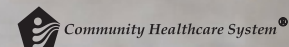


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a Cure

... READ RAMIRO'S
STORY OF
GETTING BACK
TO GOOD
HEALTH
page 50



Mighty Morgan

How legendary actor

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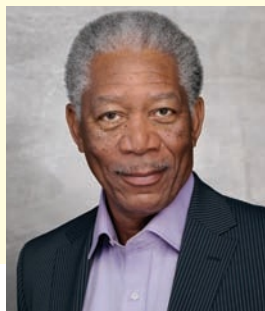
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At 75, the legendary actor just keeps getting better with age. Learn how he eats well, keeps his mind sharp, and has an A-plus attitude to polish the performance of his life.



Sharpening Our Focus

We're continuing our work of investing in healthcare for our community



John Gorski

It has been our goal at the hospitals of Community Healthcare System to make healthcare stronger and improve the quality of life in Northwest Indiana. In this issue, you can read about the many ways in which we are reinvesting in our communities. These projects aim to make healthcare more convenient, more accessible and use best practices that elevate our standards of care.

St. Catherine Hospital is embarking on a \$2 million mission to expand and renovate a 23-bed mental wellness facility into a safer, state-of-the-art healing environment (page 8). People with chronic and acute mental illnesses need special care. St. Catherine's legacy of treating people with dignity, respect and compassionate care will touch many lives within this beautiful, upgraded inpatient facility. They will find convenience as they continue on their healing journey with a new outpatient center in Schererville.

Enhancing the delivery of quality care and accommodating patients' needs for privacy, four floors will be added to the existing Emergency Department Pavilion at Community Hospital. The \$33 million project (page 54) relocates the Family Birthing Center to accommodate growth in family services and enables us to nurture even more premature babies in need of specialty care. Relocation and expansion of the Family Birthing Center allows for an expansion of the main surgery center and the addition of private rooms for heart and stroke patients.

St. Mary Medical Center recently opened an expansive, multispecialty health center that serves Valparaiso and surrounding communities (page 52). The new Valparaiso Health Center represents an extension of the high-quality, patient-centered medical services available through the hospital and a reinvestment that contributes to the strength and vitality of the neighborhood. Planning is also under way for the relocation and expansion of key services at St. Mary Medical Center. More than \$30 million is committed to a new surgical pavilion that will house a completely new surgery and support department, as well as a brand new, expanded Intensive Care Unit, and an increase in telemetry beds.

These expansion projects are allowing us to bring more services to our region: enable families and babies to get high-quality care closer to home; provide a wider scope of mental health services so patients can get the care they need; and make it more convenient to access our care.

We remain focused on our commitment and thank you for allowing us to partner with you to achieve a healthier future.

John Gorski
Chief Operating Officer
Community Healthcare System



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A Place for Peace

The Women's Diagnostic Centers provide comfort during an anxious time

BY MARIE FORSZT

Mammography and breast imaging studies can be a nerve-racking experience for most women. The healthcare professionals at the Women's Diagnostic Centers of Community Healthcare System understand these concerns and have worked to create a less stressful, more homelike environment that encourages women to undergo this lifesaving test. Known for innovative breast care, Community Hospital, St. Catherine Hospital and St. Mary Medical Center all offer same-day screening results and diagnostic services to help detect breast cancer at its earliest stages. New technology like 3-D mammography and a positron emission mammography scanner are helping to detect cancer at early stages and provide better information to aid in treatment decisions.

"We continuously work to provide patients a better experience—an extraordinary experience," says Mary Nicholson, MD, fellowship-trained, dedicated breast radiologist and regional director of breast imaging services for Community Healthcare System. "We want the women who visit us to have the highest quality care available and at the same time, feel the importance and love that we feel for them."

The healthcare teams include highly trained, licensed technologists, certified breast health navigators and dedicated breast radiologists who perform the highest standards of diagnostic breast care and treatment. Dedicated radiologists perform breast biopsies, interpret mammograms, complete breast ultrasounds and are available for personalized consultations about breast health.

"The physicians and staff at the Women's Diagnostic Center at St. Catherine Hospital provide personalized care and compassion to our patients," says Jo Ann Birdzell, CEO. "We are proud to offer quality healthcare and connect so deeply with patients during one of the most anxious experiences for women."

● BREAST CENTERS OF EXCELLENCE

The Women's Diagnostic Centers of Community Hospital and St. Mary Medical Center have been designated Breast Imaging Centers of Excellence for providing a high-quality experience and safe treatment for women in need of cancer care. This certification from the American College of Radiology (ACR) recognizes breast-imaging centers that have earned accreditation in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound guided breast biopsy.

"Our commitment to quality and service is part of our ongoing mission at Community Healthcare System," says Janice Ryba, CEO, St. Mary Medical Center. "This accreditation demonstrates that our Women's Diagnostic Centers consistently perform this important procedure at an exceptional level for each and every patient we serve."

Board-certified physicians and medical physicists who are experts in the field conduct evaluations in each breast imaging technique. Breast Imaging Center of Excellence facilities meet high practice standards in image quality, personnel qualifications, facility equipment, quality control procedures and quality assurance programs. >



St. Mary Medical Center's Women's Diagnostic Center breast care team includes (left to right) Donna Faitak, RT(R)(M)(QM) CBPN-IC, Charisa Spoo, DO, dedicated breast radiologist, and Ana Bran-Guzman, BSN, RN, CBPN.



Seated, left to right: Laura Zlamal, RT(R)(M), Mary Nicholson, MD, dedicated breast radiologist, Denise Bogs, RT(R)(M); Standing, left to right: Michelle Miller, RT(R)(M), Suzanne Ruiz, RN, NP-C, supervisor and breast health navigator, Anica Savich, RT(R)(M), Laura Good, RT(R)(M) and Angeline Zimmerman, RT(R)(M) CBPN-IC, breast health navigator.

"Achieving this accreditation is a culmination of extensive collaboration and attention to patient needs," says Charisa Spoo, DO, dedicated breast radiologist at St. Mary Medical Center's Women's Diagnostic Center. "I am very proud to be part of a talented team that is so dedicated to excellence in breast health."

The Women's Diagnostic Center at St. Mary Medical Center is also the only hospital in Northwest Indiana to receive accreditation in Stereotactic Breast Biopsy from the ACR. The gold seal of accreditation from the ACR represents the highest level of image quality and patient safety.

■ BREAST MRI

Community Hospital and St. Mary Medical Center have also earned breast magnetic resonance imaging (MRI) accreditations from the ACR. An MRI of the breast offers valuable information about breast conditions that may not be obtained by other imaging modalities, such as mammography or ultrasound. "Accreditation by the American College of Radiology serves as an acknowledgment that our care measures up to the nation's top quality standards," says Don Fesko, CEO of Community Hospital. "For our patients, it helps foster peace of mind and trust in treatment."

■ 3-D MAMMOGRAPHY

St. Mary Medical Center's Valparaiso Health Center offers women 3-D mammography that combines a process known as tomosynthesis to produce a three-dimensional mammogram. This technology takes multiple images in slices of the breast in a few seconds, allowing physicians to examine the breast tissue layer by layer and see small details more clearly.

"Women can gain a little peace of mind knowing that advanced technology is available for breast care locally," Spoo says. "The 3-D mammography technology gives us another way to detect breast cancer or suspicious tissue at its earliest stages."

■ POSITRON EMISSION MAMMOGRAPHY

Community Hospital has added a dedicated 3-D breast imaging modality to its comprehensive breast cancer services with the Naviscan® high-resolution positron emission tomography (PET) scanner. The positron emission mammography (PEM) provides advanced imaging options at the Women's Diagnostic Center in Munster.

PEM scanners are high-resolution breast PET systems that show the location as well as the metabolic phase of a breast mass or growth. The metabolic view allows the physician to make the optimal cancer care decision for masses as small as 1.6 millimeters, the size of a grain of rice, by providing an unprecedented ability to distinguish between benign (non-cancerous) and malignant (cancerous) masses.

"We are excited to introduce this revolutionary technology to better care for our patients," Nicholson says. "Identifying new or recurrent breast cancer at the earliest stage possible gives each patient the best chance of a superior outcome. With this sophisticated technology, we have the ability to better determine if cancer is present or not. This technology demonstrates how tissue behaves to determine whether it is cancer behavior or normal breast tissue behavior."

This advanced technology has three primary benefits for patients diagnosed with breast cancer. First, with the PEM scanner, physicians can better determine whether a patient is a candidate for breast-conserving surgery such as

ONLINE

Ladies, Get the Care You Need

For more information about specialized women's care, programs and services offered by the hospitals of Community Healthcare System, visit www.comhs.org.



lumpectomy. Second, knowing the exact location and extent of the cancer guides physicians during surgery and helps them remove all the cancerous tissue. Third, the physician is also able to use PEM to monitor cancer treatment regimens or check for a recurrence of the disease.

■ HIGH-RISK BREAST CLINIC

Women at elevated risk for breast cancer may find answers from the High-Risk Breast Clinic at the Women's Diagnostic Center in Munster. Patients receive an individualized assessment. Other services are available, including clinical breast exams by a certified nurse practitioner, education about breast self-exams and breast cancer risk, screening tests, a personalized surveillance plan and prevention strategies. Clinic staff will help coordinate scheduling of imaging studies and provide referrals to resources such as genetic or psychological counseling, nutrition experts and research studies.

Although most breast cancers occur in women who do not have a strong family history, about 10 percent are traced to a genetic predisposition for the disease. Patients with a significant family history of breast cancer have a risk of carrying a specific genetic mutation and may benefit from a more specific method of estimating breast cancer probability called BRACAnalysis®, available at the clinic through the medical geneticist.

"Genetic testing may help some women learn whether or not they have an increased likelihood of developing breast cancer or whether inherited factors have contributed to their own or a family member's cancer," says Janice Zunich, MD, medical geneticist on staff at the High-Risk Breast Clinic.

■ BREAST CANCER CENTER

Together, Community Hospital's comprehensive breast cancer program and Community Healthcare System's department of pathology have earned distinctions that attest to the excellence of care provided to patients.

Community Hospital's Breast Cancer program is accredited by the National Accreditation Program for Breast Centers (NAPBC), a program of the American College of Surgeons. NAPBC accreditation is given to breast care centers that have voluntarily committed to providing the highest quality care in breast disease diagnosis and treatment and that have undergone rigorous evaluation and review of their program standards.

NAPBC-accredited breast centers offer a complete range of state-of-the-art services, a multidisciplinary team approach to coordinating the best available treatment options, information about ongoing cancer clinical trials and new treatment options, access to prevention and early detection programs, cancer education and support services, and ongoing monitoring and improvements in cancer care. ●

For Good Measure

Therapists and lymphedema specialists at Community Hospital are using a new measurement tool called a perometer that can make a significant difference in the quality of life for patients who struggle with lymphedema.

"A perometer is a computerized, digital scanner that measures the size and volume of a patient's limbs," says Mary Pawlicki, PT, CLT-LANA. "A laser beam scans the limb, incrementally measuring girth. Limb volume can be calculated in order to monitor changes in swelling. This tool is useful for quickly and accurately assessing lymphedema and can also be used to help fit compression garments," she says. "The perometer, with its minute precision, is going to be much more accurate than when we take manual measurements, offering a much more customized fit."

The perometer technology, donated by the Community Cancer Research Foundation, is one of only a select few being used by hospitals in the Midwest. The foundation works to bring the latest advances in detection, diagnosis, treatment, education and prevention of cancer to area patients.



Outpatient Physical Therapy Coordinator and Lymphedema Specialist at Community Hospital Mary Pawlicki, PT, CLT-LANA, uses a new measurement tool called a perometer to assess lymphedema quickly and accurately. It is a computerized, digital scanner that precisely measures the size and volume of a patient's limbs (shown here measuring the left arm of LeeAnn Allen of Griffith).

We've Got Your BACK

*New options for **back pain** relief*

BY MARIE FORSZT

Nagging back pain will send you on a search for relief in a hurry. Back pain may be constant or intermittent and may feel dull, sharp, stabbing or burning. The pain can stay in one place or travel to other areas in the arms or legs. Until recently, people with back pain had few options.

New technologies and procedures in medicine are being developed all the time to help physicians better diagnose and treat various conditions. Advanced technologies and cutting-edge procedures in spine care are offered close to home at the hospitals of Community Healthcare System: Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart.

One of the latest FDA-approved technologies in spine care is being used by Nitin Khanna, MD, a Community Hospital orthopedic surgeon specializing in spine surgery, and his partner Dwight Tyndall, MD. Not only are they using this technology, but Khanna was part of the team of clinical experts who developed this revolutionary technique.

This newly unveiled spinal fusion technology, the latest in minimally invasive spine procedures to relieve lower back pain, is called Minimal Access Posterior Lumbar Interbody Fusion (MAS® PLIF).

"This is one of the most significant advances in improving spine surgery outcomes while achieving the goals of minimally invasive spine surgery," Khanna says. "Many patients



One of the latest FDA-approved technologies in spine care is the Minimal Access Posterior Lumbar Interbody Fusion (MAS® PLIF). It was developed and is being used by Nitin Khanna, MD, a Community Hospital orthopedic surgeon specializing in spine surgery.

go home the next day after having this surgery—that was unthinkable a few years ago."

FINDING RELIEF—FAST

The MAS® PLIF system allows the goals of conventional fusion of the vertebrae to be accomplished while dramatically decreasing the disruption of soft tissue, operating time and recovery time for the patient. This procedure provides reliable pain relief and stability to the spine. Not everyone is a candidate—each patient's individual condition is considered as well as the benefit to that patient.

"The goal of this minimally invasive system is to relieve the patient's back pain while minimizing the postoperative pain often associated with traditional spinal fusion," Khanna says.

"This revolutionary technique used to perform spine surgery in Northwest Indiana allows patients to get back to their normal activities quicker," Tyndall says. "This technology is an excellent development in spine care that improves patient satisfaction."

LESS IS MORE

At St. Mary Medical Center and St. Catherine Hospital, minimally invasive procedures for spine care are being utilized as well. As healthcare evolves and changes, so do the techniques used to help physicians perform delicate procedures.

Orthopedic spine surgeon Zeshan Hyder, DO, on staff at St. Mary Medical Center, was trained at the Texas Back Institute and specializes in spine procedures. The vast majority of his surgical spine cases are performed using minimally invasive techniques.



Dwight Tyndall, MD



Zeshan Hyder, DO



Surender Dhiman, MD

“The objective of minimally invasive spine surgery is to achieve the same goals as the open technique without disrupting the back muscle,” Hyder says. “When the large muscle in the back is surgically cut, it can atrophy or degenerate and scar tissue can form. Both of these conditions may provide long-term complications, including pain and lack of mobility.”

A variety of treatment options can be performed minimally invasively: artificial disk replacement to preserve motion in the neck and lumbar region of the spine; various types of fusion procedures to join two or more vertebrae and percutaneous screw procedures, and fusion by placing screws without disrupting muscle.

During minimally invasive surgery, physicians use a navigation system similar to a GPS. Prior to the procedure, a CT scan is performed and the images are run through a program that allows surgeons to precisely see the surgical field and area that needs attention.

BACK IN ACTION

Minimally invasive surgery (MIS) of the spine has many benefits for patients. MIS can reduce the surgical time, shorten hospital stays, decrease blood loss and shorten recovery time, so patients can get back to their daily activities.

“Minimally invasive spine surgery offers many advantages including less trauma,” says Surender Dhiman, MD, orthopedic surgeon on staff at St. Catherine Hospital. “The surgeon does not need to move or ‘retract’ the major muscles in the back, which is necessary during open spine surgery. Patients are therefore spared the pain and scarring that can develop after muscle retraction. Patients also require less anesthesia during minimally invasive surgical procedures. In addition, hospital stays are dramatically shorter; open spine surgery usually requires four to five days in the hospital as compared to a couple days with minimally invasive surgery.”

Neck surgery patients typically have better success rates than lumbar patients, because there are multifaceted problems with lumbar or lower back conditions. Back pain can be



CALL

Put Pain in the Past

To find a physician at Community Healthcare System who specializes in spine care, call our physician referral line at **219-836-3477** or toll-free at **866-836-3477**.

caused by a variety of things, including genetics, age, trauma or overuse.

Surgical intervention isn't for everyone, and should only be considered if physical therapy and medication aren't enough to manage the pain.

“When you perform the right surgery on the right patient for the right problem, you will have excellent results,” Hyder says. ●



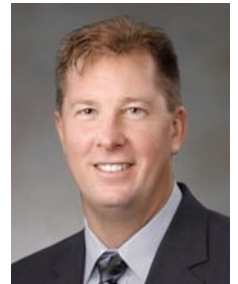
Not Ready for Surgery?

Your physician may also prescribe physical therapy to help relieve your back pain. The physical therapist will assess your condition, gather your medical history, and determine your mobility and strength of the muscles that surround the spine so the therapy may be customized. Treatment options are tailored to each individual and may include flexibility and stretching, strengthening exercises, spine stabilizing training or aerobic conditioning.

BY ANGELA MOORE

Out of the Shadows

Healing the mind, body and spirit



Craig Bolda, chief operating officer, St. Catherine Hospital

Mental illness knows no boundaries—about one in four people lives with some form of it. But with the right treatment, patients can move forward and improve their lives.

The healthcare professionals of St. Catherine Hospital in East Chicago are reaching out to help patients with mental illness. The hospital is expanding its neurobehavioral medicine services and capabilities at both the inpatient and outpatient level.



St. Catherine Hospital will be expanding neurobehavioral outpatient services with the addition of the Centers for Mental Wellness. The Schererville facility, at 6625 W. Lincoln Highway on U.S. 30 and Harvest Drive, will offer individual, group and family psychotherapy among other treatments.

“This expansion of St. Catherine Hospital services and facilities will make treatment more accessible, convenient and provide a comfortable environment that promotes healing,” says Craig Bolda, chief operating officer. “These investments demonstrate our commitment to reaching out to help more individuals obtain the specialized care they need to address a variety of mental health conditions.”

A \$2 million internal expansion of the Neurobehavioral Medicine program at St. Catherine Hospital will bring state-of-the-art care and healing to patients. Full hospital care is offered on two inpatient treatment units with a total of 23 beds that provide 24-hour care for those who need close medical supervision. A treatment day consists of individual and group psychotherapy, medication management, family support sessions, recreational therapy and spiritual care.

“Personalized treatment plans are developed based upon each patient’s needs and may include cognitive behavior therapy in both individual and group sessions, both at the inpatient and outpatient levels of care,” says Joseph Fanelli, MD, medical director of the Neurobehavioral Medicine program. “Education is an important aspect of our care with the goals of

CONTINUED ON PAGE 49



Step by Step

Walking for 30 minutes a day can help reduce your risk for heart disease and diabetes. What are you waiting for?

Living with **VIGOR**

THE ULTIMA

Back-to-School Checklist

● BY CHEYENNE HART

*Study up on
how to prepare
your child for
a healthy
school year*

TE

IT USUALLY HAPPENS IN JULY.

That's when, just between the two of us, you start daydreaming of your kids going back to school. It's OK, you can admit it. Parents everywhere do the same thing.

But before you go wishing away the warmer months and the school buses start running again, you need to make sure your child is ready to go back to school—the healthy way.

“Learning and health go hand in hand. They're the two most important aspects of a child's life,” says Cynthia DiLaura Devore, MD, chair of the Council on School Health for the American Academy of Pediatrics. “You can't have one without the other.”

So how do you prepare your child for a healthy year ahead?

“A lot of things that a child needs are actually mandated,” Devore says. “It's important to know what schools require before enrolling your child, so check with your state health department or contact the school district.”

Of course, keeping your child healthy and ready to learn goes well beyond state-mandated checkups. Follow this timeline to ensure your little one is prepared for the first day.



3+ Months Before

ASSIGNMENT: Schedule a physical for your child.

This is the most important task, so don't procrastinate.

“It can take anywhere from two to three weeks to two to three months to get a physical scheduled,” Devore says. “Over the summer especially, physicians get very busy doing sports physicals.” So schedule your child's checkup today.

And if you're planning an out-of-state move, check your new state's requirements. “Some states require that the physical must be done by a doctor within the same state as the school,” Devore says. “You don't want to get caught off guard by having a physical just before you move and then learning that you'll need another one.”

During the appointment, ask about your child's immunization record and make sure he or she is up to date.

“There has been a trend lately for some parents to opt out of immunizations for their children. And because of it, we're seeing a resurgence of diseases like measles and whooping cough that are dangerous—even deadly—to children,” Devore says. “Immunizations are the No. 1 best way to protect a child from diseases. They save lives.” Understand that deciding against vaccinating your children affects not only them but also children they come into contact with.

“There are many situations where a child can't get vaccinated for medical reasons. They may be too young to have completed a full series or allergic to an ingredient,” she says. These children rely on those around them to be vaccinated.

If you're still unsure, Devore recommends “talking to a well-informed pediatrician or family practitioner who understands the benefits and risks to help you decide.”

+ EXTRA CREDIT: It's OK to get your child's physical done early, Devore says. Most schools just require it be completed within 12 months prior to the first day.



1 Month Before

ASSIGNMENT: Schedule other necessary screenings.

In addition to a yearly physical, don't forget about the other checkups your child should have. Is he or she due for a dentist appointment? How about an eye exam? Summers are the best time to schedule these visits, and doing so at least four weeks out from the first day of school means you'll have time to get an appointment and go back for any follow-ups.

“There are differences among schools as to whether or not they conduct hearing, scoliosis, vision and dental screenings,”

Devore says. "Some schools offer these services within the school; others do not." It's best to check with your child's school, then schedule supplemental screenings accordingly.

+ EXTRA CREDIT: If your child has been away at summer camp or has spent time in the woods this summer, check for lice. "Head lice can be on the body for six to eight weeks before the child becomes sensitive to the saliva and it's noticed with itching," Devore says. So check your child. "And remind children of the importance of not sharing personal items like combs."

3 Weeks Before

Assignment: Establish a route to school.

Whether children will be walking, biking or riding the bus to school, it's a good idea to make sure they know the way. Travel the route with your child until he or she feels comfortable doing it solo. Don't forget to try it out during the times and days your child actually will be en route.

Review safety protocols like looking both ways before crossing the street, avoiding strangers and always wearing a helmet when riding a bike. And make sure your child knows what to do in the event of danger.

+ EXTRA CREDIT: If your family doesn't have an emergency plan, now's the time to put one in place. Get started by going to ready.gov/family-plan and downloading the family emergency plan form today.

2 Weeks Before

Assignment: Shop for supplies.

No doubt you've already received a laundry list of school supplies your child will need for the year.

Tempted as you may be to beat the crowds and pick up the items on your lunch hour, resist the urge. Taking children along and allowing them to pick out the supplies helps create a sense of ownership and excitement about the school year.

And all that back-to-school loot has got to go in something, right? Let your child choose a backpack, but make sure it's not overly large. When filling it, keep in mind that, according to the American Academy of Pediatrics, kids should never carry more than 10 to 20 percent of their body weight on their backs.

+ EXTRA CREDIT: Help your child pack a backpack with necessary items only. Not only do mobile devices, games and toys create distractions in the classroom, but they also add weight.

Children should never carry more than 10 to 20 percent of their body weight in their backpacks. Encourage your child to swap books from his or her locker between classes and bring home only the books needed for homework that night.



✓ 1 Week Before

Assignment: Establish a bedtime routine.

"Children have full schedules, going from one activity to the next. Many American children do not get adequate sleep, especially into adolescence and high school," Devore says. "It's essential that parents really focus and educate the child on the importance of getting plenty of sleep."

The best way to ensure adequate sleep is to establish a bedtime routine. Have your child start winding down (i.e., turn off the TV and put away toys) and start getting ready for bed at least 30 minutes beforehand. Put your child to bed at about the same time each night, even on weekends.

+ EXTRA CREDIT: Know how much sleep your child needs. While everyone is different, most 5- to 12-year-olds need between 10 and 11 hours of sleep each night, according to the National Sleep Foundation. Teenagers require an average of nine hours and 15 minutes.

From Boosters to Backpacks

Schools require that all students have certain immunizations. Most vaccinations are given before age 2, but school-age children need booster shots that they can get during their annual physical. Call **219-836-3477** or **866-836-3477** for upcoming school physicals through Community Healthcare System.

CALL

✓ The Weekend Before

Assignment: Shop for healthful lunch options.

Sending your child to school with a packed lunch is the best way to ensure a healthy option is at the lunch table. Of course, there's no telling what will be traded for junk food. That's why it's also important to talk to your child about nutrition and healthy eating.

Make sure you pack a well-balanced lunch that includes whole grains, lean protein, low-fat dairy and a serving of fruit or vegetables. Let your child help pack the lunch (again, that ownership thing). It increases the chances that he or she will eat it.

+ EXTRA CREDIT: Make family dinners a priority, at least a few nights a week. Enjoying a home-cooked meal (feel free to take shortcuts with convenience items like frozen vegetables and rotisserie chicken) reinforces the importance of healthful eating and allows you to connect as a family. ●

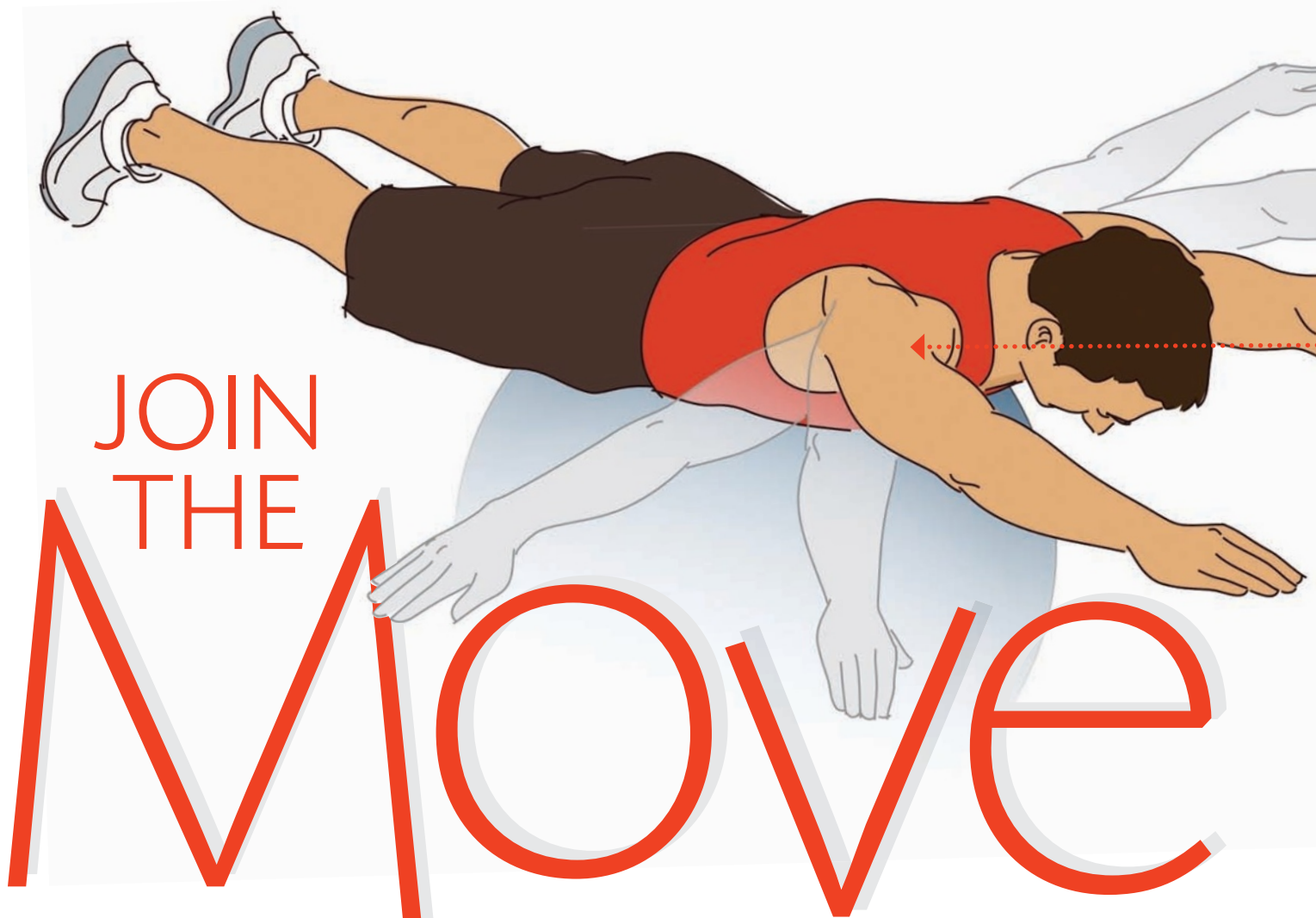
The ABCs of Physicals

Number 2 pencils? Check. New school clothes? Check. Fine-motor development? Really?

If the last item isn't on your back-to-school checklist, you're forgetting one of the most important things about the back-to-school season—wellness checkups and immunizations. Kids, preschool through high school, should have annual physicals.

Community Healthcare System offers convenient locations throughout Lake and Porter counties to help prepare students for back to school.

The basics of a school physical start with a routine exam based on guidelines set by the American Academy of Pediatrics. This usually includes recording height and weight, taking blood pressure and pulse readings, checking heart, lungs and abdomen, as well as skin, eyes, ears, nose, mouth, teeth and throat. Reflexes, fine-motor and gross-motor development assessments give physicians the opportunity to check for illness or disease that may be easier to treat or prevent during childhood.



JOIN
THE

MOVE

*Exercises that
strengthen joints,
fight pain and
prevent injury*

● BY ALLISON THOMAS

When a part of your body hurts, your first instinct is to baby the affected area. But when it comes to joint pain, that kind of thinking is so five years ago. In fact, the key to easing joint pain is movement and exercise.

“It’s counterintuitive to some people, but exercise is actually a good pain reliever,” says Patience White, MD, vice president of public health at the Arthritis Foundation.

Beyond staying in motion through everyday activities and exercise such as walking, to keep your joints in shape (and pain-free), White recommends a two-pronged approach that includes range-of-motion (stretching and flexibility) exercises and strength training to fortify the muscles that surround and protect your joints. A great way to achieve both is by performing exercises that prepare your joints for the work they need to do in daily life—like the wax-on, wax-off moves you rocked yesterday.

“When you do exercises, you want to do functional motions that simulate or re-create these activities so your joints can deal with these day-to-day stresses,” says Taizoon Baxamusa, MD, a spokesman for the American Academy of Orthopaedic Surgeons.

Not sure where to start? We’ll show you a few helpful maintenance techniques to stretch and strengthen the parts of your body that joint pain most likely will affect.



Shoulders

While biceps, triceps and deltoids are the upper-arm muscles most people focus on, “they don’t address the deep muscles such as the rotator cuff or, more importantly, the back muscles, which are the scapular [shoulder blade] stabilizing muscles,” Baxamusa says. He recommends a by-the-letter approach to strengthen the muscles around these joints—and relieve joint pain.

TRY THIS: Lying on your chest on a mat or an exercise ball, bring your arms in front of you in the “Superman” position, gradually lifting them up to form the letter “I” and hold for a few seconds. Then slowly lower them down and out to the side to form a “Y,” as if you’re doing the “YMCA” dance. Finally, bring your arms down and straight out to the shape of a “T.” Concentrate on lifting with your shoulders, not your back, and repeat this I-Y-T pattern two to four times.

ment

Neck



The phrase “a pain in the neck” didn’t become popular by accident. And though it’s used to refer to more than just physical pain, your neck is one joint where tension usually surfaces.

“We live stressful lives and the muscles around your neck can get very tight,” White says. She recommends the range-of-motion stretches below, which incorporate warm water to increase muscle relaxation.

TRY THIS: Standing in your shower with water hitting the back of your neck, try to put your chin to your chest. Then look all the way up until the water hits your forehead (if you look far up enough it should, White says). Then look to your left, with the goal of putting your chin on that shoulder, repeating with your right shoulder. Finally, try putting your ear to your shoulder without raising your shoulder.

Hips

Hip pain is commonly caused by tightness in the band of connective tissue on the outside of your hip (known as the iliotibial band), Baxamusa says. To get relief, he suggests moves that also help adjacent body parts and joints.

“Basically, when you’re exercising the hip, you want to perform compound exercises that go across multiple joints rather than just isolating the hip joint, such as your core, hip and knee through squats or lunges,” he says. Here’s an easy but effective one that also stretches your lower back.

TRY THIS: Sit with your left leg crossed over your right, and then twist your upper body to the left. Repeat with your right leg, turning your torso to the right.



Knees

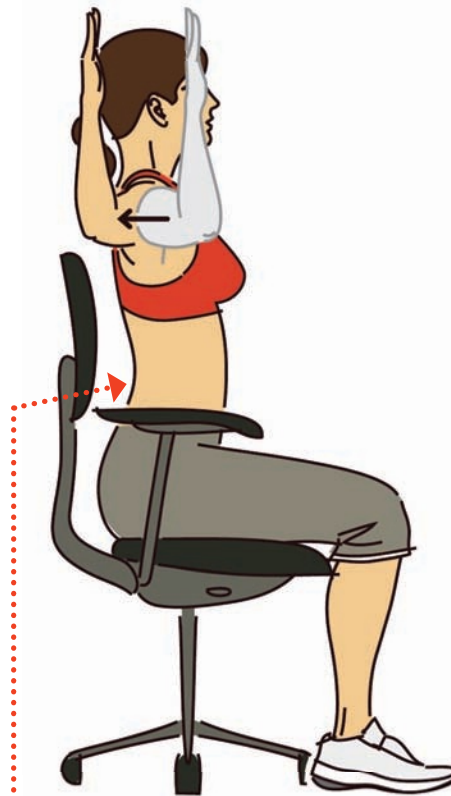
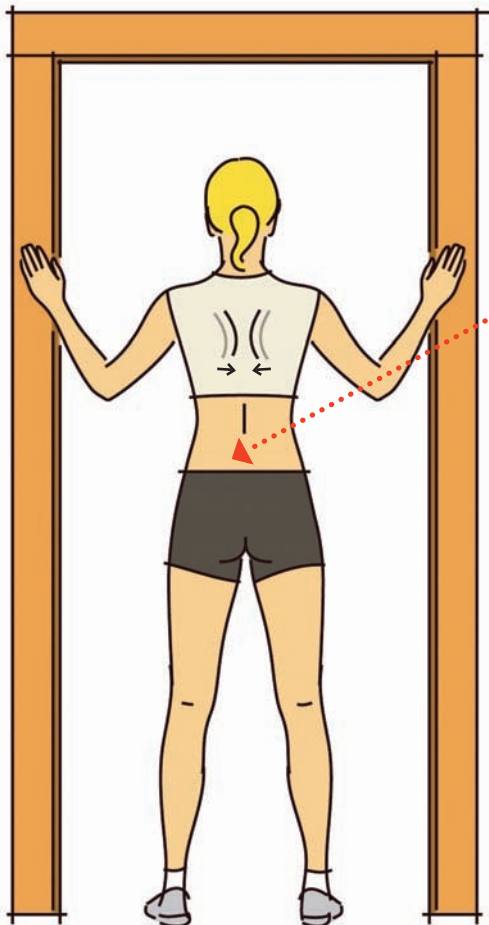
Because of their complexity and heavy use, and as the largest joints in the body, knees are among the most common sources of pain. Yet when you think about strengthening your knees, working on your hamstrings probably isn’t the first thing that comes to mind. But they’re a muscle group that shouldn’t be overlooked. “Everyone focuses on knee extensions or exercises for the quadriceps [front thigh muscles],” Baxamusa says. “That’s great, but you want to maintain balance in your knee and your leg, so you also want to make sure that you focus on the back of them—your hamstrings—as well.”



TRY THIS: Perform hamstring curls by holding the back of a chair for balance, shifting your weight to one leg and lifting the other, bringing that heel toward your buttocks. Hold this position for a few seconds, ensuring that you don’t lock the knee of your supporting leg or raise your heel past a 90-degree angle. Then lower your leg slowly, repeat and switch sides.

Lower Back

Office workers and others who sit most of the day frequently experience joint pain in their lower back, which can be caused by inactivity as well as poor posture, White says. Besides sitting up straight and ensuring your shoulders don't slump forward, White suggests these two moves to strengthen chest muscles that protect your back and help ward off joint pain. (PS: Your neck and shoulder muscles will thank you, too!)



TRY THIS: Standing or sitting in a low-back chair, start with your palms face forward with your upper arms parallel to the floor. Keep your shoulders relaxed (but don't roll forward) and pull your elbows back, pushing your shoulder blades together. Hold this position for three counts, then relax and repeat.

AND THIS: Standing in a door frame with your feet shoulder-width apart, bend your knees slightly and your arms at a 90-degree angle at the elbow, with palms out against the door frame. Now, lean forward to stretch your pectoral (chest) muscles. ●

Get Up, Get Moving

Contrary to what your body is telling you, the key to easing joint pain is movement and exercise.

Outpatient rehabilitation can get you started by providing state-of-the-art technology and equipment backed by licensed, experienced healthcare professionals. At the hospitals of Community Healthcare System, sports medicine and physical therapy staff members are post-graduate trained or certified in clinical programs specializing in orthopedics and orthopedic rehabilitation, says Director of Rehabilitation and Therapy Services at St. Mary Medical Center Bernard Burczyk.

"By bringing together top-notch staff who allow participants to focus on conditioning muscles, improving flexibility and increasing strength in core muscles, we are seeing better patient recovery and outcomes," Burczyk says.

Clinical specialist Amy Castillo, MPT, SCS, CSCS, is on staff at Community Hospital Fitness Pointe® in Munster and St. Catherine Hospital in East Chicago. She is one of only about 24 people in Indiana with board certification as a clinical specialist in physical therapy. "We develop specialized treatment to address specific functional goals of each individual," Castillo says. "This type of tailored care helps patients get back to an active lifestyle sooner."

CALL

Jump-Start

Get moving again with Fitness Pointe®, Munster **(219-934-2840)**; St. Catherine Hospital, East Chicago **(219-392-7400)**; or St. Mary Medical Center, Hobart, Portage, Valparaiso and Winfield **(219-947-6580)**.



*How four unlikely stroke
victims beat harrowing odds to
survive—and thrive*

Stroke Stories

|||||

If there's one thing the following stroke survivors would tell you, it's this: *A stroke can happen to anyone. Period.* A stroke doesn't discriminate based on age, where you live or whether you're on your honeymoon (just ask John Kawie). In fact, a new study found that the stroke rate has almost doubled for adults younger than 55, a group that includes these four survivors.

That's why it's so important to know the warning signs of a stroke, says Emil Matarese, MD, a clinical neurologist and a spokesman for the American Heart Association/American Stroke Association. And the following survivors have made it their mission to spread the word through their stories.

● BY COLLEEN RINGER



The Comedian

John Kawie was 47. He had just gotten married, and his stand-up comedy was getting noticed. A TV commercial here and Comedy Central spot there—things were falling into place. He and his new wife, Marilyn Manno, were kicking off their honeymoon by attending a friend's out-of-town wedding. "The next morning, I get up and I have this headache,"

Kawie says. "It was like a truck ran over my brain, and the left side of my face was numb." Things got worse when they met friends for breakfast. "I don't know what I was speaking, but it wasn't English. It was like a combination of Arabic and Vulcan," Kawie quips.

Kawie was having a stroke. The reason? A dissected carotid artery. One of the arteries responsible for carrying blood to the brain from the heart had torn, resulting in a buildup of blood and a clot that blocked the blood flow. "It's like having a heart attack, but it's your brain," says Kawie, adding that he had none of the traditional stroke risk factors. "I've never been overweight, never had high blood pressure. The doctors were scratching their heads, too."

Early in his recovery, Kawie learned that the lasting effects of a stroke were more than physical. They were mental, too. "I realized I couldn't isolate myself," he says. "When you isolate yourself, it's like a flower with no sun—you wither away." So Kawie became a regular at a coffee shop near his apartment, bringing his notebooks with him so he could jot down his thoughts and new jokes for his group therapy sessions. "Although I hated going to group therapy, they allowed me to tell a joke before each meeting. I would work on it all week. It turned my head around about the stroke. Now anything negative that happened to me because of the stroke became fodder."

Kawie has taken his ability to joke about his stroke even further. He has released a DVD of his one-man show called *Brain Freeze*, in which he shares the humor he was able to find on the road to recovery. "I walk with a limp and my left arm is curled, but I'm blessed," he says.

★ REMEMBER: A dissected carotid artery can happen spontaneously, for no medical reason, or as a result of trauma, such as a sudden injury to the neck (e.g., whiplash). "Many times people think the slurred speech and dizziness could be a concussion," Matarese says. "We have to remember that this sudden neurological deficit could be an artery dissecting." There are a number of different tests a doctor can use to determine whether you've had a stroke, including MRI and a CT scan.

The Teenager

Bailey Carlson had never seen her dad cry—until she had a stroke at age 16. She was in theater class when she got dizzy and the right side of her body went numb. She couldn't stand up. "I don't remember the next two weeks of my life," she says. "They thought it was stress or drugs. It was finally diagnosed as a stroke."

Because of the damage caused, Carlson had to undergo speech, physical and occupational therapy. She also had aphasia. "Basically I was saying the wrong word but thinking I was saying the right thing. One time I asked my mom to hand me my cellphone, but I said, 'Can you hand me my finger pills?'" Therapy helped her regain her language skills—she's actually a faster reader now than before—but she wishes she had taken things more seriously. "I didn't do my exercises and treated it as nothing had happened," she says. "Now I still have a hitch in my step, and my hand is still tight. It's better to have two years of wearing leg and arm braces than to spend your whole life walking with a hitch and having people stare at you."

Still, Carlson has come a long way. Ten days after she got out of the hospital, she went back to school. She now attends college, where she is majoring in chemistry in hopes of shaping the future of (what else?) stroke medication. Carlson also serves as a Faces of Stroke ambassador for the National Stroke Association.



★ REMEMBER: Stroke survivors, no matter their age, can improve with therapy, Matarese says, even years after a stroke. That holds true for those with aphasia, too.

The Mother

Lenice Hogan survived not just one stroke, but three. Her first two went undiagnosed, and her third, which hit when she was just 39, left her unable to use her left leg. She had difficulty recalling words and lost the ability to experience sexual pleasure. “It had a huge impact on my life,” she says. “But seven years later, I’m getting ready to run my fourth marathon. You wouldn’t know looking at me that I had a stroke, but I know.”

Hogan looks back on the two years after her diagnosis with a hint of regret. She now realizes she was in a stage of grief—denial. “Grief doesn’t just happen to those who’ve suffered the loss of a loved one; there are many reasons. I didn’t want to say the word *stroke*. I wish someone, including myself, had recognized that this is a thing that can cause depression, anxiety and fear.”

The mother of three boys, she willed herself to move from victim to survivor. “My boys have been a huge motivation for me, and so has wanting to be the kind of mom I want to be for them. They keep me laughing, smiling and young.”

Hogan’s oldest son, Caleb, had a saying as she went through recovery. “He would tell me, ‘Mom, pain is just weakness leaving your body.’ They were very strong words of wisdom.”

Unfortunately, nothing can be done about the cause of Hogan’s stroke: a malformed blood vessel. So she relies on a daily prayer and a baby aspirin. She also has changed her lifestyle and doesn’t sweat the small stuff. “I know that in the flip of a switch, life can be gone and done. I’m more compassionate now. I live life to a deeper, fuller degree than before.” That includes spending time with her boys swimming and riding personal watercraft.

“Good health is a privilege,” Hogan says. “It’s our responsibility to care for our bodies as best we can.”

★ REMEMBER: It’s not unusual for anxiety and depression to surface after a stroke survivor has finished therapy. “They return home to a new normal, and they’re trying to adapt to everyday activities that used to be easier,” Matarese says. If you notice signs of depression in a loved one, validate the person’s feelings and encourage him or her to seek help.

The Professional Basketball Player

It happened New Year’s Day when Juaquin Hawkins was 34. He was playing professional basketball in Australia, and he and his teammates were preparing to leave their hotel for a flight. As he went to brush his teeth, it started. A tingly feeling in his arm and fingertips. Then a headache, nausea and finally complete numbness in his right arm. “When I was about 10 or 11, I remember seeing a commercial about what people go through when having a stroke,” Hawkins says. “But I thought, ‘That can’t be happening to me. I’m an athlete. I’m healthy. It can’t be happening.’”

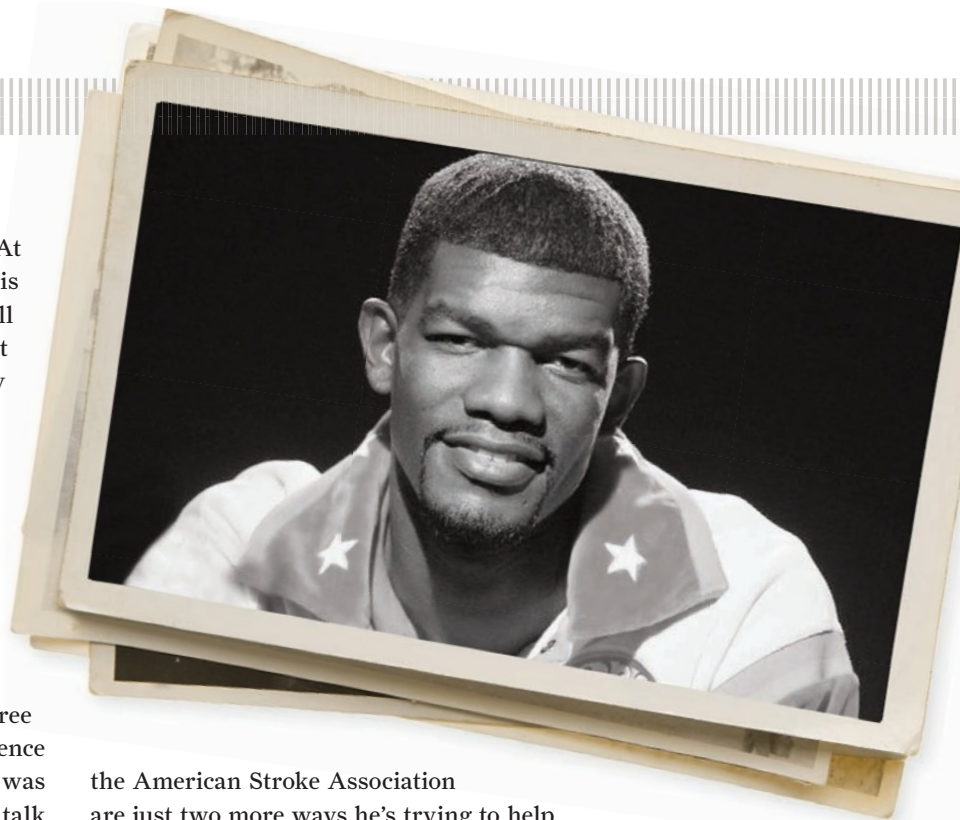
By the time team doctors and coaches saw Hawkins, his symptoms had subsided, leading them to think he was just dehydrated. They told him he could go to the hospital when they



got to the next city—a two-hour flight away. At the hospital, he was given fluids and sent on his way. But when he awoke the next morning still nauseated, stuttering and unable to hear out of his right ear, he knew something was really wrong. “I finally got an MRI, and the doctor diagnosed me with a stroke. He also said I had bleeding in the brain,” he says. “I knew it was bad when I was told my basketball career was probably over.”

Hawkins spent the next year and a half working to prove them wrong. He got help from speech and physical therapists and his wife, who is a schoolteacher. She helped him relearn the alphabet as she was teaching their three daughters their ABCs. “I didn’t know the difference between a circle and a triangle, and my memory was affected,” he says. “I had to relearn the basics, to talk without stuttering. I didn’t feel like I was going to get better.”

But he did get better. Two years after his stroke, he won a championship with the Los Angeles Lightning in the International Basketball League. Nowadays, when he’s not shooting hoops, he hosts youth basketball camps through his foundation, Hawk Hoops, and makes sure the kids walk away knowing a thing or two about stroke prevention. His upcoming book, *The Stroke of Grace*, and his role as an ambassador for



the American Stroke Association are just two more ways he’s trying to help others learn from his experience.

*** REMEMBER:** “A stroke is a condition that can affect anyone at any age—babies, children, even infants who haven’t been born,” Matarese says. Spot a stroke by memorizing the acronym FAST: F is for face. Is one side drooping? A is for arm weakness. S is for speech difficulty. T is for time. If you experience one or all of these symptoms, it’s time to get help—even if, like Hawkins, the symptoms subside. ●

Know the Symptoms, Don’t Delay

Every second counts when treating a stroke. Early treatment can make a big difference in limiting damage to the brain and potential for stroke complications. Stroke is the third leading cause of death in the United States and one of the major causes of long-term disability in adults. The hospitals of Community Healthcare System offer programs to help individuals learn how to prevent stroke, treat those that do occur and help prevent them from happening again.

Our stroke teams respond quickly and efficiently to those experiencing symptoms, including difficulty in walking or keeping balance, seeing, speaking, or feeling weak on one side of the body. Community Hospital, St. Catherine Hospital and St. Mary Medical Center are accredited by the Joint Commission as Primary Stroke Centers. The designation affirms that our stroke response teams follow stringent national standards that significantly improve outcomes for stroke patients.

By decreasing risks for this debilitating condition, our dedicated stroke teams are helping to improve the quality of life for patients.

EVENT

Learn More About Stroke

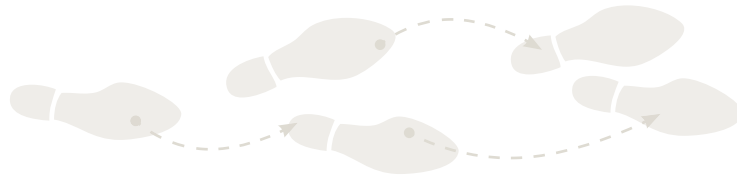
FREE Stroke Fairs are offered May 16 at St. Mary Medical Center, Hobart, and May 30 at Community Hospital Fitness Pointe®, Munster. Call **219-836-3477** for details.





5 STEPS

to Better Bone Health



Dodge osteoporosis with these simple recommendations ● BY LORI K. BAKER

Can you imagine not wanting to move for fear of breaking a bone? Dana Kurland can. To look at her today as she nears 50, you'd assume she had always led an active life. But 20 years ago she couldn't even get out of bed without risking a fractured rib. By the time Kurland turned 30, she had osteoporosis, a disease that makes bones fragile and more likely to break. It could happen in a flash: a hearty sneeze or a tight hug and—snap!—a bone could break. “I had 13 different fractured bones in two years. It was the most horrible pain,” Kurland says. But she didn't give up. She tapped her knowledge as a pharmacist to find the right medication, calcium supplements and exercise program to rebuild her bones. Today, her bone density is near normal.

It's unusual for women to develop osteoporosis as early as Kurland. She had two strikes against her: Osteoporosis runs in her family, and she has a petite frame. Still, her story reveals why you should have bone health on your mind—whether you're 20, 40 or 60. To prevent osteoporosis or reverse its ravages, follow these five simple steps recommended by the National Osteoporosis Foundation (NOF):



TALK to your doctor

To learn more about osteoporosis, speak with your primary care physician, recommends Felicia Cosman, MD, clinical director of the NOF. Good questions to ask include: Am I at risk for osteoporosis based on my medical history, lifestyle and family background? Am I taking medication that puts me at higher risk for developing osteoporosis? How do I best prevent (or treat) osteoporosis?



KICK the sticks—and the three-martini dinner

“Any dose of cigarette smoke is too much, and that includes secondhand smoke,” Cosman says. “The good news is, if you stop smoking, within five years your risk can return to baseline,” as if you never smoked.

And while studies suggest a glass or two of red wine per day may have health benefits, tipping the bottle more puts you at increased risk for osteoporosis. “Excessive alcohol drinking is a major cause of osteoporosis,” Cosman says. “It reduces physical activity, impairs nutrition and has toxic effects on the bone cells.”

Inside Story

Osteoporosis is a major public health threat, affecting an estimated 44 million Americans, or about 55 percent of men and women over the age of 50. According to the National Osteoporosis Foundation, 10 million Americans already have the disease and an estimated 34 million have low bone density, which places them at increased risk.

A bone density test, available at the hospitals of Community Healthcare System, can help determine whether you have osteoporosis or are at risk of getting it. The test uses X-rays to measure how many grams of calcium and other bone minerals are packed into a segment of bone.

This simple, noninvasive exam is known as a dual-energy X-ray absorptiometry (DXA or DEXA) scan and it can be performed with equipment that measures bone density in the hip and spine. It usually takes less than 15 minutes and the patient remains fully dressed.

If you have increased risk factors for osteoporosis, your doctor may recommend a DXA scan of the hip and spine, which are the bones most susceptible to fracture.



CALL

Are You at Risk? Schedule a FREE Screening

St. Catherine Hospital offers free bone density screenings to help determine risk of osteoporosis. Results are available same day. Call **219-836-3477**.



STEP on it

While physical fitness makes your muscles bigger and stronger, it also makes your bones stronger and denser. The NOF recommends two types of exercises: weight-bearing impact exercise and resistance/strengthening exercise.

If you don't suffer from low bone mass, osteoporosis or frailty, you can choose high-impact, weight-bearing exercises (dancing, hiking, jogging, jumping rope, stair climbing or tennis). Otherwise, choose low-impact exercises (elliptical training, swimming or walking), which are gentler on the joints. The NOF recommends that you do weight-bearing exercises for 30 minutes most days of the week. Those 30 minutes can be broken into smaller chunks of time throughout the day, such as three 10-minute workouts. The NOF also recommends resistance/strengthening exercises (using weights, resistance bands or your body's weight) two or three times per week.



TAKE your vitamins

You know how important calcium is to building strong bones. But vitamin D is equally important, as it helps your body absorb calcium and maintain bone density. And yet, "almost everyone is vitamin D-deficient," Cosman says.

What's the problem? Unless you enjoy vitamin D-fortified dairy and fish, it's hard to get the recommended amount. Even soaking up the sunshine vitamin outdoors can be tricky. Where you live, the season, time of day, level of air pollution, color of your skin and your age all affect your skin's ability to produce vitamin D from sunlight. The solution? Cosman recommends a vitamin D3 supplement.

Getting adequate calcium is simpler. Just keep in mind Cosman's rule of thumb: Every serving of calcium-rich food in your diet (milk, cheese or yogurt) counts as 300 milligrams. Using this formula, you might discover you get enough calcium already or that you need a supplement.



SEE if your bones pass the test

The only way to diagnose osteoporosis and determine your risk for fracture is a bone mineral density test, which uses special X-rays to measure how many grams of calcium and other bone minerals—known as bone mineral content—are packed into a segment of bone. The higher your mineral content, the denser your bones. And the denser your bones, the stronger they generally are and the less likely they are to break.

"I personally believe all women should be tested at the time of menopause," Cosman says. "Men should have the test by age 70 if they have no risk factors for osteoporosis." If you have a family history of osteoporosis or a personal history of adulthood fractures, ask your doctor about being screened earlier. If you have osteoporosis, your doctor may recommend one of several medications that can treat the condition. ■

Abdominal aches can be serious, so be sure to pay attention to symptoms

Gut Instinct

● BY TERESA CALDWELL BOARD

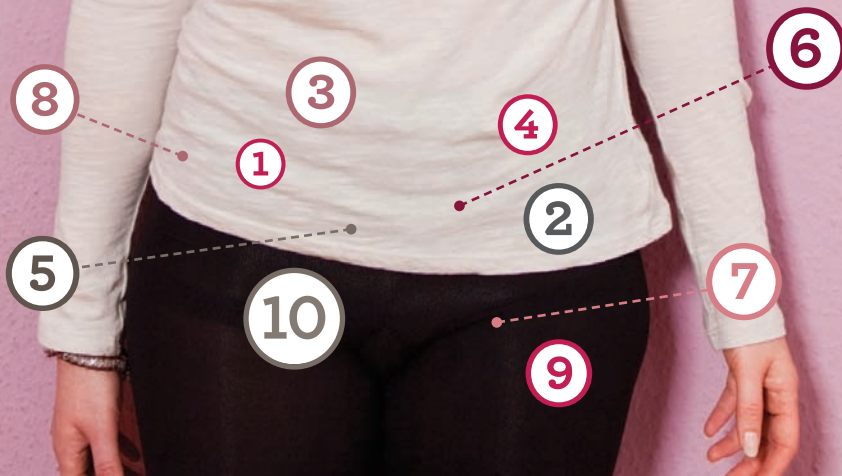
Nowhere in the body is the neighborhood more crowded than the abdomen. Multiple organ systems exist side by side, which makes identifying the cause of abdominal pain challenging.

"The location of your abdominal pain can often help narrow things down," says Sarah Cartwright, MD, a member of the American Academy of Family Physicians. Physicians think of the abdomen in four sections, or quadrants—upper, lower, right and left. Where you hurt helps identify the culprit.

The more you can tell your doctor about your symptoms, the easier the problem will be to diagnose. Note what worsens or improves your pain. Pain that comes on in relation to something else is often a clue. Pain associated with eating, urination, bowel movements, intercourse or menstruation can identify the organ system where the pain originates.

Read on for an abdominal pain profile. ●

PHOTO BY GETTY IMAGES



Tummy Troubles?

Meet the usual suspects—and digest your options

	IF YOU HAVE...	PLUS...	THEN YOU MAY HAVE...	OTHER SYMPTOMS
1	Right lower quadrant pain	Sudden or worsening pain, which usually begins near belly button and moves to right	Appendicitis	Loss of appetite; nausea or vomiting; low-grade fever; abdominal swelling; inability to pass gas
2	Left lower quadrant pain	You are older than 55	Diverticulitis	Lower belly bloating and cramping; nausea or vomiting; fever; chills; change in bowel habits
3	Right upper quadrant pain	Pain occurs after you eat and spreads to back or right shoulder	Gallstones	Nausea or vomiting; clay-colored stools; yellowing of skin and whites of eyes
4	Left upper quadrant pain	Burning pain (especially when stomach is empty) made worse by spicy foods and stress	Ulcer	Mild nausea; pain that awakens you at night; possible blood in vomit or stools; weight loss
5	Sudden, sharp, stabbing pain in lower abdomen	Pain that radiates into back, side and groin	Kidney stones	Pink (blood-tinged) urine; burning during urination, and increased frequency; nausea or vomiting; fever; chills
6	Dull, aching pain in lower abdomen or lower back (women)	Heavy, painful menstrual periods	Uterine fibroids	Long menstrual periods and bleeding between periods; lower abdominal fullness or pressure; frequent or difficult urination; pain during intercourse; infertility or miscarriages
7	Chronic pelvic pain (women)	Pain that worsens just before and during menstrual periods	Endometriosis	Heavy periods with painful cramping; lower back pain; pain during intercourse, urination or bowel movements; bleeding between periods; infertility
8	Pain on one side of lower abdomen (women)	Abdominal pressure or bloating (most common in premenopausal women)	Ovarian cyst	Pain with bowel movements or intercourse; dull ache in lower back; sudden, severe pain, with possible nausea and vomiting (<i>see a doctor—this may indicate a large cyst twisting the ovary or rupturing</i>)
9	Intermittent lower abdominal pain and cramping	Accompanied by diarrhea or constipation; worsened by stress	Irritable bowel syndrome (IBS)	Abdominal bloating; pain that starts after eating and may be relieved by a bowel movement
10	Painful cramping in the lower abdomen	Persistent diarrhea, or blood or pus in stools	Crohn's disease or ulcerative colitis	Fever; weight loss; pain with bowel movements; fatigue; loss of appetite

TREATMENT

Surgery to remove appendix

Antibiotics, short-term liquid diet, and, once recovered, a gradual increase in dietary fiber to prevent recurrence

Medication to dissolve gallstones; possible gallbladder removal surgery

Medication to block stomach acid or antibiotics to treat bacteria that cause ulcers

Pain medication and increased water intake until stone passes—with possible surgery if stone doesn't pass on its own

Hormone medications for symptom relief; endometrial ablation to destroy the uterine lining; embolization to inhibit uterine blood flow and shrink fibroids; surgery to remove fibroids or entire uterus

Pain-relieving medication; hormone medication to prevent the disease from worsening; surgery to remove endometrial growths or the uterus and ovaries

May resolve without treatment; birth control pills may prevent recurrence; in certain cases, surgery to remove (and possibly biopsy) the cyst or ovary

Avoiding symptom-triggering items, such as caffeine or dairy products and high-fat meals; symptom-specific medication; stress management

Small, frequent food and water intake; moderate dietary fat and fiber; medication to relieve inflammation and suppress autoimmune activity; possible surgery



When to See a Doctor

It can be tempting to ignore abdominal pain, especially when you're not sure what's causing it. Maybe you ate too much or too fast at dinner. Or maybe you're nervous about the presentation you have to give. Stomachaches have lots of causes and most are harmless. But if you have symptoms that don't go away, you should get them checked out. Seek medical attention if you have:

- Severe pain uncontrolled by medications
- Vomiting or diarrhea
- Blood in stools or vomit
- Fever
- Hard, tender abdomen
- Inability to pass urine or stools
- Unexplained weight loss
- A mass in the belly
- Abnormal vaginal bleeding or discharge
- Symptoms that worsen or persist for more than two weeks

Our experienced Community Care Network physicians specialize in a variety of care areas, including family medicine, and are conveniently located in your neighborhood. We can connect you with the expertise you need to face any healthcare challenge.

ONLINE

Find a Physician

Our online directory at **www.comhs.org** links you to information on more than 900 physicians at Community Healthcare System hospitals. Call **219-836-3477**, 8:30 a.m. to 5 p.m., Monday through Friday, for our free referral service.


PHOTOGRAPH BY THINKSTOCK



He's played every role from a prison inmate to God, but Morgan Freeman relishes his off-screen role of keeping his golden years golden

BY STEPHANIE PATERIK

MORGAN

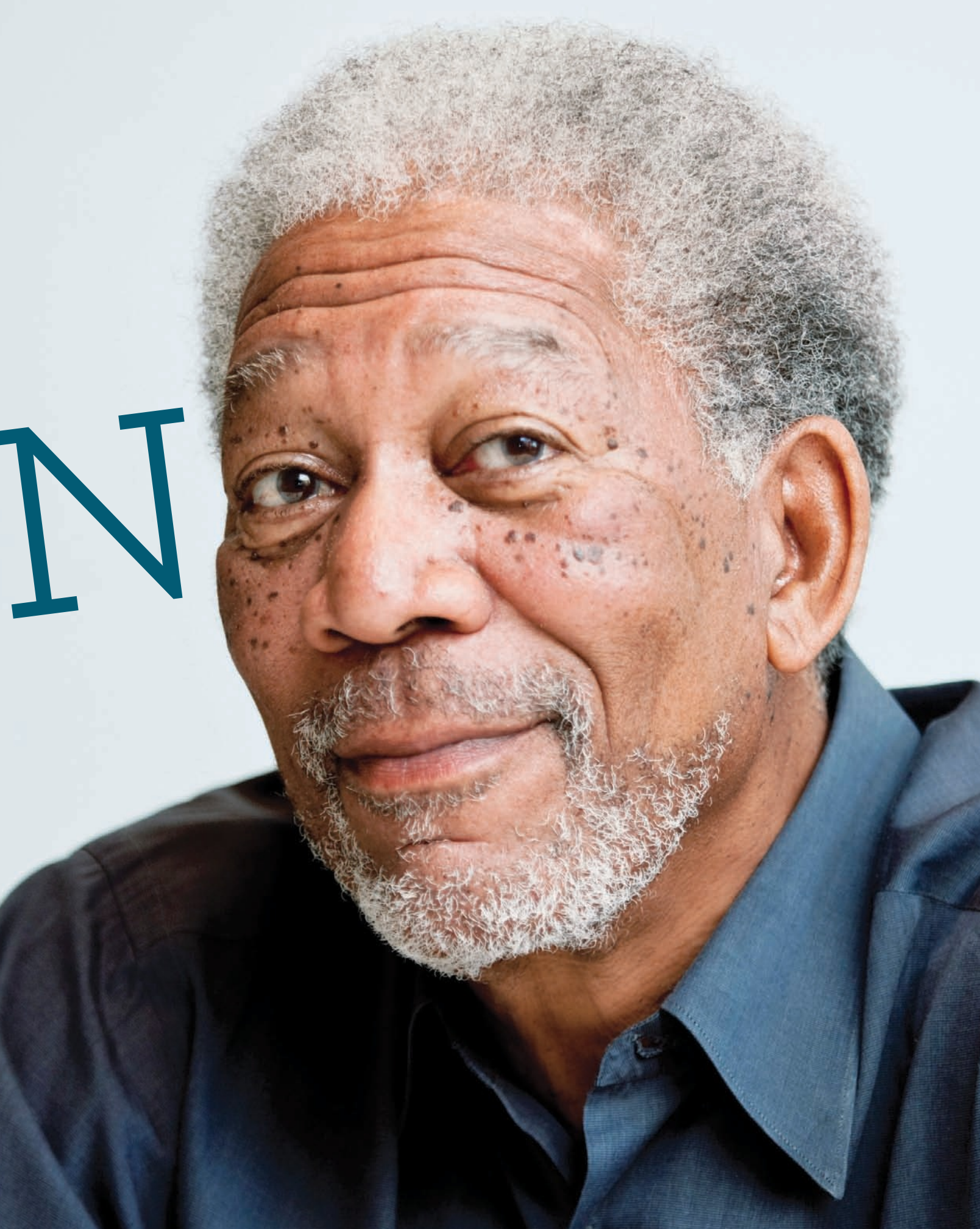



In the movie *The Sum of All Fears*, Morgan Freeman helps Ben Affleck stop a nuclear bomb. So when Affleck's real-life fear came true last year—turning, *gulp*, 40—he knew whom to talk to. “Boy, you’re just coming into your prime!” Freeman assured his younger colleague, according to *Total Film*.

Freeman knows great things come with age. The native Tennessean reached superstardom in his 50s, when he played the world's most patient chauffeur in *Driving Miss Daisy*. He went on to portray God, the



N





president and Nelson Mandela, and win an Oscar for *Million Dollar Baby*.

With soulful eyes and a signature voice, equal parts gravel and gravitas, Freeman has built a career by playing wise, grandfatherly characters. And it's not just an act. By following a smart plan to stay youthful well into his golden years, the 75-year-old actor is still in his prime.

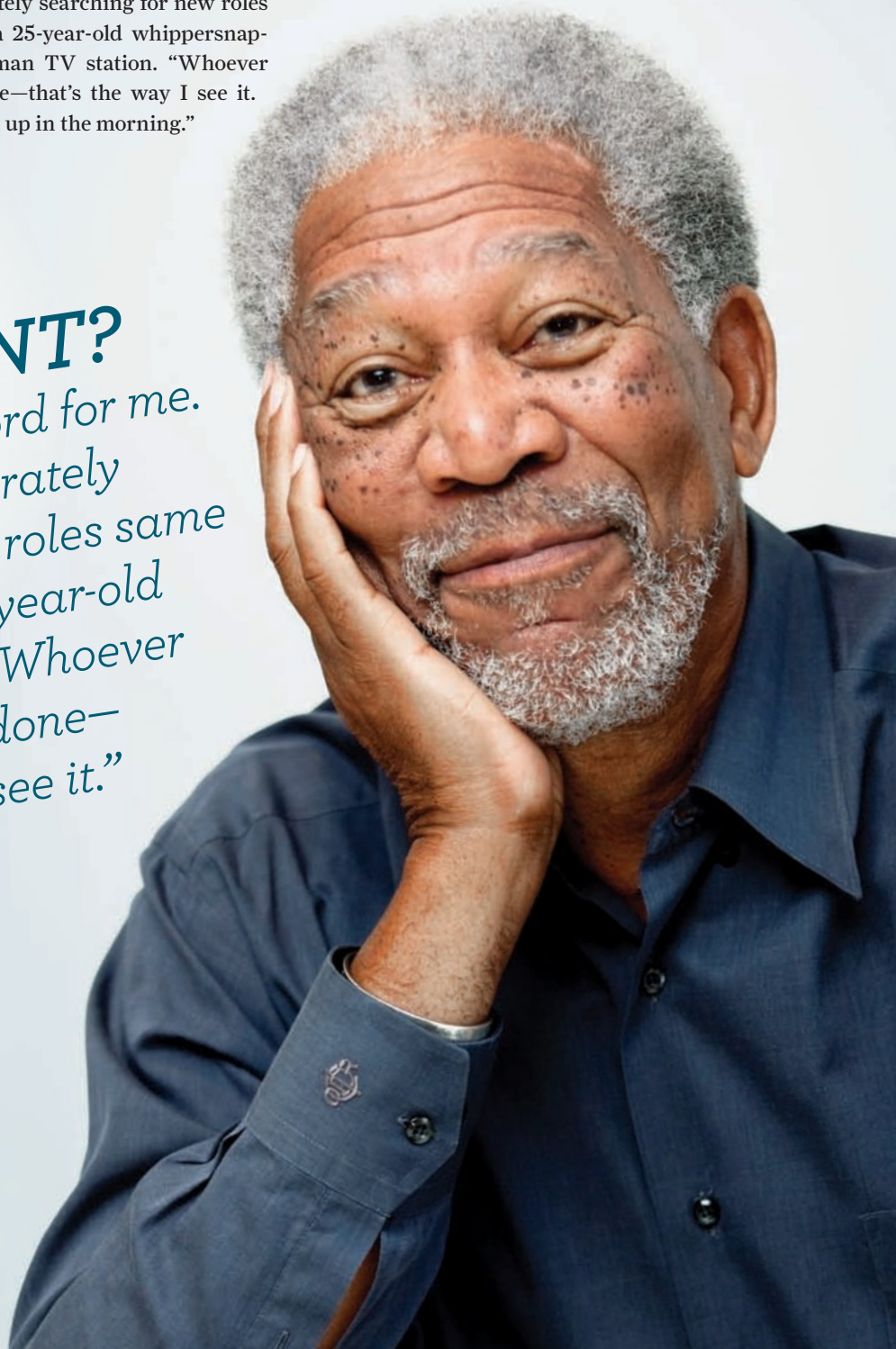
"Retirement? That's a foreign word for me. I am always desperately searching for new roles same way I did as a 25-year-old whippersnapper," he told a German TV station. "Whoever quits is already done—that's the way I see it. I need a reason to get up in the morning."

So, what's your reason? Yes, that milestone birthday down the road might feel like a ticking time bomb. But Freeman proves you don't need to fear your next birthday. Follow his action plan for getting better with age by eating smart, exercising your mind and body, getting screened for illnesses, and—the big one—embracing a positive attitude.



“RETIREMENT?”

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ACTION:

1 BURN FAT, BUILD MUSCLE

A lot of actors fluctuate in size from movie to movie, but not Freeman. He has maintained a trim physique throughout his career—and that's no accident. "I exercise religiously," he told *USA Today*.

He learned the importance of working out as an Air Force recruit after high school. Then he studied dance in California and New York. That physical ability helped land him a role as Easy Reader, a bell-bottomed singer and dancer on the children's TV show *The Electric Company*.

"I love Morgan Freeman. The guy never ages," says Mike Moreno, MD, a family physician and author of *The 17 Day Plan to Stop Aging*.

Staying active in your later years is key to appearing ageless, Moreno says. It counters the inevitable muscle loss that happens after 50. And it oxygenates your organs.

"As we age, our organs also age in their ability to function," he explains. "Just as a car needs different belts and air vents as it ages, the body is the same. You have to maximize the function of those organs by being active. That means the more you move, the more circulation you have, the better oxygen you get to these tissues or organs, the better they're going to perform."

Ramp up your metabolism by mixing cardio and strength training. And if you aren't an avid exerciser like Freeman, begin by walking five minutes twice a day. Gradually, work up to 30 minutes a day in small intervals or one long walk, Moreno suggests.

ACTION:

2 CHANGE YOUR EATING HABITS

Did you know typical adults pack on an extra pound every year? That really adds up over time!

Consider that the average woman and man weigh 156 and 188 pounds, respectively, in their 20s, and 172 and 199 pounds in their 50s, according to the National Center for Health Statistics.

The biggest culprit is excessive snacking—an extra handful of chips here, a sugary soda refill

Morgan's Minimeals

Morgan Freeman replaces big meals with small, healthy snacks throughout the day. This smart strategy keeps you trim and calms your stomach as you age, says Mike Moreno, MD, author of *The 17 Day Plan to Stop Aging*. These five snacks will keep you feeling young and satisfied:

- **Red grapes** are one of Freeman's favorite bedtime snacks. The antioxidant resveratrol is an anti-inflammatory known to lengthen the life of lab animals.
- **Nuts** like almonds and walnuts are essential to Freeman's diet. They're packed with healthy fats, vitamins and protein, filling him up between meals.
- **Tomatoes** contain lycopene, an antioxidant that keeps skin looking youthful and might combat cancer and heart disease.
- **Whole grains** are digested more slowly than processed grains, which curbs high blood sugar and diabetes.
- **Broccoli** may not have been your favorite as a kid, but it's your best friend now! Folate and calcium benefit your bones, eyes and brain.

there, according to a recent study in the *New England Journal of Medicine*.

Morgan fights the trend by eating healthy snacks throughout the day and skipping big meals late at night. He knows that if you want to feel like a 20-year-old, you can't eat like one.

"I only eat [a big meal] once a day—that has to be enough," he told the German TV station. "In the evenings there are some grapes and nuts at the most."

Follow Freeman's lead and reach for fruits, veggies, nuts, whole grains and lean proteins, says Moreno. Stay away from citrus, like oranges, lemons and grapefruits, because acidity and sugar are tough on your pancreas. Also, get your grains before 3 p.m., and drink a lot of water to help digest them.

Many older adults, like Freeman, eat less because of a change in acid production in the stomach, Moreno adds.

"People will tell you, yeah, as they get older they're not as hungry or they feel a little nauseous," he says. "The answer to that is eating less and smaller meals, moving away from three meals a day and more like five to six."



Water WORKOUTS

As you age, it is important to exercise without impacting your joints. One of the best ways to accomplish this is through exercising in the water, which gives you a complete workout—cardiovascular, strength and flexibility. Community Hospital Fitness Pointe® offers various types of water fitness classes taught by credentialed aquatic exercise instructors. For arthritis sufferers, exercise in warm water can provide soothing warmth and buoyancy to help relieve joint pain and stiffness. Activities like water walking or stretching can move the joints fluidly without undue stress or strain, making it an enjoyable, pain-free experience. Classes include:

- **Aqua Flow**—Combines deep breathing and slow movements of the arms, legs and torso.
- **Aqua Tone**—Muscle toning using water resistance equipment.
- **Gentle Joints**—Improve strength and flexibility using the water's buoyancy.
- **Move & Walk**—Water walking techniques combined with flexibility and cardio exercises.

ACTION:

3 EXERCISE YOUR MIND

Like all organs in the body, the brain loses its functionality over time. This is especially true for people who finish raising kids and retire from careers, Moreno says.

"Baby boomers are approaching retirement, the kids are out of the house, and the laundry list goes down," he says. "Enjoying that is not a bad thing, but we need to fill that void with something that is going to be beneficial to us."

Freeman stays sharp by taking on new movie roles. He also sails his boat in the Caribbean and trains quarter horses in Mississippi—activities that exercise the mind. He even attended flight school at age 66.

"I don't worry about [aging] but I work hard at preventing it," he told *USA Today*. "I try to keep my mind active. I'm a solitaire and puzzle addict."

Moreno says Freeman's strategy is "exactly right." The doctor gave this same advice to his own mother, who needed more mental

stimulation after crocheting one too many tissue boxes to pass the time.

"My mom is 86. She was a teacher for 50 years, raised seven kids and then boom—she had all this free time," Moreno says. "She started to decline in that manner."

If Sudoku isn't your thing, try writing your name with your nondominant hand. Use a stopwatch to ramp up your game.

"Time it to see your progress. When you start to get better at anything, it's really encouraging for anyone," Moreno says. "It doesn't have to be elaborate; it just has to get you to think."

ACTION:

4 SCHEDULE YOUR SCREEN TIME

When Freeman was born in 1937, modern-day cancer screenings didn't exist. The colonoscopy, for example, wasn't developed until the 1960s.

Older adults can appreciate how far medicine has come. And Freeman reminds us to take advantage of it. The actor appeared in a public service announcement with Diane Keaton and Benjamin Bratt, encouraging men and women to get screened for colon cancer.

"Has anyone ever said, 'You are the picture of health'? You look healthy and you feel fine, but that may not be the full picture," Freeman says in the spot. "Colorectal cancer is the No. 2 cancer killer."

Additionally, African-Americans are more likely to die from colon cancer than the general population. But so many cancers are treatable when caught early, and you can lengthen your

CALL

Sign Up for a Class Pass

Anyone can enjoy the benefits of warm water exercise classes through Fitness Pointe's Class Pass program. Twelve classes are offered for \$90 and a variety of classes are available. For more information about warm water exercise classes at Community Hospital Fitness Pointe®, please call **219-924-5348**.



PHOTO BY CORBIS

life by getting screened, Moreno says.

Be sure to visit your doctor at least once a year. Physicians can recommend when to get colon, prostate, breast and cervical cancer screenings, as well as cholesterol and blood pressure checks.

"If you miss something, a year can be the difference between life and death," Moreno warns. "I tell people to make it their birthday so they never forget."

ACTION:

5 STAY POSITIVE

Freeman's success is built on a simple idea: There's no such thing as "can't."

The way he sees it, he's far from over the hill. He's still climbing the mountain, reaching new levels of fulfillment as he goes. That kind of attitude is the No. 1 secret to aging well, Moreno says.

"Being positive and understanding you're doing the best you can is absolutely critical," he adds.

Freeman treasures his success. "Dreams come true—mine do," he told James Lipton with

a beaming smile on the TV program *Inside the Actor's Studio*.

And he wants to make something clear: He's not done dreaming.

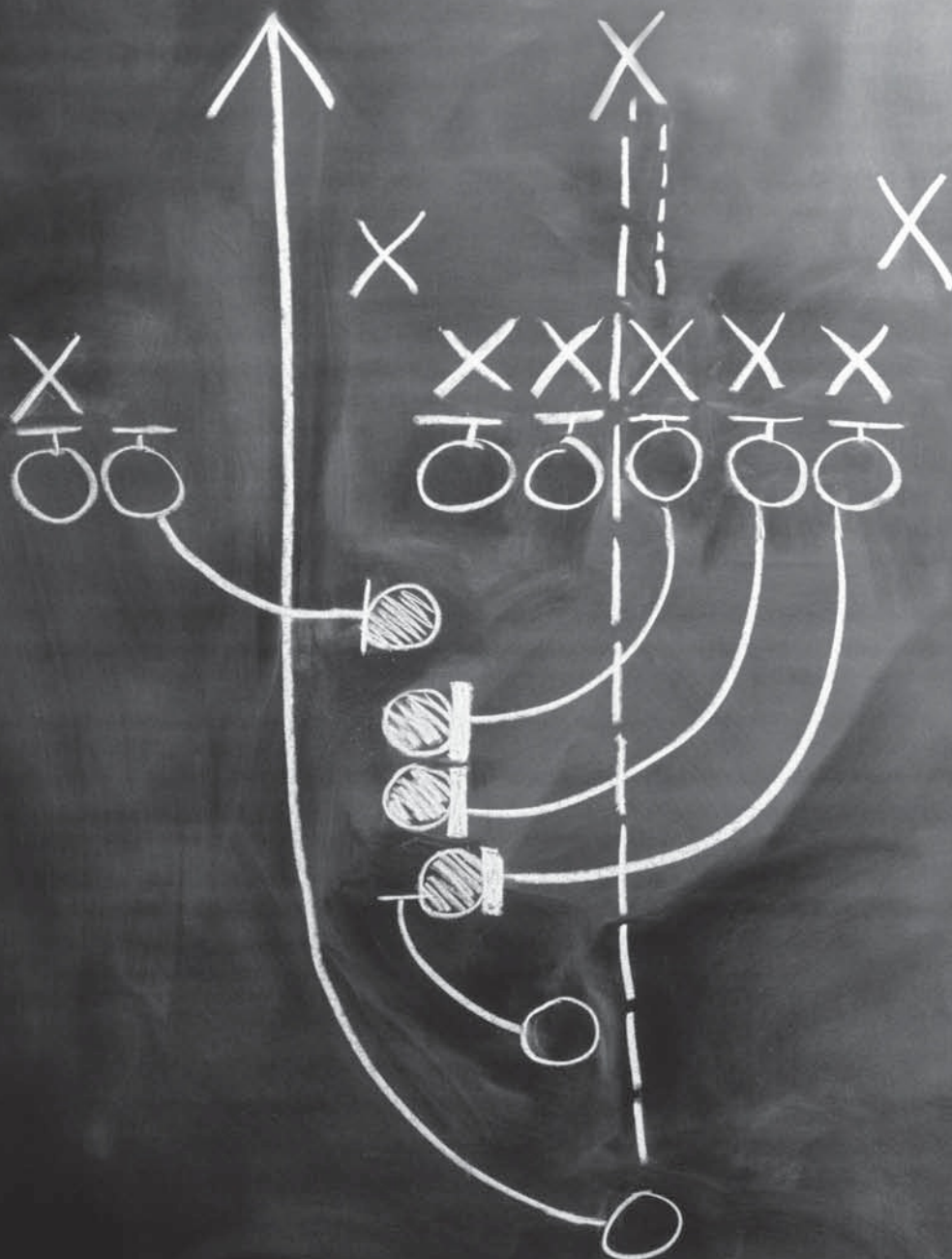
"I'm getting a lot of end-of-the-career awards, that lifetime achievement stuff. I'm beginning to feel like I'm being told, 'OK, time to hang up your cleats and sit down,'" Morgan told his *USA Today* interviewer. "Once you start getting them, it's like ... 'What is this lifetime achievement? Have I done it already? There's no more achieving for you'?"

"You have to get up when they give these things to you and say, 'Now, wait a minute; I don't consider myself done yet.'" ●

“DREAMS
come true—mine do.”



Prostate





Playbook

There are many ways to treat prostate cancer—how do you choose? Two men who faced a diagnosis share their stories



More than 2 million U.S. men are living with prostate cancer, with a new case diagnosed about every two minutes. That may seem grim, but there is a bright side. Thanks to screenings that detect the cancer early, the cure rate is high for this disease that mostly affects men older than 40.

Of course, the word *cure* is a bit taboo because it's tough to say that a cancer is ever truly cured. But living cancer-free for an extended time earns you the right to use *cure*. Almost 100 percent of men diagnosed with prostate cancer in the early stages will be disease-free after five years, according to the Prostate Cancer Foundation. To put this into perspective, in the 1970s only 67 percent of men could say the same thing after five years.

After a diagnosis of any cancer, you face a series of choices, one of which is deciding on your treatment plan. It's a personal decision that requires weighing all your options, talking to your doctors and ultimately deciding what's best for you and your lifestyle.

Following are the stories of two men who received a prostate diagnosis and the different routes of treatment they chose.

BY AMANDA KIPPERT

Rick's Story

TREATMENT OF CHOICE: Radiation therapy

Rick Otey faced his prostate cancer diagnosis at age 55 with no fear and just one matter-of-fact question: What now? He was optimistic, immediately jumping online and scouring prostate cancer discussion boards to see what others with a similar diagnosis were doing. "I thought I'd heard that prostate cancer was the one you wanted to get because it's the most treatable," he says.

Treatment for prostate cancer comes in many forms: radiation, chemotherapy, surgery to remove the entire prostate gland or some of the tissue, hormone therapy, immunotherapy and active surveillance, known as watchful waiting. Otey opted for radiation therapy, which uses high-energy rays to kill cancer cells.

There are two main types of radiation therapy: brachytherapy and external beam radiation. Brachytherapy delivers radiation from inside the body via "seeds" that are implanted under the skin with a needle. External beam radiation delivers rays of radiation from a machine outside the body. Both methods are effective, according to the American Cancer Society.

Today, radiation therapy can be delivered more directly to the site of the tumor, thereby causing less damage to surrounding healthy cells. That was important to Otey, as it meant eradicating his cancer without effects on his bladder and rectum. A runner who's been married for 38 years, Otey has four kids and seven grandkids. He kept busy and wanted to stay that way. "So, to me, it came down to what [treatment] was going to give me the best quality of life."

Otey opted for a type of external beam radiation called proton therapy. It is a newer treatment that is thought by some to cause less damage to nearby healthy cells than other types of external beam therapy. But it is still a relatively new approach, and its long-term cancer-control capabilities have yet to be proved, says Durado Brooks, MD, an American Cancer Society spokesman.

THE RESULTS: Otey underwent 44 proton therapy treatments, which were painless and lasted only a few seconds each. He experienced no significant side effects. "I ran four to six miles every day of my treatment." The radiation destroyed the cancer slowly, as it's meant to do, and within three years, he saw his prostate-specific antigen, or PSA, score drop from a 5.0 to a 1.0. Today, at age 63, his PSA is at a 0.6, a likely indicator that his cancer is in remission.

"I look at myself as cured," says Otey, who still makes sure to get his PSA test every year. So far, so good. "I can't



say I'm glad I got cancer, but the fact that I got cancer and treated it effectively with no side effects has opened up a whole new world for me to help people."

Joel's Story

TREATMENTS OF CHOICE: Radical prostatectomy and hormone deprivation therapy

Joel Nowak, 61, always suspected that he and prostate cancer would meet. His father, grandfather, uncle and cousin had prostate cancer, and Nowak was vigilant about monitoring his PSA level. At age 50, he got his diagnosis and decided on radical prostatectomy, or the surgical removal of his entire prostate gland. In retrospect, he says, he wishes he would have been more educated about his choices.

"I can't remember my urologist offering me lots of options other than surgery. Some doctors are good about sharing alternatives and some aren't."

Brooks estimates 40 to 45 percent of men diagnosed with prostate cancer choose to take the prostatectomy route, while 35 percent choose radiation.

Nowak opted for a laparoscopic surgery because he had heard the recovery would be quicker. He was in the hospital for three days but was able to get up and



PHOTO BY SUPERSTOCK

walk around the day after his operation. But, he says, he felt exhausted for weeks and didn't head back to work for nearly a month. Later, he would have problems with incontinence and erectile dysfunction. Those are the most common side effects of a prostatectomy, says Brooks. On the upside, Nowak's PSA score was nonexistent. The cancer seemed to be gone—at least for five years.

THE RESULTS: At age 55, Nowak's cancer returned. At nearly the same time, he was also handed a devastating renal cancer diagnosis. "That was difficult," he says. "There was a moment of the world coming to the end, so to speak." But the married father of two wasn't ready to throw in the towel. After consulting with several oncologists, it was determined that the renal cancer was a more direct threat to his life. Doctors removed one of his kidneys.

Afterward, he started hormone deprivation therapy for the prostate cancer. By depriving the body of testosterone, the chemical that stimulates the prostate cancer's growth, the hope is to slow the cancer's progression, Brooks explains. The side effects, however, are similar to menopause symptoms: hot flashes, fatigue and tenderness in the chest. It's also a temporary treatment, as cancers are smart and, says Brooks, learn to be hormone insensitive, or resistant to the treatment. "At some point, it will stop working, and I'll move on to the next treatment," Nowak says. ●

CALL

Robot It!

For a screening and a listing of urologists and oncologists on staff at the hospitals of Community Healthcare System: Community Hospital (Munster), St. Catherine Hospital (East Chicago) or St. Mary Medical Center (Hobart), call **866-836-3477** or **219-836-3477**.



Two More Treatments to Consider

When it comes to prostate cancer treatment options, there are more than a few to consider. That's why it's wise to consult with all three types of prostate cancer specialists—urologist, radiation oncologist and medical oncologist. Beyond prostatectomy and hormone deprivation therapy, these treatments are available at the hospitals of Community Healthcare System as well:

CyberKnife® is a nonsurgical procedure available at St. Catherine Hospital. CyberKnife delivers high doses of radiation to cancer cells with pinpoint precision using the same technology that leads cruise missiles to their targets and causes no bleeding or pain for the patient. CyberKnife can direct up to 1,600 beams of radiation at a single target from different angles. Each small beam of radiation does not harm the healthy tissue or organs it passes through. But when each of the beams intersects at the target, a high enough dose is delivered to destroy the tumor and stop the progression of abnormal cell growth.

da Vinci® Si is being used by urologists at Community Hospital and St. Mary Medical Center to perform less invasive surgery with greater accuracy and fewer complications, including less pain and blood loss. The robotic system interprets and converts the surgeon's hand, wrist and finger movements into precise, real-time movements of the surgical instruments inside the patient. Studies have shown that the enhanced dexterity achieved during a robotic-assisted laparoscopic prostatectomy results in lower incidences of impotence and incontinence.



BY BEV BENNETT

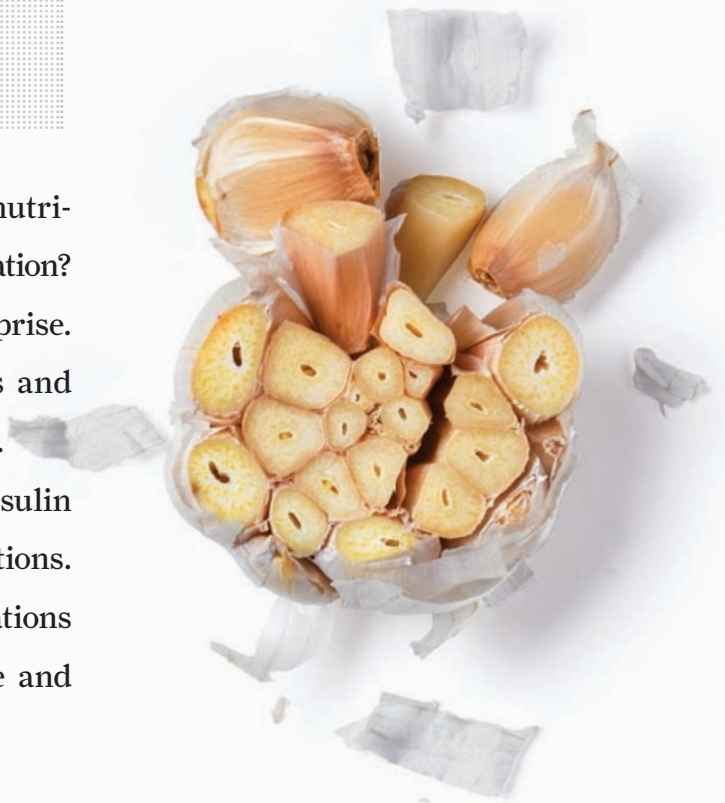
The *Main* Ingredient

*Diabetes-friendly meals don't have to be boring.
The trick is to use nonstarchy vegetables as the base for
satisfying and lower calorie meals*



Do you think of your diabetes nutrition regimen as constant deprivation? If so, you're in for a hearty surprise. You can fill up with delicious and satisfying foods that also enhance your health.

Nutrient-rich choices may help alleviate insulin resistance and reduce your need for medications. Your diet also may lower your risk for complications from diabetes, including high blood pressure and heart disease. ●



Pork Tenderloin and Garden Vegetables

If you've been advised to cut back on salt, use fresh citrus juice to bring zesty flavor to your cooking. Lime juice along with jalapeño chili peppers and cilantro wake up this pork and vegetable mix.

INGREDIENTS

10 oz. fat-trimmed pork tenderloin	1 large zucchini, sliced $\frac{1}{4}$ -inch thick
1 garlic clove, smashed	1 medium red onion, thinly sliced
1 lime, halved	1 c. grape tomatoes
$\frac{1}{4}$ tsp. pepper, divided	1 Tbsp. minced fresh jalapeño peppers
Cooking spray	$\frac{1}{2}$ tsp. salt
1 large red bell pepper, cut into thin rings	1 Tbsp. minced fresh cilantro

DIRECTIONS

Rub pork with garlic; brush with juice of lime half. Sprinkle on $\frac{1}{8}$ teaspoon pepper. Set aside 30 minutes.

Spray large roasting pan with cooking spray. Place vegetables in pan. Add pork down the center. Spray pork and vegetables with cooking spray. Roast in preheated 400-degree oven 15 minutes. Remove; turn pork over. Return to oven and roast 15 minutes longer, or until pork is cooked through.

Cut pork into 1-inch chunks. Place in large serving bowl. Add vegetables, juice from remaining lime half, pepper, salt and cilantro. Stir.

Makes 4
($1\frac{1}{2}$ -cup)
servings.

Nutritional
information
per serving:
130 calories;
0.6 g saturated fat;
2.12 g total fat;
17.5 g protein;
10 g carbohydrates;
49 mg cholesterol;
342 mg sodium;
2.75 g dietary fiber.

Makes 4
(1½-cup)
servings.

**Nutritional
information**

per serving:

223 calories;
0.92 g saturated fat;
4.3 g total fat;
19.75 g protein;
27 g carbohydrates;
321 mg sodium;
3.5 g dietary fiber.

Savory Skillet Dinner

The brown rice in this skillet chicken dish gives it a slight nutty flavor and may help control your blood glucose levels.

INGREDIENTS

Cooking spray	2 medium tomatoes, diced
1 medium onion, chopped	2 tsp. fresh lemon juice
4 small boneless, skinless chicken thighs, chopped in bite-size pieces	½ tsp. dried crushed oregano
1 medium garlic clove, minced	¼ tsp. salt
1 c. reduced-sodium chicken broth	¼ tsp. pepper
4 c. coarsely chopped kale (tough stems removed)	⅛ tsp. dried crushed thyme
	⅛ tsp. crushed red pepper flakes
	1⅓ c. cooked brown rice

DIRECTIONS

Spray large nonstick skillet with cooking spray. Add onion. Cook over medium heat 7 minutes. Add chicken and garlic. Brown chicken.

Stir in broth. Add kale, tomatoes, lemon juice, oregano, salt, pepper, thyme and red pepper flakes. Cover. Reduce heat to low; cook 20 minutes or until kale is tender. Serve over brown rice, ⅓ cup per serving.



Kale, Bean and Sausage Soup

Increase your intake of plant foods, including dark green kale and garbanzo beans, and you may reduce your risk of heart disease, a concern when you have type 2 diabetes.

INGREDIENTS

Cooking spray
1 small onion, chopped
1 small carrot, peeled, sliced 1/2-inch thick
1 (3-oz.) sweet Italian chicken sausage link, sliced 1/4-inch thick
3 c. reduced-sodium chicken broth
4 c. coarsely chopped kale (tough stems removed)
1 (15-oz.) can no-salt-added garbanzo beans, drained
1/2 tsp. ground cumin
1/8 tsp. pepper

DIRECTIONS

Spray large pot with cooking spray. Add onion and carrot. Cook 5 minutes over medium heat stirring occasionally. Add sausage; cook 1 minute. Stir in 1 cup broth. Add remaining broth, kale, beans, cumin and pepper. Bring to boil. Reduce heat to low, cover; simmer 45 minutes.

Makes 4 (1 1/2-cup) servings.

Nutritional information per serving: 192 calories; 0.7 g saturated fat; 3.6 g total fat; 14 g protein; 27.5 g carbohydrates; 17.5 mg cholesterol; 575 mg sodium; 7 g dietary fiber.





Shrimp, Arugula and Strawberry Salad

The rich flavor and satisfying crunch of walnuts make them an appealing topping to salads. In addition, including walnuts in your recipes may help reduce fasting insulin levels.

INGREDIENTS

4½ c. baby arugula, divided
2 c. sliced fresh strawberries
12 oz. large shrimp, cooked, peeled
½ c. reduced-fat buttermilk
2 Tbsp. fresh chopped chives
½ tsp. balsamic vinegar
¼ tsp. salt
¼ tsp. pepper
¼ c. coarsely chopped walnuts

DIRECTIONS

Combine 4 cups arugula, strawberries and shrimp in large salad bowl. Combine remaining ½ cup arugula, buttermilk, chives, vinegar, salt and pepper in blender container. Puree. Pour over salad; toss. Sprinkle on walnuts.

Makes 4 (1½-cup) servings.

Nutritional information per serving: 152 calories; 0.7 g saturated fat; 4 g total fat; 19 g protein; 10.3 g carbohydrates; 151 mg cholesterol; 363 mg sodium; 2.35 grams dietary fiber.



Chicken, Spinach and Blueberry Salad

Luscious, sweet blueberries, along with other berries, are rich in antioxidants that may reduce your risk of heart disease. Pair berries with spinach for a nutrition-packed salad.

INGREDIENTS

4 c. fresh baby spinach	$\frac{3}{8}$ tsp. curry powder
8 oz. cooked, diced chicken breast	$\frac{1}{4}$ tsp. pepper
1 c. fresh blueberries	$\frac{1}{8}$ tsp. salt
5 Tbsp. fat-free plain yogurt	2 Tbsp. coarsely chopped pecans
5 Tbsp. reduced-fat buttermilk	

DIRECTIONS

Place spinach in large salad bowl. Add chicken and blueberries. Combine yogurt, buttermilk, curry powder, pepper and salt. Pour over salad; toss. Sprinkle on pecans.

Makes 4 ($1\frac{1}{4}$ -cup) servings.

Nutritional information per serving: 155 calories; 0.84 g saturated fat; 4.5 g total fat; 19.5 g protein; 9 g carbohydrates; 45 mg cholesterol; 150 mg sodium; 2 g dietary fiber.

Season's Eatings

Summer is a great time to take advantage of farmers markets, gardens and delicious tasting produce. Vegetables such as zucchini, squash, tomatoes and colored peppers can provide flavor and crunch, plus fiber, antioxidants and vitamins and minerals. Vegetables are naturally low in carbohydrates and provide antioxidants and potassium, which can help keep blood pressure low.

"Many of my patients love a large salad with plenty of peppers, onions and cucumbers," says Terri Sakelaris, MS, RD, CDE, registered dietitian and certified diabetes educator at Community Hospital Fitness Pointe®. "They enjoy the crunch and the feeling of fullness."

Sakelaris says to reach for nonstarchy veggies—they help control blood glucose.

CALL

You Are What You Eat

Dietary evaluation and counseling by a registered dietitian is available at Community Hospital Fitness Pointe®, **219-934-2858**; St. Catherine Hospital, **219-392-7060**; and St. Mary Medical Center, **219-947-6063**. A physician referral is required. Call for an appointment and to learn the associated fees.



Looking Ahead

An advance directive communicates your end-of-life wishes when you can't

**BY STEPHANIE
R. CONNER**



What would happen if you were too ill or injured to speak for yourself? Do you want to be on machines that would extend your life? For how long? These are uncomfortable questions we'd just rather not discuss. While it may be unsettling to think about death, making decisions about end-of-life care and sharing your desires are critical.

Advance directives are documents that let you consider your values about life and death and share your wishes.

Unfortunately, only about 20 to 30 percent of Americans report having an advance directive, says Kathy Black, PhD, MSW, an advance care planning expert and the author of journal articles on end-of-life care.

PHOTO BY THINKSTOCK

"The biggest problem is not having [advance directives] in place," she says. "What that does is it forces providers to figure out what you would have wanted. It causes stress between providers and your family members. And it causes stress among your family members."

To ensure you and your family are prepared, start with a living will and healthcare power of attorney.



LIVING WILL

A living will outlines your wishes for medical care at the end of life if you are unable to make decisions for yourself. This document asks you to consider what types of life-extending care you might want, such as a ventilator to breathe for you or a feeding tube.

Some people will want doctors to do everything they can; others will not. The decision is yours. "You can say, 'I don't want to live like this,'" Black says.



HEALTHCARE POWER OF ATTORNEY

Perhaps the more important document, Black says, is the healthcare power of attorney (or healthcare proxy), which allows you to appoint someone you trust to make medical decisions for you should you be unable to. While a living will provides important direction, gray areas arise, and a person empowered to make decisions on your behalf can weigh the options based on what you would have wanted.

Choose someone who is willing to take on this important responsibility and—ideally—a person who doesn't travel frequently and who lives nearby, Black says.

Jennifer FitzPatrick, MSW, a licensed certified social worker-clinical who is an expert on caregiving and aging and a consultant for the Alzheimer's Association, advises choosing someone who will advocate for your values rather than their own.

"It doesn't necessarily have to be the family member you're closest with," she notes, adding that your healthcare agent should be someone who can stand up to criticism from doctors and other family members.

"Sometimes you're under scrutiny when you're holding up somebody else's wishes," adds FitzPatrick, author of the coming book *Your 24/7 Older Parent*. Once you've made your decision, be sure to share your choice with your family as well.

"Have a conversation," she adds. "And say, 'I chose this person for my healthcare agent, and here's why.'" This will help your family be supportive of your proxy's actions if the time comes.



GETTING STARTED

No matter your age or health status, take the time now to think about what you want. Once you've completed your advance directives, have a conversation with your partner, parents, children and other loved ones—even if they don't want to talk about it at first.

"We live in a very death-averse society," Black says. "We need to be a lot more comfortable facing this inevitability in life. ... And you need to have your say." ●



ONLINE

Become a Donor

Organ and tissue donations save and heal hundreds of thousands of adults and children each year in the U.S. alone. Indiana residents can register their intent to be organ and tissue donors while obtaining or renewing their driver's license.

Registration is also accepted at www.donatelifelifeindiana.org.

The Greatest Gift

Year-round, the hospitals of Community Healthcare System partner with Donate Life to raise awareness regarding eye, organ and tissue donations. At Community Hospital, St. Catherine Hospital and St. Mary Medical Center, the Donate Life flag is flown in honor of a donor for 48 hours as a silent salute. Each donor family receives a card with a garden-sized version of the flag as a keepsake and to honor the generous gift provided by their loved one.

"Our Fly the Flag program honors donors for their precious gifts and serves as closure to grieving families," says Jana Lacera, who serves as regional liaison to the hospitals' Bio-Ethics Committees and coordinator of the flag program.

The hospitals also host an annual Donate Life Rose Ceremony that provides another opportunity to meet with donor families and thank them for their kindness and courage. Transplant recipients use the opportunity to explain how the donor's gift has affected their lives.

If you want to be a donor, Lacera says, make sure you share that decision with your family.

VIRTUAL HEALTH

Breaking DOWN Breakfast

Cereal is the perennial pantry staple. Whether you reach for a box morning, noon or night, it can be either a healthful hookup or a sweet treat.

Now, you can read all about it at Cereal Eats (seriouseats.com/cereal_eats/). On this blog hosted by Serious Eats, Leandra Palermo noshes about the right and the wrong way to pour milk (and how much) on Weetabix, how she overcame snobbery about Fiber One's Nutty Clusters & Almonds to become a true believer, and why we should venture into other countries' cereal aisles. As her blog says, this is "cereous stuff."

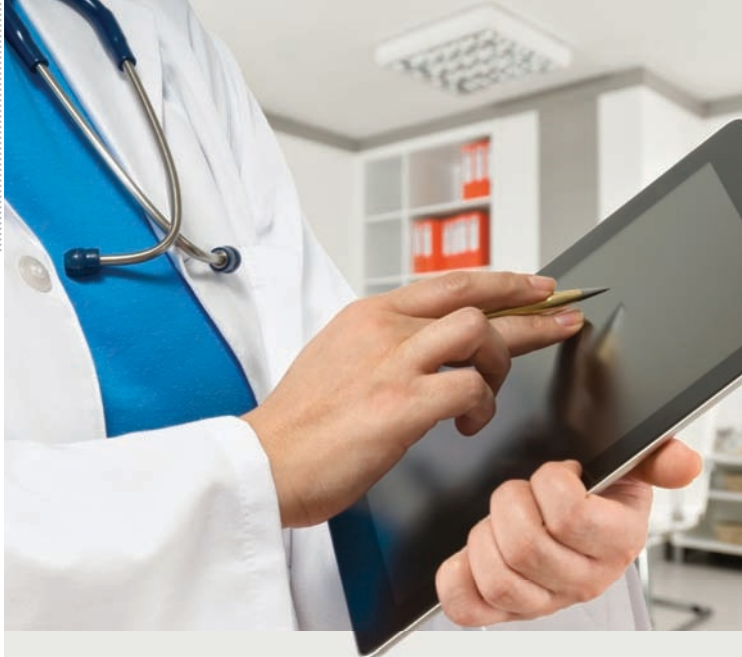


GET YOUR FITNESS ON: *Literally*

Move over, Six Million Dollar Man. Health, wellness and technology are coming together as never before.

During the next five years, the number of wearable sports and fitness devices is expected to grow to 169.5 million, according to the Consumer Electronics Association (CEA).

Meanwhile, in a CEA survey, more than one-third of consumers expressed interest in sending health data—such as weight, vital signs and fitness program progress—to their doctor using a wireless device. The most popular downloaded mobile health and fitness applications were fitness trackers (51 percent), apps that measure workouts (36 percent) and customized music for exercise (32 percent), the survey found.



ELECTRONIC RECORDS MAY *Improve Healthcare*

A new study by Weill Cornell Medical College researchers, published in the *Journal of General Internal Medicine*, found that the 56 percent of physicians who used electronic health records provided significantly better quality of care in four areas (in screenings for hemoglobin A1c, breast cancer, chlamydia and colon cancer) than physicians using paper records. Why?

Researchers concluded that the electronic health records make information, such as reminding them of clinical tests, more accessible. In addition, real-time medical decision-making support allows patients and providers to communicate regularly and securely.



ONLINE

Log In to My Chart

The Community Care Network Inc. physician practices use MyChart®.

You'll need to sign in to activate your account.

Activation takes place through your doctor's office and at our hospital locations. Visit

www.comhs.org for more or to register.

Make the **CONNECTION**

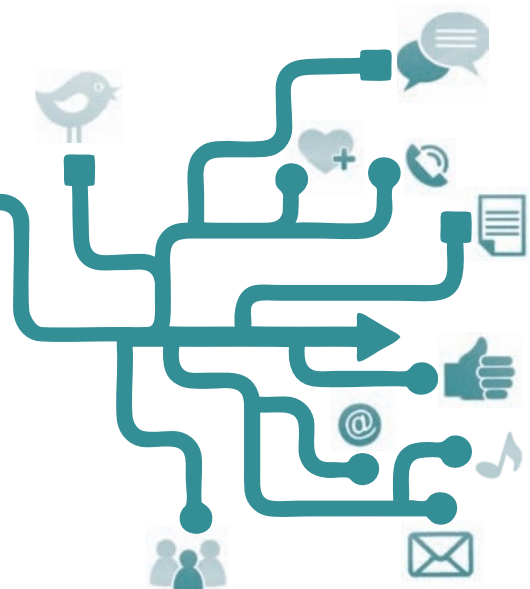
MyChart® is a free, easy and secure way to view medical information and communicate with your healthcare team. All you need to get started is Internet access and email. Whether you receive care at Community Hospital, St. Catherine Hospital or St. Mary Medical Center, or any of our outpatient centers and clinics, you can easily manage your health information. With MyChart, you can:

- Review current health issues, medications, immunizations and allergies
- View lab/test results
- Renew prescriptions
- View your medical history
- Communicate with your care team
- Request and schedule appointments
- Access information for family
- View and pay bill online

SWEET SOCIAL SIGHTINGS OF **SULIA**

If you use social media to monitor health news, the options can be overwhelming—Twitter, Facebook, Pinterest, Tumblr, Google+, Instagram—and by the time you are done reading this snippet, another network is sure to launch.

You can monitor what cyberspace is chattering about on health topics, such as fitness, diet and nutrition, as well as not-so-healthy topics (hello, food trucks!), at Sulia.com. By choosing a channel to follow, you can keep up with the tweets, photos and blog posts on that subject from around the Net. Consider it your one-stop, shared-information fix.



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AT DECIDETODRIVE.ORG





Joseph Fanelli, MD,
medical director of
the Neurobehavioral
Medicine program at
St. Catherine Hospital



Glen Wurglitz, PsyD,
director of the
Neurobehavioral
Medicine program

helping patients and their families understand their illness, fully participate in treatment and develop positive coping techniques.”

WORKING TOGETHER

“From outpatient counseling to inpatient care, our team brings together knowledge and techniques from the medical, behavioral and social sciences to provide treatment for a wide range of health conditions,” Fanelli says. “Our team works to meet the needs of the entire person with care that ranges from general counseling to cutting edge, state-of-the-art innovations.”

In addition to the expansion project at the hospital, Bolda says St. Catherine Hospital is bringing neurobehavioral medicine services to the Schererville community through its establishment of the Centers for Mental Wellness.

“With this new project, St. Catherine Hospital is able to provide quality, convenient care and serve our community in a most efficient manner,” he says.

Neurobehavioral Medicine Program Director Glen Wurglitz, PsyD, says the expanded care will provide comprehensive outpatient mental healthcare to the broader community.

“There is a need to grow this area of medicine, and St. Catherine Hospital, known for its rich history, commitment to innovative technology and excellent patient care, is making that investment,” he says.

The Schererville facility, at 6625 W. Lincoln Highway on U.S. 30 and Harvest Drive, will offer individual, group and family psychotherapy among other treatments.

Setting the building on a busy Schererville corridor gives it a central location in relation to other facilities in the Community Healthcare System—Community Hospital in Munster, St. Mary Medical Center in Hobart and St. Catherine Hospital in East Chicago, Wurglitz says. ●



How Can We Help You?

St. Catherine Hospital’s Neurobehavioral Medicine program serves children and adults with:

- Anxiety disorders
- Attention deficit hyperactivity disorder
- Autism and developmental disabilities
- Eating disorders
- Full cognitive (thinking and problem-solving) assessment
- Memory and attention examinations
- Neuropsychological testing
- Postpartum neurobehavioral disorders/parenting issues
- Post-traumatic stress disorder
- Psychological testing
- Mood disorders
- Substance abuse and other addictions
- Treatment-resistant psychiatric disorders

We offer all of our neuropsychological consultation and evaluation services in both English and Spanish.

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Visit us at our Outpatient Centers for Mental Wellness:

East Chicago:

St. Catherine Hospital, third floor
4321 Fir St.

Schererville:

6625 W. Lincoln Highway
Southwest corner of U.S. 30 and Harvest Drive



A New Day

BY ANGELA MOORE

Thanks to hospital staff,

Ramiro Cabello got a second shot at a healthy life



Three years ago, Mario Chapa (right) advised Ramiro Cabello to go to the Emergency department—a visit that saved his life.

When Mario Chapa, transporter for the Radiology department of St. Catherine Hospital, ran into longtime friend Ramiro Cabello at a restaurant, he knew something was seriously wrong.

“I have known him for a while and he just didn’t look right,” Chapa says. “He was retaining water, seemed weak and just wasn’t himself.”

Chapa insisted that his friend make a trip to the Emergency department at St. Catherine Hospital—a trip that ended up saving Cabello’s life.

“So many departments worked together to help keep me healthy,” Cabello says. “They all helped to save my life and I want the world to know it. They are very, very compassionate people. They could have judged me, been mean to me, ignored me, but they didn’t. They gave me what I needed—unconditional love, acceptance and compassionate care.”

A LONG ROAD

After a series of tests and several days in the hospital, Cabello was diagnosed with advanced liver disease. That was in 2009. He has been a regular patient of St. Catherine Hospital ever since. He started out coming on a monthly basis for a procedure called

an ultrasound paracentesis (peritoneal drainage). The monthly visits soon became weekly, and his early morning routine would begin at 6 a.m. by going to Same Day Surgery to receive blood products.

After receiving blood products at the Same Day Surgery department, Cabello “would go to ultrasound, where we would remove anywhere from 8–13 liters of fluid from his abdomen,” says Ana Bran-Guzman, RN. “He would then be discharged from same day surgery late evening after receiving albumin infusions. He had a history of drinking alcohol and cirrhosis that had caused his liver failure. Since his first procedure in 2009, he quit drinking and was advised to see a medical specialist for a liver transplant.”

According to Family Medicine Practitioner Bayne Spotwood, MD, Cabello’s recovery represents a team effort on the part of St. Catherine Hospital staff, but ultimately, the choices were the patient’s to make.

“Ramiro was truly committed to the process,” Spotwood recalls. “He followed the plan of care we worked for him and he truly is a success story. He completely changed his life around and has a second chance.”

REGAINING HOPE

According to the staff, he went through many obstacles and hoops for his transplant and they were there to cheer him on. At one point, he thought he would never be able to be on the liver transplant list.

“There were times when I thought, ‘What am I doing? I can’t go on like this,’” Cabello says. And then there were moments of inspiration.

“I would get checkup calls at home from staff members of St. Catherine Hospital and that would make my entire day—just to know people outside of my family cared,” he says.

“To get where he is today took a fight and lots of faith,” Bran-Guzman says. “When we see patients on a regular basis for such a long period of time, we get attached.”



Under the medical direction of Family Medicine Practitioner Bayne Spotwood, MD, it took a collaborative team effort to help liver transplant patient Ramiro Cabello get his life back. Staff members from various departments were involved in maintaining his health prior to the transplant, including lab, blood bank, same day surgery, pre-admitting, ultrasound, radiology and the transporters.

Stomping Out Amputation

How one doctor is helping patients outsmart diabetes' complications

BY ANGELA MOORE

Diabetes can be a tricky disease. Just ask Rene Garcia of Hobart.

At 45, Garcia had unexplained discomfort and swelling in his right foot. He often associated the swelling from being on his feet all day at work at a sporting goods store. The truth was, for years, he had undiagnosed diabetes.

"Being on my feet so much, having an arch that collapsed and having extended periods of elevated blood sugar levels, my bones started to soften and began to break," Garcia explains. "I was diagnosed with Charcot joint disease by Dr. El-Samad and advised to monitor my blood sugar levels."

Charcot joint disease is a complication of diabetes and refers to the progressive degeneration of a weight-bearing joint. If the disease remains unchecked, it can result in joint deformity, ulceration, loss of function and, in the worst-case scenario, amputation or death.

"Dr. El-Samad said there was a 50/50 chance of keeping my entire leg," Garcia says. "I was not prepared to hear that. He said I had to comply or else ... I decided to do whatever he advised."

● BACK ON TRACK

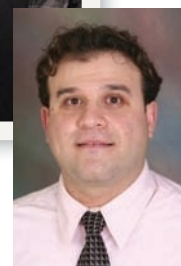
Medical Director of the Limb Recovery Center at St. Catherine Hospital Ahmad El-Samad, DPM, specializes in complex reconstruction of the foot and ankle, including flat foot reconstruction, joint replacements, joint fusions and arthroscopic surgery. At the Limb Recovery Center, staff members work with patients to avoid amputation of a limb.

"When I met him, Rene was almost at the point of amputation, but I wanted to work with him and get his health back on track. The outcome has proven very successful," El-Samad explains.

In 2011, El-Samad completed an innovative Charcot reconstruction on Garcia's right foot, replacing bones and reconstructing arches while fusing joints with screws and later performing a skin graft surgery.



Medical Director of the Limb Recovery Center at St. Catherine Hospital Ahmad El-Samad, DPM, (third from left) works with patients, many with diabetes, to avoid amputation of a limb. Hobart resident Rene Garcia (right) had such success getting his health back on track that other family members (from left, brother Richard and father Richardo) are now seeing El-Samad, too.



Ahmad El-Samad, DPM

Part of Garcia's recovery includes keeping his blood sugar levels under control and educating himself about his disease.

"I read a lot about diabetes and how I can control it. I have a lot of respect for Dr. El-Samad and the miraculous work he performs. He saved my foot and helped me change my life," Garcia explains.

● A FAMILY AFFAIR

"He is definitely a physician I would recommend to friends and family—both my father and brother are patients as well," Garcia says. "Dr. El-Samad takes his time to explain what he is going to do and what you need to do to make things happen for the entire healing process."

"Anyone who has been told to undergo an amputation, I would highly recommend a second opinion—one from Dr. El-Samad," Garcia adds. ●

CALL



Give Your Limbs
a Little Love

For more information about the Limb Recovery Center at St. Catherine Hospital, call **219-392-7786**.

A New Destination for *Valparaiso Health* *Center offers healing* *environment for* *outpatient services* *Care*

BY MARY FETSCH

At night, the building is striking against the darkness. Through a wall of windows you can see the warm glow of elegant pendulum lights and the greenery of 12-foot birch trees lined up across the lobby. In daylight, the facility boasts architectural accents that highlight the healing elements of nature.

The new \$17 million Valparaiso Health Center of St. Mary Medical Center opened recently, leading the way to providing a higher level of care for residents of Valparaiso and its surrounding communities.

"The Valparaiso Health Center represents our philosophy of bringing the highest quality services to the communities we serve," says Janice Ryba, CEO,

St. Mary Medical Center. "Not only are we able to provide a comprehensive array of services all in one location, we have them in a space that is designed to be conducive to healing. We are all committed to providing quality, convenience and expertise among beautiful, comfortable surroundings."

YOUR ONE-STOP SHOP

Situated near the intersection of State Road 49 and Burlington Beach Road, the 55,000-square-foot facility offers a "one-stop shop" for patients needing outpatient services.

"The Valparaiso Health Center represents Community Healthcare System's tradition of contributing to a higher quality of life and health to the residents of our communities," says John Gorski, COO, Community Healthcare System. "As a Northwest Indiana-based not-for-profit healthcare system, we have a commitment to reinvesting in the technologies and services that contribute to the strength and vitality of our neighborhoods and the people we serve."

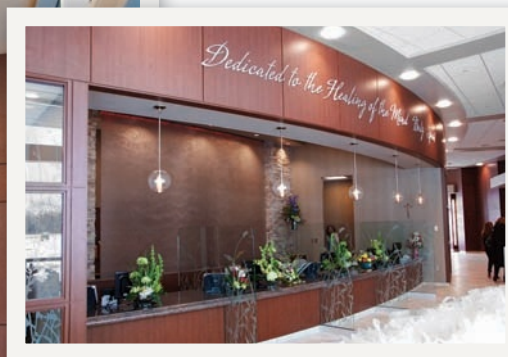
"We have the advanced technology and breadth of services all under one roof to allow us to accommodate our patients' needs," adds Ryba. "The more efficient we can make their visit, the better it is for everyone. It's all about service and cultivating a positive patient experience, as well as providing outstanding quality and expertise."

WORKING ON YOUR SCHEDULE

A key feature of the new Valparaiso Health Center is the Immediate Care Center, which is open seven days a week, 8 a.m. to 8 p.m. Staffed by Community Care Network physicians and staff, the Immediate Care Center features eight exam rooms and access to a full array of lab and imaging services right on-site.



St. Mary Medical Center recently celebrated the ribbon cutting of the Valparaiso Health Center. Pictured left to right: John Gorski, COO, Community Healthcare System; Frankie Fesko, president, Community Foundation of Northwest Indiana Board of Directors; William Schenck, president, St. Mary Medical Center Board of Directors; Janice Ryba, CEO, St. Mary Medical Center; Jon Costas, mayor, City of Valparaiso; and Rex Richards, president, Valparaiso Chamber of Commerce.



Patients and visitors to the new Valparaiso Health Center are greeted with water walls, high-end finishes, granite counters, art glass partitions and decorative pendulum lighting. The mission of the building glows with a warm illumination: "Dedicated to the Healing of the Mind, Body and Spirit."

Visitors relax in the lobby of the new Valparaiso Health Center during the opening celebration.

The center also features the most advanced diagnostic imaging services available. The MRI service offers patient-adaptive technology and a spacious open bore that provides the highest quality images with the shortest possible exam times. The 64-slice CT scanner also offers a larger gantry opening and higher weight capacity, along with technology that provides high image quality at half the radiation dose.

"We've given every consideration to patient comfort while at the same time providing our physicians with the image quality they require," says Rose Garcia, vice president of diagnostic and therapeutic services for Community Healthcare System.

A highlight of the imaging technology available at the center is the new 3-D mammography system at the Women's Diagnostic Center. The system allows physicians to see much more clearly the masses and distortions associated with cancers. Three-dimensional mammography enhances the traditional 2-D methods, often identifying other precancerous indications more easily.

"All images are read by a dedicated breast radiologist," adds Donna Faitak, mammography supervisor and certified breast health navigator. "And we are still able to offer same-day results to patients, which helps alleviate some of the stress associated with these procedures."

Rounding out the array of technological advancements available to patients, the Valparaiso Health Center is also home to specialists in family medicine, internal medicine, obstetrics and gynecology, cardiology, neurology, weight loss and bariatric medicine, and integrative medicine. A comprehensive clinical lab is also on-site, as well as a 2,000-square-foot outpatient rehabilitation and physical therapy area.

The Valparaiso Health Center also offers two conference rooms for educational presentations and support group meetings, a health information resource center, a café and a healing garden. ●

CALL

Care When You Need It

Getting sick is never convenient, but thankfully there is a simple solution when the doctor's office is closed. Medical attention for illnesses that are not life-threatening is available through immediate care services of St. Mary Medical Center's Valparaiso Health Center (near the southeast corner of SR-49 and Burlington Beach Road). We accept patients on a walk-in basis. Open daily 8 a.m. to 8 p.m. No appointments are necessary. Call **219-286-3707** for more information.



GROWING UP

Addition accommodates expansion in family services, robotic surgeries

BY MARIE FORSZT



Community Hospital's \$33 million expansion of its Munster campus includes a four-story addition above the Emergency Department Pavilion. This multiphase project will take 24 months and will add private rooms, double the capacity of the Neonatal Intensive Care Unit, expand the main surgical services unit and increase capacity for stroke and heart patients.

Community Hospital is undertaking a major construction project that both accommodates patients' needs for privacy and enhances the delivery of quality care.

Community Hospital's \$33 million expansion of its Munster campus will culminate in the addition of four stories above the Emergency Department Pavilion. When the project is complete, the hospital will be able to treat more premature infants and more stroke and heart patients and perform more surgeries.

"Community Hospital is the busiest hospital in Lake County and this latest expansion will help us to respond to the growth and demand for our services," says Donald P. Fesko, CEO, Community Hospital.

HEALTHY ADJUSTMENTS

With this expansion, the third floor of the new ED Pavilion addition will house 32 private telemetry (intermediate care unit) rooms, featuring heart monitoring and other specialized equipment. These beds will be relocated from the intermediate care unit, currently on the second floor of the hospital.

Neuroscience Intensive Care and Neuroscience Intermediate Care will expand into the vacated Intermediate Care Unit to allow for the increased number of patients requiring neurosurgery, spine and stroke care.

The project will relocate the Family Birthing Center to accommodate growth in family services and specialty neonatology care, supported by a partnership between Community Hospital and University of Chicago Medicine Comer Children's Hospital. Through this partnership, board-certified neonatologists from the University of Chicago care for critically ill babies in the Neonatal Intensive Care Unit (NICU). This relationship ensures continuity in best practices, advanced technologies and techniques used in neonatal intensive care.

The top three floors in the ED Pavilion addition will encompass the Family Birthing Center. The fourth floor will house 25 private postpartum rooms plus a newborn nursery. The fifth floor will have a 32-bed NICU, and the top floor will include 12 private labor and delivery rooms, with two Caesarean section suites.

With the relocation of the Family Birthing Center, the second phase of the project will expand surgical services on the first floor. There will be four additional surgical suites to accommodate the demand for robotic and other advanced or minimally invasive surgeries, four gastrointestinal procedure suites for the increase in bariatric and other related procedures, seven preoperative beds and four recovery beds. Additionally, the same day surgery unit will

relocate to the vacated postpartum unit. This move will allow for surgical-related services to be in the same general location for patient convenience.

The existing cardiovascular unit will relocate to the area of the vacated labor and delivery space on the first floor, expanding its capacity and allowing for private patient rooms for heart and vascular patients.

"Patients look to Community Hospital for the high-quality care it provides, for the expertise of its doctors and staff and its advanced technology," says Fesko. "We also know that our patients want a hospital that can also cater to their needs for privacy and be able to deliver care as efficiently and as conveniently as possible. This project will not only create an expanded hospital on the outside, but a more patient-focused hospital on the inside."

Three years ago, Community Hospital invested more than \$40 million to build a new Emergency department and add private rooms on three additional floors. Like this latest construction project, the expansion added advanced technology, new comforts for patients and families, and new efficiencies that enable the healthcare team to offer the highest quality treatment to patients.

OUTPATIENT OFFERINGS

In an effort to meet the healthcare needs of residents throughout Northwest Indiana, Community Hospital is also expanding its outpatient services to Schererville. Residents there can now have peace of mind knowing that when illness or injury strikes unexpectedly, quality, compassionate care can be found close to home.

Scheduled to open in June, the 11,400-square-foot Community Hospital Outpatient Center, located at the corner of U.S. 30 and Harvest Drive in Schererville, will offer family medicine, immediate care, laboratory and outpatient diagnostic services for patients of all ages.

Specialists in family practice and internal medicine will provide immediate care services Monday through Friday, 8 a.m. to 8 p.m., and Saturday, 8 a.m. to 4:30 p.m., for patients experiencing non-life-threatening injuries and illnesses. The care provided at the Immediate Care Center offers medical attention for many of life's ailments but does not replace emergency medicine. Some conditions and ailments such as chest pains, severe respiratory or breathing conditions or other serious symptoms need urgent care that can be provided only by an emergency department.



ONLINE

Become a Part of Our Community

For information on all the services offered through Community Hospital, visit www.comhs.org. To contact Community Hospital Outpatient Center in Schererville, call **219-322-5723**.

"The Schererville Outpatient Center is another link to the quality care offered through Community Hospital," Fesko says. "This satellite facility will enable the hospital to better serve southern Lake County and help build healthier communities." ●

Full-Service Care

Complementing immediate care services, the Outpatient Center in Schererville offers the advantage of having a variety of diagnostic services on-site. With a full-service laboratory, general X-ray and advanced technology including CT and MRI, patients seeking help and answers can often get what they need in just one visit.

Additionally, Community Care Network family practice physicians offer convenient office hours and provide patients with quality, compassionate care. With private exam rooms and a warm, comfortable environment, patients will find it does not feel like the typical visit to a medical clinic or a doctor's office.



Community Hospital is expanding outpatient services to better meet the healthcare needs of residents throughout Northwest Indiana. Scheduled to open in June, the 11,400-square-foot Community Hospital Outpatient Center, at the corner of U.S. 30 and Harvest Drive in Schererville, will offer family medicine, immediate care, laboratory and outpatient diagnostic services for patients of all ages.



The Romp and Roll annual walk and fun run brings together cancer patients and those who love them to work toward a cure and benefit the Cancer Resource Centre in Munster.

Steps Toward a CURE

Annual walk and run ramps up the fight against cancer

BY ELISE SIMS

"It's all about healing," says Dyer resident and breast cancer survivor Chiara Andrzejewski, who came out to support the Cancer Resource Centre at the annual Romp and Roll fundraiser. "One year ago I had my surgery with Dr. Pellar and afterward I went to the Cancer Resource Centre for support. They helped me out with the questions I had. Being with someone who knew it and went through it really did help. Now it's my turn to give back."

The annual walk and fun run brings cancer patients and those who love them together to take steps toward a cure and benefit a great cause.

"Everybody wants to remember someone who has cancer or they want to be with someone who has fought cancer," says Romp and Roll Chairman Russell Pellar, MD. "We all come together once a year to think about this



Dyer resident and breast cancer survivor Chiara Andrzejewski and her husband, Edward, are among the walkers who came out to support the Cancer Resource Centre at the annual Romp and Roll fundraiser.

illness and to do our part as a group, as a community, to help find a cure."

Chairman of the Cancer Resource Centre Advisory Board M. Nabil Shabeeb, MD, says it's a great way to get involved and make a difference.

"All of the money raised goes directly to the Cancer Resource Centre," Shabeeb says. Nearly \$1.2 million has been raised for programs and services since the event began in 2001. "The Centre, which is a program of the Community Cancer Research Foundation, is funded from donations and grants, in-kind donations and volunteer support. Services to cancer patients and their families and friends are free of charge. It's great to be a part of this and I hope everyone who participates feels the same way."

THE CANCER RESOURCE CENTRE

Every day someone in the community faces a diagnosis of cancer. Coping with that diagnosis can take an emotional toll on individuals and families. The Cancer Resource Centre staff reaches out to help all who are touched by cancer. The Centre offers a variety of support groups, mind-body programs and educational resources to support the emotional healing of individuals and families.

It's a place where area residents come together to celebrate life, gain strength from one another and get their questions answered. All of these services are offered free of charge. The Cancer Resource Centre supports this work through donations from the community and fundraising efforts like the annual Romp and Roll Walk and Fun Run. ●

EVENT

Join Us in Taking a Stand Against Cancer!

We invite you to walk with us to honor someone you love and support the ongoing fight against cancer. Know that your steps can make that journey through cancer a little lighter and a whole lot brighter for someone in our community. The 10th annual Romp and Roll Walk and Fun Run is set to kick off at noon Sunday, Oct. 6, at the Munster High School Football Field. Teams are forming now. To get involved, visit www.rompandroll.org or call 219-836-3349 for more information.





Where does your family tree lead?

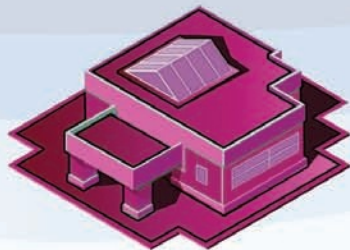
It's about more than tracing your roots. Children of parents with heart disease are more likely to develop the condition themselves. Talk to your parents about their health histories—and talk to your doctor about starting screenings earlier.

Living with **VIGOR**



3

HOSPITALS



11

OUTPATIENT CENTERS



901

PHYSICIANS



6,324

EMPLOYEES



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