

Ramblin's With Coach Rozy A Pain In The Neck — The Pinched Nerve

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We all know someone, or it could even be yourself, that have had a pinched nerve, a "burner", or what is commonly called a pain in the neck (and we don't mean a spouse or significant other!). I've had clients, athletes and members of our performance facility all wonder what they can do to prevent the pinched nerve. There are things that can really help eliminate and get rid of the pinched nerve problem; don't do anything that can put stress or strain on your body, make sure you have genetically gifted parents that can pass on these traits to you and do not turn, twist or lift. Those all help, but might not be realistic or that easy for most of us.

Sue Falsone, past Director of Performance Physical Therapy then Athlete's Performance, a training facility for elite athletes in Arizona, writes that the term "pinched nerve" is commonly used by the public, but doctors are more likely to talk about spondylosis, ankylosis, and radiculitis (terms that deal with degeneration, compression and sensory and motor disturbances of the neck and spine) than they are a pinched nerve. More important than the correct terminology is the process that causes pain to start in the neck or back and to radiate through the shoulders, arms and legs.

We need to understand that as we age, our body can start to degenerate, or wear out. Our bones can lose some of their hardness, known as Osteoporosis, or a condition of porous bone, in which bones become more fragile. This is true of all the bones of the body, including the disks that make up the vertebral column. If the vertebrae start to lose some of their height and shape, they move closer together, can develop bone spurs (overgrowths of bone tissue) and cause a binding or stiff bridge between joints. The breakdown of the bone and the build up of the bone spurs provide less space for the nerves of the spinal column. If the nerve starts to make contact with the boney structure, pain can develop at the site and then start to radiate into the extremities of the body.

The neck bones connected to the back bone!
What is most important

to understand is that our body operates as a unit, or a system. If one part isn't working at full capacity, or having problems, that problem may effect another area of our body. We also need to understand that when one part is tight, has an injury or we experience mobility issues, we start to use and move other parts of the body to stay active, stay mobile and keep on keeping on. An example would be in the spine. Our Lumbar spine is constructed to be a stable unit. Our thoracic spine is meant to be mobile. If we lose some mobility in our thoracic area, many times we see folks start to try and gain range of motion by moving through or rotating through the lumbar (lower back) area. We then start to have low back pain because we are moving and functioning in a manner that we're not meant to be. When we do, we experience pain and in some cases injury.

A doctor and the patient can actually follow the pain pathway. If the nerves in one certain area are affected, pain will shoot down the arms. If another is affected, pain may radiate down the legs. There are times where low back problems may affect upper body performance.

There have been cases reported of headaches, dizziness, or difficulty in sleeping related back to pinched nerves. Many times people are able to function with a pinched nerve over long periods of time. Advanced cases of a pinched nerve is radiating pain, which some people describe as "shooting pain" into areas of the body, causing numbness or tingling down the path of the nerve. In severe episodes, and if untreated by a professional, reflexes are lost because of nerve damage, muscles atrophy (get smaller) and weakness can develop.

IMPROVEMENT

Depending on the degree of the problem, the good news is that improvement is possible. Case studies show that 90 percent of those affected will improve with right CORRECTIVE exercise program. The key is to know that you DON'T have to live with neck and back pain - but by getting with the right team that can help correct your problem - you can live a pain free life, and stop being a pain in the neck from having pains in the neck.

Get Smart About Smart Phones

BY MICHAEL ROIZEN, M.D.,
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Around 1880, Alexander Graham Bell prophesized, "One day there will be a telephone in every major city in the USA." About 60 years later, Thomas Watson, chairman and CEO of IBM, went out on a limb saying, "I think there is a world market for as many as five computers." Today, we're looking at an entire generation who don't know what life is like without a smartphone that puts a computer and communication device in your pocket.

Does this technology make you sharper or does it dumb you down? Researchers at the University of Waterloo in Ontario, Canada, say it depends on how you think. They postulate that folks who rely on intuition to make decisions ("I just feel like this is the right answer") are more prone to Google a subject for answers, and accept what they get than to think out things for themselves. Analytical thinkers are the opposite; they second-guess their own feelings ("I need to check that out") and analyze problems using logic instead of relying on intuition.

Bottom line? Intuitive thinkers may use their smartphones to outsource their thinking. Analytical thinkers use smartphones to sharpen their cognitive abilities and solve problems. So next time you use your smartphone to get instant info, stop and question what you found. Ask yourself what YOU think about the subject. Look further. Talk to someone else about it. Smartphones are only as smart as the people using them. Show yours who's the boss!

TOP SEEDS

While the usual suspects Kentucky, Duke, Wisconsin and Villanova universities landed the top seeds in this year's March Madness, smart oddsmakers kept an eye out for a Gonzaga-type emergence of an unexpected seed. And you should do the same! The top unexpected seeds that deliver a slam dunk for your ongoing health and help you achieve a younger RealAge? Chia, flax and sunflower.

Chia seeds: Chia seeds are packed with omega-3 linolenic acid (heart-, skin- and romance-friendly!), more calcium (ounce for ounce) than milk, plus phytonutrients, vitamins and minerals. For the most benefit, choose ground whole chia seeds. They can boost blood levels of omega-3 alpha-linolenic acid by 58.4 percent and eicosapentaenoic acid by 38.6 percent, compared with eating the whole seed. Sprinkle them over salads and add to soups and casseroles.

Flaxseeds: Flaxseeds deliver protein, fiber, phytonutrients, phytoestrogens and omega-3 fatty acids. Health Canada has verified the claim that ground whole flaxseed helps lower total and, specifically, lousy LDL cholesterol. They say 2 tablespoons a day supplies 40 percent of what's needed to bring it all down court! Bake into 100 percent whole-wheat bread and add to soups and smoothies.

Sunflower seeds: They're the third seed, because although they deliver healthy fats, protein, fiber, phenolic acids and lots of phytosterols, which block absorption of cholesterol in the

intestines, they also contain choline, and we don't want you getting too much of that! These you can snack on whole.

Call it a slam dunk or swish — bet on these seeds, and you're moving up in your bracket!

SALT: A SPRINKLING OF MISINFORMATION

In Samuel Taylor Coleridge's "The Rime of the Ancient Mariner" (old spelling), the Old Salt recounts his harrowing tale of troubles on the high sea. And although he finally lands on solid ground, he can't shake the curse of the salty ocean or that albatross that was hung around his neck.

And we know it's not easy for you to shake off the curse of a salty diet, either! When recent headlines declared that (for the 71- to 80-year-olds in the study) eating too much, just enough or too little salt didn't make much difference in longevity, we thought: "Wait a minute!"

Many studies show that both getting too little salt (less than 1.2 grams per day) and getting too much (more than 2.3 grams per day for healthy people, 1.5 grams for those 50-plus) can have adverse health effects. And while moderate amounts of salt may not cause high blood pressure in folks who aren't "salt sensitive," a new study shows that for everyone (even those with normal blood pressure), excess salt in the diet may damage the lining of your blood vessels. That can negatively affect blood coagulation, platelet adhesion, blood vessel flexibility, stroke and heart attack risk, and immune function.

Fortunately, since 70 percent of the salt in the North American diet comes from packaged, processed and fast foods, it's easy to reduce your intake: Don't eat foods made in processing plants; eat foods from plants grown in nature! Go for fresh foods, prepared at home, and rely on spices and herbs for flavor boosts. Shake off the curse of the old salt by avoiding those processed albatrosses!

IS A PET/MRI A BETTER MOUSETRAP?

In the late 1800s, Ralph Waldo Emerson was credited with saying, "Build a better mousetrap, and the world will beat a path to your door." Even though historians now agree he didn't use those exact words, his concept — figuring out a better way to do something is great for business — is a guiding principle that folks take to heart. Since the 1850s, the U.S. Patent Office has issued over 4,400 mousetrap patents.

Clearly, refining inventions is a time-honored tradition. In the quest for a better X-ray, researchers developed MRIs (the late 1970s) and PET scans (1980s). Now, the next better mousetrap is a combination of those scanning technologies.

A PET/MRI scan is making it easier to identify and diagnose everything from cancer to pediatric epilepsy, dementia and soft tissue injuries. It combines the MRI's ability to perceive anatomical and functional detail with the PET scan's metabolic and physiologic information.

The Cleveland Clinic is using this technology to more clearly visualize pediatric brain tumors and says the combined scan is a big improvement because it requires only one sedation procedure, reducing risks from anesthesia and negative emotional experiences. And researchers in Germany found that a PET/MRI is superior when it comes to pinpointing elusive foot pain. Around 24 percent of folks over 45 have frequent foot pain; 15 percent have frequent ankle pain.

Ask your doctor if a PET/MRI scan is your best diagnostic option. They're available in major medical centers; it might be worth traveling to get the best picture of the inner you.

WHEN IT'S SMART TO SKIP SCHOOL

Last October, when school systems in Solon, Ohio, and Parkside, Texas, closed because of overhyped Ebola fears, we worried that the "cry wolf" effect might interfere with real reasons to keep kids home from school. You know, sometimes it's smart to keep them home to avoid infecting schoolmates and teachers with highly contagious but not life-threatening diseases that make the rounds again and again. Keep your kids home if they have:

PINKEYE. Also called conjunctivitis, this super-contagious eye infection causes a sticky discharge and red, swollen eye(s).

• Treatment: If it's bacterial, use antibiotic eye drops. Keep kids home until redness and irritation is gone.

STOMACH PROBLEMS. If your child is vomiting, has diarrhea and/or a fever, choose bedrest.

• Treatment: Fluids, children's acetaminophen and possibly a probiotic. If symptoms continue for 24 hours, see your doctor. Keep kids home for 24 hours after symptoms disappear.

COUGHING. A steady or hacking cough — that's stay-at-home territory.

• Treatment: Steamy baths, warm liquids and see your doc. No cough syrups for kids younger than 4; no adult cough medicine for children older than 4. Send kids back when the doc says it's OK.

SORE THROAT. Seventy percent of the time it's viral, not bacterial strep, so it's all about soothing and waiting.

• Treatment: If you suspect strep — it may cause headache, stomachache, fever, rash on the throat — get a swab test at your local drugstore, then see your doc for confirmation, antibiotics and a probiotic. Kids can go back to school after 24 hours if they feel up to it.

Mehtmet Oz, M.D. is host of "The Dr. Oz Show," and Mike Roizen, M.D. is Chief Wellness Officer and Chair of Wellness Institute at Cleveland Clinic. To live your healthiest, tune into "The Dr. Oz Show" or visit www.sharecare.com.

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Study: One In Five People Are Estimated To Have Dyslexia

MINNEAPOLIS — An international nonprofit that serves to support and educate those who struggle with the common learning disability, dyslexia, believes anybody can learn to read and write with the right remediation. As many as one in five people are estimated to have dyslexia.

The International Dyslexia Association, Upper Midwest Branch (IDA-UMB) serves as the region's definitive resource of information related to dyslexia, language-based learning disorders and literacy acquisition. IDA-UMB strives to increase awareness and understanding of these disabilities, encourage early and accurate assessment and diagnosis, encourage and facilitate the use of scientific, research-based instructional methodologies, and bridge social, educational, and cultural gaps to improve language acquisition for the success of all learners.

To that end, IDA-UMB holds an annual conference with nationally recognized and respected educators and practitioners to teach skills and provide insights into what helps struggling readers learn.

This year's conference is entitled "Improving Outcomes for Children in Reading," to be held Saturday, April 11, at Groves Academy in St. Louis Park, Minnesota. The full day event promises to provide parents, educators and individuals with language-based learning disabilities answers to questions ranging from how to navigate the special education process to proven strategies to teach dyslexic children reading and spelling skills. Information and registration is available on our



METRO GRAPHICS

website at <http://www.ida-umb.org/conference.html>.

"Scientifically based reading instruction is not a new thing," says Thomas Strewler, president of IDA-UMB. "It's a way of teaching reading that's proven to be highly effective for all readers by countless research studies. The problem has always been about getting the research into the classrooms." Strewler also says, "Teachers as well as parents are hungry for solutions to helping struggling readers."

"We see more and more general education teachers come to our conferences, webinars and workshops in addition to the special educators," he says. "Teachers are frustrated. They want to help their students, but haven't been exposed to science based reading instruction methods. They haven't been given the tools."

Strewler says, "For most dyslexic kids, their classroom teacher is the first and

only person they encounter at school to help build literacy skills. Because of how public schools determine eligibility for special education services, many dyslexic kids who are struggling but able to make some progress on their own, never see a reading specialist. And even if they do, the reading specialist may not have the tools either."

Headlining this year's conference is keynote speaker, Emerson Dickman, who will also provide one of the conference's twelve break-out sessions. Mr. Dickman is a renowned advocate for individuals with disabilities and an adult dyslexic. His keynote address will focus on overcoming barriers to effective collaboration. This is especially poignant at a conference where teachers and parents are learning together.

Attendees can choose to attend all or part of an all day workshop on reading comprehension led by Joan Sedita, founder of the Keys to Literacy. She will provide her expertise on how to teach reading comprehension, primarily for grades 4-12.

The twelve 90-minute break-out sessions are on varied topics such as social and emotional development, spelling, and assistive technology.

"Also this year, we made a point to include more topics we know would be interesting to parents — such as advocacy," says Executive Director Sarah Carlson-Wallrath. "Advocacy is a skill

many parents find they need to better develop as they work through the school system to get needed services for their kids."

This year the conference has a representative from Learning Ally, Minnesota Department of Education and the parent-led grassroots group Decoding Dyslexia as presenters on navigating school services.

Past IDA-UMB conferences have brought heavyweight speakers on literacy acquisition to town, including Tuft University's Dr. Maryanne Wolf (author of Proust & the Squid), Dr. Marcia Henry, and Dr. Reid Lyon, former chief of the Child Development and Behavior Branch at the National Institutes of Health (NIH). Strewler hopes such big names will draw more educators to the conference. IDA-UMB provides Continuing

Education Units for attending and college credits are available from Minnesota State University — Mankato.

In addition to speakers, attendees can visit exhibitor tables and participate in our silent auction.

"Ultimately, we just want to provide teachers with what they need to be effective," says Strewler. "When teachers and parents come back to the conference year after year to learn more skills then we know we're doing our job."

The IDA-UMB 40th annual conference 2014 will be held on Saturday, April 11, from 8:15 a.m.-4:30 p.m. at Groves Academy in St. Louis Park, Minnesota.

For more information on this year's conference offerings or to register, visit www.ida-umb.org or phone 612-486-4242.

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