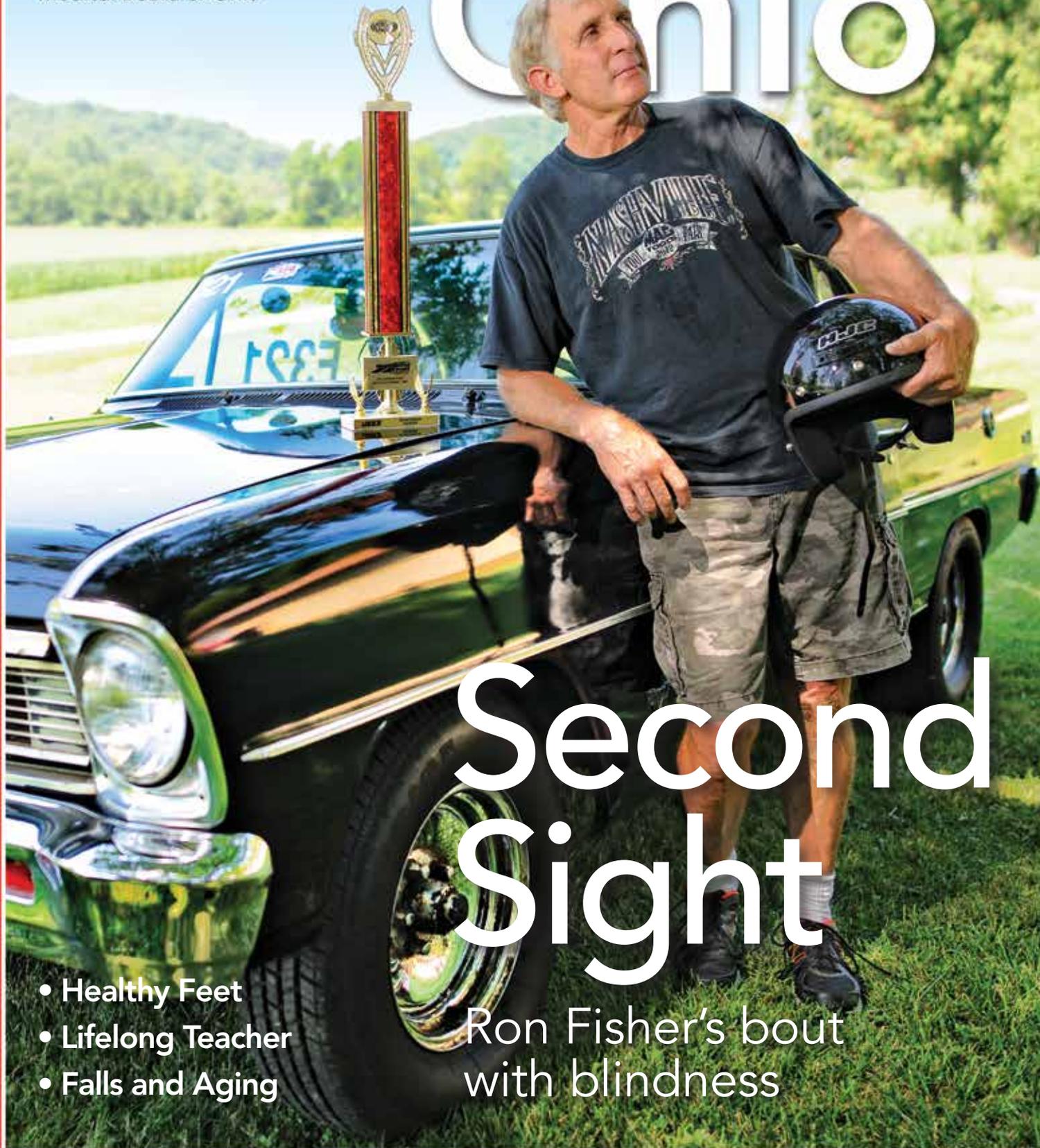


SPRING 2018

HealthScene Ohio

A Publication of the State
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Second Sight

- Healthy Feet
- Lifelong Teacher
- Falls and Aging

Ron Fisher's bout
with blindness

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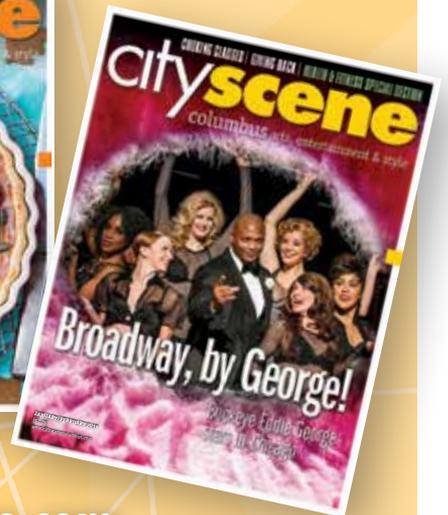
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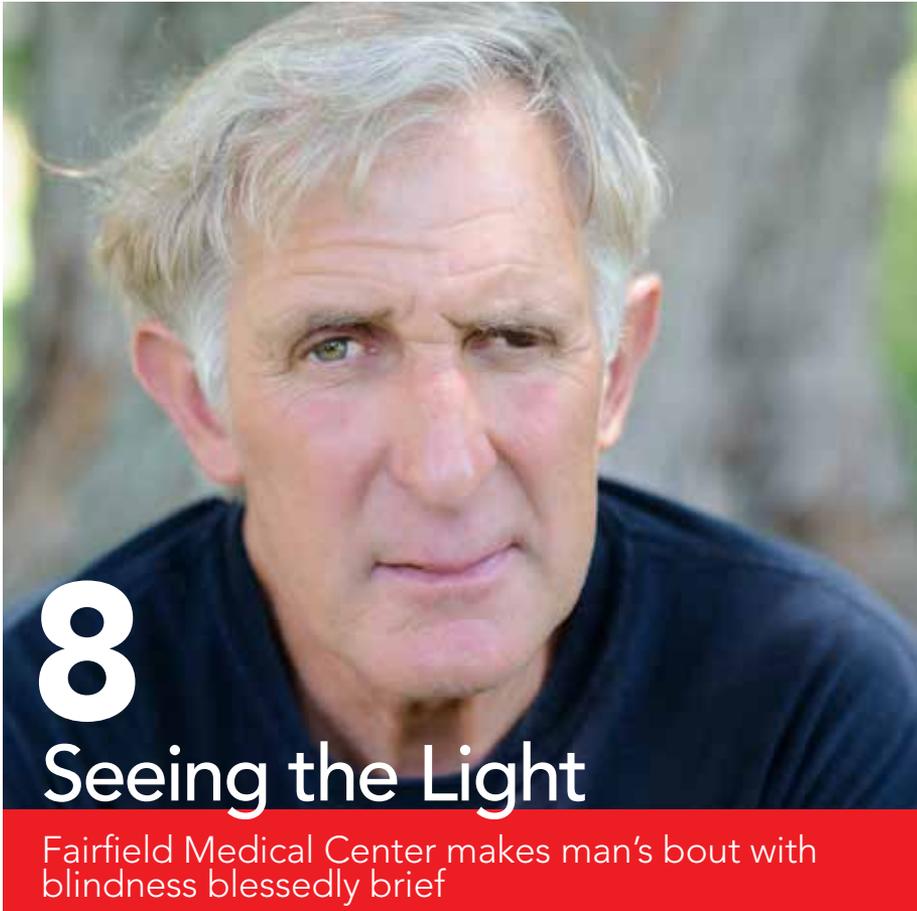
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From Chronic to Cured

Spring has finally arrived along with the latest edition of *HealthScene Ohio Magazine*. Highlighting this issue is a profile of an individual who, with the support of the professionals at the Fairfield Medical Center, overcame a bout of temporary blindness.

With the warm weather hopefully here to stay our readers will undoubtedly be seeking opportunities to keep themselves active, both indoors and out. Bruce R. Saferin, DPM, the supervising member of the State Medical Board of Ohio, spotlights the importance of maintaining healthy feet. What may not be widely known to individuals suffering from hip, back, leg and knee pain is that the source may very well originate at the feet.

The overwhelming majority of the public fails to take into account the fact that we bear the lowly stamp of our ancestors. Our feet were designed to ambulate over forgiving surfaces such as grass, sand and dirt. Take a moment to consider the surfaces over which our daily routine leads: concrete sidewalks, paved streets, hardwood/tile floors, etc. Extrapolate this routine over a number of years or decades, and it is easy to recognize the toll this takes on our bodies.

Not only can unhealthy feet lead to chronic pain in other parts of the body, it can lead to much more serious and, in some cases, fatal situations. Falling leads to an average of three deaths per day in the state of Ohio alone. It is the No. 1 cause of injury for Ohioans ages 65 and older. The public at large is under the misconception that falling is part and parcel of aging. The Ohio Center for Aging wants you to know that falling is *not* a natural part of the aging process.

On behalf of the State Medical Board of Ohio, we hope that the information provided within will further expand your knowledge base, ultimately leading to an even healthier and more active lifestyle.



Sincerely,
Robert P. Giacalone, R.Ph., JD
President, State Medical Board of Ohio



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Circulation 614-572-1240

CityScene Media Group also publishes *CityScene Magazine*, *Discover Grove City*, *Dublin Life*, *Healthy New Albany Magazine*, *Pickerington Magazine*, *Westerville Magazine* and *Tri-Village Magazine*.

HealthScene Ohio is published quarterly. For advertising information, call 614-572-1240.

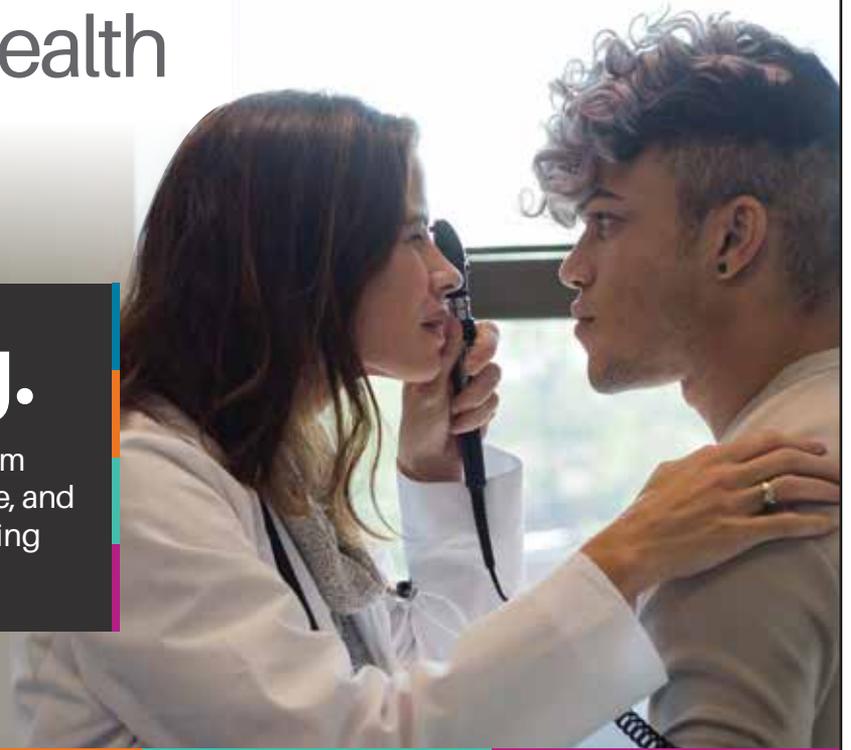
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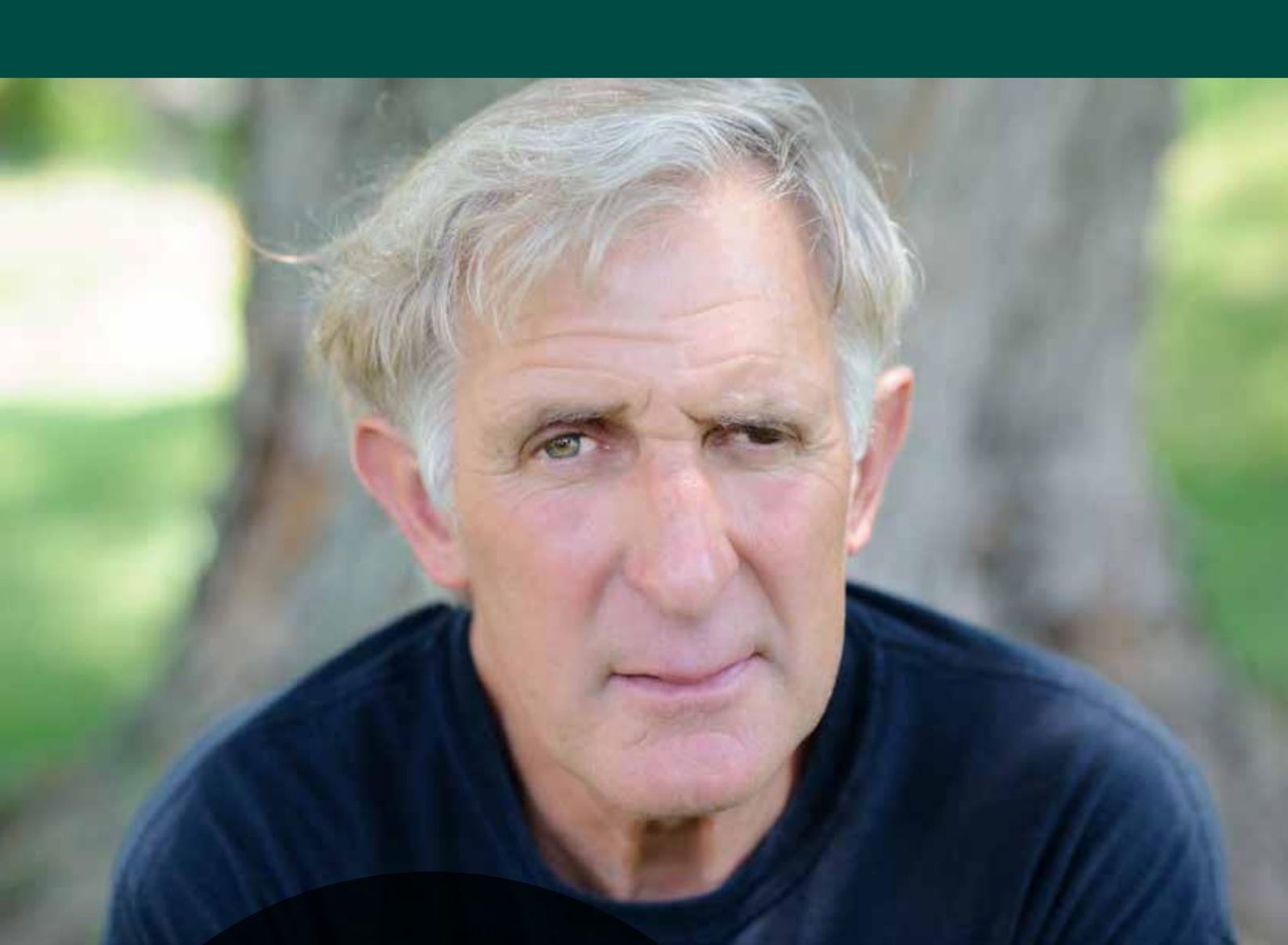
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SUCCESS STORY

Seeing the Light

Fairfield Medical Center makes man's bout with blindness blessedly brief

By Jenny Wise

One of Ron Fisher's greatest fears became a reality in January 2016.

Fisher, who has lived the majority of his life with sight in only one eye, woke up blind.

The 62-year-old lives just outside the village of Bremen with his wife of 40 years, Susannah. An accident in his youth had cost him nearly all sight in his left eye.

"When I was 16, a steeple ricocheted off a fence post I was working on, hitting me in my left eye. At that time, there was no treatment to save my eyesight completely," says Fisher. "The doctor stitched my eye as best he could, but I would never have normal vision again. I see some shapes, but mostly, it's like looking through several sheets of wax paper."

Though it was an extremely painful recovery, having monocular vision didn't



DID YOU KNOW?

- Leading cause of blindness in the U.S. diabetic retinopathy
- Leading cause of blindness worldwide cataracts

Fisher enjoys spending time with his grandchildren outdoors.

present many limitations for Fisher growing up. He found success in competitive sports and went on to lead a normal, active life.

“I enjoy golfing, hunting, drag racing and trips to Amish country with Susannah,” says Fisher. “I love playing with my grandkids, taking them on four-wheeler rides and walks in the woods. ... I love the outdoors.”

Having worked in an oil field for the entirety of his adult life, Fisher spends most of his time outside and in the elements. Nearly 45 years after his accident, another work-related injury forced Fisher to seriously consider the possibility of complete blindness.

“While at work, I was walking a gas line when a low-lying branch caught me in the eye – my only functioning eye,” says Fisher. “I felt something in my eye that was both irritating and painful. I could not get it out, and so my wife and I went to the emergency room.”

Initially, the couple went to Fairfield Medical Center’s emergency room, where Fisher received an eye exam, a prescription for eyedrops and pain pills. The physician said the irritation would probably subside within 24 hours.



Dr. Deepa Reddy

“Dr. Reddy is my angel, and I can’t say enough about her dedication and commitment to me. Thanks to her, I have my sight and my life back.”

– Ron Fisher

Fisher and his granddaughter visit livestock at the fair.





The Fishers are thankful that Dr. Reddy and staff could save his partial vision.

The next day, Fisher woke up in pain and in the dark.

“I was terrified. I woke my wife and we immediately went back to the ER to be checked. Only this time, my wife had to drive and then lead me into the building like a blind man. My whole world was gone,” says Fisher. “On this visit, we saw Cathy Goforth, a physician assistant. After her examination of my eye, she immediately called Dr. Deepa Reddy for help.”

Reddy, an ophthalmologist at Fairfield Medical, was able to determine that there was a piece of organic material still present in Fisher’s cornea. Fisher was surprised to learn organic material is more dangerous than a metallic foreign body because it causes a very toxic reaction in the eye.

Reddy knew she needed to remove the material and treat Fisher for any associated infection it could have possibly introduced in his eye. She took a culture of the cornea where the material had been, and covered him for both bacterial and fungal infections. She assessed the treatment plan as she would with any patient, but she was sensitive to the fact that Fisher already had monocular vision.

“I approached the situation with calmness and quiet confidence to alleviate their fears,” says Reddy. “I did, however, express extreme caution at the same time, given that this was Ron’s only eye that provided him with useful vision. I counseled them that this may be the start of a long road ahead.”

The Fishers began alternating between various eyedrops every two hours, even setting alarms throughout the night, to treat the inflammation and resultant scar. Reddy wasn’t sure how Fisher was going to react to the drops or if the residual scar would impact his vision in the future.

With every checkup, Fisher’s vision continued to dramatically improve, and with zero signs of infection. In one week, he was able to recover all vision in his right eye.

“There was a time that I worried my wife, my family and my friends would have to be my caregivers instead of my companions, that my world would come to a very dark end,” says Fisher. “There are no words ... to describe the gratitude we feel toward Dr. Reddy and Cathy Goforth.”

Goforth died in 2017, but her memory lives on at Fairfield Medical. The center now gives the Cathy Goforth Caregiver Award to recognize caregivers in the emergency department who personify Goforth’s values: unconditional caring, continued perseverance, positivity and humor.

“Cathy will always be one of my angels,” says Fisher. “Dr. Reddy is my other angel, and I can’t say enough about her dedication and commitment to me. Thanks to her, I have my sight and my life back.”

Jenny Wise is an assistant editor. Feedback welcome at jwise@cityscenemediagroup.com.



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Leaving a Legacy of Professionalism and Public Service

Anita Steinbergh reflects on 25 years as a State Medical Board of Ohio member

By Tessie Pollock

For the first time in 25 years, Anita M. Steinbergh, DO, might take a vacation day on the second Wednesday of the month. Then again, maybe not.

“I have thoughts about developing a longitudinal program, adding years two, three, four, and really making an impact as they mature toward residency training,” says Steinbergh about the medical board’s Partners in Professionalism program for medical students.

Although her mission to educate young physicians continues as assistant dean at Ohio University’s Heritage College of Osteopathic Medicine in Dublin, Dr. Steinbergh retired from the State Medical Board of Ohio (SMBO) this spring.

After more than 250 monthly meetings, she knew the time was right.

“The board has very dedicated members committed to its mission of public protection and supports the values of the governor,” says Steinbergh.

Serving as a board member was not a career goal. In fact, it was not something she had even considered during the first chapter of her career.

“Like any other physician, I knew very little about the medical board. I sent in my fee and I was licensed,” says Steinbergh. “I had no knowledge about the board. Then, after some very preliminary conversations

with Gov. Voinovich’s office, I received a call on July 8, 1993, congratulating me on my appointment to the board.”

Although sudden, the appointment wasn’t out of step with her past leadership. In addition to her family medicine practice, Steinbergh had also been active with the Ohio Osteopathic Association and leadership service at Mount Carmel Health System.



“ Though I didn’t have this vision of public service, the longer I was on the board, the more I realized how right it was for me.”

— Anita M. Steinbergh, DO

“Though I didn’t have this vision of public service, the longer I was on the board, the more I realized how right it was for me,” says Steinbergh. “It seemed to fit into the picture of who I was and how I was expressing myself in my career.”

Fellow board members, staff and licensees are all thankful for that commitment as the workload for board members can be daunting. Steinbergh recalls the enormous boxes of patient charts, files and case information that showed up at her home before that very first meeting.

“At that time, we received all the files in paper format – all the records.”

Even with very little orientation, she dove into the work. Steinbergh also became involved at the national level through the Federation of State Medical Boards (FSMB) where she learned more about the duties, processes and important role of regulatory boards.

“I listened to everything everyone told me; I was like a sponge.”

Over the years there have been cases which kept Steinbergh up at night “because they were just so egregious.” But other times, she has lost sleep because but “it’s so hard to pass judgement on people.” No matter the case, Steinbergh says she always did what she felt was right for the patients the board protects and attempted to be fair to licensees.

Early in her career, Steinbergh did some locum tenens medical practice around Ohio, and she began to realize there were physicians she would not emulate, and some that practiced very similarly to herself. It prepared her to understand standards of care of physicians throughout the state of Ohio.

“I feel this helped me have a very strong sense of right and wrong,” Steinbergh says. “One of my very first cases at the board, the hearing examiner recommended permanent revocation of the license of a physician who was just two years out of residency. I thought this just isn’t right – there are ways we can teach this young man. I knew I was going to have to speak up, because I felt revocation was not going to be an appropriate action. I was strong in my belief that although he had committed an infraction, this person didn’t deserve to lose his license. We ended up issuing a suspension, he com-

pleted educational courses on probation and he never came back in front of the board. Our intervention forever positively affected his life.”

Before the board takes action, every licensee has a right to due process. Steinbergh says board members learn to vote based on the evidence presented. Although members bring experience to the board, they must override any biases and vote on the hearing examiner’s record. Those experiences do play an important role, however, as board members can learn a tremendous amount from each other.

“We enjoy a good deal of diversity with board members as each has been influenced by their specialty training, geographic location and different hospital systems. We also have three public, non-physician members who strongly influence the decisions of the board,” says Steinbergh. “They all bring thoughtful perspectives on how to protect the public. Each board member’s thoughts and experiences influenced me.”

Throughout her 25 years as a board member, Steinbergh has served with 49 other board members, reviewed more than 4,000 cases and shepherded a dozen classes of medical students through the Partners in Professionalism program. She served on and chaired committees at both the state and national level including the SMBO Physician Assistant/Scope of Practice Committee, SMBO Compliance Committee, FSMB Education Committee, FSMB Bylaws Committee and the FSMB Special Committee on Managed Care.

“Serving as a member meant I had a responsibility to work hard on these committees,” she says.

As for that vacation day: The State Medical Board of Ohio met without Dr. Steinbergh as a member for the first time in 25 years the second Wednesday in May. However, she was not to be found on a beach. She was back in a hospital classroom, teaching, sharing her knowledge and experiences, inspiring the next generation of physicians to continue the mission of patient advocacy, medical ethics and compassionate care.

“I am honored to have been able to serve my profession this way,” says Steinbergh. “It is quite a privilege and there are not too many physicians in the state who have this great opportunity.”

Tessie Pollock is director of communication at the State Medical Board of Ohio. Feedback welcome at feedback@cityscenemediagroup.com.





Best Foot Forward

A step in the right direction

By Tessie Pollock

Bruce R. Saferin serves as supervising member for the State Medical Board of Ohio. But when he's not overseeing discipline cases for the board, he's back in the office.

Saferin is also a doctor of podiatric medicine – a specialized discipline that can have a profound impact on a person's overall health.

"When your feet hurt, you hurt all over," says Saferin. "If you think you are starting to have foot issues, start with your primary care doctor. Many times, you're going to get referred to a podiatrist."

Our feet are designed to walk on sand, dirt and grass, Saferin says. However, we walk on concrete in our society, resulting in a jolt of our body weight with every step we take.

"You need to protect, support and control the stresses and strains on your feet so you can be more comfortable and function better," says Saferin. "Back, hip, leg and knee pain – all of these things can be addressed by correcting a foot problem."

Lifestyle changes – things as simple as wearing better shoes – can start to address knee and back pain, especially if your job has you standing or walking all day. Saferin says more supportive footwear can significantly increase your ability to function daily.

"The issues generally have to do with the person's occupation and the type of footwear they do it in. Usually, the two don't match," says Saferin. "Flip-flops are good for my business, but certainly not good for people that are wearing them."

Heel and arch pain, also known as plantar fasciitis, is the top reason that brings patients to a podiatrist, but there are several other common problems such as ingrown toenails, warts and callouses.

"To determine the source of the problem, we analyze the issue and then start with conservative ways to address it, such as inserts, medication and rest," says Saferin. "Once we've tried the conservative solutions and ... they haven't worked, then we continue to look into things like custom orthotics and other kinds of therapy to get them back to function normally."

Saferin says other courses of treatment could be more high-tech, such as infrared light therapy, which helps bring blood flow into the area to encourage healing. It also eliminates toxins in muscles, he says.

“These non-invasive treatments will help about 95 percent of the people feel better, but for some, surgery is the last option, and it can work very well,” says Saferin.

Because of their training, podiatrists are prepared to address a wide range of foot problems, from the small details such as treating athlete’s foot to major surgery such as total ankle replacement. To become doctors of podiatric medicine, candidates must complete a four-year undergraduate degree program, then attend four years of podiatric medical school where they learn about the whole body, including cadaver dissection.

“It’s very similar to a dentist who studies everything but specializes in the head and neck. Podiatrists just focus on the lower extremity,” says Saferin.

Podiatric medical students then finish up a three-year residency, with many focusing on a specialty such as surgery or anesthesia.

“One of biggest problems is that we walk on our feet; therefore, it’s hard to offload people, to take pressure off and

allow things to heal,” says Saferin, adding that is why prevention is so important.

He says you should be looking at your feet daily, and if you can’t see the bottoms of your feet, put a mirror on the floor so you can see what’s going on.

“It only takes a second to check your foot health,” says Saferin. “Make sure you don’t have open sores or open cracks. Are you having pain? Skin color changes, cold feet, nail color changes, unusual hair growth? If there is a small issue, get it looked at right away to prevent it from turning into a major issue, especially if you’re diabetic.”

High blood sugar levels, over time, can cause nerve damage and circulation problems. These problems can cause or contribute to foot problems. Saferin cautions that unnoticed or untreated sores, ingrown toenails and similar problems can lead to infection. Poor circulation makes healing an infection difficult.

“We only get two feet with 10 toes and 26 bones,” says Saferin. “We need to take

care of what we have to make sure we can function for the rest of our life. If your feet are healthy, you have a better chance of being an overall healthy person.”

Tessie Pollock is director of communication at the State Medical Board of Ohio. Feedback welcome at feedback@cityscenemediagroup.com.



Bruce R. Saferin, DPM serves as the supervising member for the State Medical Board of Ohio.

Dr. Saferin is a podiatry specialist in Toledo with over 35 years of experience. He attended and graduated from Ohio College of Podiatric Medicine in Cleveland. He is the current chairman of the Licensure Committee. He is also a member of the Ohio Foot and Ankle Medical Association, the American Podiatric Medical Association and the Northwest Ohio Academy of Podiatric Medicine.

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It's Not All Natural

Statewide initiative is changing the way falls are viewed

By Rocco Falletti

Falling is inevitable in some situations, but experts in Ohio want to make one thing clear: Falling is not a natural part of aging.

Tia Gulley, program administrator in the Elder Connections Division at the Ohio Department of Aging and an administrator for the state of Ohio's Steady U initiative, is a firm believer that most falls can be prevented.

"Falling is essentially an epidemic," says Gulley. "It also is something that really did not have a huge awareness campaign prior to 2013."

Spending in Ohio is more than \$1.9 billion annually in medical expenses and lost wages due to falling incidents.

Falling is the No. 1 cause of injury, emergency room visits and hospitalization for people in Ohio over 65. In Ohio, there are three deaths a day related to falls and/or injuries from falling.

To put that all into perspective, Ohioans who are 65 and older make up 16 percent of the population, but more than 85 percent of fatal falls.

“This statistic alone was something so jarring to me, (since falls are) largely preventable,” says Gulley.

Though environmental factors substantially contribute to the prevalence of falling, one oft-overlooked aspect centers on lack of physical activity. Lack of activity can arise when individuals find themselves stuck in what is referred to as a “fear of falling cycle,” especially when a fall has occurred in the past.

“If they experience a fall, people stop doing activities in fear that it may happen again,” says Gulley. “This fear actually makes them weaker and becomes a huge indicator of them being more prone to fall again.”

Preventing such falls from happening starts with being more assertive in situations that may trigger this fear. This mind game starts with having a good grasp on the situation that may bring up worries of falling.

Gulley suggests people in this position think through the “whys” of the situation and the reasons they believe they might fall. Then, they should focus on ways in which they can prevent their fears from coming true. Whether that is showing up to an event a little earlier, or asking for help, small changes can go a long way in helping prevent future falls.

“I tell people to start thinking of alternatives in order to start countering these negative thoughts with positive things,” says Gulley. “It involves a lot of common problem-solving.”

Of course, exercising and remaining active are strongly recommended as well.

“Exercise does not have to be this high intensity, Jane Fonda, P90X-level work-

out,” says Gulley. “You’ve just got to keep moving and learn to counter that fear.”

Walking, dancing, tai chi and yoga are simple exercise options that can help improve sense of balance and maintain strength. For those looking to learn a set of exercises specifically catered to fall prevention, there is the Master of Balance Class offered throughout the state. A schedule can be found at aging.ohio.gov.

Over the course of eight two-hour sessions, participants learn more than 16 stretches and exercises that help build strength and reduce risks of falling. The initiative’s main goal: for participants to walk away with the knowledge and confidence that falls are easy to control and prevent.

While exercise and educating yourself are essential in helping realize how easy it is to prevent falls, people often overlook the medication they take.

A portion of falls can be traced back to side effects of medications, especially those connected to dizziness.

The Ohio Department of Aging, through its Steady U Ohio initiative, recently partnered with the Ohio Pharmacists Association, Ohio colleges of pharmacy and pharmacies around the state. The intention is to encourage elderly patients to speak up when their medication makes them feel uneasy.

“We host medication reviews and tell people to bring us lists of their medications,” says Gulley. “From there, they are able to sit down with a pharmacy tech, and they will help identify any medication that may leave a patient at risk for falling.”

These events help adults be more aware and empowered to speak up, call doctors and ask questions if something does not feel right. On a larger scale, the Ohio Department of Aging hopes the initiative helps to change how falling is talked and thought about.

“If you need help, just ask for it,” says Gulley. “Don’t let that fear of falling keep you from living your life.”

Rocco Falletti is an assistant editor. Feedback welcome at rfalletti@cityscenecolumbus.com.

Quick Fixes for Fall-Proofing a Home

Floors: Clear walkways of clutter and loose cords; repair rips and cracks in floor

Stairs: Ensure handrails are tight and solid

Kitchen: Keep frequently used items within reach, use a step stool with a handle

Bathroom: Handrails near tub and toilet; non-slip mat in shower; good lighting

Bedroom: Easy-to-reach lights; make sure you are able to easily get in and out of bed

Top Five Reasons for Falls

- Environment
- Vision
- Fitness
- Health
- Medication

National Fall Prevention Day Sept. 22

// If they experience a fall, people stop doing activities in fear that it may happen again. This fear actually makes them weaker and becomes a huge indicator of them being more prone to fall again.”



Exercise as Medicine

Neurologist's work looks at the effects of exercise on patients with Parkinson's disease

By Valerie Mauger

Over the course of his career in neurology, Dr. Benjamin Walter has closely studied Parkinson's disease, frequently focusing on treatments such as physical therapy and deep brain stimulation.

Lately, though, his contributions to the treatment of Parkinson's have fixated primarily on exercise and its proven benefits for patients with the disease.

Walter is a neurologist at University Hospitals' Cleveland Medical Center, specializing in Parkinson's and other movement disorders. He is director of UH's Parkinson's and Movement Disorders Center as well as medical director of its deep brain stimulation program.

Doctors have been aware of the benefits of exercise for individuals with Parkinson's for more than a decade, Walter says, but the issue is now enjoying a renewed focus.

"There's still emerging evidence of benefit in (Parkinson's disease)," he says. "Benefit in movement, benefit in memory. And a number of my collaborators have been trying to figure out why that is and how to optimize it."

One of the goals of this research is to find out which forms of exercise are most beneficial for Parkinson's patients.

"Learning, movements and exercise together seems to be better than just exercising by brute force," says Walter. "So some skilled exercises, like the boxing

agility training they do and some of these other modalities that are focusing on learning skills, seem to have greater benefit than just regular exercise."

Walter has contributed to many different studies related to Parkinson's patients' exercise regimens, including a multidisciplinary project that is working to design a smart bicycle built specifically for people with the disease. For the project, he collaborated with Angela Ridgel, associate professor of exercise science and physiology at Kent State University; Case Western Reserve University engineering professor Ken Loparo, who specializes in control and energy; and Black Rock Engineering.

The project is based on previous research that has shown cycling to be a particularly beneficial form of exercise for Parkinson's patients.

"It's good that it's an intense exercise, for one, but when the patient is cycling, they also have to pay attention and learn how to move their body on the bike and keep up at a high rate, and there's motor learning with that," says Walter. "There's a lot of belief ... that, as we learn new skills in a sport, different connections are being made in the brain, which is usually the case with any form of learning. But there's likely something about that, based in the neuroplasticity of the motor circuitry, that is helping to strengthen or preserve the synapses that would otherwise degrade in people with Parkinson's."

Walter also contributed to a study called EXCEED, which focused on

the effects of group fitness programs. In this study, two sets of patients were given a specific exercise program. One set worked out as a group with instructions from a nurse practitioner, while the other set of patients were given a manual of exercises and went to the gym on their own.

"The patients who exercised together, maintained their level of exercise and activity to a high degree, much greater than those in the control group and beyond the 12-week study," says Walter. "It's essentially showing the synergy of group exercise and education in helping changing health behaviors in people with Parkinson's. It's something that we've known anecdotally from some of our wellness activities and a lot of the classes that are out there; that patients with Parkinson's really seem to excel in group exercise classes."

Though many of Walter's projects focus on improving wellness education for Parkinson's patients as a whole, he has also made great strides in promoting education in his own back yard through an ongoing community wellness program, as well as a one-day event called the Parkinson's Boot Camp.

"We're entering our 10th season with this," says Walter. "It's an annual event that focuses on taking control of the disease, education about the disease, the role of exercise, the role of wellness, and the medical and surgical therapies that are available to them. It really focuses on



taking control when patients lose their autonomy to some degree with this and other neurological diseases. ... We've had tremendous response in the Parkinson's community. This really seems to be the kind of information and modality that they need."

Though exercise has been his biggest area of concentration lately, Walter con-

tinues to study other facets of Parkinson's treatment. He is most excited about his research into deep brain stimulation using functional MRI, which may help physicians and researchers make new discoveries in Parkinson's.

Valerie Mauger is a contributing writer. Feedback welcome at feedback@cityscenemediagroup.com.



Dr. Benjamin Walter, a neurologist, is director of the Parkinson's & Movement Disorders Center and Medical Director of the Deep Brain Stimulation (DBS) program at University Hospitals'

Cleveland Medical Center. In addition, he holds the Penni and Stephen Weinberg Chair in Brain Health and is an Associate Professor of Neurology and Biomedical Engineering at Case Western Reserve University School of Medicine.

Dr. Walter is board certified in neurology. His special interests include DBS, dystonia, functional magnetic resonance imaging (MRI), intrathecal baclofen, the mechanism of effect of DBS, movement disorders, Parkinson's disease and tremors. Dr. Walter joined UH Cleveland Medical Center in 2008 after four years at Cleveland Clinic, where he directed the movement disorders fellowship program.

Dr. Walter completed his bachelor's degree in biology, summa cum laude, at Emory University in Atlanta, and earned his medical degree from MCP-Hahnemann School of Medicine in Philadelphia. He completed his internship in internal medicine and residency in neurology at Emory University Hospital, as well as fellowship training in movement disorders with an emphasis on intraoperative mapping and deep brain stimulation.



The Write Advice

With Lydia Freudenberg

Mind Changer

Dr. Andre Machado from the Cleveland Clinic discusses deep brain stimulation

Deep brain stimulation may sound intimidating, but if it means helping patients with Parkinson's disease or essential tremor, this advanced surgery with a technological solution can help.

Dr. Andre Machado, chairman of the Neurological Institute at the Cleveland Clinic, answers some questions about deep brain stimulation, including what it means, how it works and the long-term effects.

HealthScene Ohio: What exactly is deep brain stimulation (DBS)? And could you describe the surgical procedure behind it?

Dr. Andre Machado: Deep brain stimulation is a neurostimulation system – that is, an electrical system similar to a pacemaker that sends controlled and adjustable electrical pulses to areas of the brain that are targeted by the surgeon. Common areas of the brain targeted in the treatment of Parkinson's disease or essential tremor are the globus pallidus, subthalamic nucleus and thalamus. DBS leads are inserted in the brain guided by either physiology (i.e., brain mapping) or by images obtained during the procedure, such as intraoperative MRI or intraoperative CT.

HSO: Readings state the three components of DBS are the implanted pulse generator, the lead and an extension. Can you describe these and their significance?

AM: The pulse generator is the power source and computer that controls the



Dr. Andre Machado performs a DBS operation.

whole DBS system. It generates the sequence of controlled electrical pulses that are delivered to the brain. The extension wire transmits the electrical pulses from the generator – typically implanted in the chest – to the brain lead. The brain lead is implanted in the target area(s) in the depth of the brain and delivers the electrical pulses to the area the surgeon targets.

HSO: What are the side effects and/or complications of DBS?

AM: The side effects of DBS can be categorized as related to the procedure, the device or the stimulation.

Related to the procedure: The most dreaded side effect of the surgical procedure is hemorrhage in the brain, which amounts to a stroke. This is fortunately quite uncommon. Other complications

include infection, suboptimal placement of the lead requiring revision surgery and wound breakdown.

Related to the device: Medical devices can malfunction or break, requiring surgery to replace them. They can also break through the skin, becoming exposed. That usually requires removal of the hardware and reimplantation.

Related to stimulation: When adjusting the device, patients will always feel some side effect from stimulation, such as tingling on one side of the body or muscle pulling. These are temporary and reversible. We program around these side effects to produce the desired effects with as few side effects as possible. Long-term stimulation can cause cognitive side effects in some patients, and we do a thorough assessment preoperatively to mitigate this risk (see below).

HSO: Does DBS have a role to play in the treatment of stroke victims?

AM: DBS is not common for stroke victims. We are now studying how DBS can help stroke victims in a first-in-man clinical trial at Cleveland Clinic. We are enrolling patients who have had a stroke in the last 12-36 months and remain with significant weakness on one side of the body as a sequela.

HSO: What other ailments might be relieved through DBS?

AM: DBS is commonly performed – a standard of care – in patients with Parkinson's disease and essential tremor as well as some forms of dystonia. DBS is FDA-approved for these conditions and reimbursed by Medicare, Medicaid and commercial insurance. DBS provides excellent relief of tremor, rigidity, bradykinesia, freezing of gait and dyskinesias. DBS consistently improves quality of life and function in patients with advanced Parkinson's disease and tremor.

HSO: How should patients prepare for a DBS procedure?

AM: Patients with Parkinson's disease or essential tremor who have attempted medical management and cannot control

their symptoms well with medications alone should contact a specialized center to book an appointment. In order to determine if the patient is a good candidate for the procedure, we conduct thorough testing including neurological assessments, video recordings on and off medications, and a cognitive assessment.

HSO: For those who undergo DBS, what is altered, fixed or changed within the brain?

AM: The effects of DBS are adjustable and reversible. The electrical pulses modulate the activity of the neural networks associated with the symptoms that we want to treat: tremor, rigidity, bradykinesia and dyskinesia. DBS does not change the gross anatomy of the brain and does not produce a lesion in the brain like procedures that were done in the past, such as thalamotomy and pallidotomy.

HSO: Does this procedure cure the disease or illness?

AM: No. DBS does not cure Parkinson's disease or tremor. It significantly improves the symptoms, quality of life and function of patients with these disorders.

HSO: What are the short-term and long-term benefits of DBS?

AM: DBS provides short- and long-term improvements in quality of life and function by treating symptoms that interfere with daily life such as tremor. Patients who are having limitations in their quality of life or social life because of these motor symptoms have significant improvements after DBS. For example, patients who avoid going out in public or eating in public because of severe tremor note that their social lives and independence to perform activities of daily living improve after DBS. Also, patients who are losing the ability to perform their job or occupation because of slowness or tremor note significant improvements and can remain at work.

HSO: What are some recent breakthroughs in DBS, both in terms of procedure process and in terms of effects from the surgery?

AM: Significant breakthroughs include improvements in how the surgery is done. We can now offer DBS as a faster and safer operation than in the past. We can also offer the operation to be done under general anesthesia, thanks to new technology and experience at Cleveland Clinic. In the past, all patients had to have their surgery done awake in order to test the effects of DBS. We can now perform the operation under general anesthesia using an intraoperative MRI to guide the placement of the leads, avoiding the need for having the patient awake in some cases. Other breakthroughs are related to research on how DBS may be able to help patients with other disorders such as OCD, stroke and other disorders of movement.

Lydia Freudenberg is a contributing editor. Feedback welcome at feedback@cityscenemediagroup.com.

About the Expert



Dr. Andre Machado is the Chairman of the Neurological Institute and the Charles and Christine Carroll Family Endowed Chair in Functional Neurosurgery. Dr. Machado performs deep brain stimulation (DBS) surgery for patients with Parkinson's disease, tremor, dystonia and obsessive-compulsive disorder, as well as surgical procedures for patients with trigeminal neuralgia, intractable pain syndromes and spasticity.

Dr. Machado received his medical degree from the University of Sao Paulo in 1997. He completed his residency in the same institution in 2003 and obtained his Ph.D. in 2004. He came to the Cleveland Clinic in 2004, completed his fellowship in Stereotactic and Functional Neurosurgery in 2006, and has been on the staff of the Cleveland Clinic since.



Healthy Happenings



On Feb. 18, Cleveland Clinic's school-based health care program got a significant boost this year with the opening of its first in-school medical clinic at Lakewood High School. The clinic, which welcomed its first patients on Jan. 23, operates during school hours and provides health care services to students and district employees.

Cleveland Clinic

Photos courtesy of Cleveland Clinic

On March 7, patients at Cleveland Clinic Children's Hospital for Rehabilitation had a great time shooting hoops, playing games and talking with Cleveland Wheelchair Cavaliers about motivation and facing adversity.



MetroHealth teamed up with the city of Cleveland to host Unidos por Puerto Rico on March 3. It was a resource/health and wellness fair for people new to Cleveland after they were displaced by Hurricane Maria.

MetroHealth

Photos courtesy of MetroHealth



MetroHealth added new hospitals in Cleveland Heights and Parma earlier this year.





Personalities

Honor Thy Father

Son of hockey great has made major strides in radiology and sports medicine

By Garth Bishop

Dr. Murray Howe didn't go into the family business, but nevertheless, his family has been a major driver of career path.

Howe is part of ProMedica Health System and serves as head of sports medicine imaging at Toledo Radiological Associates. He's been a pivotal part of the health system's neurological care and sports medicine programs for years, having started practicing in Toledo in 1991.

He didn't originally intend to be a doctor, though. Like his brothers, Marty and Mark, he wanted to follow in his father's footsteps. And though Murray didn't choose that profession, he still credits his father with much of his success in life, and recently wrote a book about that experience, *Nine Lessons I Learned from My Father*.

Presumably, there are a lot of valuable lessons to learn when one's father is Gordie Howe, one of the greatest hockey players to ever lace up a pair of skates.

Early Career

Marty and Mark both followed Gordie into hockey. Howe also has a sister, Cathy.

Marty played in the American Hockey League and World Hockey Association, in addition to six seasons in the late 1970s and early 1980s on the roster of the NHL's Hartford Whalers. Mark was a multiple-time NHL All-Star Game player over the course of a 16-season career with the Whalers, Philadelphia Flyers and Detroit Red Wings that earned him a spot in the Hockey Hall of Fame.



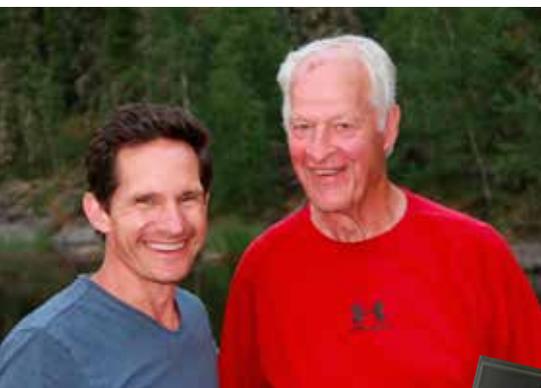
The Howe family. Murray is on the far right in hockey gear.

That's what Murray Howe wanted to do, too.

"I just lacked one thing, which was talent," he says, laughing. "But nobody told me that, so I actually dedicated my whole life to playing professional hockey."

Howe finally realized hockey wasn't his calling when he was unable to make the hockey team during his freshman year at the University of Michigan, and found himself wondering what his path would be. He had always enjoyed the sciences,

and loved helping people. He soon realized medicine would make sense for him, eventually graduating from Michigan's medical school.



Murray credits his father, Gordie Howe, with much of his success in life. Murray recently wrote a book, *Nine Lessons I Learned from My Father*.

“Even though I failed at hockey, it ended up opening so many greater doors,” he says.

An anatomy lecture by radiologist Dr. Barry Gross during Howe's second year of medical school inspired him. He was especially impressed by the CAT scans Gross showed in class, the technology being very new at the time. Howe quickly approached Gross after class and asked him every question he could think of regarding radiology.

“He told me all he could, and then invited me over to take a look at a research project that he was doing,” says Howe. “I ended up spending all my free time over in radiology.”

A fellow radiologist tried for a considerable amount of time to get him to consider Toledo as a place to practice, and when Howe finally visited, he knew within five minutes that it was the place for him.

Howe's passion for athletics helped lead him into sports medicine, and much of his work now combines the two passions – musculoskeletal imaging, MRIs, etc.

Work in Medicine

Murray Howe was the first member of his family to go into medicine, and his family found his career to be a huge help when it came to navigating health care for his parents. His experience in sports medicine also helped him understand his father's and brothers' injury-related ailments.

His proudest moments in medicine have been the times he's been there for family members who've needed medical care – to help interpret things, to serve as an advocate, to help lay out a plan for their care.

“You're not only protecting (your family), you're also helping to make sure they have

the most efficient and rational care plan and diagnostic plan possible,” Howe says. “It's almost (like) the times when I don't get paid are the times that I enjoy it the most.”

Howe often works with local athletes, including hockey players. He doesn't trade on his father's name, he says, but patients are often pleasantly surprised when other staffers tell them just who their radiologist is.

“It's always fun when I have a young hockey player ... who is really excited about the sport,” he says.

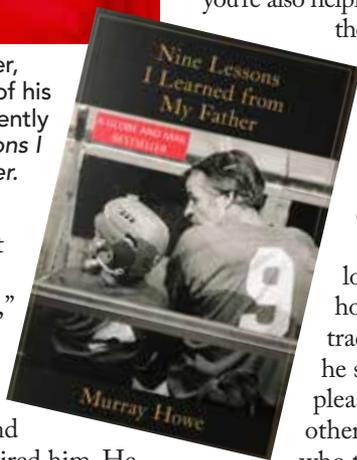
He finds it incredibly rewarding to diagnose an athlete's problem via MRI. He also appreciates and works hard to respect the athlete's natural drive to get back in the game.

“I know how important it is to get back to performing at the level that you're used to,” he says.

He goes back to Michigan each year to do board reviews for residents, and even brought his father with him in 2014 – a thrill for those who recognized “Mr. Hockey.”

The Book

Gordie died on June 15, 2016 – four days before Father's Day. That meant the holiday, usually a source of joy for Howe, was a source of sorrow.



He couldn't spend the day the way he usually did – going fishing, golfing, hiking or some other activity with his father – so he tried to figure out what he could do for his father, even if he wasn't there. He decided to try to put down on paper everything Gordie stood for as a means of helping to keep his legacy alive.

Nine Lessons I Learned from My Father was published on Halloween 2017, and its reception, Howe says, “far exceeded any and all expectations.”

Readers already know Gordie for his work as a right wing, but Howe wanted them to know him for his work as a father. Since its publication, he says, he's gotten a lot of heartfelt letters, calls and emails from readers about how the book impacted them – how it reminded them of their own relationships with their parents and their children.

Gordie pushed his children to be better versions of themselves, Howe says, and he wants the same for everyone who reads his book.

“It kind of allows his spirit to keep working and keep making a difference,” he says.

The book topped out at No. 3 on the bestseller list of *The Globe and Mail*, one of Canada's best-read newspapers.

Garth Bishop is contributing editor. Feedback welcome at feedback@cityscenemediagroup.com.



Dr. Murray Howe is Gordie Howe's youngest son. He is head of Sports Medicine Imaging for Toledo Radiological Associates and ProMedica Health System's Sports Care program. An associate clinical professor at the University of Toledo Medical Center, he also serves on the University of Michigan Medical School Admissions Committee. He has four decades of experience as a keynote speaker across Canada and the U.S. covering various topics including sports medicine, health and wellness, and hockey.



The Write Advice

With Rocco Falletti

Beyond the Burn

A look at heartburn's more serious cousin, GERD, and the means to prevent it



To the lay person, gastroesophageal reflux disease (GERD) and heartburn may seem like the same thing.

Even someone suffering from GERD might not notice the difference in symptoms. But while heartburn can easily be treated at home, people suffering from GERD will more than likely require surgery.

Dr. Jessica Reynolds of Surgical Associates of Northwest Ohio, part of Blanchard Valley Health System, recently completed the first LINX Reflux Device implant in northwest Ohio, which helps treat patients who have severe heartburn or GERD. The LINX device augments the lower esophageal sphincter (LES), preventing the stomach acid from escaping back into the esophagus.

HealthScene Ohio: What are common misconceptions of heartburn and GERD?

Dr. Jessica Reynolds: Most people think that GERD means heartburn, but GERD can present many other symptoms, including regurgitation, a feeling of food getting stuck in the esophagus, chronic sore throat, chronic cough, voice changes and respiratory symptoms. GERD is not just an acid problem; it's a problem with the valve between the stomach and the esophagus. So, although medication can help with some symptoms by reducing the acidity of the stomach contents that come up into the esophagus, they don't prevent reflux. Only surgery can fix the valve and prevent reflux.

HSO: Are there any more severe health complications that can arise if a patient chooses to self-treat a severe case of GERD?

JR: When reflux continues, it can lead to permanent scarring of the esophagus that makes it difficult to swallow. The chronic inflammation of the esophagus can also cause changes that lead to cancer of the esophagus. The stomach contents can also reflux into the lungs, causing permanent scarring and fibrosis.

HSO: Who is more susceptible to experiencing GERD?

JR: Anyone can experience GERD, from the very young to the very old. Though being morbidly obese does seem to increase the risk of GERD, it also occurs in individuals who are within normal weight.

HSO: What are some options for preventing GERD?

JR: Certain foods, such as caffeine and alcohol, can cause a weak LES to become even weaker. Large meals and carbonated beverages can overwhelm a weak sphincter. Staying upright for two hours after a meal and sleeping with the head of the bed elevated can help keep stomach contents where they belong. Medication can make stomach contents less acidic so they don't burn when they reflux into the esophagus. The only way to fix the LES and prevent reflux is with surgery.

HSO: How does a doctor determine whether a patient has GERD or just heartburn?

JR: Diagnosis of GERD is straightforward and involves measuring the amount of acid in the esophagus over a period of 24 to 48 hours. This is called a pH study.

HSO: How has perception and treatment changed in recent years?

JR: In recent years, there has been more concern about the long-term effects of proton pump inhibitor use. This has led to an increase in the need for safe, durable surgical treatments for GERD with few side effects.

HSO: What level of severity necessitates surgical options?

JR: Anybody who is diagnosed with GERD by a positive pH study is a possible candidate for surgery. Medications and surgery all carry their own risks and benefits, so it's important to have an in-depth discussion with a surgeon to decide if surgery is right for you. Generally, patients who have symptoms that are not well controlled despite medication or who have precancerous changes in their esophagus should strongly consider surgery.

HSO: What is the LINX Reflux Device and why is it effective?

JR: The LINX device is a flexible band of magnetic titanium beads that is placed around the LES to help make it stronger and prevent reflux. The magnets make the device dynamic, so that it can open and close just like the native sphincter. This allows it to resist opening inappropriately and prevents reflux of acidic gastric contents into the esophagus. However, it's able to open under the appropriate conditions, such as when swallowing food or when there is a need to belch.

HSO: How does this LINX method of treating GERD differ from other iterations?

JR: The main surgical option for GERD prior to the development of the LINX was a fundoplication, which involves wrapping the floppy part of the stomach around the esophagus to recreate the lower esophageal sphincter. The main difference is that a fundoplication is static, whereas the LINX is dynamic. The wrap cannot open and close like the LINX. Fundoplication is very effective in controlling reflux symptoms, but can also have side effects that arise from gas not being able to get out of the stomach. This includes bloating, crampy abdominal pain, diarrhea and increased flatulence. Because the LINX is dynamic, it can open to allow gas to escape the stomach just like the native LES.

HSO: How does this way of treating severe GERD impact

future developments in dealing with this disease?

JR: By providing an effective surgical treatment for GERD that has fewer side effects than the traditional surgical option, more people may seek surgical intervention, which could help decrease the consequences of uncontrolled GERD, including esophageal cancer.

Rocco Falletti is an assistant editor. Feedback welcome at feedback@cityscenemediagroup.com.

// Most people think that GERD means heartburn, but GERD can present many other symptoms, including regurgitation, a feeling of food getting stuck in the esophagus, chronic sore throat, chronic cough, voice changes and respiratory symptoms."

About the Expert



Dr. Jessica Reynolds completed medical school at The University of Toledo College of Medicine in Toledo, Ohio. She completed her general surgery residency at Los Angeles County+USC

Medical Center in Los Angeles, California and is fellowship trained in minimally invasive surgery at the University of California, San Diego.



Healthy Happenings

Acoustics for Autism

Photos courtesy of Project iAM



The 11th annual Acoustics for Autism was held March 4 in Maumee.

Blanchard Valley Health System

Photos courtesy of Blanchard Valley Health System

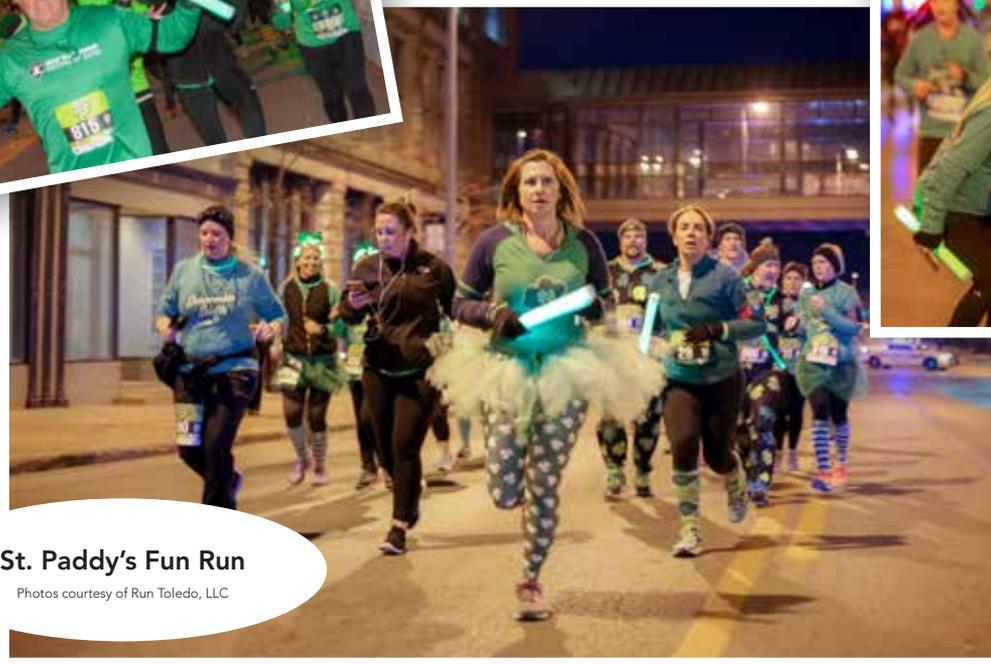


Dr. Robert Schutz, Dr. Miguel Jordan and Dr. Allison Westcott presented at a Live and Learn series on menopause and women's health.



Toledo Heart Ball

Photos courtesy of Kurt Nielsen Photography



St. Paddy's Fun Run

Photos courtesy of Run Toledo, LLC



The Blarney Shamrockin' Shuffle St. Paddy's Fun Run on March 16 benefited Toledo Firefighters Local 92 Charities.



Personalities

Heeding the Call

Doctors Mary and Bryan Cairns practice in both Columbus and Cameroon

By Amanda DePerro

For Mary and Bryan Cairns, being a doctor means more than just clocking in, doing a job and clocking out.

For the couple, both of whom work for The Ohio State University Wexner Medical Center, being a doctor means dedicating their lives to helping others and, hopefully, learning a few things along the way.

Since she was in fifth grade, Mary dreamed of working in Africa. She wanted to help patients with life-threatening



disease who lived in areas with limited access to high-quality care. Her dedication only strengthened in medical school at the Medical College of Wisconsin when she learned that, gone untreated, many physical ailments lead to psychiatric problems.

Pairing the two subjects, Mary pursued a residency in psychiatry and family medicine at the University of Cincinnati Medical Center, where she and Bryan met. After Bryan completed his residency, Mary still needed some clinical rotations. Cincinnati's family medicine program allows global rotations, and the pair decided to mix work and family – rotations for Mary, work for Bryan and a honeymoon for both.

“We thought that we should go (abroad) together, I could get a rotation

for a month, and then we could do a two-week layover in Paris,” says Mary. “I always encourage people – you don't have to be super altruistic.”

In 2011, though, she admits, they did something super altruistic. With the help of Samaritan's Purse, an organization that sends hundreds of doctors to 45 hospitals and clinics around the world each year, the Cairnses spent a month working at Mbingo Baptist Hospital in Cameroon.

“Things you see commonly are severe malnutrition, more complex infections from HIV, the lack of access to care and also a lack of resources,” says Bryan. “In the U.S., we don't see (patients) get to the point that we see (in Cameroon). It's taken a lot of learning on how to help those

patients, and how to talk to those families on how to prevent such severe cases from happening again.”

Their month in Cameroon inspired the couple to make the country their second home. They now spend the majority of the year in Cameroon, coming back to the U.S. for three to six months at a time to practice at OSU Wexner Medical Center. Though relocating every few months can be difficult, Mary says, changing the scenery once a year helps tremendously with burnout prevention.

“Coming here helps my U.S. burnout, going to the U.S. helps my burnout here,” says Mary, from her Cameroon home.

“(In the U.S.), patients who are angry take things out on me. (In Cameroon), burnout is because people are very sick, or we ran out of the lifesaving medicine or payment.”

Bryan recalls treating a 7-year-old girl with HIV. She had been off her medication for years because her family was unable to travel to obtain it – a heart-wrenching and not-uncommon story in Cameroon. By the time her family could get her to the hospital, there was little Bryan could do.

“We tried really hard, but her kidneys were getting worse and worse. Her mom said, ‘I just would like to get her home, and have her die at home,’” says Bryan. “I said, ‘I’m so sorry we couldn’t get her through this.’ Her mom said she was just grateful that we tried.”

Now that the couple regularly sees patients similar to the 7-year-old girl, their



perception of health care in the U.S. has changed. Easy access to medicine and lab tests was something they often took for granted in the U.S., but not anymore.

“In the U.S., I never really appreciated how much we could focus on exactly what the patient needs. If there’s a test we need, we (the health system) can do it, and if the patient can’t pay for it and insurance can’t pay for it, we absorb it,” he says. “Here, that’s not possible. The hospital is often as impoverished as the patients.”

Not only is helping Cameroonian patients a major driving force for the Cairnses, but helping educate the native physicians is important as well. In Cameroon, physicians go straight from medical school into practice, rather than doing residency in between as students do in the U.S. This can result in certain gaps in physician knowledge. However, those gaps are closing with the help of passionate international doctors such as the Cairnses.

“We like to teach the general practitioners some basic health care and help some of these patients who are otherwise neglected,” says Mary. “When I see a general physician here so comfortable with a mentally ill patient and they don’t even need to ask me (what to do), that is so rewarding. I see them doing things without even asking me. It’s great.”

Mary and Bryan agree that any physician interested in working abroad should take

the opportunity to do it, whether it’s through Samaritan’s Purse or another organization. Mary jokes that many doctors struggle with hero complexes, but that practicing abroad not only benefits the patients and physicians in that country, but the visiting physician as well.

“It’s been a nice opportunity to try to be servants ... to people who are in need,” says Bryan. “That’s really important to us.”

Amanda DePerro is an editor. Feedback welcome at feedback@cityscenemediagroup.com.



Bryan Cairns, MD, completed his medical degree at The Ohio State University College of Medicine. He completed his residency in family medicine and psychiatry at the

University of Cincinnati Medical Center. He is board certified in family medicine and psychiatry.



Mary Cairns, MD, graduated from the Medical College of Wisconsin. She completed her residency in family medicine and psychiatry at the University of

Cincinnati Medical Center. She is board certified in both family medicine and psychiatry and neurology, with a specialty in psychiatry.





The Write Advice

With Alex Curran-Cardarelli

Ceasing Seizures

Developments in laser treatment for epilepsy

For most patients with epilepsy, treatment is a matter of medication, occasionally with therapy. Surgery is a decidedly less common means of treatment.

But surgical opportunities are presenting themselves to the people affected by epileptic seizures, who number 2-3 million in the U.S. alone, thanks to advancements in laser surgery technology.

Dr. Emily Klatte is a board-certified neurologist specializing in the medical management of epilepsy in inpatient and outpatient settings, non-epileptic spells and women's neurological issues, including epilepsy during pregnancy. With 12 years of experience in the field, Klatte has become a key part of laser treatment programs at OhioHealth.

HealthScene Ohio: What does laser treatment for epilepsy entail?

Dr. Emily Klatte: It's a minimally invasive technique to surgically treat seizures. The first step is figuring out where in the brain the seizures start. Then, if we feel the seizures come from a small enough area that is not a very eloquent part of the brain – for instance, the part that generates language – our neurosurgeon can insert a laser catheter through a small burr hole in the back of the brain. With MRI guidance, the surgeon can carefully guide the catheter to the area

where we believe the seizures start. The laser catheter generates localized heat that burns or ablates the tissue that is generating seizures. The goal of the procedure is to decrease seizure frequency or stop the seizures altogether.

HSO: How are the effects different from those of medication?

EK: If people have tried two or more anticonvulsant medications and continue to have seizures, there is a very small chance that medicine alone will allow them to be seizure-free – less than 5 percent, to be exact. When patients continue

to have seizures, surgical options provide a much greater chance of potential seizure freedom. In terms of laser ablation, there is a 60-80 percent chance that seizures will be eliminated or significantly reduced. If the procedure is indeed beneficial, we eventually try to minimize the dosage or number of medications a patient is taking, in order to improve the quality of life for that individual and decrease side effects.

HSO: Can a patient, and should a patient, receive multiple treatments?



EK: We hope that the patients will have to go through only one laser ablation. If they are still having seizures after the procedure, we would have to re-evaluate where the seizures may be coming from. They could possibly then become a candidate for a second laser or craniotomy procedure (resection of brain tissue).

HSO: Is there any reason someone with epilepsy shouldn't get laser treatment?

EK: If we can't tell where the seizures start, or it seems they start from a very large area within the brain, laser ablation would not be an option. This treatment is very targeted, so we have to have a good hypothesis that a small part of the brain is responsible for the onset of the seizures. Also, if the seizures are coming from an "eloquent" part of the brain, such as areas that control movement or language, this may not be a good treatment option.

HSO: How effective is laser treatment? Can it be considered a "cure" for epilepsy?

EK: So far, our outcomes are similar to what is being seen nationally, which is 60-80 percent seizure reduction or seizure freedom following the procedure. I think most of us are hesitant to say we ever cure epilepsy, as there is a chance that seizures could start up again, even later in life. But we certainly hope to at least decrease the seizure burden and render our patients seizure-free for years, allowing for improvement in their quality of life. It has been very rewarding to see several patients become seizure-free following this procedure.

HSO: Is there any potential risk during the procedure, or possibility of future ailments?

EK: With any invasive procedure, there is a risk of infection or bleeding. There is also a risk of neurologic deficits following the procedure, such as language or memory problems. We do our very best to minimize this by conducting extensive testing before the procedure that

allows us to map out memory, language and motor function, such as neuropsychiatric testing, WADA testing (determines where the brain controls language and memory functions) or functional MRI.

HSO: How long are the procedure and healing time?

EK: It usually takes 6-8 hours to complete the procedure. A large part of this time consists of ensuring that the laser catheter is pointed along a specific trajectory that will allow the laser to reach the designated target. Typically, patients go home the next day, with a goal of allowing them to return to work within a couple weeks, in most cases.

HSO: In your opinion, why should someone with epilepsy get laser treatment?

EK: We want to help decrease seizures and improve the quality of life for patients with epilepsy. For instance, if we can reduce or eliminate seizures, the patient can hopefully be more independent, begin driving again, return to work and decrease medication side effects. Also, so far, the medical literature shows that there can be less risk of memory deficits with laser ablation compared to traditional respective brain surgeries.

HSO: Are there any other advancing forms of treatment on the horizon?

EK: We are doing stereotactic EEG procedures here at OhioHealth. This is a minimally invasive method that allows us to implant several electrodes into the brain and map out the site where seizures start. We do this procedure if we are not sure where seizures are coming from based upon our initial data from EEG monitoring with scalp electrodes. We then use this information to determine if a patient is a candidate for laser ablation or surgical resection.

We also offer outpatient EEG at several sites, along with continuous EEG monitoring throughout five hospitals within our health system. For instance,

if a patient is admitted into the hospital with frequent seizures, or seizures that will not stop (status epilepticus), we can conduct ongoing EEG monitoring to ensure we are treating the seizures effectively.

We have an eight-bed epilepsy-monitoring unit where we can electively admit patients to see if their spells are indeed epileptic seizures – some spells end up non-epileptic – or determine where the seizures are starting as part of an evaluation for surgery. We also have an outpatient comprehensive epilepsy clinic where we see patients.

Alex Curran-Cardarelli is a contributing writer. Feedback welcome at feedback@cityscenemediagroup.com.

- 1 in 26 people in the U.S. will develop epilepsy at some point in their lives
- 2-3 million people in the U.S. suffer from epilepsy

About the Expert



Emily Klatter, MD, is a board-certified neurologist specializing in the medical management of epilepsy in inpatient and outpatient settings, non-epileptic spells and women's neurological issues,

including epilepsy during pregnancy. Dr. Klatter is the system medical chief of epilepsy at OhioHealth and is also the director of the OhioHealth Epilepsy Monitoring Unit (EMU).

Dr. Klatter received her medical degree from The Ohio State University College of Medicine. She completed her internship in preliminary medicine at OhioHealth Riverside Methodist Hospital. She also completed her residency in neurology at The Ohio State University Wexner Medical Center, as well as a neurophysiology fellowship with an emphasis on epilepsy. She is board certified in neurology, clinical neurophysiology and epilepsy.



Healthy Happenings



Mount Carmel Hilliard Opening

Photo courtesy of Mount Carmel Health System



Fight for Air Climb

Photos courtesy of American Lung Association



Columbus Blue Jackets Cannonball

Photos courtesy of John Nixon Photography



The Fight for Air Climb annually raises awareness for lung health and connects the community with its local firefighters.

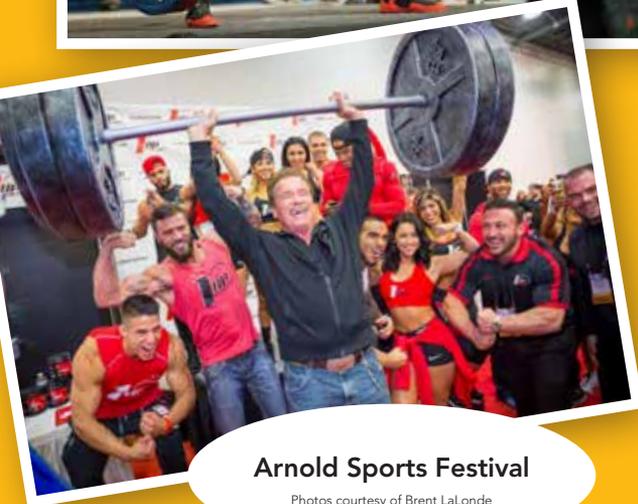
Rockin' to Beat Leukemia

Photos courtesy of Lauryn "Lu" Oliphant Memorial Fund



Lady Tutu 5K

Photo courtesy of Speedy Sneakers



Arnold Sports Festival

Photos courtesy of Brent LaLonde



Paint the 'Ville Teal

Photos courtesy of The Crawford Crew Foundation





Personalities

Triple Threat

Dr. John Gabis helps prevent illnesses, drug abuse and, ultimately, death

By Lydia Freudenberg

Dr. John Gabis loves working in a smaller community where he can potentially create immediate effects for a healthier future. That's why he chose to practice in Chillicothe.

Gabis, a practitioner at Adena Pick-away Ross Family Physicians, isn't just helping the area with a physician's touch. For the past 25 years, he's served as Ross County coroner and, more recently, he has undertaken a position as chairman of a local drug prevention effort, the Heroin Prevention Program (HPP).

"I've always been a person who has to make a difference," Gabis says. "I knew that, being in a larger community, I would make a less direct impact on my community."

History in the Community

Gabis moved to Chillicothe more than 20 years ago to work alongside Dr. Paul MacCarter at Adena. Gabis says the two were very different in their personal views – think politics and religion – but on a professional level, he describes MacCarter as his professional soul mate.

"It was like we were meant to practice together," he says. "After I met him, it was very clear (Chillicothe) is where I needed to be. ... If it hadn't been for Dr. MacCarter, I would have been in a different small town."

MacCarter died 12 years ago, but his passion for helping others through medicine inspired Gabis to always take

care of his patients first while forging a meaningful relationship.

"If you have a relationship with your patients in more than just a superficial way, you feel honor-bound to do your absolute best," he says. "They're (my) friends and neighbors, and they're counting on (me). I don't want to let them down."

MacCarter, who was also dedicated to helping the community beyond the office, helped strengthen Gabis' desire to participate in service work.

Fighting Addiction

With the Chillicothe area feeling the effects of the nationwide heroin epidemic, one of Gabis' most significant contributions is chairing the local HPP. The program is dedicated to preventing overdoses with the use of Narcan, and educating families affected by drug abuse and the community as a whole.

HPP has been active since 2015, but Gabis has been working with the community to prevent drug abuse since 2010, after he saw a rise in overdose deaths. And at Adena, he witnesses the emotional effects families endure from drug abuse.

He stresses that shaming those using illicit drugs is never productive, since they need help to overcome a severe addiction.

"It's very hard to maintain energy and maintain the partnership, because this is an issue that has a lot of societal overtones; there are many people who say, 'We shouldn't be giving people Narcan, they chose this,'" Gabis says. "That really shows

a lack of understanding that this is a disease. Certainly, whenever they first started using, it was a choice, absolutely. But once you have opioid abuse disorder and you're addicted, it's no longer a choice."

Since HPP began using Narcan, drug overdose deaths in the community have decreased, Gabis says. After the Narcan is provided, HPP will further the effort by meeting with the families affected by the addiction, and educate everyone on prevention and healing strategies.

Further Efforts

HPP is also taking the extra step by implementing its work in Chillicothe Local Schools. Gabis says the organization understands the time constraints teachers operate on regarding lesson planning, so HPP hopes to create its own programs.

"Prevention and education is a key component," he says. "(Recently), there have been a lot of difficult family situations for the teachers' students. ... We're working hard at developing programs we can bring into the schools to help those kids who are at risk."

Even with the heroin epidemic affecting Ross County, Gabis says the Chillicothe area is still a great community, which is striving to make a difference.

"We will never give up on this (problem)," he says. "The Heroin Partnership Project really reflects how much our community cares about itself. It's still a great place to live, work and raise your family, and our coming together is a testimony to that."



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"The Heroin Partnership Project really reflects how much our community cares about itself. It's still a great place to live, work and raise your family, and our coming together is a testimony to that."



Dr. John Gabis received his medical degree from Wright State University Boonshoft School of Medicine, and completed his residency at Miami Valley Hospital and an internship at the

Medical University of South Carolina. He's a physician for Adena Health Systems and the program director for the transitional year residency program out of the Adena PACCAR Educational Medical Center. Gabis is also the Ross County coroner and the chairman for the locally-based Heroin Prevention Program.

Lydia Freudenberg is a contributing editor. Feedback welcome at feedback@cityscenemediagroup.com.



The Write Advice

With James V. Gasparine, M.D.

Lessons Learned on Legal Requirements

The importance of reporting injuries that could have been caused in the commission of a crime

Did you know that if you give aid to a sick or injured person, you are required in Ohio to report to law enforcement any gunshot or stab wound that you treat or observe, or any serious physical harm to a person that you know or have reasonable cause to believe resulted from an offense of violence?

As a public service to my friends and colleagues in Ohio, I am writing this brief essay to alert them to the reporting requirements of Ohio Revised Code 2921.22(B), which states:

Except for conditions that are within the scope of division (E) of this section, no person giving aid to a sick or injured person shall negligently fail to report to law enforcement authorities any gunshot or stab wound treated or observed by the person, or any serious physical harm to persons that the person knows or has reasonable cause to believe resulted from an offense of violence.

I was unaware of this reporting requirement. However, ignorance of the law is no defense.

After I completed a three-year residency in family medicine and a one-year fellowship in sports medicine, I was licensed in 2011 as a physician in Ohio. I accepted employment with an orthopedic practice at which I primarily practice in the area of sports medicine.

My medical practice is located in a rural community. I worked hard in my position and opened a sports medicine branch of the practice. I regularly volunteered as the team physician for local high school sports teams and a local small college. I even opened my office on Friday nights during football season and treated athletes injured in games. I became known in the community as someone who was willing to provide care even if it was outside of an office setting.

I have always been a strong athlete and regularly trained at a local gym. Within the first year of my medical practice, I was approached by an acquaintance at the gym who asked me to “look at” a gunshot injury he had sustained. The person told me that he had accidentally shot himself while at a shooting range. Because I live and work in a rural community in which many people legally carry guns, go to shooting ranges and hunt on a regular basis, I was not alarmed by the person’s explanation of their injury and I had no reason to suspect that the person was not being truthful about the cause of their injury.

The person was not in critical condition. It appeared that the injury was several days old and was starting to heal. A scab had formed. Because I was concerned about possible infection, I immediately referred the person to the local hospital for treatment. The person told me that they did not have insurance and could not afford to go to the emergency room. In an effort to help the person, I prescribed



an antibiotic and instructed the person on how to keep the injury clean.

Several days later, I was still concerned about the person's condition. When I next saw the person at the gym, I asked a physician colleague who was also training at the gym to look at the person's injury. My colleague, who had experience working in trauma units, examined the person at the gym, found no signs of infection and advised the person that the wound appeared to be healing nicely.

I have no formal trauma or emergency room training in which I might have learned about the mandatory reporting requirement

for a gunshot wound as a result of a crime. This topic was not addressed in medical school or during my residency or fellowship. Additionally, because my residency and fellowship were outside Ohio, I was not instructed on the requirements of Ohio law.

In 2017, my acquaintance was investigated by law enforcement for allegedly engaging in a crime.

During the investigation, it was determined that I had provided care to the person in 2011. When I was questioned by law enforcement, I fully cooperated in the investigation and admitted that I had provided care to the person in 2011.

Because I did not report the gunshot wound to law enforcement in 2011, I was charged with and ultimately pled no contest to a second-degree misdemeanor of failure to report a crime, in violation of Ohio Revised Code 2921.22(B). I was placed on probation for 24 months, served 50 hours of community service, and paid a fine and court costs.

In August 2017, the State Medical Board of Ohio proposed to take a disciplinary action against my medical license for violating Ohio Revised Code 4731.22(B)(I I), conviction of a crime involved in the practice of medicine. A hearing was held and, thankfully, the full Board decided to take no action against my Ohio medical license.

During this matter, I have been very fortunate to have the full support of my employer and colleagues. However, this matter has been an extremely stressful experience that has taken time away from my family and my medical practice. I have lost many nights of sleep worrying about what effect, if any, this matter would have on my medical practice and I spent thousands of dollars in legal fees.

If I had known that I was required by law to report the gunshot wound, I would have done so. I never tried to cover up for the person and I never took any steps to skirt the law. A simple phone call to the local police would have been enough to avoid the repercussions of this matter.

I am writing this essay in the hope that others may learn from my experience. My goal is to let people, including physicians, know that, by law, if you give aid to a sick or injured person, you are required in Ohio to report to law enforcement any gunshot or stab wound that you treat or observe; or any serious physical harm to a person that you know or have reasonable cause to believe resulted from an offense of violence.

This article is not legal advice. If you have questions or need additional information, speak with an attorney.

Dr. James V. Gasparine specializes in sports medicine at Orthopaedic Associates of Zanesville, part of Genesis Healthcare System.





Healthy Happenings



Mrs. Lori Berry's fourth grade class at Zane Trace Elementary School named Adena's new surgical robot CHESTER.

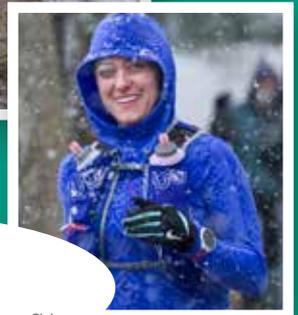
Adena Health System

Photos courtesy of Adena Health System



Splash 'N Dash

Photos courtesy of Ohio River Road Runners Club



Frosty 14

Photos courtesy of Ohio River Road Runners Club



St. Patrick's 5K
 Photos courtesy of Aimee Ashcraft



Mercy Health
 Photos courtesy of Mercy Health



The Heart Mini is Cincinnati's largest single-day fundraiser; Mercy Health is a presenting sponsor.



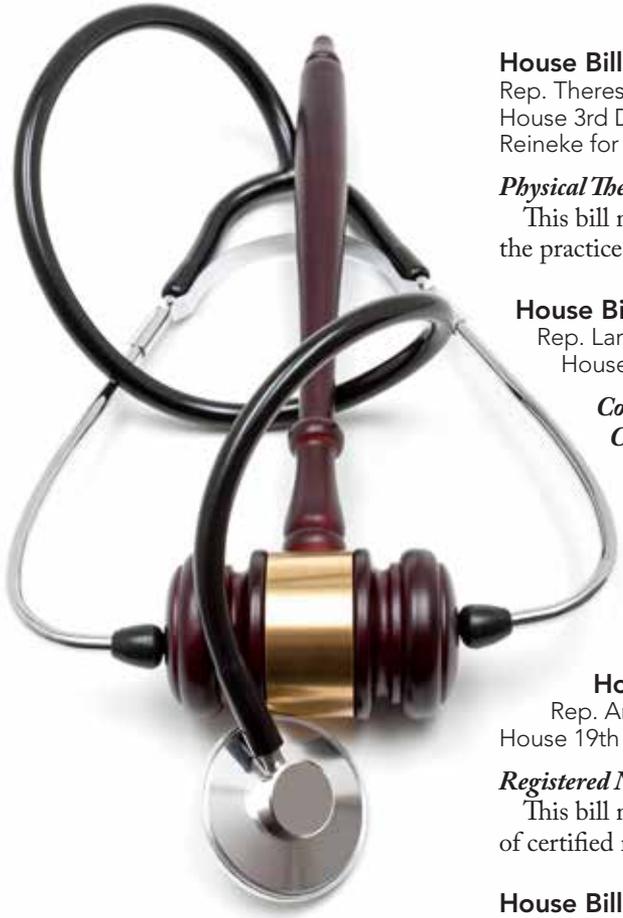
Mercy Health and Catholic Medical Mission Board staff work together in Haiti at the Gris-Gris Health Center.



A mother and her newborn are thankful for the level of care they received at Mercy Medical Center.

Legislative Update

Keep up with the latest state legislative initiatives in health.



Health Professionals

House Bill 75

Rep. Theresa Gavarone for the Ohio House 3rd District and Rep. Derek Merrin for the Ohio House 47th District

Professional Licensure: Armed Forces

This bill requires an expedited process to grant a professional license to an individual who is on active duty as a member of the armed forces of the United States, or is the spouse of such an individual, and holds a valid license in another state.

House Bill 111

Rep. Rick Carfagna for the Ohio House 68th District and Rep. Scott Ryan for the Ohio House 71st District

Registered Nurses: Mental Health

This bill authorizes certain advanced practice registered nurses to have a person involuntarily transported to a hospital for a mental health examination.

House Bill 131

Rep. Theresa Gavarone for the Ohio House 3rd District and Rep. William Reineke for the Ohio House 88th District

Physical Therapy Laws

This bill modifies the laws governing the practice of physical therapy.

House Bill 146

Rep. Larry Householder for the Ohio House 72nd District

Coroners Editing Death Certificates

This bill allows a coroner to change the cause, manner and mode of death in a filed death certificate only after a hearing in the court of common pleas.

House Bill 191

Rep. Anne Gonzales for the Ohio House 19th District

Registered Nurse Anesthetists

This bill makes changes to the practice of certified registered nurse anesthetists.

House Bill 273

Rep. Theresa Gavarone for the Ohio House 3rd District

Physician Certification

This bill prohibits a physician from being required to secure a maintenance of certification as a condition of obtaining licensure, reimbursement or employment, or obtaining admitting privileges or surgical privileges at a hospital or health care facility.

House Bill 326

Rep. Bill Seitz for the Ohio House 30th District and Rep. Theresa Gavarone for the Ohio House 3rd District

Psychotropics – Drug Addiction Treatment

This bill authorizes certain psychologists to prescribe psychotropic and other drugs for treatment of drug addiction and mental illness.

Senate Bill 16

Senator Charleta B. Tavares for Senate District 15

Health Care Cultural Competency

This bill requires certain health care professionals to complete instruction in cultural competency.

Senate Bill 55

Senator Michael J. Skindell for Senate District 23

Nurse – Patient Ratios

This bill establishes minimum ratios of direct-care registered nurses to patients in hospitals. The bill also specifies rights of registered nurses working in hospitals, and prohibits retaliatory actions by hospitals against registered nurses.

Health Care Coverage

House Bill 72

Rep. Terry Johnson for the Ohio House 90th District and Rep. Nickie J. Antonio for the Ohio House 13th District

Step Therapy Protocols

This bill adopts requirements related to step therapy protocols implemented by health plan issuers and the Department of Medicaid.

House Bill 156

Rep. Kirk Schuring for the Ohio House 48th District

Vision Insurance Limitations

This bill makes changes regarding limitations imposed by health insurers on vision care services.

House Bill 184

Rep. Theresa Gavarone for the Ohio House 3rd District and Rep. Anthony DeVitis for the Ohio House 36th District

Authorize Teledentistry Services

This bill authorizes dental services through teledentistry, requiring a proposal for the creation of a primary care dental student component of the Choose Ohio First Scholarship Program. The bill also makes changes to the laws governing the practice of dentistry and dental hygiene.

House Bill 286

Rep. Sarah LaTourette for the Ohio House
76th District

Palliative Care Programs

This bill creates the Palliative Care and Quality of Life Interdisciplinary Council, establishing the Palliative Care Consumer and Professional Information and Education Program, and requires health care facilities to identify patients and residents who could benefit from palliative care.

House Bill 479

Rep. Scott Lipps for Ohio House 62nd
District and Rep. Thomas West for Ohio
House 49th District

Pharmacy Drug Transparency

This bill makes changes to the practices of pharmacy benefit managers, pharmacists and the disclosure of drug price information to patients.

Senate Bill 121

Senator John Eklund for Senate District 18

Mammography Insurance Requirements

This bill includes tomosynthesis as part of the required screening mammography benefits under health insurance policies.

Senate Bill 126

Senator Charleta B. Tavares for Senate
District 15

Conversion Therapy Ban: Minors

This bill prohibits certain health care professionals from engaging in conversion therapy when treating minor patients.

Prescription Drugs/Controlled Substances

House Bill 73

Rep. Jeffrey Rezabek for the Ohio House
43rd District and Rep. Kyle Koehler for the
Ohio House 79th District

Prohibit Dextromethorphan Sale

The bill prohibits the sale of dextromethorphan without a prescription to persons under age 18.

House Bill 101

Rep. Derek Merrin for the Ohio House
47th District

Epinephrine Accessibility Act

This bill authorizes an epinephrine autoinjector substitution when a prescription is filled or refilled. The bill also authorizes epinephrine to be dispensed without a prescription under a physician-established protocol, and to declare the act the “Epinephrine Accessibility Act.”

House Bill 117

Rep. Stephen Huffman for the Ohio
House 80th District and Rep. Andrew O.
Brenner for the Ohio House 67th District

Opioid Therapy for Drug Offenders

This bill establishes a statewide pilot program for the provision of long-acting opioid antagonist therapy for offenders convicted of an opioid-related offense who will be released from confinement on supervised release. This bill specifies that the therapy is to be provided during both their confinement and their supervised release.

House Bill 231

Rep. Tim Ginter for the Ohio House 5th
District and Rep. Robert Sprague for the
Ohio House 83rd District)

Controlled Substances – Lockable Containers

This bill requires pharmacists to offer to dispense controlled substances in lockable or tamper-evident containers

Public Health

House Bill 7

Rep. Bob Cupp for the Ohio House
4th District

Medical Care Protections

The bill grants qualified civil immunity to certain medical providers who provide emergency medical services because of a disaster. The bill also provides that certain communications made regarding an unanticipated outcome of medical care, the development or implementation of standards under federal laws, and an insurer’s reimbursement policies on health care are inadmissible as evidence in a medical

claim. The bill provides that medical bills itemizing charges are inadmissible as evidence and an amount accepted as full payment for medical services is admissible as evidence of the reasonableness of the charges. The bill specifies the manner of sending a notice of intent to file a medical claim and provides a procedure for the discovery of other potential claims within a specified period after the filing of a medical claim. The bill provides that any loss of a chance of recovery or survival by itself is not an injury, death or loss for which damages may be recovered. The bill provides civil immunity to certain medical providers regarding the discharge of a patient with a mental condition that threaten the safety of the patient or others. The bill also requires that governmental agencies that receive peer review committee records maintain their confidentiality; and to clarify the definition of “medical claim.”

House Bill 317

Rep. Ron Young for the Ohio House
61st District

Pro Bono Healthcare Deduction

This bill authorizes, for six years, a personal income tax deduction for a physician based on the number of hours the physician provides uncompensated medical services through a hospital, free clinic or nongovernmental medical organization.

House Bill 535

Rep. Theresa Gavarone for Ohio House
3rd District

Naloxone – Naltrexone Data Reporting

This bill requires reports regarding overdoses and the use of naloxone, and includes naltrexone within the Ohio Automated Rx Reporting System.

To find more information on the Ohio General Assembly members, please visit the Ohio House of Representatives at www.ohiohouse.gov and the Ohio Senate at www.ohiosenate.gov. For more information on legislation, please visit www.legislature.ohio.gov.

Calendar



NORTHEAST

June 3

Youngstown Marathon & Half Marathon

7 a.m., Second Sole
Youngstown
www.youngstownmarathon.com

June 30

Akron Marathon – National Interstate 8K & 1 Mile

8:30 a.m., InfoCision Stadium,
Akron
www.akronmarathon.org

July 1

Downtown Cleveland YMCA Firecracker 10K

7 a.m., Galleria at Erieview,
Cleveland
www.hermescleveland.com

July 7

Escape on the Lake 5K

7:30 a.m., Villa Angela-St.
Joseph High School, Cleveland
www.hermescleveland.com

July 22

Cleveland Triathlon

5 a.m., Downtown Cleveland
North Coast Harbor
www.pacificsportsllc.com

July 22

Dropkick Diabetes

5 p.m., Guilford Lake Grille,
Lisbon
www.akronchildrens.org

NORTHWEST

June 9-10

Run and Ride Cedar Point Half Marathon

7:30 a.m. Saturday (5K), 6:30
a.m. Sunday (half marathon),
Cedar Point, Sandusky
www.runandriderace.com

June 15

Findlay Family YMCA Glow Run 5K

9-11 p.m., Findlay Family
YMCA
www.findlayymca.org

June 16

Muddy Mini Half Marathon & Quarter Marathon

7:30 a.m., Uptown Maumee
www.runtoledo.com

June 24

Pyrate Run

9:30 a.m., Reel Bar, Put-In-Bay
www.steinhospice.org

July 12

Ohio Michigan 8K

7:30 p.m., Centennial Terrace,
Sylvania
www.runtoledo.com

July 22

Women's Only Triathlon & Duathlon

7:30 a.m., Centennial Quarry,
Sylvania
www.runtoledo.com

CENTRAL

June 2

Breakthrough for Brain Tumors 5K

8 a.m., McFerson Commons,
Columbus
hope.abta.org

June 7

National Kidney Foundation Cooking with the Stars

6 p.m., The Grand Event
Center, Grandview Heights
www.kidney.org

June 9

Marysville Neon Glow Run

7 p.m., Marysville High School
www.runsignup.com

June 17

Hilliard Classic Half Marathon

7 a.m., Hilliard Bradley High
School
www.runsignup.com

June 23

Run With Passion 5K

8:30 a.m., Glacier Ridge Metro
Park, Dublin
www.runsignup.com

July 2

Charity Day 5K

6:30 p.m., Spring Street and
Neil Avenue, Columbus
www.charityday5k.com

July 22

TriFit Challenge Triathlon/Duathlon & 5K

7 a.m., Antrim Park (Triathlon &
Duathlon), Columbus; 8:30 a.m.,
Ohio Stadium (5K), Columbus
www.greenswell.com

SOUTH

June 2

Color Vibe 5K

9 a.m., Welcome Stadium,
Dayton
www.thecolorvibe.com

June 9

Great Inflatible Race

9 a.m., Action Sports Center,
Dayton
www.thegreatinflatablerace.com

June 15

Superhero Run for Kids

7:15 p.m., Seventh and
Sycamore Streets, Cincinnati
www.prokids.org

June 23

Aesop's Tables

5-9 p.m., Majestic Theatre
Courtyard, Chillicothe
www.adena.org

June 30

Hyde Park Blast Run/Walk

7:30 a.m., Hyde Park Square,
Cincinnati
events.thecurestartsnow.org

July 1

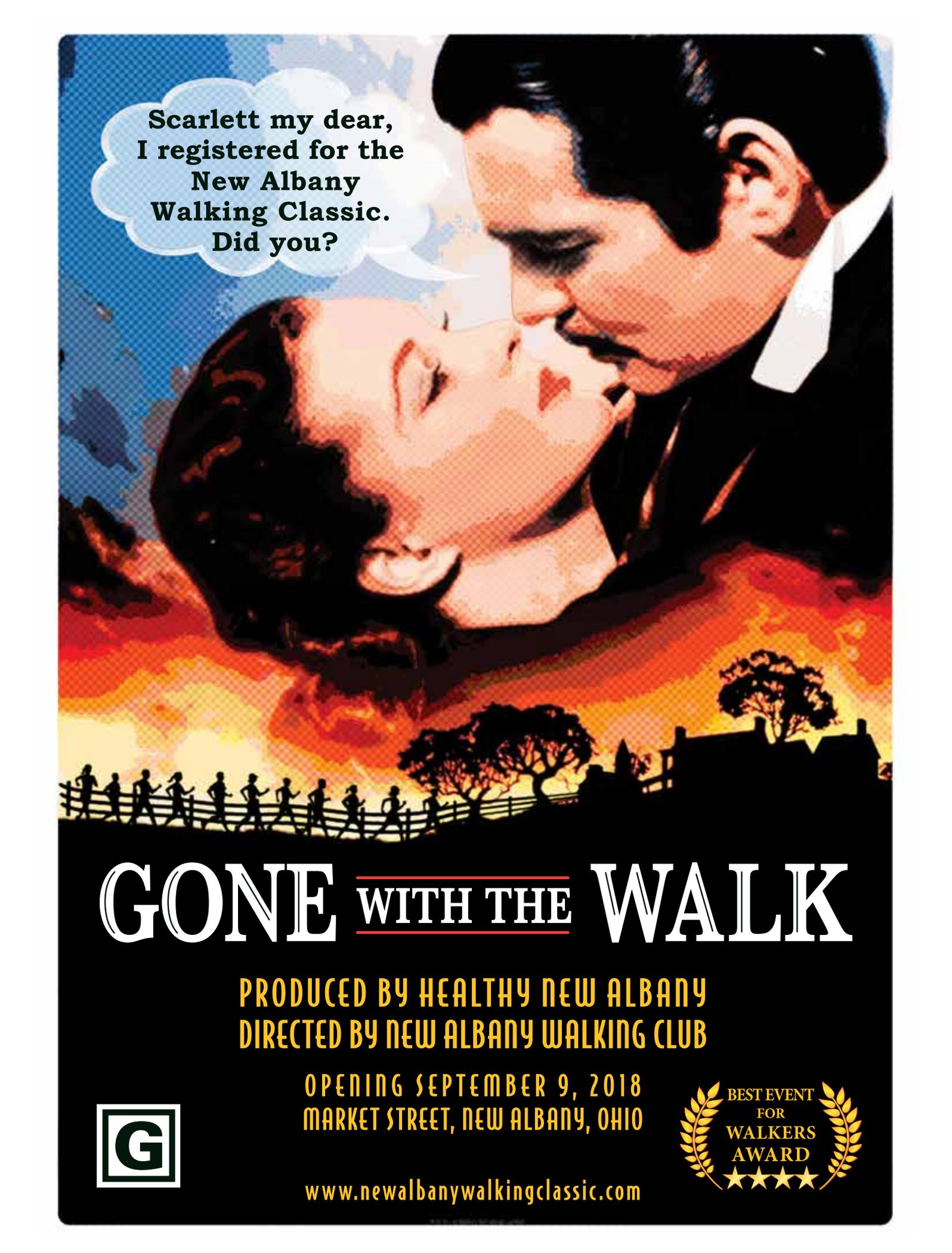
Red, White & Zoom Triathlon Festival

6:45 a.m.-1 p.m., Cowan Lake
Beach, Wilmington
www.zoomracingusa.com

July 21

½ Way to Christmas Half Marathon

7 a.m., Star City Brewery,
Miamisburg
runchristmashalf.itsyourrace.com



Scarlett my dear,
I registered for the
New Albany
Walking Classic.
Did you?

GONE WITH THE WALK

PRODUCED BY HEALTHY NEW ALBANY
DIRECTED BY NEW ALBANY WALKING CLUB

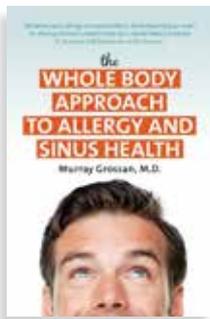
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Bookmarks

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The Whole Body Approach to Allergy and Sinus Health

By Murray Grossan, M.D.
\$15.33, Basic Health Publications, Inc.

Written by respected otolaryngologist and head and neck surgeon Dr. Murray Grossan, this book blends contemporary medical techniques with more traditional holistic approaches to offer readers a comprehensive way to understand and treat these common ailments. Dr. Grossan incorporates a whole-body approach to healing all of the complaints that often accompany these common blights, such as sinus headaches, pollen-induced bronchial inflammation, asthma, nasal drip and snoring.

Dynamic Aging: Simple Exercises for Whole-Body Mobility

By Katy Bowman
\$13.55, Propriometrics Press

Geared toward a 50-plus audience, *Dynamic Aging* provides simple exercises approachable for all fitness levels to get older generations not only up and moving, but moving more easily. The book also includes information for incorporating more movement into the reader's daily routines, and stories from people who have conquered aches and loss of mobility by following these tips and routines.

Fresh Food Fast – Weeknight Meals: Over 280 Incredible Supper Solutions

By editors of *Cooking Light Magazine*
\$25.27, Oxmoor House

Between work, school, soccer practice, ballet, homework and the million other things busy families try to squeeze into their schedules, the convenience of fast food often supersedes the allure of a healthful home-cooked meal. This cookbook features more than 280 new recipes of five ingredients or less apiece, with preparation tips and tricks to make the meals in five minutes. Extras include 160 full-color photos, suggestions for turning leftovers into quick lunches and 10-minute side dishes.

Have Fun Getting Fit: Simple Ways to Rejuvenate Your Mind and Body

By Sharkie Zartman
\$14.95, Spoilers Press

Everyone knows how important staying fit is for overall health, but for those who don't enjoy exercising, this can be a challenge. *Have Fun Getting Fit* seeks to motivate readers by finding activities they enjoy and helping them reap all the benefits of a more active lifestyle, such as reduced stress, weight loss, more energy, better sleep and lowered risk for most chronic diseases, along the way.

Raising Human Beings: Creating a Collaborative Partnership with Your Child

By Ross W. Greene, Ph.D.
\$9.86, Simon and Schuster

Child psychologist Ross Greene attempts to demystify parenting tricks to establishing a healthy and secure relationship with your child in *Raising Human Beings*. This book reminds parents that an important part of their job is figuring out who their child is, and finding the right balance of those traits that define their child and their own desire to influence and guide their way. Dr. Greene provides parents with tools for reframing the way they parent, and encouraging parents and children to work together to allow the children to feel validated.

Intergenerational Trauma: The Ghosts of Times Past

By Thomas Hodge
\$9.99, CreateSpace Independent Publishing Platform

All trauma is characterized by one thing: every person experiences it differently. This book examines how trauma can carry down from one generation to the next, impacting each generation in a distinct way. The author looks at both single-event and multi-generational trauma, as well as events that have impacted entire cultures.

Mind Hacking: How to Change Your Mind for Good in 21 Days

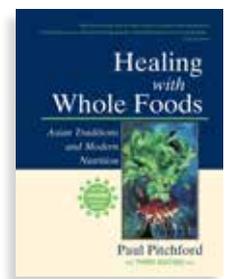
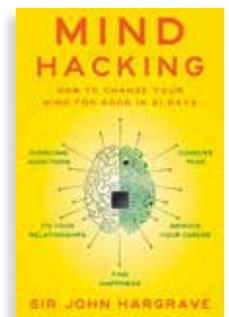
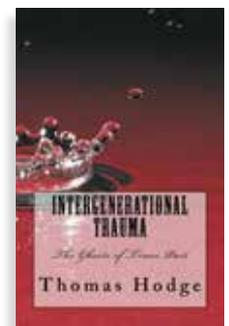
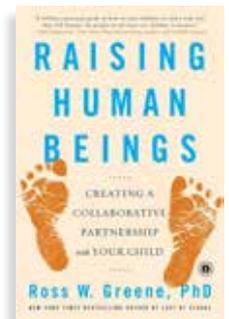
By Sir John Hargrave
\$11.99, Simon and Schuster

Drawing from his own experiences with addiction, anxiety and overall poor mental health, Sir John Hargrave shares with readers how he overcame negativity and permanently changed his mental habits. Using technical computer terms, this book focuses on the steps necessary to rewire the brain, focusing on repeatedly analyzing, imagining and reprogramming to break down mental blocks.

Healing with Whole Foods: Asian Traditions and Modern Nutrition

By Paul Pitchford
\$24.12, North Atlantic Books

Drawing from the theory of Chinese medicine, this book invites readers to find solutions to everything from low energy and common ailments to whole mind and body health. The book seeks to provide readers with a thorough understanding of the foods we eat and the nutrients they provide our bodies, focusing on which foods are best suited for individuals suffering from various ailments. The book, used as a reference by acupuncture students, also includes 300 mostly vegetarian recipes.



In the News

A cure for nausea? Try sniffing alcohol.

www.nytimes.com

A simple at-home remedy may be the cure for that nauseating feeling in your stomach. Isopropyl alcohol pads have been found to help those suffering from severe nausea and vomiting. This article explains Dr. Michael D. April's effort to veer away from using medications such as Zofran as a cure for stomachaches.

Can young blood really help treat Alzheimer's?

www.livescience.com

In this article, Stephanie Pappas discusses the current controversy regarding a recent study. This finding suggests injecting blood samples of a younger individual into an older person with mild Alzheimer's disease helps treat the disease. This recent finding is still under scrutiny, and Pappas discusses the potential health benefits and risks this method proposes.

Consuming low-calorie sweeteners may predispose overweight individuals to diabetes

www.sciencedaily.com

We sometimes learn the hard way that "low-fat" or "low-calorie" food items aren't always the best products for our health. A recent study using human fat-derived stem cells, fat samples and low-calorie sweeteners explains this ongoing theory, with the use of these sweeteners potentially predisposing overweight individuals to metabolic syndrome, prediabetes and diabetes.

Happiness may lie in one hour of screen time daily

www.medicalnewstoday.com

The phrase "everything in moderation" could apply to your overall happiness level. A recent study conducted by Dr. Jean M. Twenge suggests that one hour of screen time, whether that means using social media or watching favorite television shows, is the moderate amount of time both teenagers and adults should be spending on electronic devices each day.

How safe and effective is your sunscreen?

www.webmd.com

A warm, sunny day outdoors doesn't have to include a sunburn, and preventing skin damage is a must when enjoying the summer sun. In this article, Carole Tanzer Miller informs users on what ingredients to look for and how much coverage is needed when choosing a sunscreen, as well as the common misconceptions consumers have about certain products.

No, one sick passenger won't infect everyone on the plane

www.livescience.com

A recent study suggests that airplane travel might not increase your chances of catching the culprit that is the common cold. *Live Science* contributor Cari Nierenberg explains the precautions passengers can take, and the science behind it, on how to remain healthy during air travel and avoid the commonly spread respiratory viruses.

www.healthsceneohio.com

Health Phone Apps

These applications are for informational purposes only and are not an endorsement by the State Medical Board of Ohio.



Nike+RunClub

Free; iOS, Google Play

Unlike your typical running app, this Nike app not only tracks your distance and the amount of calories you burn, but also offers other personal amenities. Users can choose music playlists to match their pace, listen to guided runs and even build a personal plan.



Sleep Cycle

Free; iOS, Google Play

Waking up during light sleep will help you feel more naturally rested for the rest of the day. This advanced app helps you do just that. It uses sound analysis to identify your sleep cycle by tracking your movements in bed and wakes you up at the lightest possible sleep state within 30 minutes of your desired alarm time.



Youper

Free; iOS, Google Play

Though taking care of our mental health is important, many of us can't seem to find the time to do so. This app makes it easy by bringing an emotional and behavioral therapist to the palm of your hand. With a combination of artificial intelligence and data science, Youper helps users overcome stress, anxiety and depression.



Headspace

Free; iOS, Google Play

Meditation has been shown to relieve stress, increase productivity and improve overall health. Learn the basic skills of meditation and mindfulness with these short and effective meditations and improve your mental and physical health.



YogaGlo

\$18/month; iOS

Yoga promotes an exploration of the body, mind and heart. Unfortunately, not everyone has the time or money to go

to a yoga studio. This app brings affordable and professional yoga to the comfort of your home with a variety of courses for all yogi levels.



Peloton Cycling and Workouts

\$12.99/month; iOS

With its renowned health benefits, including increased cardiovascular fitness and muscle strength, cycling has taken the workout world by storm. This cycling app provides more than 4,000 on-demand rides from world-class instructors, a series of off-the-bike exercises and customized workout plans.



Workout for Women: Fitness App

Free; iOS

Specifically for women, this app offers short and effective seven-minute workouts to help burn fat and lose weight. With visual and verbal instructions, these beginner-friendly workouts are easy to perform anytime, anywhere.



Fitness Buddy: Gym Workouts

Free; iOS, Google Play

Weightlifting is important for fitness, but can be difficult to navigate. This app provides more than 1,700 exercise moves for all levels with step-by-step visuals. For athletes, there's an additional "strengthen your craft" section that shows what exercises can improve the athlete's performance for his or her specific sport.



Peak

Free; iOS, Google Play

Improve your mental capability by playing games. These short, intense mind workouts are fun and challenging and improve your focus, memory, problem-solving skills and mental agility.

Nutritionist-approved convenience foods that save time on meal prep

www.nbcnews.com

The excuse of being "too busy" isn't a match for Laura Leyshon's article on purchasing convenient grocery items, and how they are beneficial to your overall diet and well-being. With a wide variety of suitable snack foods and meals, this article gives examples of healthful foods to choose from, making meal prep easier, and more enjoyable, for your busy schedule.

Physically fit women nearly 90 percent less likely to develop dementia

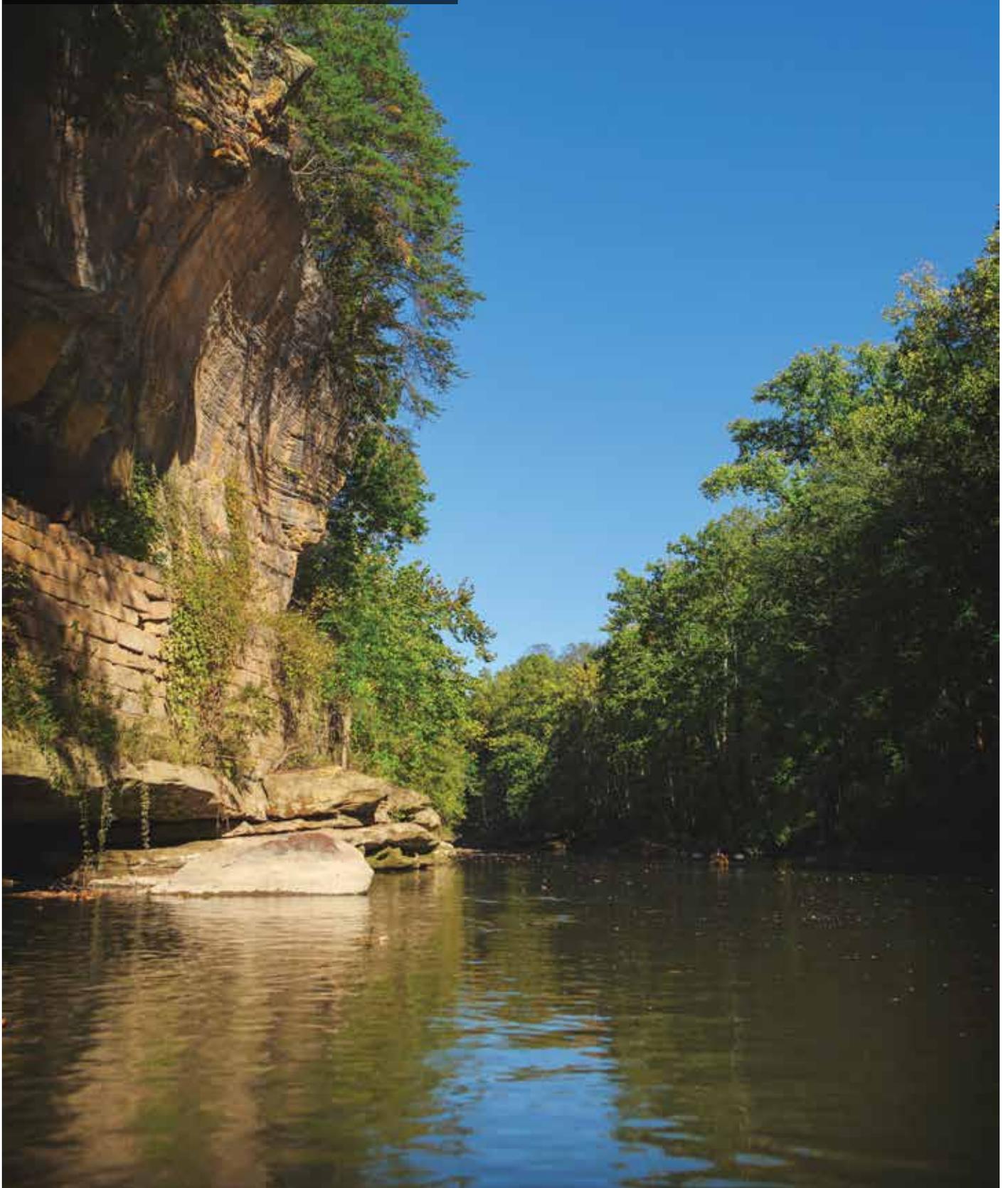
www.sciencedaily.com

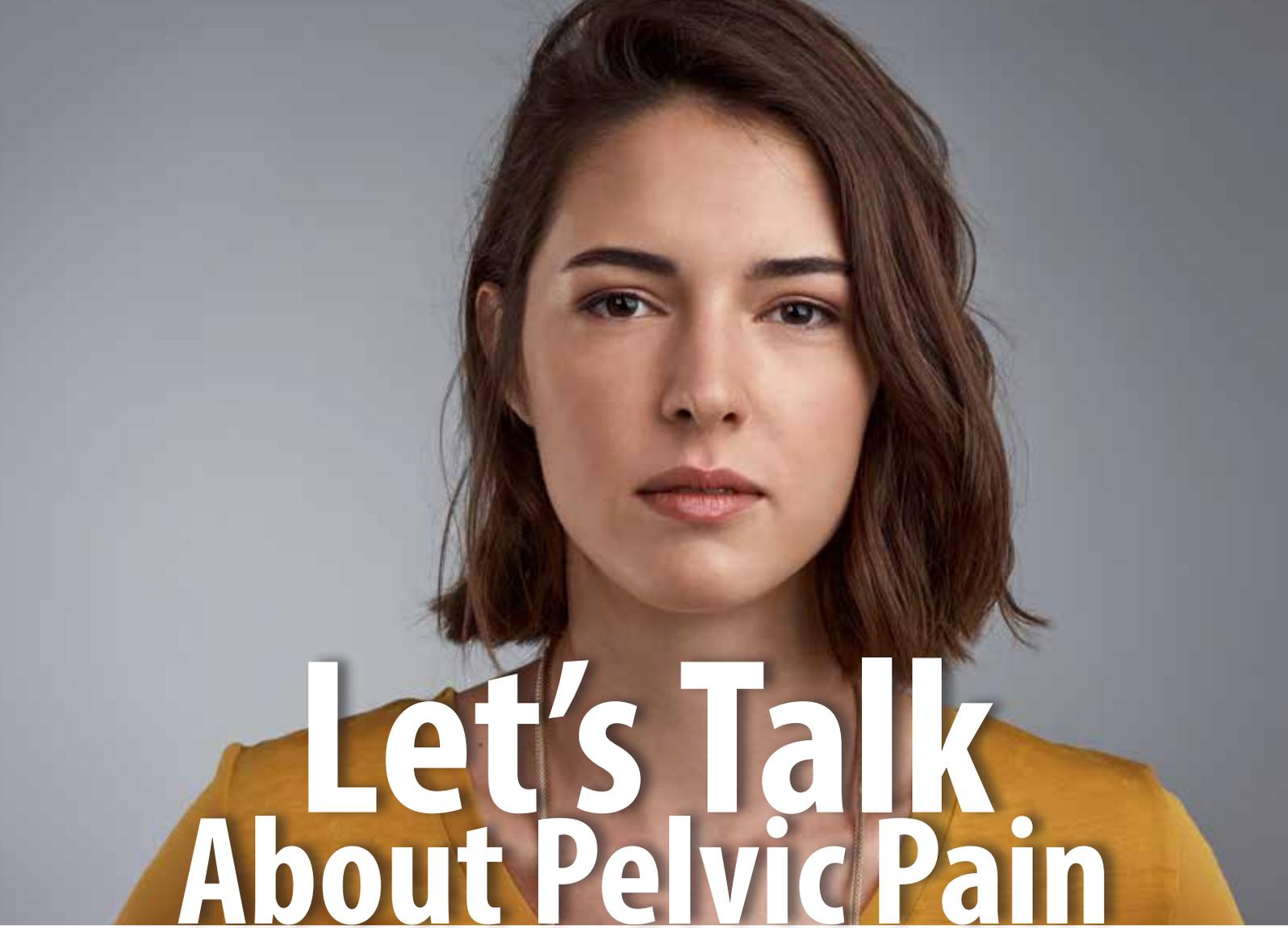
We're always told that decisions made today will affect our futures, and a recent study fully reinforces that idea. This article from the *American Academy of Neurology* examines the likelihood middle-aged women have of developing dementia later in life based on their physical fitness levels. Measuring women's cardiovascular fitness with an exercise test, this study found a positive relationship between higher fitness levels and a lower likelihood of developing dementia at an older age.

ScenicOhio

Blackhand Gorge

Courtesy of Explore Licking County





Let's Talk About Pelvic Pain

The Pelvic Pain Center at Bluffton Hospital is committed to identifying and treating chronic pelvic pain in men and women.

Several common causes of pelvic pain:

- Bladder pain
- Endometriosis
- Fibroids
- Hernia
- Irritable Bowel Syndrome
- Nerve entrapment
- Ovarian cysts
- Pelvic organ prolapse
- Pelvic adhesions
- Referred musculoskeletal



Pelvic Pain Center
Bluffton Hospital
419.369.2270

Schedule a consultation. We will listen.

139 Garau Street, Bluffton | bvhealthsystem.org



Nominate an exceptional nurse for the

NURSE OF THE YEAR AWARDS

Have you ever had exceptional nursing care? Let that special care provider know by nominating a nurse today!

By nominating an exceptional nurse, you join March of Dimes in honoring the nursing profession and the tireless efforts of those dedicated to their patients. We have 24 nursing categories ranging from Advanced Practice to Women's Health & Centering. On **Friday, November 2** at the **Hyatt Regency Columbus**, an awards luncheon will highlight the nursing profession, recognize all the nurse nominees and announce the recipients of the Ohio Nurse of the Year Awards.

NOMINATIONS OPEN

May 6 - June 15

SUBMIT NOMINATIONS:

nurseoftheyear.org/ohio