and treatment

A main concern is that people with OSA usually do not know they have a problem. "When you don't take a breath, your brain wakes you up to breathe," says Dr. Tartar. "That event happens continuously during the night, without the person even being conscious of it. The only way to test for the problem is in a sleep lab."

In the lab, an overnight polysomnogram is conducted. Sensors are used to monitor various physiological responses, including brain wave activity, heart rate, heart beat regularity, respiration rate, respiratory effort and oxygen levels.

The device that aids OSA sufferers is called a CPAP (continuous positive air-flow pressure) — a mask worn over the mouth and nose, with a connecting hose that gently filters air into the airway passage, allowing it to remain open. Surgical

and dental options are also available, depending upon the severity of the apnea.

"A lack of sleep is a deterrent to decision-making, so anyone with sleep apnea who may have to work long shifts, won't be able to perform at peak function if they don't have quality sleep," says Dr. Tartar, who is studying the mechanisms and consequences of acute and chronic stress, the impact of sleep deprivation and the impact it has on emotions and cognitive thinking.

The cost of CPAP

According to the Agency for Healthcare Research and Quality, CPAP machines and supplies are considered "durable medical equipment," and may be covered differently than medicines or other medical services. Some health plans require you to choose a specific type of device and mask, while others let you choose options.

The retail cost (before insurance payment) for most CPAP machines is between \$300 and \$2,000. The average cost of CPAP supplies (mask, tubes and filters) is between \$300 and \$800 per year.

For all of us, sleep is a valuable resource, and as we age, it becomes even more important.

Do your research — and whatever it takes to get a good night's sleep. Your life depends on it.

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Chronic pain:

A \$600-billion-a-year condition that 'has no magic bullet'

By **DENNIS RICHARDSON**
SENIOR SPECIAL SECTIONS WRITER

For as many as 100 million American adults, pain is part of daily life.

According to some reports, chronic pain impacts more people than cancer, diabetes and heart disease combined.

That pain comes at a high cost in dollars. A 2011 Institute of Medicine report estimates that chronic pain costs Americans \$600 billion a year in lost productivity and in medical treatments.

And, there are practical costs as well. Dealing with the daily physical and emotional pain affects not only the people experiencing it, but also family, friends and caregivers as well. The stress of pain undoubtedly can be harmful to personal relationships.

The source of chronic pain, which can range from minor to debilitating, can be varied. It may be the result of an injury or an infection that has healed. It can be related to a health condition such as arthritis, back pain, diabetes, fibromyalgia, headaches, multiple sclerosis or nerve damage. Or, it may have no apparent cause.

Mark Sandhouse, D.O., associate professor and chair, Department of Osteopathic Principles & Practice, College of Osteopathic Medicine, at Nova Southeastern University, says that pain is chronic if it lasts for six months or longer. Even if the causes can be identified, he notes, if the pain cannot be eliminated, it is considered chronic.

The treatments are as varied as the causes and the people who suffer from chronic pain. Medication, physical therapy, occupational therapy, exercise, chiropractic treatment, diet, osteopathic medicine, psychological therapy and, in some cases, surgery, may be effective. Alternative medicine such as yoga, acupuncture and hypnosis may be used as well.

Any technique that helps, Dr. Sandhouse observes, may be considered appropriate.

"It depends on the diagnosis," says Dr. Bart Gatz, an anesthesiologist and pain management specialist in Boynton Beach. "We do everything we can to help patients get better, but there is no magic bullet.

"People come in and say, 'I want one thing written down on paper [that is an effective treatment]. This worked for so and so; I want that.' It doesn't work that way. Each patient is different.

"For some people it might be as simple as wearing a back brace, or exercising or diet. Some people might need surgery." Others may need a variety of therapies.

"A lot of times, people come in and want the latest and best treatment," Dr. Gatz says. "But, the latest and best may not be the best option."

Chronic pain is a condition that is managed, not cured. "It's like diabetes," Dr. Sandhouse observes. "You can treat it, but you can't cure it. In most cases, there is no simple solution."

Treatment may well involve a multi-disciplinary approach, from a team of diverse healthcare providers, from the primary care physician to alternative medicine practitioners. The patient is a key member of that group.

"Successful pain treatment is not something that is done to the patient, it's something that's done with the patient," says Bob Twillman, of the American Academy of Pain Management.

Treatment involves self-management – working with various healthcare providers to oversee treatment and setting goals for treating/managing the pain.

Jan Chambers, of the National Fibromyalgia & Chronic Pain Association, recommends that the patient pay attention to symptoms – if they occur at a certain time of day or after a certain activity – and how they affect that individual. Then, consult with healthcare providers to manage those symptoms.

In addition to medical treatment, therapies may involve lifestyle changes such as getting regular exercise, losing weight, stress-relieving activities such as tai chi and yoga, diet, and eliminating unhealthy habits such as smoking.

"Patients should set doable goals for lifestyle choices that can help them, and work with their healthcare providers to find out what works best for them to relieve their pain," Chambers says.

"When you're dealing with chronic pain, it's like sitting in a row boat. You have one oar and your healthcare providers have the other. You both have to row together at the same time, or your boat is just going to go in circles and you won't get anywhere."

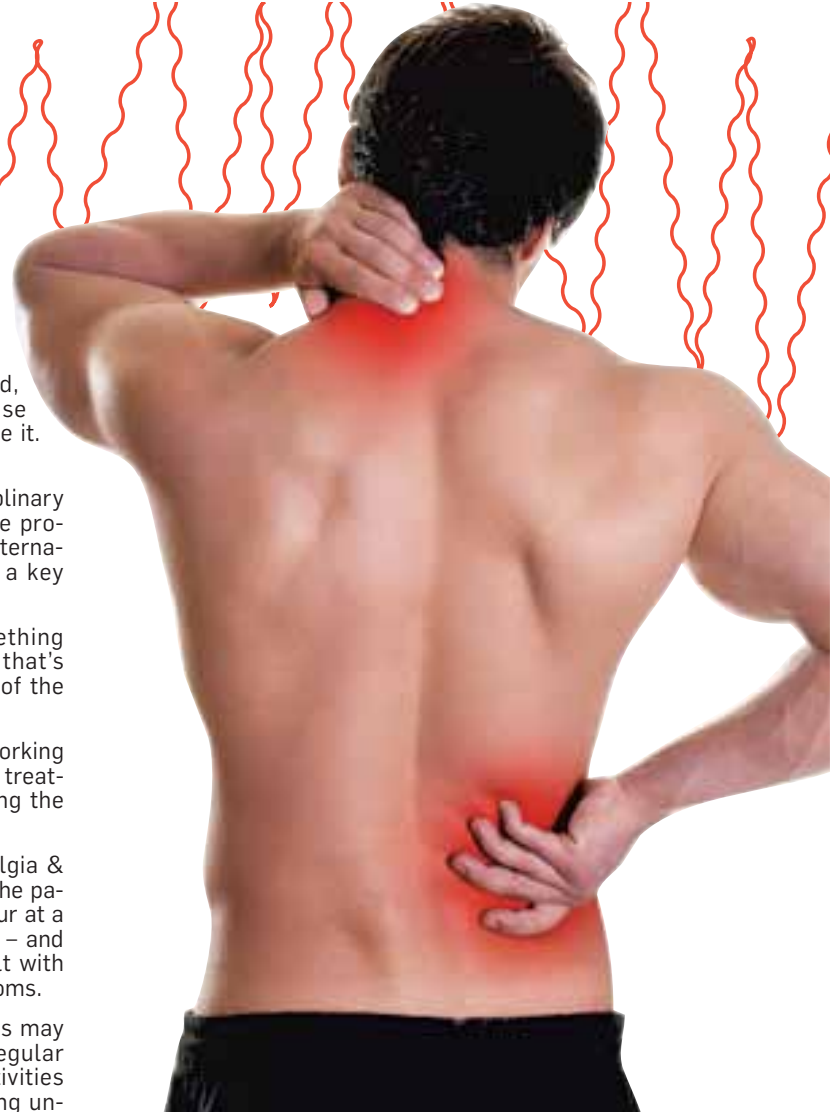
Family members, friends and caregivers play a key role, too.

"They need to be compassionate and emphatic," Dr. Sandhouse states. "A lot of people get tired of hearing others complain all the time [about their pain]. But, they have to understand that [people with chronic pain] are suffering pain every day. Having pain every day is depressing."

If you are among the millions of American who suffer with chronic pain, seek help.

"Chronic pain is not a form of punishment, and it's not redemptive," says Myra Christopher, of the Center for Practical Bioethics. "You do not deserve to suffer, you have a right to comprehensive pain care."

(Note: Information from Brandspoint Content was used in this article).



Steps for dealing with chronic pain

- Take an active role in managing your pain. You are an important part of the team dedicated to providing relief.
- Learn all you can about your condition. Resources like the Pain Action Alliance to Implement a National Strategy, the National Fibromyalgia and Chronic Pain Association, and the American Chronic Pain Association can help educate people on coping with their pain.
- Build a relationship with your doctor. While you may need more than one type of care from more than one healthcare provider, having one doctor to ensure continuity of care can help.
- Prioritize the things you'd like to achieve. Doing so may provide a starting point for becoming more active. Establish goals that are attainable, and break them down into manageable steps.
- Stay active, even if it hurts. Work with your doctor to create an exercise plan. Toned, flexible muscles hurt less than unused ones.
- Practice relaxation techniques, such as visualization and deep breathing, to help better manage your pain.
- Acknowledge, and deal with, your feelings. Doing so can reduce stress and reduce your pain. There is an emotional side to daily pain.



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ARE YOU OUT OF JOINT?

Joint replacements help achieve a better quality of life

BY LARRY SCHWINGEL
SPECIAL SECTIONS WRITER

For the thousands who suffer from degenerative joint disease, orthopedic joint replacement surgery is a means to a better quality of life. Once considered a breakthrough, joint replacement surgery is now commonplace, and may involve the knee, hip, shoulder, ankle or hands. Two conditions seen most frequently, however involve knee and hip replacements.

Procedures are successful in more than nine out of 10 patients, according to the American Academy of Orthopedic Surgeons, so expectation levels are high. Yet despite so many successful outcomes, there are risks and complications, as with any type of surgical procedure.

Primary joint replacements may fail for a number of physiological reasons, including loosening, dislocation or infection. "A second surgery is called a revision replacement, and this may be needed more than once in a person's lifespan because of continued bone loss and the build-up of scar tissue," says Dr. Juan Suarez, a board-certified orthopedic surgeon at Cleveland Clinic Florida in Weston. "Infection occurs in only one percent of all cases, but it is always a concern."

According to Dr. Suarez, infection of a prosthetic joint can be difficult to treat because bacteria latches onto the foreign material and forms a protective coating making it immune to antibiotics. "Blood clots to the lower extremities may lead to a pulmonary embolism, so it's important to begin rehabilitation as soon as possible to maintain adequate circulation and minimize the risk," he says. The rehab period normally takes between six and eight weeks following a knee replacement.

Surgeons have one common goal — to help relieve joint pain. They accomplish that goal by replacing the deteriorated joint with a metal, or metal and plastic prosthesis. Dr. Suarez uses a ceramic femoral ball, with a highly cross-linked polyethylene liner, to reduce wear and achieve better longevity for his knee replacements.

Generally, a prosthesis may be cemented, or non-cemented, but good bone quality is needed, because the bone needs to grow into the prosthesis to secure it.

Causes and complications

According to Dr. Suarez, the leading causes of chronic knee problems include advanced rheumatoid arthritis (inflammation), lupus (which

attacks the lining of the joint) and post-traumatic arthritis caused by excessive trauma. "My specialty interests include primary and revision joint replacements of the knee and hip, but I also deal with a full spectrum of other orthopedic injuries," he says.

One of the complications is osteonecrosis, a temporary (or permanent) loss of blood supply to the bones. "Without an adequate blood supply, the bone may collapse, and if that happens near a joint, the joint surface may collapse," says Dr. Suarez. "The chronic use of steroids, alcohol abuse and some blood disorders, such as sickle cell anemia are key risk factors for osteonecrosis."

Athrofibrosis (a stiffening of the knee joint) is another common problem that occurs with excessive build-up of scar tissue. When this happens, the joint's motion is more restricted and movement is very painful.

New technology

Some new trends include "smart" implants that contain sensors. This gives surgeons inter-operative feedback that ranges from information about the "load" in the joint, to balance and alignment. This type of inter-operative feedback is vital for quality outcomes. "In addition, surgeons are using smaller computers and devices that provide more information, and are more user-friendly," says Dr. Suarez.

Robotic-assisted hip surgery

Dr. David Padden, a board-certified orthopedic surgeon at Holy Cross Hospital in Fort Lauderdale, has expertise in a variety of areas, and has performed nearly 100 successful robotic-assisted hip replacement surgeries.

"For many years, we performed in basically the same way — removing bone, hammering bone, honing the shape and hoping it fits the desired angle," he says. "No fancy measuring was required, just a steady eye and a surgeon's skilled hands."

But a study by the Harvard Medical School raised eyebrows.

It showed surgeons missed their intended target line of alignment 50 percent of the time, and often by as many as 10 degrees.

According to Dr. Padden, the newest advances in hip replacement surgery have more to do with the procedure, than the implants themselves. His utilization of robotics allows him to hone the



bone and place the hip implant into a pre-set position.

"This kind of placement wasn't possible before," says the specialist. "Robotics has taken the guesswork out of the equation; we can now place an implant within two degrees of the intended position angle, which is unprecedented."

Dr. Padden also uses a "muscle-sparing" approach, in which no muscles or tendons are cut. "Because of this approach — and the ability to place components in such a precise way — patients have no post-op restrictions in terms of bending, laying on their side or turning," he says. "Muscle-sparing is essential to positive outcomes, plus there's a much shorter rehab time."

According to the specialist, patients are up and walking without any kind of assisted device within two weeks, where before it could take as long as three months. The muscle-sparing approach makes it great for all age groups, because they can return to normal activities sooner than ever before.

"The two greatest issues is a fear that the hip prosthesis will pop out of place, and the joint will loosen over time," he says. "Those worries are reduced because of the accurate positioning made possible through robotics."

The specialist says that for 30 years the controversy has been about which type of components worked best and which ones were more durable. "As always, the bottom line remains doing the surgery well, and how it's performed," he says.

Holy Cross Hospital is one of the few hospitals in the state to perform robotic-assisted hip replacements.

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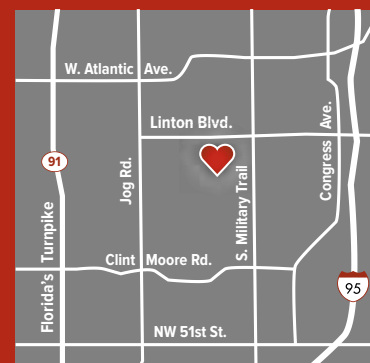
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Too much of a good thing?

Increase in organized sports helps lead to injuries in young athletes

By **DENNIS RICHARDSON**
SENIOR SPECIAL SECTIONS WRITER

Ask any young athlete and most will tell you that he is a sure-fire, future NFL, NBA or major-league baseball star.

His schedule reflects that belief, too. It's filled with long seasons and practices, playing on elite travel or club teams, and receiving additional private coaching. He is driven by the mantra that he'll only make it if he practices every day.

"You see kids today playing the same sport every day of the year without a break," says Dr. David Geier, an orthopaedic surgeon and director of Medical University of South Carolina Sports Medicine.

And, that's a potential recipe for injury.

According to the Centers for Disease Control (CDC), nearly 30 million adolescents and children in the United States participate in youth sports, some of them as young as four years old.

The CDC estimates that each year five million children under age 18 suffer sports-related injuries each year.

Those injuries can range from bruises and scrapes, to fractures and serious brain and spinal cord injuries.

While concussions and their impact on long-term neurological health rightfully are grabbing headlines these days, repetitive stress injuries — the product of too much of the same activity — are the scourge of youth sports today.

Playing organized sports offers many positives, but does playing too much or too much of one sport become too much of a good thing?

The CDC reports that about one-half of all youth sports injuries are from overuse.

Dr. Geier says he's seeing an increasing number of young athletes these days with the types of repetitive stress injuries that are more commonly associated with adult recreational athletes.

The most common areas affected are the elbow, shoulder, knee, foot, heel and hip.

Young athletes are more susceptible to repetitive stress injuries because their growth plates — soft areas of tissue — are still developing.

"At a young age, children don't have

the muscle strength to take the stress off their joints," Dr. Geier explains. "Their bodies can't take the repetitive stress that adults can."

While many people associate a heightened risk of injury with contact sports such as football, "all sports carry a risk of injury," says Dr. Daniel Grobman, D.O., a sports medicine specialist with Cleveland Clinic Florida. "Just because it is not a contact sport does not mean there isn't a risk. For instance, gymnastics and cheer-leading carry their own [injury] risks. Each sport has its own specific injury pattern."

For instance, baseball can put stress on the arm and elbow. Cross-country runners and track athletes can experience stress fractures of the foot and ankle. Swimmers can suffer shoulder injuries from the cumulative effect of swimming strokes.

'So many positives to playing sports'

Physical activity is essential to a healthy lifestyle, and organized sports play a part.

"There are so many positives to kids playing sports," Dr. Geier points out. "They're out there socializing with their friends," and they are learning leadership, teamwork, responsibility and sportsmanship.

But that increased intensity at a young age and a trend toward concentrating on only one sport threaten to be too much of a good thing. They often are cited as being significant contributors to the high number of overuse injuries in young, still-growing athletes.

"Especially at a young age, you want children to have fun," he notes. "When they practice every day, that's when you start to worry. Kids need to be [doing other things] with their friends. Life is about more than just one sport."

It used to be that athletes played different sports during different seasons. Dr. Geier, for instance, says he played soccer or baseball in the spring, and basketball in the winter. Then took some time off.

"Kids don't do that anymore," he observes. "You see kids playing only one sport, every day of the year without breaks.

"The problem is that because they don't play a different sport, there is the same stress on the same body parts."



If a minor injury is caught early enough, he says, it is unlikely to keep the athlete out for more than a few days. "Rarely will it require surgery," he says.

Follow the RICE acronym to treat injuries:

- Rest the injured area for 48 hours.

- Ice the area with an ice pack for 20 minutes at a time, four to eight times a day.

- Compression: ask your child's physician about using elastic wraps to compress the area.

- Elevate the injured area above the heart to reduce swelling.

If the injured area does not improve in a few days, visit your family doctor.

Youngsters should be encouraged to speak up. And, parents should watch for any signs that something does not appear right.

"Kids don't want to let their parents coaches or their teammates down," Dr. Geier says, "so they aren't going to say anything unless there is an open dialogue [between parents and athlete]."

Dr. Grobman recommends that the child have a complete evaluation by a sports medicine physician to determine if the athlete can participate without significant risk of injury; be educated in the use of proper technique and equipment; and to foster an open line of communication between athlete, parents, coaching staff and medical staff.

Parents have a legitimate concern for the safety of their child playing organized sports, Dr. Grobman says, "especially with athletes getting younger and younger, and the increased competitiveness of the athletic community."

"Safety begins, first and foremost, at home."

Specializing in one sport, he says, "is a big trend" as children, and their parents, have eyes on potential college scholarships and even professional contracts.

"They're not going to get a pro contract at age 8; that's not going to happen," the sports medicine specialist says. "But, I guarantee you [by playing just one sport all the time beginning at a young age], they will get burned out."

Many repetitive stress injuries can be prevented by giving young athletes time off between seasons, or even by having the child participate in different activities. For example, after baseball or soccer season has finished, have the child enjoy unorganized play, like riding their bicycle or playing in back yards.

Listen to your child

When the young athlete complains about arm or foot pain, parents need to listen. Pain is a signal that something is wrong.

"Don't make them play through the pain," Dr. Geier says. "We know that the injury rate when playing through pain increases significantly."



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Do vitamins help prevent some cancers?

METRO CREATIVE GRAPHICS

People take daily vitamin supplements for a variety of reasons.

Many believe that vitamins will serve as an insurance policy of sorts should they not be consuming the necessary vitamins and minerals through their diets. Others believe that vitamin supplements will ease certain ailments or help prevent diseases, such as cancer.

Beliefs such as these have helped the dietary supplements business become a billion-dollar industry.

There have been many

clinical studies conducted to look into the correlation between vitamin supplements and the prevention of certain types of cancer. Understanding the results can be confusing. There is no magic formula for consuming a broad-spectrum vitamin supplement to serve as a blanket remedy for preventing cancer.

However, there have been some studies that show certain vitamins may help lower risk for specific cancers. For example, a study published in 2010 found women who had high levels of vitamin A and C in their bodies,



whether from diet or supplement use, had fewer cases of cervical cancer compared to women with lower levels of these vitamins. Vitamin B6 has been known to have various benefits, including reducing a person's risk of developing lung, breast and colon cancer. Those with high blood levels of B6 have a lower risk, but there is no proof that taking B6 supplements will have the same benefits.

Some studies indicate that vitamin E supplements may reduce men's risk of developing prostate cancer. Studies in the 1970s suggested that high doses of vitamin C could be an alternative cancer treatment, says The Mayo Clinic.

These findings were debunked when it was discovered the research methods used to reach the conclusions were flawed.

Subsequent studies did not corroborate the 1970s results. However, more attention is now being paid to administering vitamin C intravenously, which has different effects than when the vitamin is taken orally. Until clinical trials are completed, researchers cannot say for sure if intravenous vitamin C will be the new all-natural cancer cure.

It is important to note that taking vitamin supplements at the suggested levels recommended should be relatively safe for most people. Individuals should not super-dose vitamins in an effort to achieve better health results. Also, people should discuss any vitamin supplement use with doctors, as some supplements may cause potentially harmful interactions with certain medications.

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Sexually transmitted infections:

A different name, the same challenge

BY LARRY SCHWINGEL
SPECIAL SECTIONS WRITER

The terminology may have changed, but the severity remains.

At first, it was called venereal disease, then sexually transmitted disease, and now the term of preference is sexually transmitted infection.

Regardless of the terminology, infections are very harmful, and it is crucial to be aware, informed and honest with your partner or spouse.

Bacterial infections (vaginitis, chlamydia, gonorrhea, syphilis and pelvic inflammatory disease) can usually be controlled with antibiotics, but the viral infections are of particular concern.

Chlamydia testing is recommended for women 24 years of age or younger. According to Robert Hasty, D.O. FACOI, director of the NSU College of Osteopathic Medicine's Internal Medicine Residency Program at Palmetto General Hospital, there are new recommendations that a PAP smear is not required until age of 21, unless cervical cancer is suspected.

"The challenge is that women might not come in for routine care since the Pap smear is no longer recommended for part of this age group, and chlamydia screening opportunities might be missed," says Dr. Hasty. "The longer a woman waits to be tested, the more potential danger there is."

Warning signs include a burning sensation while urinating, discolored discharge, abdominal pain or, in men, swelling of the testicles. Testing can be done by a primary care physician, at a clinic or by an OB/GYN.

HIV remains a concern

We have lived the HIV/AIDS nightmare since the 1980s, and although the disease has generally flatlined in recent years, there is a caveat. "There is an increase in the heterosexual community, where HIV now represents a third of all cases," says Dr. Hasty. "Much work is yet to be done. I cannot urge enough that couples protect themselves when having intercourse."

The FDA has approved over-the-counter HIV testing kits, and NPR radio has reported that gay clubs and bars are now offering onsite testing.

"In my opinion, the challenge is that a couple can take the test at home and still become vulnerable because of the test's six-week window," he says. "One or both partners may carry the virus, and they would not know it until the window closes." The specialist does point out that over-the-counter test kits have proven to be 90 percent accurate.

"The Center for Disease Control recommends opt-out testing, where everyone 13 to 64 would get tested, and they would have to opt-out to not be tested," says Dr. Hasty. "Twenty percent of all HIV cases are unknown to the person that has it; I would suggest an annual test, at the very minimum."

According to the specialist, women worry about getting pregnant, so they think that anal sex or fallacio is a safeguard, but it is not. "We see frequently that if the insertive anal sex partner is infected, there is a one in 30 chance that the infection will be passed along," Dr. Hasty says. "Receptive fallacio by a male runs the same risk of infection as through vaginal intercourse."

HPV on the rise

Genital human papilloma virus (HPV) is a very common infection, with a rampant rise among young adults. There are more than 40 HPV types that can infect the genital areas of males and females, and certain HPV types also infect the mouth and throat. Most people with HPV do not even know they have it.

"I can't stress enough how important it is for teens to get a series of vaccinations," says Lori Sarvis, L.C.S.W., a certified sex therapist and a certified hypnotherapist. "When you're past a certain age, vaccinations are not covered by insurance, but adolescents are covered."

With HPV, genital warts can develop and sometimes may appear as herpes, so it's vital to be checked as soon as possible. In 90 percent of the cases, the body's immune system clears HPV naturally within a couple of years, but sometimes HPV infections are not cleared, and can cause genital warts, throat warts, cervical cancer and other, but less serious cancers.

Psychological impact

When a person contracts an STI, there are psychological repercussions. Sarvis deals with many patients who have been diagnosed with herpes simplex virus. "Antibiotics can help bacterial infections, but when an infection is viral, it can be a potentially lifelong illness – and that's the big difference," she says.

The first reaction following infection is to feel as if you're being perceived as someone who sleeps around and has done something terribly wrong.

"Multiple partners increase the risk, but it only takes one," says Sarvis. "The idea that one has to be promiscu-

ous to become infected is a myth. I had a client who had sex when she was 16, and not again for 10 to 12 years. One encounter later in life was all it took to contract the HIV virus."

Another myth is if a person looks clean, has a good background, comes from a good family etc., then he or she is a safe sex partner. "This is especially true with online dating," says Sarvis. "It's a huge business, and many times people are getting into relationships where they don't ask the key questions about previous partners, testing and so on. The first thing to do, if there is a mutual interest, is to get a blood workup from your primary doctor."

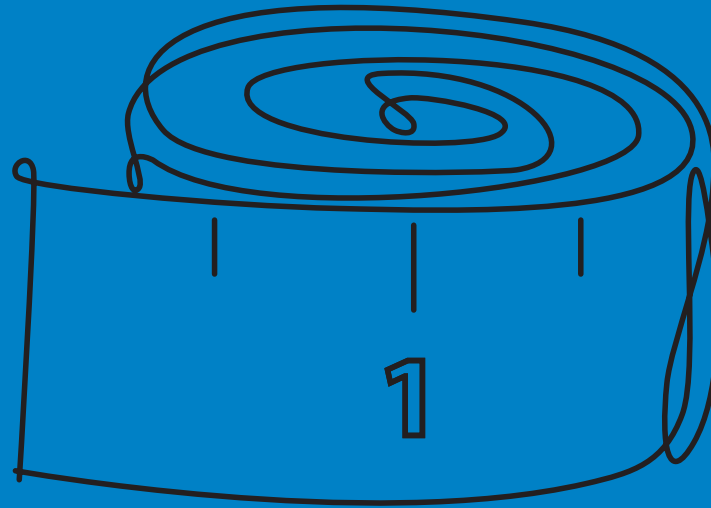
Seniors and sex

Believe it or not, the age group with the highest incidence of herpes and HIV are seniors. "Seniors live longer, they are in better health and are 'having sex in droves,'" says Sarvis. "I had a client that was in her 80s and wanted to know how to approach telling her companion that she was incontinent. The bottom line was that she wanted to have sex."

Seniors are not, contrary to their own popular opinion, immune from contracting a sexually-transmitted disease. "They think that because of their age nothing will happen, but there is always a risk," says Sarvis. "Viagra and Cialis have changed the way men are having sex – not just seniors, but younger men, too. People are seeking more than companionship; they want a healthy sex life and a deeper relationship."

Along with that comes the need to be informed, responsible and, above all, safe.

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