NEWSROOM: News@yankton.net



SUBMITTED PHOTO

Pictured are, from left: Melissa Langle-Lee, Social Worker, Jill Christopherson, Executive Assistant, Gayle Matzke, Director of Nursing and Ariadne Albright, Program Coordinator, Sanford

Vermillion

Sanford Arts Team Collaborates On Mayo Presentation

VERMILLION — Sanford Arts Vermillion, represented by Ariadne Albright, MFA, Program Coordinator participated in the Mayo Clinic Regional Arts in Healthcare Symposium. During the two-day conference held in mid-November, nearly 50 presenters addressed a broad range of topics related to best practices and new innovations that integrate the arts and humanities across a variety of health disciplines including arts and music therapy, narrative medicine, medical education and research and within the full spectrum of health related environments including inpatient, outpatient, classroom and community settings.

The conference, conducted by joint providers: Mayo Clinic; DMC a Global Destination for Health & Healing and University of Minnesota Rochester and Arts & Health Alliance, took place at Rochester, Min-

More than 135 attendees including arts and health practitioners, artists, healthcare providers, arts directors, therapists, architects, designers, administrators, educators and students.

Albright reports, "Our SAV presentations continue to move audiences because of the enhanced wellness and reduction of psychotropic medication use among the Care Center residents in the past 20 months. Art-making serves as a positive alternative that supports wellness and whole life care among the residents of the Sanford Care Center Ver-

The presentation, The Power of Arts Invitation: Supporting Wellness and Our Elderly, describes the changes in the work place culture (aesthetically, emotionally and behaviorally) as a result of arts engagement programming; explores collaborative and individual art

projects designed for participants at long-term care faciliies and identified numerous invitation strategies to enhance participation and deepen arts engagement experience of patients and providers. Nationwide, more than 25

percent of residents in nursing homes receive psychotropic medications. In 2012, Centers for Medicare and Medicaid Services (CMS) announced the "National Initiative to Improve Behavioral Health & Reduce the Use of Antipsychotic Medication in Nursing Home Residents." A Sanford Initia-tive & Team Reduction Group was formed to respond to this initiative. One approach to increase care planning for individuals is the arts engagement programing of Sanford Arts Ver-

The feedback at the Mayo Clinic Symposium was among artist presenters, we were unique because of the quantitative research presented in conjunction with the positive case studies (qualitative research). Albright also shared special thanks to the Sanford Vermillion team who coordinated this data: Gayle Matzke, Director of Nursing, Melissa Langle-Lee, Social Worker, and Jill Christopherson, Executive Assistant.

"I was honored to share our best practices with the symposium attendees and continue the conversation about wellness among older adults with memory loss and care for caregivers among our northern colleague commented Albright.

"The networking and advocacy was inspiring and I look forward to Arts and Healthcare programming expanding in South Dakota. Thank you Dakota Hospital Foundation for making this presentation possible," concluded Ari.

Prosthetic Limbs Sought For Project

SCOTLAND — As part of a school project, Katie Winckler, a senior year at Scotland High School, is seeking gently used prosthetic limbs or orthotics that may no longer be used. Mail them to P.O. Box 313, Scotland SD 57059. All dona-

tions will be sent to a U.S.-based organization called "Limbs

If you wish to donate money, have an account set up at the Farmers and Merchants State Bank in Scotland. You can send directly to them at P.O. Box 367, Scotland SD 57059. All funds collected will be sent to the Prosthetics/Orthotic Department at the Twin Cities Shriners Hospital for Children.

Oz And Roizen

Lending A Hand To A Friend Who's Had Too Much

BY MICHAEL ROIZEN, M.D., AND MEHMET OZ, M.D.

King Features Syndicate, Inc

"The Hangover" series took in over \$1.4 BILLION worldwide; apparently people love to watch guys who drink too much too quickly and make horrible decisions. So perhaps the Centers for Disease Control and Prevention's recent announcement that 38 million American adults binge-drink around four times a month (downing eight drinks per binge) shouldn't surprise us. But it does worry us. While a sip o' the grape may be good for you, too much alcohol is toxic.

Just recently, the CDC reported that six Americans die every day from alcohol poisoning. Seventy-five percent of them are white guys 34-65 years old. Only around 30 percent of those who die are alcoholics; the rest are bingers who got too far

Alcohol is a poison that the liver must filter out of the blood. Take in too much, too quickly, and the liver cannot do its job. Then areas of the brain that control breathing, heart rate and body temperature can be seriously depressed.

So here's what to do if you see one of your friends bingeing, acting confused, passing in and out of awareness, having difficulty breathing, vomiting and cold clammy skin: Try to keep 'em awake; if your pal passes out, position the person on his or her side, not the back; then call 911. Don't think, "Hey, they'll sleep it off."

Remember: Drinking one glass of wine a day for women and one to two for men protects the heart and increases longevity. Drink moderately, and you'll stick around to enjoy more good times with friends.

HEALING FROM HEARTBREAK

When Gary (Vince Vaughn) and Brooke (Jennifer Aniston) watched their live-in relationship decay in "The Breakup," they got it half-right: Each one spent time reflecting on what happened, kvetched to their friends and thought about where they were headed as a single person. The half that was wrong? They both insisted on remaining in the apartment they owned together, not wanting the other to get it. A new University of Arizona study points out that in real life. such behavior interferes with the "selfconcept reorganization" you have to go through to separate yourself from your ex and the relationship.

Breakups are difficult and take a toll

physically and emotionally. For most folks, they trigger an almost to-the-max stress response. Brain centers that respond to physical pain are activated when you feel heartbreak. And "broken heart syndrome" is a condition than can cause physical chest pain and shortness of breath that seem like a heart attack. But it isn't!

That's why if you're dealing with a breakup, you should acknowledge what's lousy and hurts. But take the opportunity to manage the stress and start fresh! Make an effort to spend more time with friends and family. Do one adventurous act a week, volunteer at a soup kitchen (think more of others than yourself); take a class (pottery? history? Italian?). Go for a new look: Get a new hairstyle, grow a beard (guys). Expect to feel sad some-



OZ AND ROIZEN

Dr. Mehmet Oz and Dr. Michael Roizen

times, but don't let it define you. Remember YOU are the captain of your life ship. Right the bow and full speed ahead!

BARIATRIC SURGERY DOUBLES OLDER GUYS' SURVIVAL RATES

Since Gov. Chris Christie of New Jersey shut down his internal food lane with bariatric lap-band surgery, his actual weight loss (85 pounds and counting) has been substantial. And while other lane closings may have made his political life somewhat bumpier, it looks like closing off part of his stomach could lengthen his life and make it less likely that he'll face health bumps down the road.

A new long-term retrospective study of men 52 to 53 (the governor is 52) who were extremely obese, with BMIs of 46 to 47 (at 5 feet, 11 inches tall and 350 pounds, Christie had a BMI of 49), found that bariatric surgery almost doubles long-term survival rates.

The researchers compared 2,500 men who had bariatric surgery (74 percent had gastric bypass, 15 percent sleeve gastrectomy, 10 percent adjustable gastric banding) with 7,462 similar guys who didn't get the procedures. Five years after bariatric surgery, 52-year-olds who started out with BMI of 47 had a mortality rate of 6.4 percent; after 10 years it was 13.8 percent. Those without the surgery had a mortality rate of 10.4 percent (at five years) and 23.9 percent (at 10 years). That's not a slim dif-

So if you have a BMI over 40, ask your doc if you qualify for weight-loss surgery. If you have other conditions such as diabetes, you may be a candidate if your BMI is 35. Sometimes — even for a politician like Gov. Christie — closing down a lane in your digestive tract can be the best thing for both your actual and political life.

THE SCENT-SATIONAL **POWER OF SMELLS**

Pepe Le Pew, the amorous French skunk who cavorted through Looney Tunes cartoons from 1945 to 1962, was not particularly scent-sative. Little did he know — and neither did scientists then that some scent-sations (although not Le Pew's) have healing powers.

Aromatherapy advocates have long claimed that essential oils relieve stress and ease aches, depression and digestive problems, but there's been little hard evidence that the effects come from more than a pleasing placebo (placebos do work 30 percent of the time). Recently, however, researchers have been sniffing around the science of smell and have

made some pretty sweet discoveries.

Turns out the aroma of sandalwood activates smell receptors in the skin. Once stimulated, smell receptors trigger signals that cause proliferation and migration of skin cells that speed up wound healing. So, perhaps smelling sandalwood incense can help repair a scrape or cut. That's a pleasing thought.

Plus, scent-sational scents (and tastes) from food stimulate saliva — and spit contains immunoglobulin A, the body's natural antibiotic that keeps harmful bacteria at bay. So bye-bye bland, and hello super-smelly spices and herbs like turmeric, allspice, clove, rosemary, thyme and basil.

Harnessing scents' health-boosting powers makes good sense. But lab experiments show that a high-fat diet and obesity can KO 50 percent of the brain's ability to register smells! One more reason why it's es-scential to maintain a healthy weight. For help cooking with healthy spices and shedding extra pounds, check out Dr. Mike's Do-Over with Jolyn on Truth Tube (www.doctoroz.com); and enjoy the sweet smell of

THE KIDS ARE ALL RIGHT — JUST **WRONG ABOUT THEMSELVES!**

When Pete Townshend sang "The Kids Are Alright" in 1965, he was correct in assuming they were basically OK, but clueless about how kids are when it comes to figuring out what their peers are up to. A new study reveals that jocks, burnouts, brainiacs, independents and the "popular" crowd all act about the same — they just think they're distinctly different and that kids in other groups (and their own) are doing more potentially harmful activities than they are.

In the study, researchers asked kids how often members of groups other than theirs had sex, drank, smoked cigarettes, used drugs, studied and broke the law (shoplifting, for example). They then asked kids in each group for an honest report on their own activities.

All kids overestimated what was going on. For example, everyone (including fellow jocks) thought jocks were drinking and having sex more often and that the burnouts were doing more drugs and breaking the law — more than any of them really were. In truth, everyone studies more (except the brainiacs, who study less) than assumed, does fewer drugs, has less sex and acts less rebelliously than classmates think. Jocks and popular kids reported levels of sexual and illegal activities that were about the same as the burnout and brainy groups.

Understanding this (and the fact that teens tend to emulate what they THINK others do) lets parents talk about resisting peer pressure, and gives them a chance to help kids negotiate the perils of the teen years more successfully.

Mehmet 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 Šhow" or visit www.sharecare.com.

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YMC's Peterson To Present Poster At Symposium

Yankton Medical Clinic, P.C. Physical Medicine and Rehabilitation physician Dr. Judith Peterson, has been invited to present a poster at the 2015 Performing Arts Medicine As-

sociation (PAMA) symposium. The symposium will take place July 8-12, 2015, in Snowmass, Colorado.

Dr. Peterson's presentation is titled "Hip Labral Injuries in Dance-Updates in Diagnosis and Management.

The PAMA symposium is designed to meet the research and practice needs of physi-



Peterson

tors, artistic directors, athletic trainers and other health care and performing arts professionals who seek to im-

cians, thera-

pists, educa-

prove the well-being of per-

forming artists. The specialty of Physical Medicine and Rehabilitation emphasizes the prevention, di-

agnosis, treatment, and reha-

bilitation of disorders, particularly those of the neuromusculoskeletal system that may produce temporary or permanent impairment. Common conditions treated include spine arthritis, neck and back pain, tendonitis, and hip, knee, and shoulder pain. Dr. Peterson also treats conditions such as carpal tunnel syndrome and peripheral neuropathy. She is trained in nerve conduction techniques and electromyography to help in the diagnosis and treatment of these conditions.

Dr. Peterson has been in practice at Yankton Medical Clinic, P.C. since 2013. She sees patients in consultation for spine pain, neck and back pain, sports injury, spasticity, and musculoskeletal pain syndromes. She has specific expertise in performing arts medicine and the treatment of injured dancers and instru-

Appointments with Dr. Peterson can be made at Yankton Medical Clinic, P.C. by calling 605-665-1152.

Ramblin's With Coach Rozy

It's In The Muscles: Rolling For Pain Relief

BY MARK ROOZEN

M.Ed, CSCS,*D, NSCA-CPT, FNSCA

You might have seen in a number of magazines, shows on TV, or other sources that deal with fitness and health, folks using foam rollers, tennis balls or other pieces of equipment to help loosen up tight muscles and other areas that are causing some type of pain for problem.

What they are doing is a form of Myofascial release (MFR). MFR focuses on releasing muscular shortness and tightness. Think of breaking down the word itself — Myo, or muscle and Fascia which is a thin, tough, elastic type of connective tissue that wraps around most structures within the human body, including muscle. Fascia supports and protects these structures. This soft tissue can become restricted due to overuse, $trauma, infectious \ agents, \ or \ inactivity, \ often$ resulting in pain and muscle tension. Although fascia and its corresponding muscle are the main targets of myofascial release, other tissue may be addressed as well, in-

cluding other connective tissue. We've used this example before in other articles, but think of hanging from a tree branch. If you were hanging from a branch and someone came and pulled on you, you would hold on tighter. Same is true at times with muscles — as we use them more, they get tight, or lock up. With using proper techniques, we can get you off that branch, and



ROOZEN

make sure you have a safe

Many athletes and folks we see look to implement myofascial treatment after losing flexibility or function following an injury or if experiencing ongoing back, shoulder, hip, or virtually pain in any area with

soft tissue problems. MFR is a higher level of helping relieve muscle strains and tightness then just stretching can do. Some symptoms where MFR can help in-

• Tightness of the tissues that restricts motion or pulls the body out of alignment, causing individuals to favor and overuse one area more than the other; like the hip or

shoulder, for example · A sense of excessive pressure on muscles or joints that produces pain • Pain in any part or parts of the body, in-

cluding headache or back pain.

CAUSES OF MYOFASCIAL PAIN

Myofascial pain can have two sources. Pain can be generated from the skeletal muscle or connective tissues that are 'bound down' by tight fascia — which we see as a "knot in the muscle". In addition, pain can

also be generated from damaged myofascial tissue itself, sometimes at a 'trigger point' where a contraction of muscle fibers has occurred. In either of the two, the restriction or contraction inhibits blood flow and the ability of the muscle to work properly, causing problems with the contraction process (think of flexing your bicep) further unless the area is treated.

The goal of myofascial release is to stretch and loosen the fascia so that it and other connective tissue can move more freely, and a person's motion is restored. For this reason, myofascial release is sometimes referred to as "myofascial release" therapy. It may also be referred to as 'myofascial trigger point therapy' by others.

Myofascial release can also improve skeletal and muscular alignment problems that might cause pain or help athletes achieve better alignment prior to sports competitions.

By targeting specific areas of the fascial system, myofascial release work can help prepare you for more aggressive forms of strengthening and stretching, or provide pain relief with someone who has restricted flexibility and movement, thus allowing them to return to normal movement and greater

SELF-MYOFASCIAL RELEASE

Self Myofacial release is a fancy term for

self-massage to release muscle tightness or trigger points. This method can be performed with a foam roller, lacrosse ball or tennis ball, or your own hands. By applying pressure to specific points on your body you are able to aid in the recovery of muscles and assist in returning them to normal function. Normal function means your muscles are elastic, healthy, and ready to perform at a moment's notice.

To foam roll properly, apply moderate pressure to a specific muscle or muscle group using the roller and your bodyweight. You should roll slowly, no more than one inch per second. When you find areas that are tight or painful, pause for several seconds and relax as much as possible. You should slowly start to feel the muscle releasing, and after 20-30 seconds the discomfort or pain should lessen.

If an area is too painful to apply direct pressure, shift the roller and apply pressure on the surrounding area and gradually work to loosen the entire area. The goal is to restore healthy muscles — it is not a pain tolerance test. Remember, if you don't have a foam roller, you can use other objects to work on muscles such as a tennis ball or lacrosse ball.

For examples of Foam Rolling, contact Coach Rozy at rozyroozen@gmail.com and we'll be glad to send you our FOAM ROLLING WORKOUT.