

Know Your Cholesterol Level

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

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When the band Heart sings "Heartless," we don't think they intend to deliver a medical message. But the opening lines, "The doctor said, 'Come back again next week/I think that you need me,'" are a good prescription for many of the vintage band's 20- to 40-year-old fans. According to a new study from Duke University, younger adults with even moderately elevated LDL cholesterol (above 110 mg d/L) are at increased risk for serious heart disease later in life. And some sources say that around 10 percent of 20- to 35-year-olds have high LDL cholesterol.

But young adults rarely get screened for elevated LDL, even when they have additional risk factors for premature heart troubles, such as a family history of high LDL, being overweight or obese, smoking or having diabetes or high blood pressure. So listen up! Everyone 20 or older should have lousy LDL and healthy HDL cholesterol measured every five years. And even if your LDL is only slightly elevated, it's a good time to rein it in.

What to do? Ditch the Five Food Felons; get 30 additional minutes of physical activity daily; lose 5 percent of your body weight if you're overweight; stop smoking or being around tobacco or electronic cigs; maintain blood pressure below 140/80; and sleep 7-8 hours nightly. You even might be a candidate for a statin. Dr. Steven Nissen, a renowned cardiologist, says insisting that statins are just for folks 40 and older doesn't seem sensible. What is sensible? Doing everything you can to protect your heart — at every age.

ALERT: A VEGETARIAN DIET'S HIDDEN GIFTS AND SUPER TRAPS

If you think switching to a no-meat diet will take pounds off quicker than Gypsy Rose Lee shed her costume (about which she said, "I wasn't naked, I was completely covered by a blue spotlight"), think about this: What do you call someone who eats nothing but macaroni and cheese from a box? A lacto-vegetarian (although not a very healthy one).

There's a new study highlighting the weight-loss virtues of a plant-based vegetarian or vegan diet. Researchers at George Washington



OZ AND ROIZEN

Dr. Mehmet Oz and Dr. Michael Roizen

University School of Medicine found that you may drop 7.5 to 10 pounds relatively quickly without counting calories. However, you need to realize that you can go all-veggie these days and still end up eating nothing but nutritionally deficient, processed foods that won't reduce belly fat, give you more energy or help you lose weight!

A healthy vegetarian diet focuses on foods with lots of nutrients, fiber, healthy fats and no added sugars and trans fats (prepared foods are loaded with them). You want to enjoy a wide array of starchy (not too many!) and non-starchy veggies, lots of greens and legumes and plenty of fruit. And make sure to get enough vitamin B-12 (you'll almost certainly need a supplement), protein (beans, nuts, many grains), and vitamin D (try 15 minutes of daily sunshine). Then you'll gain the big health benefits of a well-designed veggie diet: lower blood lipids, increased insulin sensitivity, lower risk of cancer, and improved heart health — and you'll shed some extra pounds. Bravo broccoli; salud spinach!

STENOSIS HEADLINE NOT IN SYNC WITH STUDY

Was the worst lip-sync disaster when Beyoncé bombed at President Barack Obama's 2013 inauguration or when Ashlee Simpson tried to stay in sync with her pre-taped voice on "Saturday Night Live"? When you see such high-profile screw-ups, your first reaction is probably, "There's something wrong here," followed quickly by, "What were they thinking?" Well, that was our reaction after reading a

headline and news report that said a new study shows that the benefits of surgery to repair spinal stenosis were no greater than forgoing surgery in favor of medications (for pain and inflammation) and physical therapy, if you look eight years down the road.

After looking at the study, we found that it bore almost no resemblance to the headline or report (from a usually trusted medical news source). In fact, the opposite seemed to be true. Not only did the study state that people who needed and got the surgery reported significant improvements in quality of life (less pain, more mobility), but a huge percent of the folks in the study group who were sent for PT and medication actually opted to have the surgery a few years later!

The lesson from this cautionary tale? If you're considering something as serious as spinal surgery, don't just read headlines; dig for information. Then discuss with your doctor all your options, and the benefits and risks TO YOU. Then get a second opinion! Second opinions change care — even diagnosis — 30 percent of the time. Knowledge is power, and we say, "Power to the patient!"

DON'T STAY UP WORRYING ABOUT NEW SLEEP GUIDELINES!

You might disagree with Mindy Kaling ("The Office" and "The Mindy Project"), who claims that there isn't a sunrise beautiful enough for her to wake up and see. But by insisting on getting enough sleep, she's got sleep science solidly on her side. She's also a lot more sleep-smart than many North Americans.

The 2014: Sleep in America poll found that more than 50 percent of 15- to 17-year-olds and 25 percent of 12- to 14-year-olds get less than seven hours of sleep nightly. And parents had no idea that for peak health, their 12- to 14-year olds (according to new National Sleep Foundation guidelines) need between nine and 11 hours, and teens 15-17 require eight to 10 hours every night.

Plus, Mom and Dad don't do any better themselves! Around 40 percent of adults get six or fewer hours of sleep a night (14 percent say it's usually five or less). The NSF says folks 18-64 need seven to nine hours, and those 65 plus need seven to eight.

Why the new NSF guidelines? Because lack of sleep is a growing problem that causes everything from poor school performance to

driving accidents, increased risk of infection and disease, over-the-top stress responses, mood swings and relationship problems.

So make your house sleep-smart: Set a bedtime and stick to it. No digital devices in any bedroom EVER; no TV for an hour before bed; and while you're sleeping make the only light in your bathroom and bedroom a red nightlight.

YOUR FRONTLINE DEFENSE: GOOD SKIN HEALTH

We've all heard the phrase "the best defense is a good offense," but if you watched the last Super Bowl, it was a great defense (and perhaps a foolish Seattle offense) that won the game for New England. If you want to win your super-battle against sickness this winter and beyond, you need to maximize your body's frontline defense and take extra care of your skin. That's right, your skin. Not only does it encase and protect your body's organs from short-term physical harm, it fends off bacterial and viral infection using your innate immune system, a first responder.

In your skin, a complex mix of immune cells can sense foreign invaders and defend against them on the spot. But if you have dry skin, cracks in that defense can allow bacteria and viruses to get through. So keep your first line of defense against illness operating at peak efficiency:

- Opt for a warm, not hot, shower or bath. Hot water withdraws moisture from your skin.
- After you shower or bathe, pat yourself dry with a towel; apply a moisturizer (we like olive oil, jojoba oil, shea butter or petrolatum-based products). And don't forget your feet! Use foot cream during the day and a thicker ointment or paste on heels at night (then slip feet into soft cotton socks).
- Use humidifiers around the house, and run them overnight in the bedroom.
- Avoid drying, alcohol-based hand sanitizers, or use ones with added aloe; soap and warm water protect you best from germs.

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 Show" or visit www.sharecare.com. © 2015, Michael Roizen, M.D. and Mehmet Oz, M.D.

Coach Rozy

More Than Just Stretching

BY MARK ROOZEN

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

There are a number of components that are important for performance in activities and even daily life; balance, coordination, power, agility, strength, stamina, endurance and flexibility. How many of us get out of bed in the morning to a good old stretch of reaching to the ceiling (and as I get older that ceiling seems to keep getting farther away!) to giving a few rotations of the body to make sure we're still attached flexibility, which is generally defined as "the range of motion about a joint" is a very important part of activity and performance.

When we start to warm up and get ready for an activity, we need to understand that warming up is more than simply static stretching, or stretching the muscles. Think of static stretching as stretching a muscle (or group of muscles) to its farthest point and then maintaining or holding that position. An example would be of going down and touching (or trying to touch) your toes, without bouncing, and holding that stretch for 20-30 seconds.

Now for some shocking news from those research guys, what I call experts in white coats: it has been shown in studies that static type stretching may actually decrease a muscle's force production ability. DID HE JUST SAY I SHOULD'NT STRETCH AND WARM-UP? NO! What is important is the type of warm-up you are doing.

Some of you may have heard of the term dynamic warm-up. Dynamic warm-up involves movements that start slowly with small amplitude (speed and range of motion) and then progress into large, fast



Mark ROOZEN

your range of motion. Ballistic stretches involve trying to force a part of the body beyond its range of motion. An example of dynamic stretching we use at our facility would be the reaching lunge and the T-Stabilization push-up. Both of these exercises incorporate a combination of strength, flexibility and balance as part of the movement and all being done with the stretch we are having folks do. With these exercises, the stance, speed and range of movement can be tailored to meet specific goals and capabilities of each individual.

It should be made perfectly clear that we DO NOT BELIEVE THAT STATIC STRETCHING IS NOT EFFECTIVE or that it doesn't have a place in your training program. The key comes into play of when to do static stretching. Where can it be put into the program to help increase range of motion best and when to NOT do it so it hinders movement and performance. In most cases, and those guys in the white coats again, have found that static stretching is best done at the END of a workout, when you and your muscles are

warmed up and can get the best benefit from using that type of stretching. By getting with a professional, they will be able to design a warm-up program and flexibility program that suites your goals, activities and level of performance.

So remember, being flexible doesn't mean you're warmed up! Stretching is not warming up! Being flexible is a benefit when warming up and stretching may be an important part of the workout routine, like we said, at the end of the training session. Warming up is just what it sounds like - "warming up" the body to prepare it for activity. It should be divided into three phases:

- general warm-up
 - dynamic stretching
 - sport-specific or activity-specific warm-up
- A major point here is that you NEED to perform the general warm-up before you use dynamic stretching. The goal is to elevate the core temperature (body's internal thermostat), actively elongate the muscles (stretch those muscles through their working range of motion); activate the nervous system (get the wiring from the brain and body turned on), fire up your proprioceptors and stabilizers, improve kinesthetic awareness (body position in space) and work on techniques that will help you in your specific activities and in the activities that make up the game of life.

If you would be interested in obtaining a description and information about the reaching lunge and the T-Stabilization push-up, or getting a dynamic warm-up that you can include into your program — contact Mark "Coach Rozy" Roozen at rozyroozen@gmail.com

CCRC Employee Of The Month



SUBMITTED PHOTO

Centerville Care and Rehab Center would like to congratulate our Employee of the Month, Curt Limoges. Curt was nominated by residents, their families and staff members. Curt was described as very compassionate in all of his interactions with the residents. He was also defined as caring, loyal, trustworthy and humorous at times. He is very dedicated to the facility, employees and residents. He is always willing to help out when needed and has been a part of the CCRC community for 14 years! CCRC is very proud to have Curt as a part of our team. Thank you for all you do! <None>

Servant Hearts Clinic Open Today

Servant Hearts Clinic, a free, Christ-centered medical clinic, will be open today (Monday) from 5:30-8 p.m. at the Technical Education Center (or RTEC), located at 1200 W. 21st Street, Yankton.

This is a completely free medical clinic for urgent care conditions. Servant Hearts Clinic provides care for physical, mental health, emotional and spiritual issues. Servant Hearts Clinic may serve as an entry point to other services provided within the community.

We do ask that patients please not enter the building until 5:30 p.m. to allow our staff to completely set up and prepare for clinic. We would also ask that if you are planning on coming to the clinic to please plan on being at the clinic by 7 p.m. to allow adequate time to be seen at the clinic.

Services not provided by Servant Hearts Clinic at this time include dental, diagnosis or treatment for sexually transmitted diseases, HIV testing, prenatal care, treatment for Emergency Medical Conditions, radiology, immunizations and chiropractic care. We do not prescribe any narcotics.

Future clinics are planned for the first and third Monday of each month. The date of the next clinic is March 16.

For further information about this clinic, call 605-760-2986 or email servantheartsclicn@gmail.com.

Avera Partners With Walking Forward

Avera announces a new partnership with the Walking Forward program, a South Dakota-based research project that is using innovative ways, such as mobile technology and customized text messages, to promote smoking cessation among American Indians, and ultimately prevent lung cancer deaths.

Walking Forward was started in 2002 by Daniel Petereit, MD, FASTRO, as principal investigator, in partnership with Rapid City Regional Hospital (RCRH) and the National Cancer Institute. Dr. Petereit is a radiation oncologist affiliated with RCRH, and a native of Sioux Falls.

Over the past 12 years, Walking Forward at RCRH has been involved with improving cancer cure rates and treatment in the American Indian population through various programs, including patient navigation, access to clinical trials and the latest technology, palliative care and screening for colorectal, cervical, breast and prostate cancer.

Through the new partnership, Walking Forward becomes a program of Avera Health, grant monies will be managed through Avera and Walking Forward employees become employees of Avera. Dr. Petereit, while working in

partnership with Avera on this project, remains in practice at RCRH in Rapid City. Walking Forward will specifically collaborate with Avera's Molecular and Experimental Medicine Program at the Avera Cancer Institute Sioux Falls.

"Walking Forward was created to address the disparities — or gaps — in cancer care, prevention and outcomes between the American Indian and non-American Indian populations living in the Northern Plains," said Dr. Petereit. "Cancer for cancer, American Indians present with more advanced stages of cancer and, therefore, experience lower cure rates."

Walking Forward's smoking cessation program, "American Indian Health Smoking Dependence Study (PQ4)," is funded by a four-year, \$1.85 million grant through 2016 from the National Cancer Institute. The program provides cell phones so participants can receive tailored text messages, as well as pre- and post-cessation counseling, and nicotine replacement therapy. The study is still enrolling participants, with a goal of 256 adults living on Rosebud and Pine Ridge Indian Reservations and in Rapid City. Currently, approximately 140 are enrolled.

Walking Forward has found

that approximately 44 percent of Native Americans on the Northern Plains of South Dakota smoke, compared with 18 percent of all American adults. The average age of smoking a first cigarette is 13.7 among American Indians, younger than most other racial groups in the United States.

A pillar of the program is patient navigators on reservations who are members of those tribes, and can relate to the people and gain their trust. "Navigation through the complexities of the health care system, especially where resources are scarce, is very important. Navigators help patients and families overcome barriers that exist in order to concentrate on their health care and healing," said Simone Bordeaux, RN, Community Research Representative for Walking Forward at Rosebud.

"Walking Forward continues to work on several fronts to remove barriers to prevention, early detection and state-of-the-art care, ultimately to improve the quality of life and cure rates for American Indian and rural cancer patients," Dr. Petereit said.

Through Avera's partnership, greater possibilities exist for access to innovative care, such as personalized medicine

through genomic testing, in some patients who qualify.

"Quality cancer care is a continuum that begins with prevention, and continues on through screening for early detection, surgery, evidence-based treatment protocols, clinical trials, survivorship support and palliative care," said Brian Leyland-Jones, MB BS, PhD, Vice President for Molecular and Experimental Medicine at Avera McKennan Hospital & University Health Center. "Personalized medicine represents cancer care of the future, using genetic sequencing to target therapies to the specific genetic changes that drive a specific tumor."

Avera's partnership also provides a link to one of the largest rural networks in the country — the Northern Great Plains Oncology Network. "We're excited about extending our collaboration through Walking Forward, and look forward to the possibilities as we work together to improve access to high quality cancer care for all residents of our state, including the American Indian population," said Casey Williams, PharmD, BCOP, Director for Molecular and Experimental Medicine at Avera McKennan.

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