

Pioneer Memorial Nursing Home Receives Top Rating From U.S. News

VIBORG — U.S. News & World Report recently released its annual Best Nursing Homes ratings, which offer important guidance to families and healthcare providers caring for people in need of a nursing home. The 2012 ratings recognize top-rated nursing homes in all 50 states. Viborg's Pioneer Memorial Nursing Home received a Top Rating.

U.S. News's evaluation of nursing homes is based on data from Nursing Home Compare, a consumer website run by the Federal Centers for Medicare and Medicaid Services (CMS). The government agency sets and enforces standards for nursing homes. Data comes from regular health inspections carried out by state agencies and from the homes themselves, with up to five stars awarded in each of three underlying categories: health inspections, staffing, and quality measures. Based on that information, CMS assigns an overall rating of one to five stars to all nursing homes.

Ann Bossman, Director of Nursing at Pioneer Memorial Nursing Home, commented, "We were thrilled to receive the recognition from U.S. News & World Report. Our staff is very committed to quality and personalized patient care. All departments coordinate efforts to bring the best possible care to our residents."

Georgia Pokorney, CEO of Pioneer Memorial Hospital & Health Services, added, "To qualify for this recognition, nursing homes have to have a five-star rating for four consecutive quarters. It is a great achievement for Pioneer Memorial Nursing Home to receive a five-star overall rating, and I commend not only our entire Nursing Home staff but all the departments at Pioneer Memorial who provide care and support to our residents including our providers, dietary and maintenance departments, therapy and ancillary services, clinics, business office, administrative team and board of directors."

Using the search tools available at <http://health.usnews.com/senior-housing>, consumers can identify homes in their state, city or ZIP code, tailor their search to see only non-profit homes or those that accept Medicaid insurance, or in other ways find the best fit.

Understanding autoimmune disorders

BY NANCY CHURNIN
The Dallas Morning News

DALLAS — Kathy Krolkowski of Frisco, Texas, suspected something was wrong long before her doctors did.

Every time she said her body ached, she was told she was working too hard or not exercising enough. It took three years before she heard, just as she had suspected, that she had the same autoimmune disorder that had afflicted her mother: rheumatoid arthritis.

Autoimmune disease, which disproportionately strikes women, is easy to miss, says Dr. Neelay Gandhi, a family practitioner on the medical staff at Baylor Regional Medical Center at Plano, who took over Krolkowski's care six months ago.

That's because the general symptoms of fatigue and achiness are common, and autoimmune disease can take many forms, including lupus, thyroid disorders and multiple sclerosis, he says.

In autoimmune disorders, an immune system attacks the healthy tissues it was designed to protect. Getting an early diagnosis can be crucial because the damage the disease causes generally can be stopped or slowed, but not reversed. Krolkowski, 64, says that's why she advises women to be persistent when something feels wrong and to find a doctor who will be attentive to their concerns.

"Sometimes it's hard to keep going in when you think, 'They don't believe me. What am I going to do?'" she says.

Dr. Noel Rose, director of the Johns Hopkins Center for Autoimmune Disease Research in Baltimore, has spent decades advocating for increased recognition of autoimmune diseases, which he says afflict an estimated 20 million Americans. Three-fourths of those cases are women; the Office of Research on Women's Health at the National Institutes of Health describes it as the underlying cause of more than 100 serious, chronic diseases, and it was cited in the American Journal of Public Health in 2000 as being one of the top 10 leading causes of death among women 65 and younger.

The hope for cures lies in finding the common roots for the diseases that continue to be treated in a "scattershot" way by a variety of specialists as separate conditions, says Rose, co-author of the Encyclopedia of Autoimmune Diseases (Facts on File, \$75). Rose would like to see autoimmune disease recognized as an umbrella for these various conditions, just as cancer is used to describe a wide array of diseases with an underlying cause.

In fact, the more we understand about autoimmune disease, the better we will understand cancer because they're opposite ends of the same problem, he says. Cells are too quick to attack healthy tissue in autoimmune disorders and too slow to fight



STEVE PFOST/DALLAS MORNING NEWS/MCT
Elizabeth Brammer, of Burleson, receives her monthly transfusions by her home health aid inside her home, March 14, 2012. For Brammer, finding out she had neuromyelitis optica, or NMO, came as a shock, a relief and a vindication that she was right to push her doctors into investigating her case further for so many years.

in cancer, allowing harmful tissue to grow out of control.

"Autoimmune diseases are relatively common, and people should be aware that they're as much a threat to their health as cancer and heart disease," Rose says.

Dr. Benjamin Greenberg, a neurologist and assistant professor at UT Southwestern Medical Center at Dallas, sees great promise in the Boston-based Accelerated Cure Project. While it focuses primarily on supporting the latest research on multiple sclerosis, the studies can provide insight into other autoimmune disorders, he says. He also encourages patients to check clinicaltrials.gov, where patients can learn about the latest drugs being studied for various conditions.

Greenberg says research suggests that some important risk factors for autoimmune disorders are vitamin D deficiency, smoking, genetics, toxins in the environment and poor nutrition. Current cures involve killing or suppressing the cells. One exciting idea on the horizon involves drugs that can retrain cells to not attack healthy tissue, he says.

An intriguing area to explore is why women suffer disproportionately from autoimmune disorders. Experts speculate that because hormones tend to stimulate immune responses, women's major hormonal swings may play a significant role in many, though not all forms, of the disease (Type 1 diabetes actually occurs more often in males). Women seem to be at greatest risk during their childbearing years.

Good communication between doctor and patient can prove key to navigating

this disease, Greenberg says. In neuromyelitis optica, a rare autoimmune disorder that attacks the optic nerves and spinal cord, he learned, many patients reported incidents of vomiting or frequent hiccups before the symptoms manifested themselves. Now when he takes a patient's history, he asks about hiccups and vomiting.

"If they have this condition and you catch it early, you can prevent them from losing their vision or becoming quadriplegic," he says.

Elizabeth Brammer, 30, of Burleson didn't have anyone around to ask her questions like that when she was 11 and began struggling off and on with her eyesight. Her symptoms were dismissed at first as a plea for attention and were later mistakenly diagnosed as multiple sclerosis.

Due to the lack of proper treatment, she lost vision in one eye while in college. She finally got the correct diagnosis from a neurologist in New York four years ago. Since moving to Texas in 2010, she has been under the care of Greenberg, who prescribes regular, preventive immunosuppressive medications that have prevented a flare-up, attack or relapse during her pregnancy with her twin boys. Gavin and Garrison turned 1 on March 24, and she continues to be in remission.

For Brammer, finding out she had neuromyelitis optica, or NMO, came as a shock, a relief and a vindication that she was right to push her doctors into investigating her case further for so many years.

"I was overwhelmed. I cried because at least I had found a compass as opposed to rolling around in circles not knowing what

Common Autoimmune Diseases For Women

LUPUS:

The immune system creates an antibody that can damage any part of the body, but most commonly the joints, skin, kidneys, heart and lungs. Symptoms include fever, weight loss, hair loss, mouth sores, fatigue, rashes, painful or swollen joints and muscles, sensitivity to the sun, chest pain, headache, dizziness, seizure, memory problems and behavior changes.

RHEUMATOID ARTHRITIS:

The immune system attacks the lining of the joints, resulting in fatigue, fever, weight loss, eye inflammation, lung disease, lumps of tissue under the elbows and anemia. Can lead to stiff, swollen, deformed joints and reduced movement.

MULTIPLE SCLEROSIS:

The immune system attacks the protective coating around the nerves, damaging the brain and spinal cord and causing trouble with coordination, balance, speaking and walking. It can ultimately lead to numbness and tingling in arms, legs, hands and feet and to tremors and paralysis.

THYROID DISEASE (TWO COMMON FORMS):

Hashimoto's disease (underactive thyroid): The immune system damages the thyroid gland, leading to decreased production of thyroid hormone, resulting in fatigue, weakness, weight gain, sensitivity to cold, muscle aches, stiff joints, facial swelling and constipation.

Graves' disease (overactive thyroid): The immune system binds to receptors in the thyroid gland and activates the gland to make too much thyroid hormone, resulting in insomnia, irritability, weight loss, heat sensitivity, sweating, brittle hair, muscle weakness, light menstrual periods, bulging eyes and shaky hands.

to think or what in the world was going on. It's terrifying that I have NMO, but at least now I am under the proper care."

No Fooling — How To Get Fit In 20 Minutes A Day

BY LESLIE BARKER GARCIA
The Dallas Morning News

DALLAS — Think about your day. Can you unearth a spare 20 minutes? They may be masquerading as Internet-surfing or lurking within the commercials-skipped sitcom you record and watch every evening.

This search comes with a caveat: When you find those wayward 1,200 seconds, you lose your no-time-to-exercise excuse. Because though most health recommendations are for a half-hour workout daily, a concentrated 20 minutes can suffice quite nicely.

"Do as much as you can in that 20 minutes," says Jakob Vingren, assistant professor in the department of kinesiology, health promotion and recreation at the University of North Texas. "Get as much work done as possible in the allotted time."

At McMaster University in Hamilton, Ontario, researchers studied the effect that intervals — short bursts of intense exercise — had on various groups of people. They found that a 20-minute workout consisting of one minute of strenuous activity alternated with a minute of easy recovery, had significant health and fitness effects on unfit volunteers, cardiac patients and, in later research, diabetics.

"There's a lot of benefit in 20 minutes if done the right way," says Bobby Patten, co-founder and head coach of Dallas Aquatic Masters. "If you go for a leisurely walk for 20 minutes, that's better than sitting. If you upped the intensity, it's better than a stroll. If you walked up and down hills, that's even better."

The brevity is good from a convenience standpoint, though, and breaking the time into pieces helps it pass even more quickly, says



MICHAEL AINSWORTH/DALLAS MORNING NEWS/MCT
Kristin Moses, of Body Bar fitness studio, shows off a one-legged triceps exercise, part of the routine for a 20-minute workout, April 2, 2012, in Dallas, Texas.

Craig Leverette, academic chair professor of physical education at Collin College.

"Interval training is about fluctuation of heart rate within a target zone," he says. "Anything you do, a bunch of little milestones along the way goes by faster than staring at the exact same tree out the exact same window on the exact same treadmill."

The first part of most workouts tends to involve burning carbohydrates as an energy source, he says. Most people have a goal of burning fat, which comes later in a workout. The concentrated intensity of a 20-minute workout helps speed the

process a little.

"Everybody has a target zone" for their heart rate, Leverette says, "based on age, resting heart rate, things like that. You want it to be as high — moderate to vigorous — as you can be. It will be hard to breathe and talk, not that you would want to."

Additionally, Vingren says, "The higher the intensity, the more muscle fibers you activate." Plus, working hard in bursts of intensity helps improve VO2 max, which is a measure for cardiovascular endurance.

How to spend those 20 minutes? "We can make a simple answer, but it's not always simple," says

Vingren, who has a doctorate in exercise physiology. "It would be like going to the doctor and saying, 'I'm sick. I need to take a pill.' It depends on your goal, current level of training, risk factors. It should all be done on an individual basis."

He recommends a "super-set workout" — moving from one strength-training exercise to the next without stopping, then repeating at least one more time. For example, do a set of squats (lower body, abs and core) followed by bench pressing (arms and chest) and row exercise (back).

"Do larger muscle exercises before smaller muscle exercises, and alternate muscle groups," Vingren says.

One of the Ontario researchers suggested a 20-minute workout that alternates one minute of running or cycling hard with one minute of decreased intensity, done a couple of times a week, after clearing with your doctor, of course. Here are two more ideas:

SWIMMING

The expert: Bobby Patten, head coach of Dallas Aquatic Masters

The advice: "Play for effort over distance: short distance fast, short easy."

He suggests "pyramid sets" — 25 yards fast, then 25 yards easy. Increase distance: 50 fast, 50 easy; 100 fast, 100 easy, resting 10 to 20 seconds between each set.

"You're increasing your metabolism more that way than by just going at 70 percent for a longer time," Patten says. "Any interval I think is beneficial: heart rate high, steady aerobics, then zap it up again. In 20 minutes, you can kill yourself, really feel spent."

Every mile of swimming is equal to about four miles of running, he says. People run two or three miles

and think it's "a good enough workout. Swimmers get a mind-set of 'only 1,000 meters' being not any good. But if you do it as intervals, that's a good workout."

CALISTHENICS

The expert: Kristin Moses, co-owner of the newly opened Body Bar fitness studio in Travis Walk. She's also raising three boys, so "totally understands" the no-time-to-exercise crunch.

The advice: Start with a three-to four-minute warm-up by doing 30 seconds of jumping jacks, 30 seconds of high knees, 30 of glute kicks, 30 of jumping jacks.

"That gets you moving, gets the oxygen moving," she says.

From there, go into a series of squats and lunges: 15 squats at moderate tempo, 15 lunges with your right leg and 15 with your left.

"Come to the floor and do 20 to 25 full or modified push-ups. You're moving from your legs, big-muscle groups, to upper-body big muscles and chest, which builds your heart rate and puts you into fat-burning zones."

Next, turn over and sit, hands on the floor behind you. Raise your hips off the floor for 20 to 25 triceps dips.

Repeat the sequence, and this time "pick up your pace, get your butt moving," Moses says. "Do the leg sequence again. You're building stamina."

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