

National Glaucoma Awareness Month

What are you going to do differently this year? Take better care of yourself? Will you exercise more, eat healthier, or make an effort to see the doctor as often as you should?

Finding time in your busy schedule to implement those well-intentioned resolutions often proves challenging.

But don't underestimate the importance of those doctor visits — and more specifically, visits to your eye doctor. A quick trip to your optometrist may not only be sight-saving but potentially life-saving. Optometrists can evaluate the health of your eyes and clarity



Dr. Rebecca Wincek Bateson has a private practice at 678 Philadelphia St. and practices optometry with Dr. Mike Yuhas and Dr. Greg Caldwell.

of vision and they can also detect chronic and systemic diseases such as glaucoma, diabetes and even hypertension.

You've probably heard of glaucoma, but many people don't know how it can affect — and how quickly it can take — your eyesight.

Glaucoma affects more than 3 million Americans, but over half of them don't even know that they have it, according to Prevent Blindness America.

Glaucoma begins by attacking peripheral vision, typically causing objects to appear less clearly.

At first, it is possible to compensate by squinting or turning the head to focus better.

But be careful. These changes may seem minor, but glaucoma can accelerate quickly; causing eyesight to rapidly and irreversibly deteriorate.

Like many diseases, some factors can increase the risk of developing glaucoma, such as age, race or genetics. Glaucoma usually affects one in 200 people by age 50, but as many as one in 10 people by age 80.

The risk of developing glaucoma is much higher among African-Americans: four to five times higher. In fact, glaucoma is the leading cause of blindness in African-Americans.

Not only do African-Americans usually develop glaucoma 10 years earlier than Caucasians, they are also six to 15 times more likely to be blinded by the disease.

Glaucoma cannot be prevented, but if diagnosed and treated early, it can be controlled.

This reinforces what the National Optometric Association and the AOA already recommend: adults need regular, comprehensive eye exams.

Fortunately, Medicare covers annual glaucoma screenings for people considered at heightened risk of developing glaucoma, such as individuals with diabetes, those with a family history of glaucoma, African-Americans age 50 and older and Hispanic Americans age 65 and older.

So start off the new year right: set up an appointment with your eye doctor — and maybe hit the gym and grab a salad on your way home.

Medicare patients at high risk for glaucoma can receive dilated eye examinations as a benefit of Medicare coverage. Currently eligible beneficiaries are individuals with diabetes mellitus, individuals with a family history of glaucoma, Hispanic Americans age 65 and over, and African-Americans age 50 and over. The AOA provides a Glaucoma/Diabetes Hotline program which matches patients with participating optometrists in their area.

To find an optometrist in your area, please call AOA at (800) 262-3947, or for more information e-mail Becca@indianaeyecare.net. Dr. Rebecca Wincek Bateson has a private practice located at 678 Philadelphia St. and practices optometry with Dr. Mike Yuhas and Dr. Greg Caldwell.

Distant goals now within reach

By SHANDERIA K. POSEY
The Clarion-Ledger

JACKSON, Miss. — Donald Lofton was always at risk of falling after suffering a stroke in July 2007 that caused loss of sensation on his left side.

"I had toe drag bad," said the 62-year-old Flowwood resident.

Toe drag or foot drop — partial leg paralysis — often happens in stroke patients who lose sensation on one side. It causes the foot or toes to drag on the floor because of nerve damage.

Six months ago, Lofton began using the NESS L300 foot drop system during outpatient therapy at Methodist Rehabilitation Center.

It consists of three components — a leg cuff, a heel sensor and a remote mode box — that communicate wirelessly to electronically stimulate damaged nerves to make muscles contract.

As a result, Lofton doesn't have to worry about trying to lift his foot to walk — the system does it for him.

"When his heel hits the ground, it turns off but when he lifts his heel and swings his leg, he receives a charge through the electrodes in the cuff. It stimulates the muscles that lift the toes," said Rachel Dear, a physical therapist at Methodist Rehab. "The cool thing about the Bioness is the fact that it gives him constant stimulation. Reminds him, my left side is there." "The walls run into me all the time," Lofton said.

He goes to occupational therapy and physical therapy three times a week.

After acquiring funds to purchase the system, which costs about \$6,200, Lofton has been using it at home for about two weeks now.

He wears the device up to four hours a day, but will work his way up to wearing it longer.

His wife, Katharine, has witnessed his progress. Normally, his left toes drag on the ground when he uses his walker or cane, she said.

"He's better since he got that. I'm so proud of him. I really am," Katharine said.

"You just don't know what you're blessed with until you don't have it."

The L300 created by Bioness Inc. has been available in select rehabilitation centers nationwide since 2006 and for in-home use since 2007. It is approved by the Food and Drug Administration and a prescribed device.

Besides stroke patients, those



BRIAN ALBERT BROOM/The Clarion-Ledger

RECOVERING STROKE patient Donald Lofton, of Flowwood, Miss., was helped by physical therapist Rachel Dear as he used an electrical stimulation system to improve his ambulation. Six months ago, Lofton began using the NESS L300 foot drop system during outpatient therapy at Methodist Rehabilitation Center. As a result, Lofton doesn't have to worry about trying to lift his foot to walk — the system does it for him.

with multiple sclerosis, traumatic brain injury, incomplete spinal cord injury and cerebral palsy are candidates for its use.

A similar device Bioness made called the NESS H200 hand rehabilitation system, available since 2004, is helping patients who've lost their grip as the result of a stroke, traumatic brain injury, spinal cord injury or certain neurological disorders.

Unlike the L200, it has two components. It works by sending electrical pulses through the hand and wrist.

Nicole Marquez, 26, of Madison, was Methodist Rehab's first patient to try the H200 last summer. The dancer's therapy has been extensive since she fell six floors from the roof of her New York City apartment building into an alley in August 2008.

She broke her pelvis, back, neck, some ribs and couldn't talk for weeks after the accident.

With therapy and a positive attitude she walked and talked again, but the nerves in the muscles of her fingers were still so damaged she couldn't pick up a foam toy.

Since using the H200 on both hands, she's celebrating acts most people take for granted, like carrying a cup of water and walking at the same time.

"The neat thing about the upper (system) is that it can be used as a prosthetic device like if she needed help holding something, or it can be done as an exercise device," says Ashlee Ricotta, an occupational therapist at Methodist Rehab.

At home, Marquez's therapy assignment is to open the cupboard and take out the spice jars and put them back.

"I know that sounds like not too much, but see I didn't have muscle in my shoulders. I couldn't lift it up. It helps me to lift up

and build that shoulder muscle, and it also works on my grip and finger coordination," Marquez said.

Her most recent finger-gripping feats include making her bed, getting dressed with buttons and zippers, improving on the Wii Fit, putting on her make-up, loading and unloading the dishwasher and cleaning her bathroom.

Could she do these things before the devices?

"There's no way," Marquez said. "We're talking about an itty, bitty glass of water felt as if I was lifting a semi."

Use of the H200 has re-educated her hand muscles to the point that when she's not wearing the devices her grip is stronger, but she doesn't go long without using the device.

"It's very obvious when I don't wear the machine. One day without stimulation really affects my hands a lot. They kind of go back into reverse mode," Marquez said.

Her self-described "mini-revelations" occur at times such as when she instinctively scratches her head. She couldn't scratch before.

"In my mind, I'm really stubborn, so I know that my hands will come back. When? I don't know," she said, but she figures the H200 will help get her there.

The hand system is about the same price as the foot system.

Cost is a factor for some patients prescribed or seeking the L300 or H200, since most insurance companies do not cover them.

"Medicare and private insurance (generally) do not cover it. Medicare will cover it if you've had a spinal cord injury," said Lisa Indest, neurotherapy manager at Methodist Rehab. "Mississippi has a brain injury trust fund and a spinal injury trust fund, and they sometimes will help pay towards it (and) do a case by case basis. Some insurance companies have paid for it, but more than likely they haven't with our experience."

The Mississippi Department of Rehabilitation Services administers the trust fund program and can provide funding toward the cost.

Marquez has finished therapy and looks forward to eventually living on her own again and taking dance classes.

"I gotta get better. I gotta get better," she said. "I have my moments, though. It's the truth. But the good thing is like, this too shall pass."

Fort Detrick to inherit medical museum

By MEGAN ECKSTEIN
The Frederick News-Post

FREDERICK, Md. — Fort Detrick will bring a renowned medical museum under its control, as the Walter Reed Army Medical Center in Washington prepares to close and scatter its resources to local military installations.

The National Museum of Health and Medicine will move to Fort Detrick's Forest Glen Annex in Silver Spring in 2011.

The museum has a dozen exhibits with artifacts ranging from the bullet that killed President Abraham Lincoln to the actual tent and floor of an Air Force tent hospital from Iraq in which thousands of American lives were saved.

The museum will remain under Army command and parallels much of Fort Detrick researchers' work to study diseases and create medical technology.

"We get another outstanding nationally known entity," said Mike Jewett, Fort Detrick's executive officer for Forest Glen, about the acquisition.

"We're excited." The Forest Glen post is particularly happy to host the museum because it is working on expanding its tissue repository for military researchers to study.

The repository includes samples dating back to the 1970s.

The museum, on the other hand, boasts the largest collection of brains and brain slices in the world, as well as odds and ends such as the amputated leg of Civil War Gen. Daniel Sickles — he donated his limb to the fledgling museum in 1863 after he was hit by a cannon ball.

Fort Detrick has a good relationship with the National Museum of Civil War Medicine in downtown Frederick, and Jewett said "I would expect and hope that once the museum is up and running at (Forest Glen Annex) that we would have some kind of joint and complementary relation with the two museums."

The Army museum's new building is expected to be completed by April 1, 2011. Officials recently awarded a \$10.5 million contract for the museum's design and construction, and Jewett said workers should break ground by March 1. The project is expected to cost a total of \$12.2 million, he said.

Construction details for the new building have not been set, but the contract calls for a 20,000-square-foot building, Jewett said.

That's about a third of the size of the current museum at Walter Reed, but the current space also contains a warehouse area that the new building won't have. Jewett thinks the new display will not be much smaller than

the current one.

Building a new museum from scratch is a great opportunity for the curators to help decide how to display their 25 million artifacts, said Tim Clarke Jr., spokesman for the National Museum of Health and Medicine.

The museum's displays include the world's largest collection of microscopes, with some dating back to the 1660s; medical tools and technologies from the Civil War through Vietnam; and bones and organs.

Two exhibits relate to modern military medicine. The museum preserved the tent and floor from the U.S. Air Force's hospital tent in Balad, Iraq.

That is where soldiers with some of the most serious injuries of Operation Iraqi Freedom came to be treated or to be cared for until they could be flown to the United States.

Despite being in a tent, doctors achieved a 98 percent survival rate for wounded American soldiers.

A delegation of congressman visited Balad in 2007, when the military planned to tear down the tent hospital to build a more permanent facility. The lawmakers insisted Trauma Bay II be spared.

"The scuff marks and antiseptic stains on the floor tell a story of heroic efforts to give our

wounded the best emergency medical care in the history of warfare. The lives saved, and lost, likely make the slab of concrete the most hallowed of ground in the entire country of Iraq," they wrote in a letter to the Secretary of the Army's office.

Another exhibit shows the history of identifying the war dead, which now relies on modern genetic and forensic methods.

Near the exhibits' entrance sit dental tools used by Paul Revere, along with an implant he fashioned for Maj. Gen. Joseph Warren before the Revolutionary War.

Warren was killed in the Battle of Bunker Hill in 1775, and Revere identified his body for Warren's family by recognizing the implant — one of the earliest examples of forensic identification. Clarke said he loves seeing the Revolutionary War tools on display "and just on the other side of the room having one of the most modern technologies."

For the school groups that come through, the museum has plastinated organs — real human organs whose liquids have been replaced with plastics for preservation — for tourists to hold and examine.

"In this day when resources are drawing down, we can offer opportunities that may not be available in the classroom," Clarke said.

Handy portion control

Food Network Test Kitchens

There's a portion guide that is always with you, easy to use and isn't embarrassing to pull out at restaurants.

It's your hand! Simply looking at your hand can help you determine the right amount to eat.

For example:
■ Your palm equals about 3 ounces of cooked meat or fish
■ Your fist equals about 1 cup of cooked rice or pasta, cut vegetables or fruit
■ Your thumb equals about 1

tablespoon of peanut butter, or 1 ounce of cheese

■ The tip of your thumb equals about 1 teaspoon of oil or butter

■ Three fingers equals about 1 ounce of chocolate

■ A handful equals about 1 ounce of nuts

As a point of reference, most people should aim to get 5-6 ounces of meat or fish, 2½ cups of fruit and vegetables, 3 to 4 cups of grains, 3 servings of dairy and 6 to 8 teaspoons of oil each day.

Scripps Howard News Service

Got ideas, information?

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Reminisce with Those Old Photos, Saturdays and Sundays.



By Rob Kasisky, R.P.H.



High Cholesterol & Dementia Risk

Having high cholesterol in mid-life may increase your risk of dementia later on. A forty-year study of almost 10,000 people found that those with cholesterol levels above 240 during their 40's were 66% more likely to develop Alzheimer's disease, compared to those whose levels were below 200. Also, those people who had borderline high levels of 200 to 239 had a higher risk of vascular dementia. Other research has shown that cholesterol-lowering drugs may decrease the risk of dementia and cognitive decline. A heart-healthy diet and regular exercise may also help lower cholesterol.

401 North 4th St., Indiana (Beside The Dairy Queen)
Phone 724-349-9170
Toll Free 1-888-463-9170

BRIEFS

■ **All About Baby** is a three-hour workshop that focuses on getting to know your baby, along with visits to the doctor, immunizations, bath time, fussiness, safety, child care and infant nutrition. For more information, call IRMC at (724) 357-8088.

■ **Beginning Yoga**, 7 p.m. Mondays at IRMC, (724) 357-8088.

■ **Breastfeeding is Best** teaches about feeding baby and pumping and storing breast milk from 9 to noon Feb. 6 at IRMC Outpatient Building. Registration is required. For information, call (724) 357-8088.

■ **Clear the Air** is a one-session program that can give you the tools you need to get prepared, take action, stay motivated and quit smoking for good. For more information, call IRMC at (724) 357-8088.

■ **CPR Classes** teach basic instruction in one-person adult and child CPR as well as choking intervention instructions.

The class is designed for the layperson. For more information, call Armstrong County Memorial Hospital at (724) 543-8473.

■ **Ready to Quit Smoking Cessation Course** is a seven-week program for those who have resolved to quit smoking. The class is free.

For more information, call Excelsa Health at (877) 771-1234.

■ **Disaster Mental Health Services:** An overview helps participants understand the function within the American Red Cross Disaster Services Program.

Participants will learn how DMHS supports disaster relief workers and people affected by disasters. For more information, call the Indiana County Chapter at (724) 465-5678.

■ **Early Pregnancy** focuses on a healthy pregnancy, lifestyles and what to expect with physical and emotional changes, doctor visits and diagnostic testing. The free class is at 6:30 p.m. Feb. 4 at IRMC.

For information, call (724) 357-8088.

■ **Family Caregiving Program** is a class with eight programs: Home Safety, General Caregiving Skills, Assisting with Personal Care, Positioning & Helping Your Loved One Move, Healthy Eating, Caring for the Caregiver, Legal & Financial Issues and Caring for a Loved One with Alzheimer's/ Dementia. For more information, call American Red Cross, Indiana chapter, at (724) 465-5678.

■ **Home Alone & In Control**, for children age 9 and older, teaches home-alone skills and time management for \$15 at IRMC.

For more information, call (724) 357-8088.

■ **HOPE** is a six-week lifestyle management program focusing on how to have stronger bones to live a longer, healthier life. The program provides an overview of osteoporosis, education on healthy nutrition, physical exercise, medication options, stress management and more.

Call Excelsa at (877) 771-1234.

■ **Infant Massage** gives parents an introduction to the benefits of massage for baby and an opportunity to try some of the techniques that can be used. The class is \$20. To register or for more information, call IRMC at (724) 357-7075.

■ **Let's Talk Parents!** (Infants and Toddlers) is a class facilitated by Kathy Moore, executive director at the Center for Family Life. Learn how to tame temper tantrums, boost your child's self-esteem and discuss the developmental stages your baby or toddler is going through. Cost is \$5, and registration is required. For more information, call IRMC at (724) 357-7075.