

Visiting Hours

# Heart Trouble Changes Everything

Rehab Offers Chance For Development

BY CATHY K. LARSON, MS,  
CARDIAC REHAB COORDINATOR  
Avera Sacred Heart Hospital

Inside the Cardiac Rehabilitation area, you're likely to hear the hum of treadmills and recumbent steppers. You're also likely to hear the sounds of life and laughter.

Each year, the Avera Sacred Heart Hospital Cardiac Rehab facility is responsible for helping patients pedal their way back to good health. The 4- to 12-week program is a critical process for recovering heart patients.

We average 6,300 patient visits per year to our cardiac rehabilitation programs which include Phase II, III and IV. Phase II begins after hospital discharge and Phase III and IV are maintenance programs.

Here are some sobering statistics:

- 82 million American adults have one or more types of cardiovascular disease. That is one in three people. There are more than 2 million heart attacks and strokes per year and 800,000 deaths.

- Cardiovascular disease cost our nation \$444 billion in 2010 with heart attack and stroke hospitalizations. This includes health care expenses and lost productivity.

- Heart disease is the number one cause of death among women 20 and older. Unfortunately one woman dies every minute.

The good news is that the prognosis for many of those patients is promising. In fact, with proper exercise and nutrition, many heart attack patients resume full and active lives.

Heart trouble changes everything. Diet, exercise, activities, old habits – nearly every corner of one's life is touched by the sobering experience of a heart attack or a diagnosis of heart disease. Then comes the question: "How can I make sure this doesn't happen again?"

Cardiac rehab can make a change for the better. Cardiac rehabilitation is a program concerned with the full development of each cardiac patient's physical, mental, social, spiritual and vocational potential. It is a heart monitored exercise and education program designed to be a positive experience. If you have had a heart attack, open heart surgery, angioplasty, stenting or have a diagnosis of heart disease, you are a candidate.

No one can make you change your ways – it's completely up to you. But, with self-determination in place, Avera Sacred Heart Hospital's Cardiac

Rehabilitation Program provides all the other tools you'll need to rebuild your health.

What is cardiac rehab all about?

The overall goal of the program is to assist individuals in returning to a more healthful, productive lifestyle and prevent further progression of cardiac disease. Before you are enrolled in the program you will need a referral from your physician.

Avera Sacred Heart Hospital Cardiac Rehabilitation has patients of all ages and all walks of life. The exercise class runs for approximately 60-minutes, three times a week. Patients are given an individualized exercise prescription and have their heart rate, heart rhythm and blood pressure monitored throughout the program. Exercise equipment is utilized to improve cardiovascular strength and endurance. Education focuses on controlling cardiac risk factors highlighting nutrition, exercise guidelines, smoking cessation, stress management and blood pressure control, blood sugar control and medications. Patients are also instructed on the signs and symptoms of heart disease and when to seek medical attention. A user-friendly CPR class is also provided.

Program benefits include:

- Increased energy and enhanced self-awareness and confidence
- Meeting other heart patients in a friendly, supportive environment
- Strengthens heart muscles and improves blood flow to the heart
- Lowers blood pressure and cholesterol
- Promotes weight loss and reduces stress
- Diabetic prevention and management
- Increased muscle tone and flexibility

Our program is certified through the American Association of Cardiovascular and Pulmonary Rehabilitation. This national association sets forth rigorous standards to ensure top quality patient care.

Cardiac Rehabilitation week is February 12-18, 2012. The theme this year is "Experience a Change of Heart." The American Association offers a wealth of information as well as Heart360.org which is a great tool to track and manage heart health.

For more information about cardiac rehabilitation, don't hesitate to contact the Avera Sacred Heart Hospital Cardiac Rehabilitation at (605) 668-8037.

BY VAL FARMER  
www.valfarmer.com

Mark Twain once said, "You never know who your friends are until you share an estate with them."

One third of the cases of financial exploitation of the elderly are due to undue influence being exercised by a family member or caregiver. It is tragic when family members exploit bank accounts, deeds, trusts, and wills of their parents at the expense of a lifelong rupture of relationships with siblings and their families.

These situations are most likely to occur when a family caregiver 1) has inadequate checks and balances with regard to the parents finances, 2) is experiencing significant financial pressure and/or personal problems, and 3) justifies his or her manipulations by self-satisfying rationalizations regarding past resentments and injustice, feels a sense of entitlement, overvalues their contributions and/or minimizes consequences to the victims (e.g., "I deserve this for all I have done").

**Pathways to Undue Influence.** Psychologist Ira Daniel Turkat from Venice, Florida has developed a three part theory of how "undo influence occurs.

**1. Predisposing factors.** Certain characteristics make an individual susceptible to being successfully manipulated. Some of these include:

- **Death of a Spouse.** A person with a history of being highly dependent on his or her spouse for key decisions, the death of that loved one leaves a significant void. They struggle making decisions.

- **Depression.** When individuals become depressed, they not only experience intense negative feelings, they may also suffer from poor mental functioning, lack of energy, apathy and social withdrawal. These factors make the depressed person more susceptible to abandon efforts that require significant thought and/or action. In turn, this increases his or her vulnerability to the influence of another.

- **Isolation.** Physical or social isolation from family and/or friends can make the elderly parent more vulnerable to manipulation. Without the benefit of others to bounce ideas off and gauge the value of his or her own thinking, the power of the family caregiver on how the isolated individual should think, feel, and/or act increases significantly.

- **Social Attention.** An elderly parent with a strong need for attention is at a greater risk for manipulation, particularly



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when he or she is lonely or socially isolated.

- **Anxiousness.** Anxiety is unpleasant. Accordingly, a family caregiver who can reduce the parent's anxiety is likely to become highly valued.

- **Dependency.** Those who become dependent on others for physical assistance become prone to manipulation by their

caregivers. Strong dependence can also develop for mental stimulation, social connectivity, and emotional attachment. The more dependent the individual becomes, the more vulnerable he or she is by the desires of the family caregiver.

- **Diminished Mental Capacity.** Various mental functions can deteriorate in effectiveness, particularly with age. When someone has diminished mental capacity but is not aware of it, the risk for being exploited increases significantly.

**2. Nurturing vulnerability.** When a family caregiver becomes motivated to exploit their position of influence for financial gain, they often use these methods:

- **Increasing Dependency Needs.** As the need for assistance increases, the opportunities for exploitation multiply. Dependency is deliberately cultivated through extreme helpfulness, friendliness and meeting social needs. The family caregiver secures trust and confidence in managing financial affairs through self promotion of helpful deeds.

- **Relationship Poisoning.** Relationship poisoning occurs when the family caregiver unjustly undermines another person's relationship with other family members. Attacks on other family members can be direct (e.g., tell upsetting lies or distortions) or indirect (e.g., not give messages). These tactics can poison lifelong relationships in a relatively short period of time.

- **Self-promotion.** The family caregiver identifies and performs tasks that the vulnerable parent finds difficult or troublesome. This is accompanied by frequent reminders of how valuable the service he or she is providing.

- **Restricting Access.** A family caregiver may deliberately restrict his or her parent from interacting with friends, siblings, relatives, and/or others who threaten the suc-

cess of his or her manipulations.

- **Reinterpreting Events.** A vulnerable parent's emotions can also be manipulated by merely changing the way certain events are explained.

- **Inactive Relatives.** Other family members are taking place or are suspicious but unable to clearly document the problem. However, the main problem is trusting the family caregiver so much that they can't imagine undue influence and fail to monitor the relationship for potential exploitation until it is too late to intervene.

**3. Execution of undue influence.** To execute the desired financial exploitation, the family caregiver seizes the "right" moment to steer the parent to take action. The family caregiver determines the time to strike when the parent's trust, dependency, or submissiveness will make them amenable to comply with redirecting their assets.

- **Taking Advantage of a Particular Mental State.** The caregiver uses his or her knowledge of when the parent is most vulnerable.

- **Increasing the Vulnerable Parent's discomfort.** If enough discomfort is created, relief is offered to the parent if he or she goes through with the financial transaction.

- **Pressuring the Client.** The family caregiver "pushes the buttons" of his or her parent by creating an atmosphere of urgency, anger, guilt, or fear.

**An ounce of prevention is worth a pound of cure.** A parent vulnerable to potential exploitation is best protected when cared for by those with genuine concern for his or her well being and who have no agenda to extract additional benefits.

For more information on aging and abuse, visit Val Farmer's website at [www.valfarmer.com](http://www.valfarmer.com). Dr. Farmer's book on marriage, "To Have and to Hold" can be purchased for \$8.00 each plus \$2.95 for shipping and handling for the first book and \$2.00 for shipping and handling for each additional book. Send a check or money order to: JV Publishing, PO Box 207, Grover MO 63040.

A second book, "Honey, I Shrank the Farm," can be purchased by sending a check or money order for \$7.50 (shipping included) to the same address.

Val Farmer is a clinical psychologist specializing in family business consultation and mediation with farm families. He lives in Wildwood, Missouri and can be contacted through his website.

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# Pact

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"The mood is to get it off the table," freshman Rep. Dennis Ross, R-Fla., said. "We've got to move on to another issue."

The agreement also would avert a huge cut in Medicare payments to doctors, financed by cuts elsewhere in the federal health care budget, GOP and Democratic aides said.

The pact received a mixed but generally positive reception from rank and file House Republicans, who discussed the matter at a meeting Tuesday evening.

Aides in both parties said Senate Democrats were largely rebuffed in an effort to renew a package of expired tax breaks for individuals and businesses, including clean energy tax credits cherished by Democrats. A tax break sought by businesses that purchase new equipment was dropped as well.

A GOP aide, who required anonymity to discuss the talks, said negotiators were finalizing an

agreement on reducing the number of weeks jobless workers would be eligible to receive unemployment benefits to a maximum of 63 weeks in most states. People in states with very high unemployment rates would be eligible additional weeks. Maximum benefits are now 99 weeks in states with the highest jobless rates.

And in a win for the Hispanic community, Republicans would drop a proposal to require that low-income workers who claim a refundable child tax credit be required to have a Social Security number. The proposal was aimed at blocking illegal immigrants from claiming the credit, but the idea created a firestorm among Hispanics who pointed out that many of the children affected by the cutoff are U.S. citizens.

Republicans also were expected to drop a proposal requiring unemployed people to enroll in GED classes to obtain benefits, and a GOP proposal allowing states to employ drug tests as a condition of receiving unemployment benefits would be scrapped as well. But Republicans won a provision requiring jobless people to be more diligent in job searches as a condition of receiving benefits.

# Training Funds Available To Help Unemployed Workers

PIERRE — The South Dakota Department of Labor and Regulation (DLR) has training funds available to help unemployed workers upgrade their occupational skills or learn new skills.

"We want to help laid-off South Dakotans get back to work," said State Labor and Regulation Secretary Pam Roberts. "Through a \$617,000 National Emergency Grant, we will be able to help up to 100 people become more employable and re-enter the workforce."

To be eligible, a worker must have lost their job after Jan. 1, 2008, qualify for unemployment insurance benefits and have been unemployed the previous 14 weeks. Workers interested in on-the-job training should contact their DLR local office.

"Employment specialists can match workers with employers who have high-demand, high-wage occupations to offer," said Secretary Roberts. "This program has helped

train people in the energy, IT, and manufacturing sectors, along with truck drivers.

Businesses creating on-the-job training opportunities can be reimbursed 50 to 90 percent of the wage rate. The reimbursement is to assist with the costs of the training. The program will end June 30.

"Employers across the state have voiced their concern about not enough skilled workers," said Secretary Roberts. "On-the-job training programs like this give them the opportunity to train potential new employees at almost no cost to them."

The National Emergency Grant is funded by the American Recovery and Reinvestment Act of 2009 in response to unexpected economic events which caused significant job losses. The on-the-job training program is a method to jumpstart re-employment for dislocated workers experiencing prolonged unemployment.

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