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Charlotte/South Sarasota Edition - Monthly

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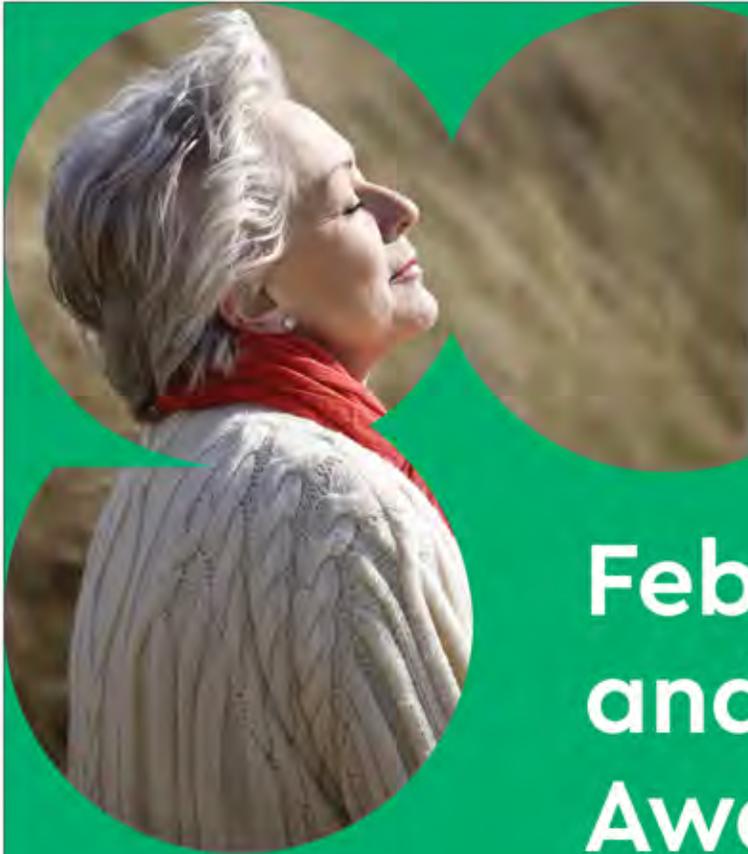
Many things have been postponed because of the pandemic, but your health care shouldn't be delayed. Routine screenings and annual wellness exams can help identify health issues in the earliest stages, when they are most treatable.

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February is Gallbladder and Bile Duct Cancer Awareness Month

Cancers of the biliary system are rare, occurring in approximately 8,000 people each year at an average age of 70.

They can occur at any point along the biliary tree from inside the liver (intrahepatic cholangiocarcinoma), along the base of the liver (hilar cholangiocarcinoma or Klatskin tumor), in the gallbladder (accounting for nearly half of all biliary cancers), or along the lower bile duct (extrahepatic cholangiocarcinoma).

Symptoms depend upon the location of the tumor. In the liver, tumors can be quite large and grow undetected for months or years. In such cases, patients may have pain on the right

side, weight loss, or feel a tumor when lying down. Tumors outside of the liver (hilar and extrahepatic), often present with jaundice (yellowing of the eyes and skin) due to blockage of the bile duct. Similarly, tumors arising from the gallbladder may block the bile duct or can be found incidentally after the gallbladder has been removed for gallstones.

The most effective treatment for biliary cancers in any location is surgery. The extent of surgery and the subsequent outcomes are dependent upon the location of the tumor and can be quite complex. Chemotherapy with or without radiation is often recommended in association with surgery to improve outcomes.

Like any cancer, the chance of cure increases when the tumor has been caught at an early stage before it has spread to nearby lymph nodes or other organs. This is why regular screenings are so important.



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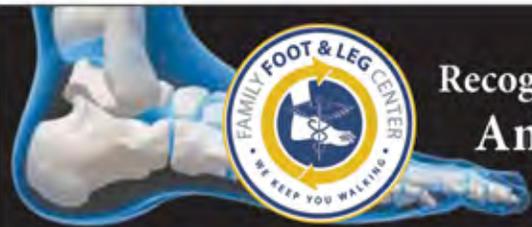
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4 New Facts About Your Feet & Ankles

***Moving
 Forward***

- 1** Heel pain in the morning can be easily resolved.
- 2** Diabetic infections kill more people than breast cancer and AIDS. If diabetic, must see us now.
- 3** Ingrown toenails can lead to bone infection; we treat them fast.
- 4** Top pickleball injuries seen include foot fractures from ankle sprains.

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1. A 2018 study that compared the Catalys with another leading laser concluded that the Catalys demonstrated superior outcomes in terms of the patient experience, completeness of capsulotomy and ease of cortex removal. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6087026/>
 2. In addition to the 2018 study noted above, a 2016 study showed that when compared to another leading laser, the other laser showed significantly higher cumulative dispensed energy and photoemulation power needed in comparison to the Catalys group. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5077266/>

Bayfront Health Port Charlotte Offers An Effective Option to Improve Quality of Life

Giving new hope to adult patients suffering from severe aortic stenosis

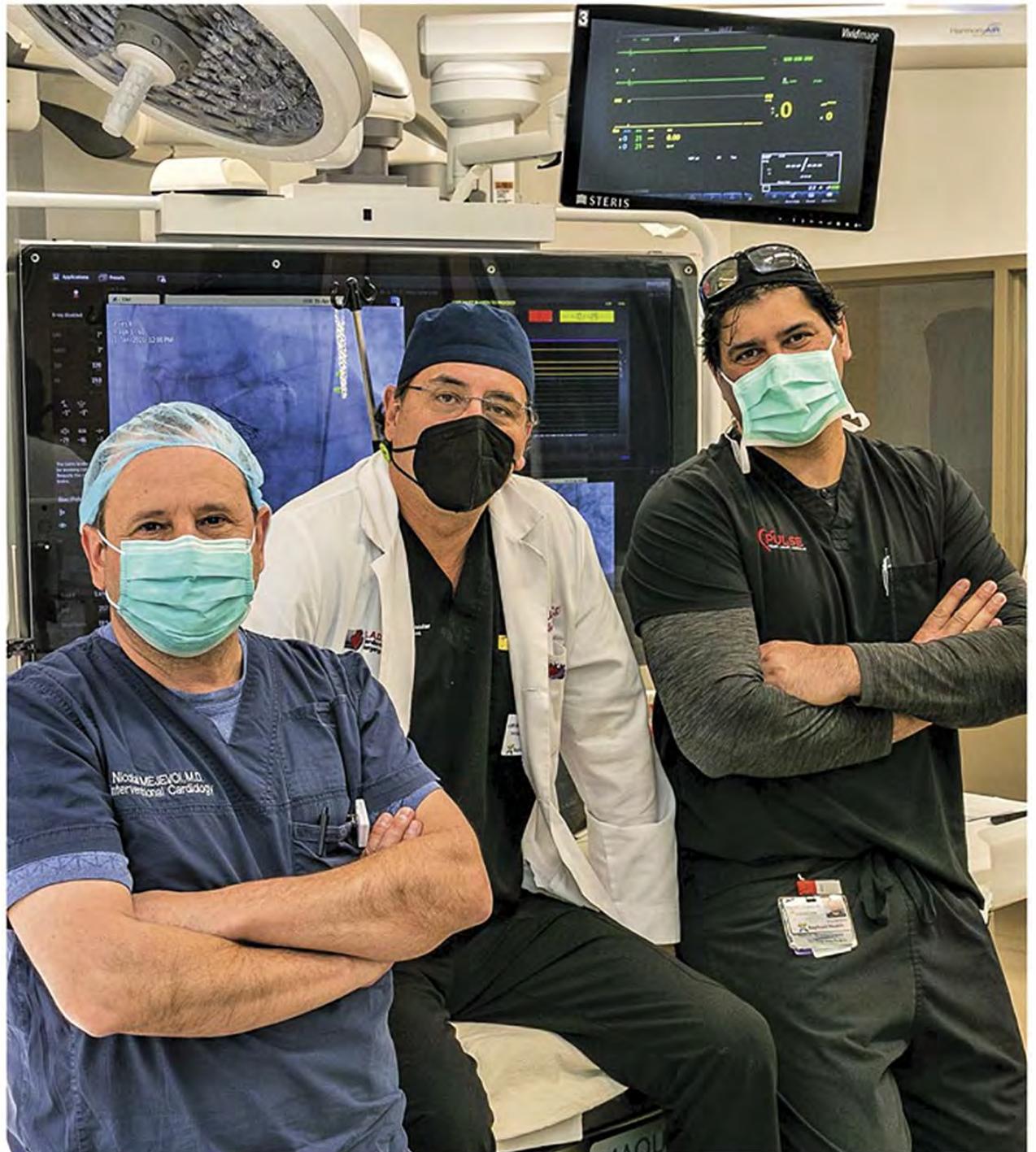
Bayfront Health Port Charlotte was the first hospital in Charlotte County to perform a Trans-Catheter Aortic Valve Replacement (TAVR) procedure in the summer of 2019. Since then, more than 130 patients have benefitted from this minimally-invasive, life-saving innovation for patients with critical aortic stenosis. James (Jim) Keppel, 75-year-old Punta Gorda resident, was one of these patients, having had the TAVR procedure at Bayfront Health Port Charlotte in June of last year.

Aortic stenosis is a type of valve disease caused by calcium deposits that eventually narrow and stiffen the valve. As it becomes more difficult to pump blood throughout the body, the heart weakens – potentially causing congestive heart failure and increased risk for sudden cardiac death. Aortic stenosis is one of the most common and serious valve disease problems with more than 20% of older Americans having aortic stenosis. Patients with severe symptomatic aortic stenosis have a 97% death rate at 3 to 5 years if left untreated.

The TAVR procedure gives new hope to adult patients who suffer from severe aortic valve stenosis. TAVR has become the standard of care and has been approved for all patients with severe symptomatic aortic stenosis.

“Before the TAVR procedure, I couldn’t walk more than 50-100 yards without huffing and puffing and having to sit down,” said Keppel.

According to Farhan Majeed, M.D., independent interventional cardiologist and director of the Structural Heart Disease Program at Bayfront Health Port Charlotte, TAVR enables the placement of a stent-based tissue aortic heart valve via a catheter inserted through the groin and threaded through the arteries of the heart. “TAVR combines minimally invasive techniques with advanced catheter technologies,” he says.



Drs. Nicolai Mejevoi, Luis Dibos and Farhan Majeed (pictured left to right) perform a high number of complex heart procedures at Bayfront Health Port Charlotte, where patients have access to technology that no other hospital in the County can offer.



It Takes a Team: The Bayfront Health Port Charlotte Structural Heart Team is a dedicated and extensively trained multidisciplinary group of physicians and staff. They take a rigorous approach to patient care, working together to facilitate individualized care plans.

Adds Luis Dibos, M.D., cardiac surgeon with Bayfront Health Medical Group and chief of Cardiac Surgery at Bayfront Health Port Charlotte, "TAVR is a non-surgical option that is done while the heart remains pumping, eliminating the need for the heart-lung machine. This technique is an excellent tool to treat aortic stenosis, especially in the aging population."



Nicolai Mejevoi, M.D., independent interventional cardiologist agrees with his colleagues. "TAVR is an effective option to improve quality of life for our patients. These are individuals who would otherwise have limited choices for repair, and they often spend much less time in the hospital when compared to traditional surgical valve replacement."

The Bayfront Health Port Charlotte Structural Heart team includes Drs. Dibos, Majeed and Mejevoi, as well as a structural heart and valve coordinator, cardiac anesthesiologists, perfusionists, cardiac catheterization nurses, radiologists and registered cardiac technicians. TAVR procedures are performed in a "hybrid operating room," a surgical suite that features a comprehensive cardiovascular X-ray. Currently, Bayfront Health Port Charlotte is the only hospital in the immediate area with an operating room of this kind.

"I just saw my doc a few days ago who said I was doing much better," said Keppel. "I do feel better and can walk longer distances than before."

To learn more about the TAVR procedure, or to see if you may be a candidate, contact Bayfront's Structural Heart Nurse Coordinator at (941) 213-8299.



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Bayfront Health Accepts most Major Insurance Plans

Age-Related Macular Degeneration: What Anyone Over 50 NEEDS to Know

Macular degeneration is the leading cause of vision loss and blindness in aging adults. More than 10 million Americans have some form of Aging Macular Degeneration (AMD), and unfortunately, there is still no cure for the disease. The retina becomes damaged, and vision loss occurs as the cells of the macula begin to deteriorate. Although it is a very complex disease and still not completely understood, it can be brought on by both hereditary and environmental factors.

Age-Related Macular Degeneration Risk Factors

- Age: 50's and older
- Smoking
- High blood pressure
- Family history of AMD
- Being overweight
- Excessive sun exposure
- Caucasians with light eyes and fair skin
- Diet's high in saturated fats and high glycemic carbohydrates

Types of age-related macular degeneration

There are two main types of age-related macular degeneration: Dry (atrophic) and Wet (exudative). The dry form is most common, and vision loss with this type is gradual. The wet form is more rare, responsible for 10% of AMD cases. Vision loss can occur much more rapidly with wet AMD.

What causes macular degeneration?

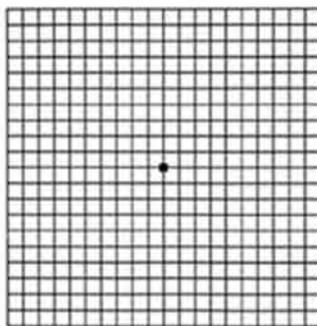
Macular degeneration can occur as a part of the natural aging process. While there are different types of macular degeneration, the most common type is age-related macular degeneration (AMD). The exact cause still remains unknown, and no treatment has been found as of yet that is 100% effective.

Symptoms

Different people can have different symptoms, and some may not experience obvious symptoms in the early stages. The most common include:

- Words appearing blurred
- An "empty" area forming in the center of one's vision
- Straight lines begin to look distorted

One of the simple ways of testing your vision at home is with an Amsler grid.



To use the Amsler grid, follow these steps once a day, every day:

1. Wearing any glasses you normally use to read, hold the grid 12 to 15 inches away from your face in good light.
2. Cover one eye.
3. Look directly at the center dot with your uncovered eye and keep your eye focused on it.
4. While looking directly at the center dot, notice in your side vision if all grid lines look straight or if any lines or areas look blurry, wavy, dark or blank.
5. Follow the same steps with the other eye.
6. If you notice any areas of the grid that appear darker, wavy, blank or blurry, contact your ophthalmologist right away. He or she will check to see what's going on with your AMD and to begin treatment if appropriate.

Doing this simple at-home eye test once a day, every day can help save your vision.

What happens if you've been diagnosed?

If you've been diagnosed with macular degeneration, your optometric physician will refer you to one of our retina specialists. Your retina specialist will evaluate your condition to determine the best treatment plan for you.

Source:

1. AAC, "Healthy Eyes," Vitamins, American Academy of Ophthalmology aao.org, 2019
<https://www.nei.nih.gov/areds2>

About Quigley Eye Specialists

Technology leaders in eye care, Quigley Eye Specialists is one of the nation's leading multispecialty ophthalmology practices specializing in cataracts, laser cataract surgery, glaucoma, LASIK, dry eye, eyelid surgery, retinal issues, corneal conditions and routine eye care. As the number one choice for cataract treatment in Southwest Florida, Quigley Eye Specialists is committed to providing the highest level of quality eye care and service to the community. The practice has served the region for more than 30 years and offers patients convenient locations throughout Southwest Florida including Bonita Springs, Cape Coral, Fort Myers, Lehigh Acres, Naples, Port Charlotte and Punta Gorda.

The National Eye Institutes AREDS & AREDS2 studies Researchers with the Age-Related Eye Disease Study (AREDS) reported in 2001 that a nutritional supplement called the AREDS formulation can reduce the risk of developing advanced age-related macular degeneration (AMD). The original AREDS formulation contains vitamin C, vitamin E, betacarotene, zinc and copper.¹

In 2006, the same research group, which is based at NIH's National Eye Institute, began a second study called AREDS2 to determine if they could improve the AREDS formulation. They tried adding omega-3 fatty acids, as well as the antioxidants lutein and zeaxanthin, which are in the same family of nutrients as beta-carotene. The researchers also tried substituting lutein and zeaxanthin for beta-carotene, which prior studies had associated with an increased risk of lung cancer in smokers. The study found that while omega-3 fatty acids had no effect on the formulation, lutein and zeaxanthin together appeared to be a safe and effective alternative to beta-carotene.¹

Adding supplements can help, but it's always best to speak to your physician first. If you don't need eye supplements, taking them can cause other issues to arise.

**All Charlotte County offices are offering a special:
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Don't put off you eye exams! When it comes to vision loss or visual changes, it's imperative that individuals see an ophthalmologist to receive a proper diagnosis and treatment as early as possible for the best outcome. Many times, there are issues that patients were unaware of and some conditions like glaucoma macular degeneration can cause blindness.

If you're ready to see 20/20 (or better) into the new year, call Quigley Eye Specialists today!

For more information, call (855) 734-2020 or visit www.QuigleyEye.com.



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LAPIPLASTY:

A new way to fix your bunion

Bunions or hallux valgus (medical term) is a “bump” on the side of the big toe, but did you know the root cause of a bunion is located in the middle of the foot. Its causes from an unstable joint in the middle of the foot that allows your toe to become misaligned creating the visually and commonly painful “bump”.



Traditionally, bunions were corrected by a 2-D osteotomy (cutting the bone). This procedure had a high recurrence rate meaning that the bunion would most likely return within a few years. Today, many people fear having their bunion corrected because they know people or have heard of people who's bunion returned after surgical correction. The good news is: there are new and innovative ways to correct your bunion. One new method is a procedure called the Lapiplasty by Treace Medical.

The 3 dimensions of your bunion problem



The Lapiplasty is a 3-D bunion correction procedure. The patented procedure is designed to permanently correct your bunion. This means your bunion will not return. A 3-D bunion correction means the procedure corrects the deformity in all 3 planes by addressing the root cause, resulting in permanent correction of the bunion. Another advantage of this procedure is the patients can resume walking with a boot in two weeks. The surgery is performed under general anesthesia, allowing patients to return home that same day. Minimal pain is associated with recovery, but everyone is different. Your experience may not always be the same as someone's else's. During the recovery period, you will be placed in a boot during your first post op appointment. Patients will avoid walking and putting pressure

on the foot for 1 – 2 weeks. Again, the patient will use a boot following the procedure for a duration of 6-8 weeks. If your right foot is the surgical foot, no driving for at least 4 weeks. Swelling and numbness are the most common complaints after surgery. Swelling is expected after any foot surgery and can last for a year. Numbness should resolve over time, but permanent numbness to areas around the surgical site or your big toe can be permanent. This should not affect your daily activities if you do develop any numbness.

To learn more about bunion correction procedures and if you are a candidate for the Lapiplasty procedure, please contact your local foot and ankle surgeon.

Isin Mustafa

DPM, MSHS, AACFAS

For more information, you may contact Dr. Isin Mustafa at Family Foot & Leg Center at (833) 366-8534. Family Foot & Leg Center has 8 locations throughout Collier, Lee, & Charlotte Counties to quickly resolve all your foot and ankle problems.



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CHARLOTTE COUNTY A MECCA FOR SENIORS, PHYSICAL THERAPISTS

By Dr. Chris Mulvey, PT

It's no secret that Charlotte County's population skews toward an older demographic.

Although we won't know data from the 2020 U.S. Census until the end of March, recent estimates determined the median age in Charlotte County was 60.2 years old – second highest in Florida. That's why the region has so many medical facilities, 55+ residential communities and ample senior-friendly amenities like pickleball, golf, shuffleboard and bingo halls.

Perhaps it's also no surprise that Charlotte County has an abundance of physical therapy clinics. After all, seniors have a greater need for physical therapy services as they age. In fact, the U.S. Bureau of Labor Statistics shows Charlotte County with the highest ratio of physical therapists as part of the working population in the nation at 4.83 physical therapists for every 1,000 jobs. Other communities in the Top 5 aren't even close. Trailing Charlotte County is Abilene, Texas (4.26 per 1,000 jobs), Coeur d'Alene, Idaho (3.92 per 1,000 jobs), Gadsden, Alabama (3.82 per 1,000 jobs) and Rochester, Minnesota (3.57 per 1,000 jobs).

Although individuals of all ages benefit from physical therapy, the knowledge and expertise of physical therapists is especially helpful to older populations.

Our bodies change as we age. We lose muscle tone and flexibility over time. Our knees and hips give out. Our balance can be shaky at times.

Physical therapists can help with all of that!

FYZICAL Therapy & Balance Centers has two convenient locations in Charlotte County, Port Charlotte and Punta Gorda, as well as neighboring North Port and Venice. The Sarasota-based company operates more than 400 locations across 45 states, but a cluster of 21 centers from Ellenton through Naples represents a high-growth market for the company.

FYZICAL clinics offer a wide range of wellness solutions, but these five physical therapy services are among the most popular for patients in Charlotte County:

- **Balance therapy:** The U.S. Centers for Disease Control and Prevention reports that one in four Americans ages 65 and older will experience a fall each year. In fact, falls are the leading cause of both fatal injury and nonfatal trauma-related hospital admissions among older adults. Fall-risk screenings can help patients identify compromises in balance, flexibility and strength that make them more susceptible to falls. Physical therapists outline steps to prevent future falls, which can include exercising regularly, assessing the home environment, choosing the right footwear, examining prescription labels, and visiting the optometrist and otolaryngologist.

- **Neurological rehabilitation:** The body's nervous system can be damaged by injury, infection, structural defects, degeneration and tumors that can cause neurological disorders. No one is immune. Nerve disorders can occur in people of all ages. Patients can benefit greatly from neurological rehabilitation for conditions like chronic headaches, Parkinson's disease, concussions, stroke, multiple sclerosis, cerebral palsy, sciatica and spinal cord injuries. The goal of neurological rehabilitation is to maximize a patient's independence, alleviate pain, restore normal function and improve quality of life.

- **Orthopedic rehabilitation:** Many individuals are living with daily pain caused by arthritis, injuries, tendon or ligament damage, muscle weakness, carpal tunnel syndrome, incontinence and surgery. Orthopedic therapists help patients overcome muscle, joint or nerve pain and restore their range of motion and increase strength. Customized treatment plans can include strengthening, flexibility and cardiovascular exercises; gait, balance and posture training; manual and massage therapy; and an overall fitness and wellness program.

- **Chronic back pain:** A chronic condition is described as discomfort that persists for at least three months. Chronic back pain can be caused by a traumatic injury, playing high-impact sports, falling or repetitive movements that cause wear and tear on the spine, muscles, ligaments, tendons, joints and nerves. Lower back pain is very common. For most people, the pain is temporary. Back pain can become long-lasting if a person has poor posture and body mechanics, unstable core muscles, ongoing walking issues or if experiencing stress and depression. Physical therapists treat chronic back pain through education, exercise therapy, manual therapy and stimulation.

- **Hand therapy:** The value and use of our hands is priceless, and loss of function can be especially devastating. Patients should seek treatment for fractures, amputations, arthritis, burns, cuts, nerve damage, tendon injuries and overuse conditions like carpal and cubital tunnel syndrome. Certified hand therapists specialize in the treatment of hands, as well as shoulders, elbows and wrists. Hand therapy provides therapeutic intervention and concentrates on three areas: preventing future dysfunction, restoring function and reversing the progression of the pathology.



About the Author

Dr. Chris Mulvey, PT, is president for company clinics at FYZICAL Therapy & Balance Centers, which has 400 locations in 45 states. For more information, please visit FYZICAL.com.



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Essentials of early detection of prostate cancer

Early detection of any cancer is a desired goal. When found in an early stage, a cancer can be optimally treated, if not cured. The patient can then lead his/her life without suffering the consequences of a late-stage malignancy.

There are some cancers which offer a path to early detection. There are readily available tests and established recommendations for this effort. A few diagnoses and their respective tests include mammography for breast cancer; colonoscopy for colon cancer; self-examination for testicular cancer; and digital rectal exam and PSA for prostate cancer.

On the other hand, there are no such tests for cancers of the pancreas, brain, kidney and bladder. The focus of this article is what is involved in the early detection of prostate cancer.

The blood test called Prostatic Specific Antigen (PSA) became available around 1990. While space does not allow for a full history of PSA and all of the statistical aspects, practically speaking, this is the blood test that is ordered for the early detection of prostate cancer. When a value is above the normal range or more importantly, when there is a progressive rise in serial PSA tests, the patient should be referred to a urologist. As a point of clarification, the original range of PSA has been 0 - 4.0 ng/ml. This is an outdated concept as there are many men with prostate cancer whose PSA Less than 4, and even less than 2.0.

genesiscare.com/USA

The urologist will then assess the index of suspicion for prostate cancer. The basics of all medicine will be performed with a history and physical examination. The former will include questions on a man's voiding and sexual function. The latter will of course include a digital rectal exam. The urologist will feel for any hard nodules that would make him/her suspicious for prostate cancer.

“
The net effect of prostate cancer early detection ...has resulted in men getting diagnosed at much earlier stages of cancer than compared to the earlier eras.
”

If the urologist is not convinced a biopsy is needed at this point, but wants more information on the patient's prostate, there are several tests that can be ordered. Select MDx is a urine test; the 4K Score and phi are blood tests. All three give more information over and above the standard PSA. They will all help in determining if the man does or does not need a biopsy.

These tests have a strong negative predictive value. In other words, when they are negative, the man can feel quite comfortable that he does not have prostate cancer and he is now spared of the biopsy.

If a man gets a recommendation for a prostate biopsy, a question may arise, does he need a prostate MRI before the biopsy? The American Urological Association is the nation's largest scientific urological organization. They publish guidelines and best practice patterns on almost all urological conditions and diagnoses. Their stance on prostate MRI in the biopsy-naïve patient shows there are insufficient evidence to recommend this to everyone. The biopsy procedure is a 12 cup, transrectal ultrasound procedure usually done in the office setting.

The net effect of prostate cancer early detection utilizing PSA, DRE and prostate biopsy done via ultrasound guidance, has resulted in men getting diagnosed at much earlier stages of cancer than compared to the earlier eras. Consequently, there has been a marked decrease in prostate cancer mortality.



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When you hear the word **PAIN** **MANAGEMENT** what do you think of?

By Sheryl Hensel

My first thought is.....I don't want to manage any kind of pain, I want to heal it.

The National Academy of Science estimated the cost of pain was \$560 billion to \$635 billion per year back in 2012 which includes direct and indirect costs. Examples such as: days of work missed (\$11.6 billion to \$12.7 billion), hours of work missed (\$95.2 billion to \$96.5 billion), and lower wages (\$190.6 billion to \$226.3 billion.) It probably is no surprise to you that chronic pain is the leading cause of disability globally, affecting billions of people.

The price of pain far outreaches just the physical pain, which can be life altering. The price of pain is costly to your relationships, your time, your activity level, your work capability, and your emotional well-being. The toll pain takes on our entire being can be overwhelming. According to the CDC's, Data from the National Health and Nutrition Examination Survey, In 2015–2018, 10.7% of U.S. adults aged 20 and over used one or more prescription pain medications (opioid or nonopioid) in the past 30 days. Also, prescription opioid use was higher among women than men, and use increased with age.

Not all people are candidates for current medical approaches to pain therapy like pharmacological, surgical and physical options. Although many people can be provided with pain relief in this way, not everyone responds to, or are suitable, for these options. Some of the pharmacological and surgical therapy approaches do have risk potentials that should be taken into consideration as well.

How would it feel if you could do something, from your home, on a daily basis that would drastically improve your pain, maybe even eliminate it? Our solution does not require ingesting anything into or lathering anything onto your body. The goal at Wellness Achievers is not to help you manage pain, we'd like to see you out of pain. Nobody should have to live with pain on a daily basis.

Our PEMF (Pulsed ElectroMagnetic Field) device's magnetic fields affect pain perception in many different ways. These actions are both direct and indirect.



- **Direct effects of magnetic fields are:** neuron firing, calcium ion movement, membrane potentials, endorphin levels, nitric oxide and dopamine levels, and nerve regeneration.

- **Indirect benefits of magnetic fields on physiologic function are on:** circulation, muscle relaxation, edema, tissue oxygen, inflammation, healing, prostaglandins, cellular metabolism and cell energy levels.

PEMFs have been used extensively in many conditions and medical disciplines. They have been most effective in helping rheumatic and musculoskeletal disorders. It is estimated that Americans spend over 50 Billion dollars each year on lower back pain.

Some of our personal, greatest testimonials from users here in The Villages:

- Knee pain, looking into a knee replacement and getting injections for pain with no relief. After a month of PEMF use, his pain is gone.

- Sciatic pain, hip pain completely gone after 6 weeks of daily PEMF use. She tried massage therapy, topicals and nothing was effective until PEMF.

- Arthritic hands that ached every day. After 2 sessions with PEMF she was able to make a fist again and pain had subsided substantially.

- Migraine sufferer with sinus issues has knocked the pain down from 9 (worst pain) to a 2 when she gets a migraine, which she reports is very rare these days.

We have all experienced pain on some level but we certainly haven't experienced YOUR pain. It is such a personal experience and tolerance levels are so different. One thing we believe, our PEMF device can make a difference in your life. It has been found to have good results in a wide array of painful conditions. There is little risk when compared to the potential invasiveness of other therapies and the risk of toxicity, addiction, and complications from medications.

We are also seeing magnificent effects PEMF has on animals. Keep them in mind when considering a device for your entire family.

If you'd like to learn more about how our PEMF devices can help you eliminate, or greatly alleviate, your pain contact Sheryl at (949) 220-4900. Please leave a message and someone will return your call within 24 hours. We do have weekly presentations and will be at The Brownwood Hotel & Spa conference room March 5th and 6th all day providing presentations.

**FREE DEMONSTRATION
ON HOW PEMF CAN IMPROVE
YOUR CELL HEALTH**

**How would it feel to have quicker
recovery time from your sporting
events AND have less pain?**

SPECIAL TWO DAY EVENT

Friday, March 5th and Saturday, March 6th
Brownwood Hotel
3003 Brownwood Blvd, The Villages, FL 32163

Wellness Achievers

*For more information, or to have your own personal
presentation, leave a message for
Sheryl @ 949-220-4900.*

Someone will get back to you within 24 hours.

Treating Venous Ulcers at Joyce Vein & Aesthetic Institute

Venous dysfunction in the legs can lead to painful chronic skin ulcers that will not heal. To resolve this kind of problem correctly, there's only one solution: consult someone with extensive expertise in the field like Douglas H. Joyce, DO, founder of Joyce Vein & Aesthetic Institute in Punta Gorda.

"There are two systems of veins in the leg," explains Dr. Joyce. "The main system, in the middle of the muscles, is called the deep system. The other system is made up of all the veins you see under your skin, and are called the superficial veins. These two systems are connected by perforator veins. If you picture a ladder, with the superficial system being the left rail and the deep system being the right rail, the perforator veins are the rungs on the ladder going across between the two sides. The superficial side of the ladder is under low pressure, and the deep system side is under high pressure. Each perforator vein has a one-way valve. When you relax, the perforator valves open, and blood passively drains from the superficial into the deep system. When you walk, the deep system is compressed, generating the high pressure that returns blood back to the heart against gravity. All the valves in the perforators snap shut, so that the high pressure blood does not move out to the skin veins. "When perforator veins malfunction, each leg movement causes blood to flow backward at high pressure into the superficial system. This increases the pressure in the superficial system dramatically causing damage to the delicate superficial veins and skin. We call this problem chronic venous insufficiency and it is the cause of venous ulcers. Severe intractable ulcers can make life nearly unbearable. Patients suffer with painful, draining wounds which will not heal despite skin grafts and compression. The answer is to remove the reasons for the increased skin vein pressure by treating the dysfunctional perforator veins themselves."

Dr. Joyce has developed a non-invasive laser treatment called single needle ablation to accomplish this. Done in the office setting this procedure is performed through a small needle stick and takes



less than fifteen minutes. "Combined with our other venous laser treatments, we can reverse serious venous disease and heal "untreatable" ulcers that have been present on some cases for over a decade," states Dr. Joyce.

"It's tremendously rewarding to help these patients," adds Dr. Joyce. "Relatively few physicians treat this level of venous disease. We are pleased to be able to provide this care through The Ulcer Center at JVAI, not only to residents of Florida, but also to others who travel from around the country and even overseas to benefit from these procedures.

For more information and to schedule an appointment, call Dr. Joyce at 941-575-0123 or visit www.jvai.com

PATIENT TESTIMONIAL

I saw my leg had a little ulcer. It is not going away unless you fix it internally. Dr. Joyce understands this disease. He is always interested in you the patient. I was eager to come here because I wanted it done and I wanted it done right.

Michael C.



Dr. Douglas H. Joyce, DO, FACOS, FACPh
Cardiovascular & Thoracic Surgery

SPECIALITY

Triple Board Certified Phlebology (Venous Disease) Cardio-Thoracic & Vascular Surgery, and General Surgery

DEGREES

Bachelor and Masters of Science The University of Michigan, Ann Arbor

Doctorate Michigan State University, College of Osteopathic Medicine, East Lansing

Diplomate American College of Phlebology American College of Osteopathic Surgeons International College of Surgeons

TRAINING

Internship and Surgical Residency Lansing General Hospital, MI

Surgical Fellowship Cardiovascular Thoracic Surgery, Cleveland Clinic Foundation, OH Special Fellow, Department of Cardiopulmonary Perfusion, Cleveland Clinic Foundation, OH Special Fellow, Congenital and Adult Cardiovascular-Thoracic Surgery, Deborah Heart and Lung Center, Browns Mills, NJ

Former Assistant Clinical Professor of Surgery Department of Osteopathic Medicine, Michigan State University College of Osteopathic Medicine UMDNJ-Robert Wood Johnson Medical School, New Brunswick, NJ



941-575-0123
www.jvai.com

25092 Olympia Ave., Suite 500
Punta Gorda, FL 33950



Do You Need a Calcium Score?

Detecting Plaque (atherosclerosis) Can Save Your Life

In today's advanced medical world, we have so many tests that can pinpoint exactly what's wrong with our hearts and cardiovascular system; if only more patients would take advantage of getting screened or tested to know where their risk factors and cardiac health fall, they would give themselves a jump start on living a much healthier life with greater longevity.

Along with the standard electrocardiogram (EKG or ECG), stress tests, angiograms, echocardiograms, and monitoring devices, there is an advanced test offered by Radiology Regional called a calcium score. This test measures the amount of plaque in your arteries.

CT Calcium Score

Computerized tomography (CT) calcium score scans are a precise way to detect atherosclerosis. The calcium score reading will determine the level of plaque in the artery walls and give the physician an accurate calculation of your risk of narrowing, blood-flow blockages, and the likelihood of future cardiac events.

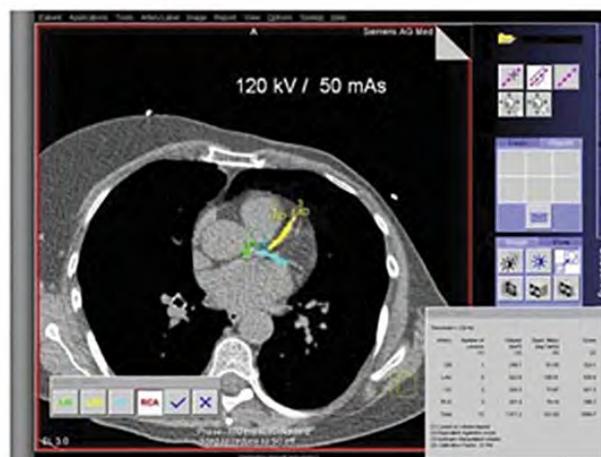
If you have a family history of CAD, are over the age of 45, have smoked or currently smoke, have high cholesterol or diabetes and struggle with your weight, you could benefit from having this advanced test to measure your risk factors for a cardiovascular condition.

Although this test is beneficial in diagnosing blockages and treating your cardiac condition, it is not covered by insurance at this time, but it is an extremely valuable diagnostic tool. For other imaging centers, the price usually ranges from \$75 to \$300, but Radiology Regional offers it for \$69 to their patients.

DID YOU KNOW THAT PATIENTS HAVE A CHOICE WHERE THEIR IMAGING IS DONE?

Why Radiology Regional?

Radiology Regional is a physician-owned, well-established imaging practice with over 30 board-certified radiologists that work closely with your doctor. You will get personalized service and expertise in a warm, comfortable environment, which is not always offered with a big group or hospital-owned organization. Radiology Regional also provides the



newest technological advances. Their superior imaging equipment includes 3T wide-bore MRI, 256 Slice CT, 3D Mammography, Nuclear Medicine, PET Scans, and Siemens ultrasound. Radiology Regional is a premier diagnostic facility that takes pride in offering the highest quality healthcare to the community.

At Radiology Regional, they take your health personally. They have a group of in-house, subspecialty, fellowship-trained radiologists that are experts in diagnosing and detecting conditions within the abdominal and pelvic areas, including the prostate. The machines they invest in are not standard; these are state-of-the-art, high-tech imaging equipment that can find even the most intricate details that would otherwise be missed.

Radiology Regionals has a high-resolution prostate MRI to find small prostate cancers, a dynamic MRI to diagnose pelvic organ prolapse, MRI technique to accurately stage rectal cancer for surgical planning,



It's Your Choice.
You have a right to the best medical imaging.

specific protocol to best evaluate the ovaries and uterus and another MRI technique to focus on the bones and muscles, among several others. All imaging exams are not equal, and Radiology Regional goes above and beyond to offer high-quality studies to help guide medical management.

For over 50 years, Radiology Regional has expanded its scope of services and number of outpatient facilities to meet the growing needs of their patients and referring physicians. Radiology Regional has thirteen, ACR accredited and convenient locations to serve you. Their dedicated team of board-certified radiologists, registered technologists, and other specialists are committed to providing their patients with exceptional care utilizing the most advanced technology and techniques available.

Radiology Regional has 13 locations in 3 counties, Lee, Collier and Charlotte.

Ask your physician to refer you to Radiology Regional for your imaging needs. Make your choice the best choice for you!

Contact Radiology Regional today at
(941) 255-7945, (239) 425-4678 (Español)



18300 Murdock Circle, Building #15
Port Charlotte (Behind the Surgery Center)
WWW.RADIOLOGYREGIONAL.COM



Did you miss the Annual Enrollment Period for Medicare OR the Affordable Care Act Health insurance? You may still be able to enroll! **SEP's "Special Election Periods" might save the day.**

By Ulla-Undine Merritt (Dee) National Producer Number (NPN) 8853366

Medicare AEP "Annual Enrollment Period" was October 15-December 7th for January 1st effective date. This applies to Medicare Advantage Plans and Part D Prescription Drug Plans.

If your current plan was Non-renewed –

30.4.3 - SEPs for Non-renewals or Terminations

A SEP exists for members of MA plans that will be affected by plan or contract non-renewals and plan service area reductions that are effective January 1 of the contract year. In order to provide sufficient time for members to evaluate their options, the SEP begins December 8 and ends on the last day in February of the following year. Enrollment requests received from December 8 through December 31 will have an effective date of January 1. Enrollment requests received in January will have an effective date of February 1. Enrollment requests received in February will have an effective date of March 1.

30.5 – Medicare Advantage Open Enrollment Period (MA OEP)

42 CFR 422.62(a)(3) (Rev. 2, Issued: August 12, 2020; Effective/Implementation: 01-01-2021) During the MA OEP, MA plan enrollees may enroll in another MA plan or disenroll from their MA plan and return to Original Medicare. Individuals may make only one election during the MA OEP.

MA OEP occurs: January 1st to March 31st. If you enrolled in a MA plan you may add or drop Part D coverage during the MA OEP. Individuals enrolled in either MA-PD or MA-only plans can switch to one of these 3 options:

*Medicare Advantage with Part D * Medicare Advantage with no Part D * Original Medicare (with or without a stand-alone Part D plan)

The effective date for the MA OEP is the 1st of the month following receipt of the enrollment request.

Note: The MA OEP does not provide an opportunity for an individual enrolled in Original Medicare to join a MA Plan. It does not allow for Part D changes for individuals enrolled in Original Medicare, including those enrolled in stand-alone Part D plans. The MA OEP is not available for those enrolled in Medicare Savings Accounts or other Medicare health plan types (such as cost plans or PACE).

It is very important - Dropping a Medicare Advantage Plan to go back to Original Medicare does NOT guarantee you acceptance in a Medicare Supplement Plan that works together with Original Medicare.

Medicare Supplements in this situation require medical qualifications unlike the original enrollment into Part B (you have 6-months from Part B effective). You can also qualify if you lose coverage due to a plan drop, moving out of the plan service area, loss of creditable employer group coverage. During the guarantee issue period you may not be entitled to all the companies Medicare Supplement Plans.

COVID19 and Hurricane ETA is covered as an SEP

The Market Place - Since the 2021 Open Enrollment Period is over, you can now enroll in or change a Health Insurance Marketplace® plan only if you have a life event that qualifies you for a Special Enrollment Period.

Life changes that can qualify you for a Special Enrollment Period.

*Changes in household – marriage, had a baby, adopted a child, or placed a child for foster care. Divorce, legally separated and lost health insurance (must be losing coverage)

*Change in residence – Moving to a new home in a new Zip code or county, Moving to the U.S. from a foreign county or US territory, If you're a student moving to or from the place you attend school, If you're a seasonal worker, moving to or from the place you both live and work, Moving to or from a shelter or other transitional housing.

*Loss of Health Insurance - You may qualify for a Special Enrollment Period if you lose health coverage through your employer or the employer of a family member, including if you lose health coverage through a parent or guardian because you are no longer a dependent.

Losing individual health coverage for a plan or policy you bought yourself

- You may qualify for a Special Enrollment Period if you lose individual health coverage if: Your plan discontinued (no longer exists), lose eligibility for a student health plan, lose eligibility for a plan because you no longer live in the plan's service area, an individual or group health plan coverage year is ending in the middle of the calendar year and you choose not to renew it, household income decreased, or you qualify for savings on a Marketplace plan.

Losing eligibility for Medicaid or CHIP - You may qualify for a Special Enrollment Period if you lose Medicaid or Children's Health Insurance Program (CHIP) coverage.

Losing coverage through a family member - You turn 26 (or the maximum dependent age allowed in your state, Florida is 30) and can no longer be on a parent's health plan- lose job-based health coverage through a family member's employer because that family member loses health coverage or coverage for dependents, lose health coverage through a spouse due to a divorce or legal separation, lose health coverage due to the death of a family member, lose health coverage through a parent or guardian because you're no longer a dependent.

*** information provided [cms.gov](https://www.cms.gov); [medicare.gov](https://www.medicare.gov); [healthcare.gov](https://www.healthcare.gov) and [FEMA.gov](https://www.fema.gov)

WebEx SEMINARS

THURSDAY, FEBRUARY 4

10:00:00 AM

Medicare/Medicaid
Low Income Subsidy
Virtual

SATURDAY, FEBRUARY 6

10:00:00 AM

Employer Health Plan
vs. Medicare Virtual
& In Office 11:30am

TUESDAY, FEBRUARY 9

10:00:00 AM

Employer Health Coverage
vs. Medicare - Virtual

WEDNESDAY, FEBRUARY 10

10:00:00 AM

Original Medicare
vs. Advantage Plans - Virtual

THURSDAY, FEBRUARY 11

4:00:00 PM

Employer Health Plan
vs. Medicare - Virtual

WEDNESDAY, FEBRUARY 17

11:30:00 AM

Employer Health Coverage
vs. Medicare - Virtual

THURSDAY, FEBRUARY 18

4:00:00 PM

New To Medicare Steps
Virtual

TUESDAY, FEBRUARY 23

10:00:00 AM

Recently Moved how does it
effect your Medicare - Virtual

WEDNESDAY, FEBRUARY 24

4:00:00 PM

Medicare Cost, Late
Enrollment Penalties
and more - Virtual

THURSDAY, FEBRUARY 25

11:30:00 AM

Medicare/Medicaid
Low Income Subsidy
Virtual

SATURDAY, FEBRUARY 27

10:00:00 AM

Turning 65 or New to Medicare Virtual
& In Office 11:30 am

Dee Merritt

We are happy to help, we have agents from Bradenton down to Marco Island, our headquarters are in Fort Myers and we also have an office we use part time in Naples.

To learn more about your options call to schedule an appointment contact:

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*We also do a complimentary homeowners review



CAN REGENERATIVE MEDICINE RELIEVE YOUR SHOULDER PAIN?

By Physicians Rehabilitation

If you suffer from shoulder pain due to injury, degeneration or disease, you know that most physicians will tell you there are two options, medications such as narcotics, or steroids (which are addictive and risky), or surgery, which is often unnecessary. While surgery may be needed with severe cases, it is permanent, and it often fails to relieve the underlying cause.

The purpose of Regenerative medicine is it to utilize the body's own ability to regenerate cells and tissues that have been damaged back to full functionality. When used in orthopedics, the goal is to regenerate soft tissues, cartilage, muscles, and tendons. Regenerative Medicine should be the first recommendation, and in many cases it is the only treatment necessary when dealing with muscle strains, tears. When it comes to joint dysfunction or tears such as with shoulder conditions, physical therapy is also extremely beneficial as an add on treatment.

What causes shoulder pain?

- Degenerative disorders (osteoarthritis and rheumatoid arthritis)
- Inflammation
- Trauma
- Cartilage and/or tendon tears
- Muscle tears or sprains
- Rotator cuff injuries
- Frozen/ Impinged shoulder
- Dislocated shoulder

The shoulder is made up of three bones, the humerus (arm), scapula (upper back), and the clavicle (collarbone). The glenoid socket houses the upper ball of the humerus bone and the central joint that connects everything together is the AC or acromioclavicular. And just like with any articulating joint it has synovial sacks (bursas) with synovial fluid and cartilage, which allow for a smooth, gliding functionality of the bones within a joint.

AT PHYSICIANS REHABILITATION THE TWO PRIMARY REGENERATIVE MEDICAL THERAPEUTICS FOR SHOULDER DISORDERS ARE VISCOSUPPLEMENTATION AND PLATELET RICH PLASMA (PRP) THERAPIES.

Often times with shoulder conditions such as osteoarthritis, the synovial fluid and cartilage become damaged and degenerate to where there many not be any at all.

Viscosupplementation

Viscosupplementation is an injectable substance that mimics the synovial fluid found naturally in the joint. Synovial fluid is a high concentration of Hyaluronic Acid (HA) and is used to help protect the joint, act as a cushion and protector against damage and most importantly acts as a lubricant to enable smooth function of the joint. As you age, your body supplements with less Hyaluronic Acid (synovial fluid) and an increasingly less viscous Hyaluronic Acid replaces your thick and very well lubricating HA. This lack of fluid creates dried out joints which leads to cartilage, tissue, muscle, and bone breakdown – leading to Osteoarthritis and making it easier to have tissue and muscle damage within and around the joint.

The procedure can be done in our office and only takes a few minutes. After locally numbing your shoulder, the procedure is monitored under a fluoroscopic image, which is a live X-ray. This allows us to see the inside of your joint while it is in motion and during the injection process. Using the fluoroscope the practitioner will have the ability to see exactly where the Hyaluronic Acid is being placed to make sure it is in the joint space – because if it is not, it will do NO GOOD! You'll receive approximately five injections at one week apart. The results of the cartilage enhancement will last for around six months or longer. Physicians Rehabilitation has become the expert on providing great results when this process is paired with physical therapy. Many of our patients report feeling pain relief immediately, while others cumulatively see results within a few short weeks.

Another issue with shoulder conditions is soft tissue, tendon, cartilage, and muscle damage. PRP can help to heal damaged tissue and also regenerate the injured cells while recruiting more new repairing cells and stem cells to repair at a much faster rate.

PRP (Platelet-Rich Plasma)

Fortunately for our patients today, advances in science have allowed us to find new and targeted approaches to treating degeneration and injuries. Platelet-rich plasma or PRP is an "autologous blood therapy" that uses a patient's own blood components to stimulate a healing response in damaged tissues. PRP provides an alternative to surgery by promoting safe and natural healing by spiking your bodies natural ability to heal by using your own growth factors and proteins in your blood!



3380 Tamiami Trail, Unit C, Port Charlotte, FL 33952
855-276-5989 | www.PhysiciansRehab.com

Research studies and clinical practice have shown PRP therapy to be very effective at relieving pain and returning patients to their normal lives. Both ultrasound and MRI images have shown definitive tissue repair after PRP therapy, confirming the healing process. The need for surgery can also be greatly reduced by treating injured tissues before the damage progresses and the condition is irreversible.

How Does PRP Therapy Work?

To prepare the PRP injection, blood is drawn from the patient (only 10cc/1 tube per injection) and is spun in a centrifuge so that it is separated into its four components: red blood cells, white blood cells, platelets and plasma. At that point, the Platelet Rich Plasma layer is removed from the top layer and prepared for injection. This forms a solution of plasma containing platelets, growth factors, growth hormones, cytokines and proteins for healing - which is then injected into and around the point of injury, jumpstarting and significantly strengthening and boosting the body's natural healing cascade. PRP uses the patient's own blood thereby eliminating any chance of rejection response and greatly minimizes the likelihood of infection.

PATIENT TESTIMONIALS

"I was thinking about buying a walker when I came there. After 2 month I was dancing Tango and Jive again (I'm a ballroom dance instructor). Excellent people working there and excellent help. Thank you so much." —Thilo

"Today, I walked without a limp for the first time in more than a year! I had the PRP treatment done about a week ago now...for the first time in MORE THAN A YEAR, I was able to walk without my limp, and I'm SO thrilled. Cycling, hiking, LIVING, here I come!!! Watch out world, I'm back!" —Sharene

Physicians Rehabilitation

Physicians Rehabilitation is a patient-focused practice that provides comprehensive care to eliminate your pain non-surgically. We evaluate each patient and implement an individual care plan specifically designed to alleviate your pain and dysfunction. Trained and licensed providers, with years of clinical experience, work together to provide this plan of care that addresses the specific concerns and problems of each patient. Our clinical care providers are able to employ a wide variety of physical modalities by utilizing state-of-the-art tools.

Our goal is to identify the source of your pain, promote healing and eliminate your pain. We begin by giving you a thorough examination and quickly address outward symptoms of pain, such as inflammation, while gathering medical history and evaluating your symptoms to get to the root of your pain and dysfunction. Our therapists have found that these advanced technologies, along with a specialized physical therapy program specific to the individual condition, makes for extremely successful pain relief treatments.

CALL PHYSICIANS REHABILITATION TODAY!

FEBRUARY IS GET MOVING MONTH

I really like the word “moving” rather than exercise (a 4 letter word in the minds of many – including me). Now more than ever before (due to COVID restrictions) you have to move and be active even it is just around your home or neighborhood. Sitting around watching depressing news that you have no control over, can affect you not only mentally, but physically as well. Don't put off moving until tomorrow when you can begin today. Whether COVID-19 or another virus down the road, the best defense you have is a healthy organic machine – your body. Moving makes it stronger along with eating correctly.

Think of your body as your house and your joints as its furniture or its nooks and crannies. What happens if you don't dust your furniture or clean around the baseboards or corners of a room? You get an accumulation of dust, dirt, and cobwebs, right? Think of your hips, knees, shoulders, and other joints as items you need to “dust.” Moving prevents the formation of “cobwebs” in your joints.

Personally, I like to put music on while I cook, and then I dance! I do deep knee bends every time I take clothes out of the dryer. I take one piece of clothing out at a time, so if there are ten pairs of socks in the dryer, that equals twenty deep knee bends.

Another easy way to get moving is grocery shopping. I know where the items are at my local grocery store, but I purposefully create my shopping in a way that requires me to go from one end of the store to the other end. I also park my car far away from the door as possible. All of those steps add up,

burning excess glucose, improving flexibility and increasing activity is a win/win. Every single time your body moves, it burns glucose (the body's fuel), improves flexibility, your health and weight.

When you eat to protect your pancreas and move, your body must go into your storage tanks for extra fuel which leads to weight loss. Also, the added benefit of movement is the release of endorphins that aid in reducing stress, anxiety and depression, along with improving sleep and self-esteem (especially when your weight starts to drop, and your health improves).

Whether you get down on your hands and knees to wash the floor, hula hoop, clean the windows, wash your car, lift weights, dance or take a walk after dinner, any of these activities will raise your heart rate, increase your stamina and force you to utilize muscles that need to be dusted off and engaged.

I cannot emphasize enough the need to love and care for yourself. Make this a priority for 2021! Remember, your mind, body, and spirit are in a partnership. They work in unison to sustain life. Give your body something to work with – wholesome, nutritious, responsibly grown pancreatic friendly foods and engage in some form of movement/activity on a daily basis. Your health and well-being will benefit. Now - GET MOVING!

Candice Rosen is a registered nurse, social worker, healthcare counselor, researcher and author. The Pancreatic Oath and Forget Dieting! It's All About Data Driven Fueling (Rowman & Littlefield, July 2020) are available at Barnes & Noble and Amazon.

Candice believes in the practice of self health. Her hypothesis is that all non-communicable diseases (obesity, type 2 diabetes, high blood pressure, high cholesterol, metabolic syndrome, insulin resistance, polycystic ovarian syndrome, low testosterone, renal issues and even some cancers) stem from pancreatic abuse. What is pancreatic abuse? Anytime you raise your blood glucose over 100 ninety minutes after you eat a meal or a snack, you are asking for weight gain and poor health.

*Never allow your glucose to drop below 70. Clients of Candice test their glucose using a glucometer for 2-3 months to determine what fuel/food works best for their organic machine. Always consult your physician before engaging in any new eating plan.

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Cardiac CT to Determine Heart Health

Cardiac computed tomography (CT) for Calcium Scoring uses special x-ray equipment to produce pictures of the coronary arteries to determine if they are blocked or narrowed by the buildup of plaque – an indicator for atherosclerosis or coronary artery disease (CAD). The information obtained can help evaluate whether you are at increased risk for heart attack.

What is Cardiac CT for Calcium Scoring?

Computed tomography, more commonly known as a CT or CAT scan, is a diagnostic medical test that, like traditional x-rays, produces multiple images or pictures of the inside of the body.

CT images of internal organs, bones, soft tissue and blood vessels provide greater detail than traditional x-rays, particularly of soft tissues and blood vessels.

A cardiac CT scan for coronary calcium is a non-invasive way of obtaining information about the presence, location and extent of calcified plaque in the coronary arteries—the vessels that supply oxygen-containing blood to the heart muscle. Calcified plaque results when there is a build-up of fat and other substances under the inner layer of the artery. This material can calcify which signals the presence of atherosclerosis, a disease of the vessel wall, also called coronary artery disease (CAD). People with this disease have an increased risk for heart attacks. In addition, over time, progression of plaque buildup (CAD) can narrow the arteries or even close off blood flow to the heart. The result may be chest pain, sometimes called "angina," or a heart attack.

Because calcium is a marker of CAD, the amount of calcium detected on a cardiac CT scan is a helpful prognostic tool. The findings on cardiac CT are expressed as a calcium score. Another name for this test is coronary artery calcium scoring.

What are some common uses of the procedure?

The goal of cardiac CT scan for calcium scoring is to determine if CAD is present and to what extent, even if there are no symptoms. It is a screening study that may be recommended by a physician for patients with risk factors for CAD but no clinical symptoms.



The major risk factors for CAD are:

- high blood cholesterol levels
- family history of heart attacks
- diabetes
- high blood pressure
- cigarette smoking
- overweight or obese
- physical inactivity

How should I prepare?

There is no special preparation is needed in advance of a cardiac CT examination. You should continue to take your usual medications but should avoid caffeine and smoking for four hours prior to your exam.

You should wear comfortable, loose-fitting clothing to your exam. You may be given a gown to wear during the procedure.

Metal objects, including jewelry, eyeglasses, dentures and hairpins, may affect the CT images and should be left at home or removed prior to your exam. You may also be asked to remove hearing aids and removable dental work. Women will be asked to remove bras containing metal underwire. You may be asked to remove any piercings, if possible.

Benefits

- Cardiac CT for calcium scoring is a convenient and noninvasive way of evaluating whether you may be at increased risk for a heart attack.
- The exam takes little time, causes no pain, and does not require injection of contrast material.
- An EBCT scan takes less than 20 minutes and you can return to normal activities immediately afterward.
- We use low dose radiation CT.

Discussing results with your doctor

Your doctor will discuss the results of the heart scan with you. Depending on the outcome, he or she may recommend:

- Continuing the current course of treatment
- Changing medications
- Changing your diet and exercise routine
- Setting new weight-loss goals
- Ordering additional tests
- Planning for follow-up appointments to monitor your health and adherence to a treatment plan

RAVE is offering this non-invasive study at all three of our locations for a cash price of \$75.00 which includes the read. You owe it to yourself and your family to have this quick and painless procedure done to determine what your potential risk of coronary artery disease is. Patient must have a script from their physician in order to have the exam.



www.raverad.com

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Hours: 8:00am-5:00pm

ENGLEWOOD

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DO: Create a financial plan.

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DO: Work with a knowledgeable Realtor® when buying. A good agent can help you find a property in a good location with the best rental potential.

DO: Get to know your home.

Carefully check all parts of the home and repair and replace items that need it.

DO: Choose a property manager carefully. Check their reputation in the area, then ask how they'll: Maintain the home so it stays in

good condition, communicate with you and maximize your revenue.

DON'T: Ignore preventive maintenance.

It's better to fix or replace that aging water heater or HVAC system now than have it break during a renter's stay.

DO: Be strategic about using the home yourself. If your goal is to maximize rental income, stick to planning your stay during the off season.

DO: Plan to reinvest in the home.

Figure you may have to spend 1% of the property value each year on maintenance.

DO: Be realistic about pricing.

Research area rental rates and don't overprice. Your ultimate goal is to make a reasonable profit and that will require a high occupancy rate.

Sources: entrepreneur.com, sfgate.com, Morris Invest, blogs.netintegrity.net

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LSVT BIG Therapy For Patients With Parkinson's Disease

By James Ferrara, Lymphedema Therapist

Parkinson's is a complex disease that progresses over the years, and to date, has no cure. It is a neurodegenerative disease that wreaks havoc on the brain, which, in turn, interferes with the body's fine motor skills. The brain's neurons (nerve cells) create dopamine, and the deterioration of this process is the cause of Parkinson's disease.

In Parkinson's patients, the dopamine chemical production slows down, and over time, it can be completely ineffective. Some of the first symptoms of early Parkinson's disease are impaired sense of smell, constipation, and sleep disorders. These early signs are found in the medulla and the enteric region of the brain. Some patients will have diminished voices, develop rigid muscles, and show little to no expression on their faces within the middle stages of the disease.

Symptoms of the Disease

This cell death that occurs in Parkinson's patients leads to continual deficiencies in movement and mobility like the following:

- Hand tremors
- Muscle stiffness
- Limb rigidity
- Loss of memory
- Confusion
- Involuntary twitching
- Shaking
- Slowed movement
- Gastrointestinal disorders
- Slouching and posture changes
- Diminished facial expressions
- Changes in handwriting (small/tight lettering)

As the disease progresses, it eventually reaches the brain's substantia nigra region, which controls the body's movements. Once this stage is reached, patients may have difficulty controlling their bodily functions and developing tremors and have jarring irrepressible movements.

Treatment Options

Currently, there is no cure; the main treatments are given through traditional pharmaceutical medications, which are available to slow down the development of the disease. Along with medication management, speech pathology, and physical therapy, there is a therapy called LSVT BIG for Parkinson's Disease, and it provides remarkable results for many patients.

LSVT BIG Therapists are specially trained to offer specialized treatment for patients with Parkinson's Disease.

According to LSVT Global, the following explains more details on the therapy's offered and why they are making such a huge impact on patients' lives.

LSVT BIG trains people with Parkinson's disease (PD) to use their body more normally. People living with PD or other neurological conditions often move differently, with gestures and actions that become smaller and slower. They may have trouble with getting around, getting dressed, and with other activities of daily living. LSVT BIG effectively trains improved movements for any activity, whether "small motor" tasks like buttoning a shirt or "large motor" tasks like getting up from sofa or chair or maintaining balance while walking. The treatment improves walking, self-care, and other tasks by helping people "recalibrate" how they perceive their movements with what others actually see. It also teaches them how and when to apply extra effort to produce bigger motions – more like the movements of everyone around them.¹

Because LSVT BIG therapy is customized to each person's specific needs and goals, it can help regardless of the stage or severity of your condition. That said, the treatment may be most effective in early or middle stages of your condition when you can both improve function and potentially slow further symptom progression. Beginning your work with LSVT BIG before you've noticed significant problems with balance, mobility, or posture will often lead to the best results, but it's never too late to start. LSVT BIG can produce significant improvements even for people facing considerable physical difficulties.¹

With LSVT BIG, the patients learn to make large explosive movements that are controlled and precise. They are also encouraged to project their voice with various exercises, and in combination with physical movement, the outcomes allow patients to gain balance, improve range-of-motion, build muscle strength, flexibility and move as they did before Parkinson's disease.

LSVT BIG® treatments consist of 16 therapy sessions (approx. 1 hr. each) that are 4 days in a row for 4 weeks. There are daily homework assignments and daily carry-over exercises. Only LSVT BIG® trained clinicians can deliver the treatment sessions. This therapy is allowing individuals to move more freely and to achieve various levels of independence and confidence.

Source: 1. <https://www.lsvtglobal.com/LSVTBig>

YOU CAN GET TREATMENTS IN THE COMFORT OF YOUR HOME

Therapist James Ferrara explained, "Many people are concerned about visiting a medical office due to COVID-19. My services are unique in that we come to you via our Mobile Outpatient Occupational Therapy Services. You don't have to leave your home."

James Ferrara is a licensed, experienced and highly regarded occupational therapist. He founded a mobile therapeutic company that will come to the privacy of your home to provide outstanding services.

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- Home Safety Evaluations
- Work On IADL's
- Strengthening
- Patient Education
- Functional Balance
- Transfer Training
- LSVT BIG for Parkinson's Disease
- Lymphatic Drainage

James Ferrara is an Occupational Therapist, Certified Lymphedema Therapist and LSVT BIG® Certified. Graduated from Illinois State University 1998 with a degree in Athletic Training. Graduated from Sarasota School of Massage Therapy 2001, and Spalding University in 2006 with a Master Degree in Occupational Therapy and became a Certified Lymphedema Therapist from the Academy of Lymphatic Studies. LSVT BIG® Certified Therapist. Over 20 years of Therapy experience with 6 plus years in Outpatient Therapy and the past 11 years in Home Healthcare.

Insurance/Billing Information and More

- Medicare B provider (Bills Medicare directly for in home visits).
- Insurance—Will check network provider coverage/ cost for patients, many will have only a co-pay!
- Provides outpatient Therapy to patients in their homes.
- The patient does not need to be homebound. This is Outpatient Occupational Therapy that travels to the patients home.
- Uses appropriate PPE as recommended by CDC and tested regularly.



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All-In-One Dental Visit with CEREC

By Dr. Joseph Farag

New technologies are making our lives simpler and easier everyday and dentistry has certainly not been left behind. Thanks to a great new system called CEREC, you can now have a high-tech smile in a single visit.

In days gone by, you may have needed to visit the dentist two or three times to have a quality, white ceramic restoration. The dentist would need to take a special impression to make a plaster model for the dental laboratory to generate an extra replica of your tooth in order to hand-make your porcelain restoration. The craftsmanship of the laboratory technician is highly regarded, but generally requires a minimum turn-around time of two weeks, leaving you to function with a temporary, generally plastic, restoration.

Instead of multiple dentist appointments and weeks for a complete restoration, CEREC allows the dentist to achieve the same, if not better, results in a single visit. CEREC is an acronym for Chairside Economical Restoration of Esthetic Ceramics. Translated, it means that a dentist can economically restore damaged teeth in a single appointment using high-quality ceramic material that matches. CEREC uses the latest Computer-Aided Design and Manufacture (CAD-CAM)



Before and after: CEREC restorations look and feel better than amalgam (above and gold (below), and can be completed in a single appointment

technology incorporating a camera, computer and milling machine in one instrument to give you perfect, white fillings, veneers or crowns, all in a fraction of the time it used to take.

Here's how it works.

Once your dentist determines that CEREC is the correct course of treatment, your visit will begin by preparing the tooth. Any decay, if present, is removed, leaving as much possible of your healthy tooth to support the CEREC restoration. Next, your dentist will use a specially designed electronic camera that makes a digital 3D model of your tooth in seconds.

You can then watch your dentist design your new restoration on a computer screen, right beside the dental chair using the 3D image created by the camera. The virtual filling is then transferred into reality, again using CEREC. A solid block of porcelain ceramic is inserted into the CEREC milling unit. Special tools then sculpt your restoration to the finest detail based on the restoration designed on the CEREC computer.

The perfect-fit restoration is completed and placed in your mouth with the whole process only taking around an hour! CEREC fillings are natural looking, smooth, white and hard-wearing, just like the enamel surface of the rest of our teeth. The ceramic material is biocompatible and is not effected by hot or cold.

The office of Dr. Joseph Farag offers CEREC restoration. For more details and CEREC or to schedule an appointment for a check-up please call (941) 764-9555 today.

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Improve Your Workout with Omega-3 Fish Oil

By Anne-Marie Chalmers, MD

Is there a relationship between taking fish oil and exercise performance?

That was our hypothesis when we started giving Wellpride® fish oil to Thoroughbred racehorses nearly two decades ago. The theory held water. Trainers reported that their horses had better endurance and recovered faster after racing.

Today, we know a lot more about how omega-3 fatty acids support the body during exercise (both in animals and people). The growing body of research presents a compelling case for why workout junkies of all kinds should consider adding omega-3s to their exercise program.

Improved Muscle Mass

Omega-3 fish oil isn't going to land you on any doping drug list, yet there are numerous reasons why getting an effective dose of fish oil every day could significantly improve your workout. One of the most surprising benefits is the omega-3 fatty acids' impact on muscle mass and strength:

- A 2012 study from Brazil revealed that women in their 60s experienced greater improvements in muscle strength when they consumed 2000 mg of EPA/DHA and exercised each day. This was compared to women who completed the training without omega-3 supplements.
- A 2015 double-blind study focused on seniors (60-to 85-year-olds) found that consuming 3360 mg of EPA/DHA for 6 months helped increase muscle mass and muscle strength, independent of exercise.

While the above studies focused on older adults, there's reason to believe younger individuals may experience similar benefits, too.

One study conducted on healthy adults (aged 25-45) found that supplementing with 4000 mg of EPA/DHA increased muscle protein synthesis. Another study on the same age group discovered that – when they consumed 3000 mg of EPA/DHA every day – study participants improved the number of bicep curls they could perform.



Reduced Muscle Soreness

Numerous studies have also looked at how omega-3s can impact muscle soreness after exercising, which is known as Delayed Onset of Muscle Soreness (DOMS). Omega-3s are well-known for their anti-inflammatory benefits, and when it comes to DOMS, omega-3s may reduce the risk of muscle cell injury by improving cell flexibility and elasticity.

A fair amount of research has been done on this topic, so we have picked a few favorites:

- A 2014 study found that healthy college students with higher omega-3 levels had a decreased incidence of DOMS compared to students with lower omega-3 levels.
- A 2018 study from New Zealand looked at how omega-3s influenced a team of professional rugby players. The researchers compared how the rugby players self-assessed muscle soreness, fatigue and mood when taking 1500 mg of omega-3s compared to a protein-based placebo. Compared to the placebo, fish oil had a greater effect on reducing muscle soreness and fatigue.
- A 2018 study from researchers at Harvard Medical School found similar results when exploring how omega-3s impacted patients with coronary artery disease. Patients who received 3360 of EPA/DHA daily for one year had better physical function, fewer joint replacements, less pain and stiffness, and exercised more per week (compared to the control group).

What to Consider Before Taking Omega-3s

Before your rush out to buy fish oil capsules, it's important to understand that the benefits of omega-3s depend on dose and quality. In one review, researchers found that consuming supplements containing only EPA or only DHA did not reduce several markers for DOMS. This is likely because these fatty acids have a synergistic effect in the cells and work together to produce the best results.

Secondly, getting an optimal omega-3 dose matters tremendously. In the studies referenced above, the researchers used between 1500 mg to 4000 mg of EPA/DHA daily to achieve positive effects. Unfortunately, many regular fish oil capsules contain only 300 mg of EPA/DHA. Depending on the brand and concentration, this means that you would have to swallow between 5 – 13 capsules daily to get the kind of dosages used in the studies cited above.

Alternatively, fresh, full-spectrum liquid cod liver oils, like Omega Cure®, can make it easier to get a higher omega-3 dose without having to swallow umpteen capsules. Just remember to read the nutrition facts to ensure you get enough EPA/DHA per serving.

This article was abbreviated from a longer version published on omega3innovations.com. For the full text and references, visit:

<https://omega3innovations.com/blog/improve-your-workout-with-omega-3-fish-oil/>

About Anne-Marie Chalmers, MD

Born and raised in the United States, Dr. Chalmers graduated from Brown University and completed her medical training at the University of Oslo in Norway. Dr. Chalmers practiced medicine in Norway for many years. Today, she serves as president of Omega3 Innovations.



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Hearing Health & Heart Health.... It's a Two Way Street

By Dr. Noël Crosby, Au.D.

Valentine's Day and the month of February have always been linked to the heart. There is now a growing body of research and evidence that suggests that hearing loss and cardiovascular ailments are also linked. This is why everyone should think of their ears as a window to their heart. If you are experiencing hearing loss, pay attention to your entire health. The more we learn about hearing loss, the more we discover that it very often co-exists with other health conditions. You should pay attention to your entire wellbeing. Hearing loss is not a self-contained impairment limited just to your ears.

Many different studies conducted here in the USA and overseas have demonstrated that quite a few serious ailments can impact how well we hear. These studies have shown that all the bodily organs and functions are tightly interconnected. When one system or organ fails, it sends rippling effects through the others. Your hearing is not immune to this process. There has been a sizable body of research conducted over more than six decades that collected information about cardiovascular disease and hearing. The authors of a study published in the American Journal of Audiology using the information from this research have concluded that there is a negative influence of impaired cardiovascular health on both the peripheral and central auditory system. There is also the potential positive influence of improved cardiovascular health on these same peripheral and central auditory systems.

New research from Brigham and Women's Hospital also reveals that a healthy heart may be the key to keeping your hearing healthy. In the study, researchers also found correlations between certain audiometric patterns and arterial disease. One pattern, a reverse slope, which identifies low frequency hearing loss, may suggest the presence of cardiovascular disease. Some researchers hypothesize that because the inner ear is so sensitive to blood flow, any abnormalities in the condition of blood vessels in the inner ear could be noticed earlier than in other, less sensitive parts of the body. In one study—presented by David R. Friedland, MD, PhD, Associate Professor of Otolaryngology and Communication Sciences at the Medical College of Wisconsin in Madison in 2009.

Combined Otolaryngology Spring Meeting—it was hypothesized that low-frequency hearing loss may be a potential marker for predicting the presence of, or potential development of cardiovascular disease. These studies could prompt hearing professionals to consider making a referral to assess cardiovascular health after low frequency hearing loss has been identified.

According to a study in older adults, the prevalence of suffering from various degrees of hearing loss is 54 percent greater among those who have a history of heart disease than in the general population. The study also indicated that those individuals who exercise at least once a week saw a 32 percent reduction in the risk of suffering from hearing loss, when

compared to sedentary people. (Source: "The Association Between Cardiovascular Disease and Cochlear Function in Older Adults." Population Health Program Faculty, Wisconsin University, First Annual Population Health Poster Session selected abstracts 2001-2002.)

It's a good idea for those people with cardiovascular disease to get their hearing checked, and for those people with hearing loss to pay close attention to their cardiovascular health. The inner ear is extremely sensitive to blood flow. All these studies have shown that a healthy cardiovascular system—a person's heart, arteries, and veins—has a positive effect on hearing. Conversely, inadequate blood flow and trauma to the blood vessels of the inner ear can contribute to hearing loss.

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NURSING HOME CONTRACTS – ARBITRATION

By James W. Mallonee

Placing a loved one into a Nursing or Assisted Living Facility is never an easy task. Its emotional and the person being placed into the home may feel as if you have abandoned them. Because of this, while signing the admission contracts there is a moment where you may feel as if you just want to get it over with, you sign where you are told and leave. That could be a serious mistake because you may have unwittingly signed up to be the surety as well as accepting mandatory arbitration. The problem is you may or may not have the authority granting the facility the right to force arbitration should something go wrong while your loved one is a resident of the nursing facility. This article will focus on the arbitration issues of a facilities contract and not those contract provisions involving sureties.

Arbitration is a means of having a dispute settled outside of the courts. The positives for this are a reduction of costs and time spent litigating the issues. The downside of this is whether you will really get a fair review and remedies for damages the nursing facility caused your loved one.

How will you know if you have the authority to sign up to forced arbitration? If your loved one has a Durable Power of Attorney, it may be giving the attorney-in-fact such authority to accept arbitration. Healthcare documents typically do not give such authority nor does Florida statutes give authority to proxies the right to accept arbitration remedies for elder disputes.

Contracts signed by a son, daughter or other interested person providing acceptance to resolving disputes via arbitration are cloaked with check off the box type of acceptance. Worse yet, they are sometimes buried deep inside a 200-page admission contract.

In the case of Blankfeld v. Richmond Health and Rehabilitation, Inc. a/k/a Sunrise Health and Rehabilitation Center, the 4th District Court of Appeal was faced with the following factual issues concerning acceptance of the nursing facilities arbitration clause. The son placed his mother in a facility. The mother was senile and unable to

understand the nature of the admission contract. The son took it upon himself to sign the admission agreement. The agreement provided that all disputes “shall be resolved by binding arbitration administered by the National Health Lawyers Association.”

While a resident of the facility, the mother was abused causing the son to initiate a case against Sunrise claiming (among other things) negligence. The nursing facility claimed that the case had to be arbitrated according to the contract and not conducted through court proceedings. The son countered the facilities contract term stating the arbitration provisions were unenforceable and more importantly unconscionable. The court reviewed the arbitration terms and conditions contained in the contract and found they effectively removed the ability of the arbitrator to award consequential, exemplary, incidental, punitive or special damages against a party unless there is clear and convincing evidence of such abuse warranting the aforementioned damages. These terms effectively eliminated any recovery for negligence because the evidence had to be clear and convincing as opposed to a preponderance of the evidence required in negligence cases. The court also reasoned that such terms and conditions imposed where contrary to the Nursing Home Residents Act, Chapter 400.023(2), Fla. Stat.

Thus, the requirement for forced arbitration (in this case) was considered void because it was in violation of public policy conferred upon patients by the Chapter 400, Fla. Stat. The court continued to declare that the son, who was named as his mother’s Healthcare Surrogate, did not confer upon him any right to accept, through contract, any arbitration as a dispute remedy. Moreover, Chapter 765, Fla. Stat. does not confer upon a proxy any right to agree to arbitration.

A proxy is a person appointed to assist in making health care decisions for an individual who is either incapacitated or developmentally disabled and has not executed an advance directive. The only decisions that can be made by a proxy are:

- a) Informed consent, refusal of consent or withdrawal of consent to any and all health care, including life prolonging procedures.
- b) The decision to apply for private, public, government, or veterans’ benefits to defray the cost of health care.
- c) The right of access to all records of the principal reasonably necessary for a health care surrogate to make decisions involving health care and to apply for benefits.
- d) The decision to make anatomical gift pursuant to part X of Chapter 732.

As you can see, you need to be careful when signing a nursing home contract. You should consider contacting an attorney of your choice and allowing him or her to review the contract before signing. This is especially true when it comes to the authority to sign; what you are signing up to; and, just who will be responsible for the payment of services your loved one will be incurring. Take the time to get this reviewed, it could save you significant costs in the event a dispute arises.

This article is intended for informational use only and is not for purposes of providing legal advice or association of a lawyer – client relationship.

James W. Mallonee (Jim Mallonee) is a graduate with a B.A. degree from the University of South Florida and a Master of Science degree from Rollins College in Winter Park, Florida. He obtained his Juris Doctorate from the University of the Pacific, McGeorge School of Law in Sacramento, California. Prior to returning to Florida to practice law, Mr. Mallonee was employed by Intel Corporation for 22 years in such locations as New Jersey, Florida and California.

In addition to being a member of the Florida Bar since 2003, Mr. Mallonee serves on the Charlotte Community Foundation Committee for asset allocation and teaches Business Law at State College of Florida. Mr. Mallonee is also on the Board of Directors for the Military Heritage Museum located in Charlotte County, Florida.

His firm practices law in the following areas: Probate, Wills & Trusts, Guardianships, and Litigation in the areas of Real Estate, Guardianships and Estates. The firm has two locations in Venice and Port Charlotte, Florida.

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New Bill to Protect Medical Marijuana Patients from Employers

With SB 962 and HB 595 having been filed back in early November, this bill could change the outlook for those afraid to make the jump towards becoming a licensed medical marijuana patient by further protecting them from being discriminated against by their employers. Unfortunately, this issue has become all too common with Florida's medical marijuana patients. As our current law stands, patients have zero protections against their rights as MMJ patients. Having a pool of over a quarter million people exposed like this has also let a new wave of attorney's flood in to prospect the early stages of MMJ patient protection.

The bill will introduce a new set of procedures for employers to follow shall an employee test positive for marijuana. This is a huge step in the right direction for the State as it prohibits employers from taking action against employees who are also qualified medical marijuana patients (in most situations). Many Floridians are not open to medical marijuana solely due to the reality of possibly losing their main source of income due to speed bumps such as corporate policies or random drug testing.



Thankfully this mindset is slowly shifting in favor of Cannabis advocates and with new bills on the horizon, us Floridians have an optimistic future as far as patient rights goes. If other states and their marijuana laws are to go by, we should have no problem introducing safety nets to those still being discriminated against.

Come this election we will see a shift in focus on these specific issues as more and more people join the already massive 300,000 card holders in Florida. Join the movement and help shift our states policies in the right direction and become a cardholder today!

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WHOLEHEARTED

By Jodi Thomas

I love Valentine's Day. Not just the flowers and the chocolate and all that good stuff, but I have always loved the idea of celebrating *love* . . . and on a trivial note, seeing all the pink and red hearts just makes me happy for some reason.

Lately I've been thinking a lot about my own heart. When reflecting on 2021 and what I hope for this year, I really desire to live *wholeheartedly*. And the first step in doing this is learning to pay attention to my heart. I'm reading a great book right now called *Soulful Simplicity* by Courney Carver. I highly recommend it. In the book, she discusses living wholeheartedly and that we have to learn to *listen* to our hearts. She has an exercise where in a quiet moment, you place both hands on your heart, one hand on top of the other, and just sit in the quiet for a moment or two, and ask yourself, "What is my heart saying? What is my heart feeling?"

Yet, most of us are terrified to do this. Why? Because, without a doubt, most of us are never taught to listen to our hearts. We are taught to "suck it up," to keep pushing forward, to fulfill our myriad responsibilities, regardless what our hearts might be saying, or trying to say. And there are many times where we have to do just that—it's part of being an adult. But there's an equal, if not more, need for us to listen to those precious hearts of ours, that have often long been covered up by obligation, fear of what other people think, busy-ness, and self-medication with our vices of choice.

The primary reason we need to learn to listen to our hearts are that our hearts are **very important to God**. Proverbs 4:23 says, "Above all else, guard your heart, for everything you do flows from it." Think about what that says and the implication of it. Both good and bad flow from our heart, based upon the state of our heart. Ignore your heart for too long, and this is disastrous for living the kind of life that you once imagined for yourself.



In fact, our hearts are so valuable to God that they are the very place that Christ has decided to take up residence. Ephesians 3:17 says, "I pray that out of his glorious riches he may strengthen you with power through his Spirit in your inner being, so that Christ *may dwell in your hearts through faith*." Additionally, Romans 5:5 says that God pours out His love into our hearts. Now, I spend a lot of time nurturing my relationship with God. But to be completely honestly, many times I don't feel God's presence or love. These are things that I have to take *by faith*. But even this comes from the heart, for Romans 10:10 says "For it is *with your heart that you believe* and are justified, and it is with your mouth that you profess your faith and are saved."

When I truly believe these truths, which comes from my very heart, that Christ actually lives in my heart and God's love is poured into my heart, I am empowered to live in God's love and to express that love to others in my day to day life. And folks, there is just nothing in life more important than that.

Not only does God reside in our heart, he desires to protect it. Philippians 4:7 says "And the peace of God, which transcends all understanding, *will guard your hearts* and your minds in Christ Jesus." How does the peace of God guard our heart? It guards it against worry, against anxiety, against unforgiveness. . . all of the things that wreck havoc on our hearts and create stress in our lives.

Our hearts are so valuable to God, that He desires *all* of our hearts. In Luke 10:27, Jesus said the greatest commandment was to "*Love the Lord your God with all your heart* and with all your soul and with all your strength and with all your mind."

When you see those pretty pink and red hearts this Valentines Day, I hope you are reminded that your heart is a unique treasure to God. There is no other heart like yours. It is so valuable to Him that Jesus died on the cross so that He could live there and God's love be poured out into your heart. Because your heart is of the utmost value to God, you need to value it, too. Learn to listen to it. Learn to respect it. Don't ignore it. I hope you will join me in the quest of living *wholeheartedly* in 2021.

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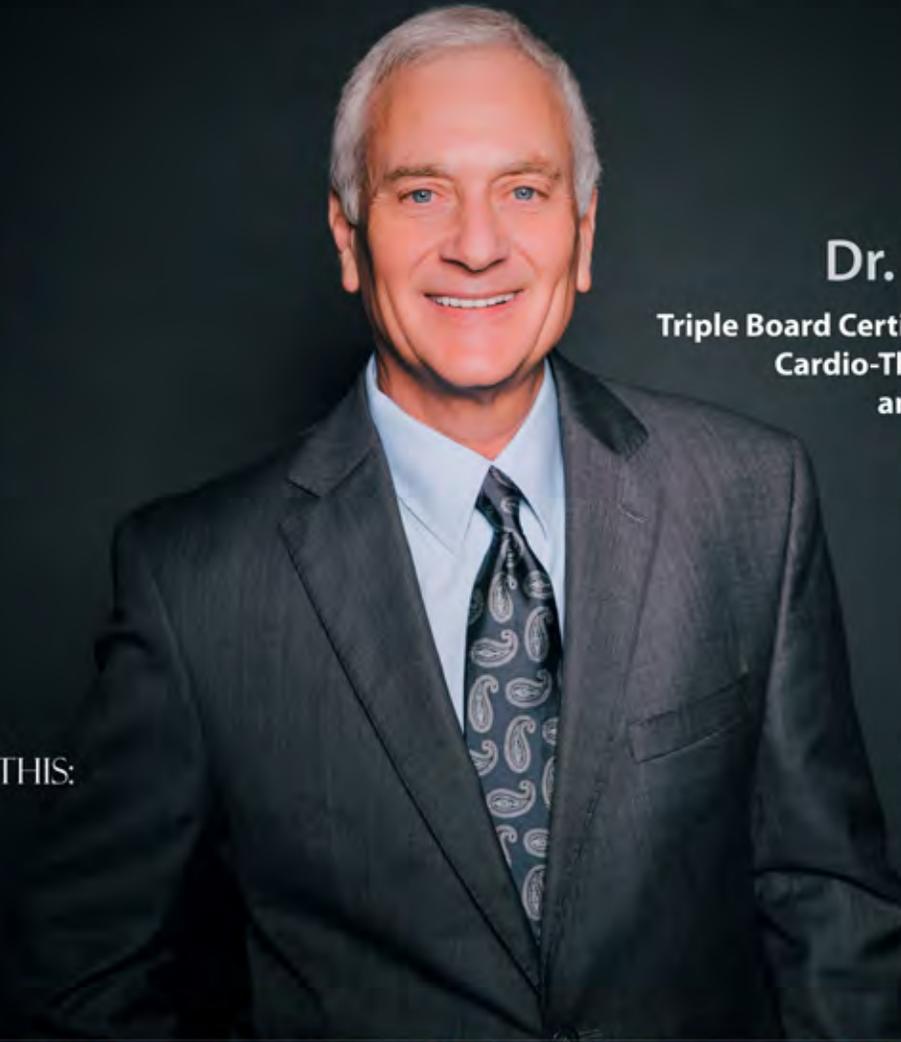
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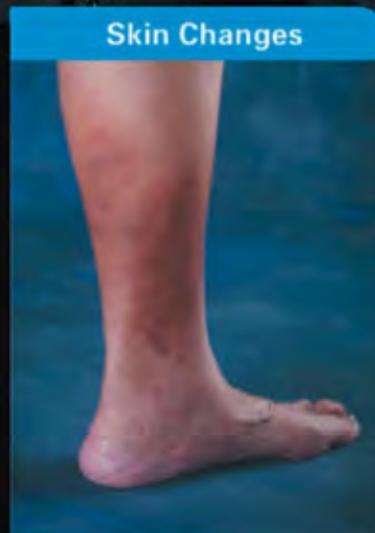
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