

Life & Health

EXCELLENCE IN COMMUNITY HEALTH ● FALL 2010

Health Link

New FORMAT HOLDS MORE HEALTH INFORMATION

This new *Life & Health* format provides our community with even more information about good health and the steps the hospital and its clinics are taking to meet community wellness needs.

Please visit www.TCGH.com for additional information between issues.

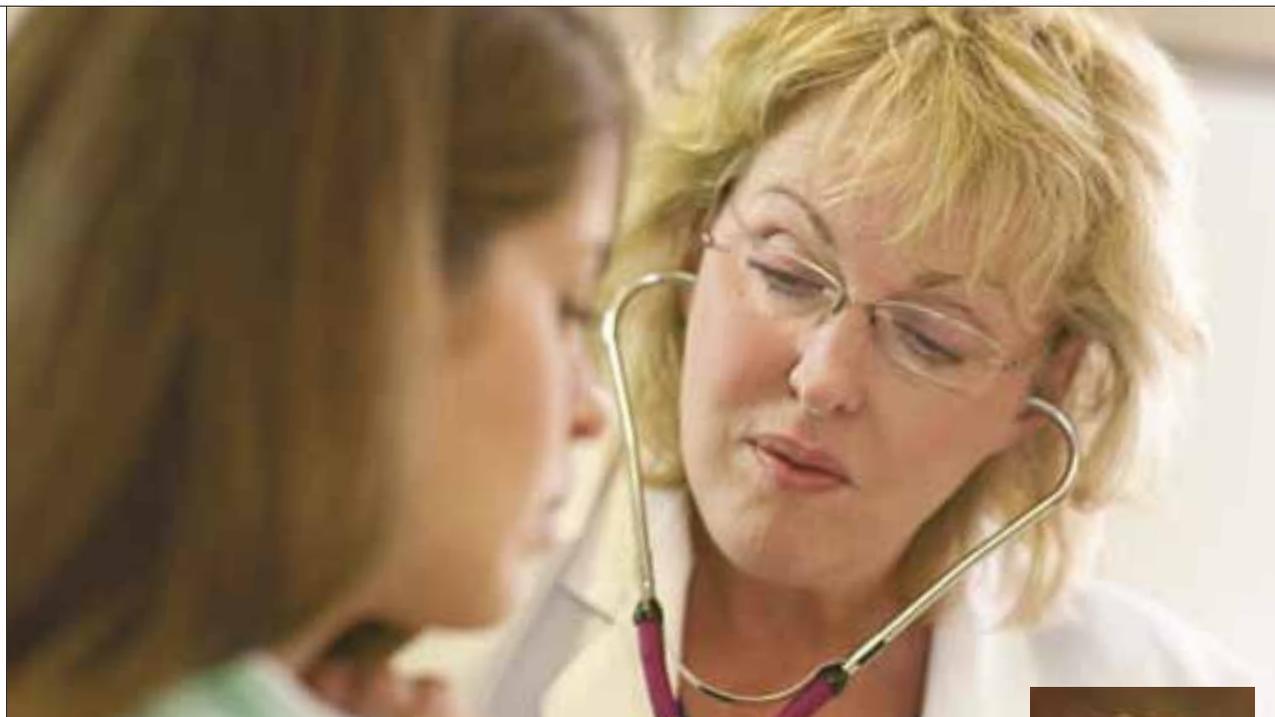
A HEART FOR HOSPICE

Deedee Haliski, RN, cares for hospice patients in Tillamook. She wants people to know how much hospice has to offer—both to patients and to their families. Turn to page 3 to read more.



NOSE NEWS The air on airplanes can be very dry. It helps to carry a saline nasal spray with you on your flight. Use it once an hour to keep nasal passages moist.

American Academy of Allergy, Asthma & Immunology



Taking meds? Keep your doctor informed

Imagine plotting a course into unfamiliar territory when you have only a small portion of a larger map. It's bound to make for a tough journey—and perhaps a dangerous one.

That's how it is for a doctor planning someone's treatment without a full picture of the medicines that person is taking.

All medications can affect your health. That includes prescriptions; over-the-counter medicines; and dietary supplements, such as herbal remedies.

Sometimes these products interact. As a result, they may not work well together. Other times, taking two or more of them can cause dangerous side effects.

So that your doctor can provide the safest, most effective care, be sure to tell him or her about every medication that you take.

Source: U.S. Food and Drug Administration

LANGUAGE LESSONS How to talk to your doctor

The most important part of your doctor visit isn't likely to occur when the doctor picks up a stethoscope, orders a test or writes a prescription. Instead, it may be when you and your doctor talk. ♦ According to the Agency for Healthcare Research and Quality (AHRQ),

the single most important way to stay healthy is to be an active member of your health care team. That starts with making good doctor-patient communication a priority.

To make the most of your next doctor visit, keep these tips from the AHRQ and the American Academy of Orthopaedic Surgeons in mind:

Define the problem. When scheduling your visit, be clear about why you want to see the doctor. The amount of time your doctor's office staff reserves for your appointment is based on the problem or problems you specify. If you go in for one thing and try to discuss several others

in a limited amount of time, you may feel rushed and unable to express all of your concerns.

Make lists. Before your appointment, write down your medical history, your symptoms, the names of any medications you take and any questions you have. This may help keep you focused and help ensure that you and your doctor talk about what's most important to you.

Be forthright. "You need to be honest with your doctor," says Irene Martin, MD, Family Medicine doctor at Tillamook County General Hospital. "If you have something important you want to discuss, don't wait for us to bring it up—doctors can't read minds!"

Keep a sharp ear. Pay careful attention to what your doctor tells you. It may be useful to take notes or, with your doctor's permission, to record your conversation. Don't be afraid to ask for written instructions or literature, Dr. Martin adds. The hospital has brochures about many common health concerns and procedures.

Ask questions. When things aren't clear, say so. Should you still have questions when your appointment ends, find out if you can call the office later. It's important to feel satisfied about your medical care, and a good relationship with your doctor makes that more likely.



Irene Martin, MD, Family Medicine

InSide

2 MAMMOGRAMS NO MORE EXCUSES
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4 HEART DISEASE TESTS YOU MAY NEED
 7 MASSAGE THERAPY PAMPER YOUR BODY



Facts to know

Breast cancer is second only to lung cancer as the most common cancer killer in U.S. women. Here are some other facts you may not know:

- Men get breast cancer too, though not very often. Less than 1 percent of breast cancer cases are in men. Some of the same risk factors for the disease in women—such as aging and having a family history of breast cancer—are true for men.
- Being physically active decreases the risk of getting breast cancer.
- Since the early 1990s, the rate at which people in the U.S. are being diagnosed with breast cancer has increased but the rate at which they are dying from the disease has dropped.
- Researchers are studying the genetic differences between women who get breast cancer and those who don't, which may lead to better treatment options.
- With early-stage breast cancer, life expectancy is the same for all women, whether they have breast-sparing surgery—also known as a lumpectomy—or a mastectomy.

Sources: American Cancer Society; Centers for Disease Control and Prevention

MAMMOGRAMS NO MORE EXCUSES

Schedule your next mammogram today. Call us at 503-815-2292 for a date and time that works for you.

There are some excuses that hold up. Alarm clocks do occasionally fail, and tires do go flat.

◆ But when it comes to taking care of your breast health, no excuse will do. ◆ That's

especially true when the excuse is based on misinformation. Here are four reasons women often give for not getting mammograms—along with the facts.

● **“I don't have time.”** The truth is, a mammogram takes only about 20 minutes. You can usually make an appointment for a time that is convenient for you. For example, Tillamook County General Hospital (TCGH) offers evening appointments.

● **“It will hurt too much.”** There may be some discomfort, since your breasts need to be slightly flattened to get the best x-ray picture. But that part of a mammogram only lasts a few seconds. If you time your mammogram for right after your period (if you're still menstruating), the test may be more comfortable for you.

Mammograms at TCGH feature the MammoPad, the

FDA-approved foam cushion that creates a softer, warmer experience.

● **“I don't have any symptoms or a family history of breast cancer, so I don't need a mammogram.”** Not having these risks may lower your chances for getting breast cancer, but they don't rule it out. Most women who get breast cancer do not have a family history of the disease. And early breast tumors—which mammograms can detect—may be too small to feel and may cause no symptoms.

● **“It costs too much.”** Most insurance plans cover mammograms. So do Medicare and Medicaid. If you don't have insurance, you may be able to get a free or low-cost mammogram. Call the Tillamook County Breast Health Coalition at **503-368-5182, ext. 111**, to learn about funds available locally to help with mammogram costs.

Because regular screening with mammograms saves lives, the American Cancer Society, American College of Radiology and Susan G. Komen for the Cure Foundation all recommend that women have yearly mammograms starting at age 40.

October is breast health month Join us for special events and programs

At the hospital

Receive a free, rejuvenating, 10-minute neck and shoulder massage, along with tea and chocolates when you schedule your mammogram for Wednesday, Oct. 13.*

Tillamook County General Hospital (TCGH) provides the latest in “high-tech, soft-touch” mammography by pairing digital technology and the MammoPad, the FDA-approved foam cushion that creates a softer, warmer experience.

Space is limited. To make your appointment, call **503-815-2292**.

In the community

The fourth annual “Expressions of Hope”

exhibit, sponsored by the Tillamook County Breast Health Coalition, will be on display at the Tillamook Pioneer Museum from Oct. 4 through 31. A spotlight reception will be held on Friday, Oct. 22, from 5:30 to 7 p.m.

On exhibit will be bras decorated by individuals, groups and businesses in our community to illustrate the words of one breast cancer survivor on the planning committee: “You need humor to get through breast cancer.”

Funds raised will benefit the Tillamook County Breast Cancer Fund, which provides financial support to women—and men—in Tillamook County who are being treated. For more

information, call Suzie Whalen, Breast Health Coordinator at the Rinehart Clinic, at **503-368-5182, ext. 111**.

Patient Navigation Program

Thanks to a grant from the Susan G. Komen for the Cure Foundation, the Tillamook County Breast Health Coalition is introducing a patient navigation program.

This program will help people diagnosed with breast cancer to successfully make their way through today's complex health care system.

Patients can receive assistance with finances, transportation and other barriers to timely and appropriate care throughout screening, diagnosis and treatment.

For more information, call Suzie Whalen, Breast Health Coordinator at the



A MAMMOGRAM CAN BE A LIFESAVER: See this bra decorated by Kathy Strunk, Tillamook County Breast Health Coalition volunteer, at the 2010 “Expressions of Hope” exhibit.

Rinehart Clinic at **503-368-5182, ext. 111**.

*This offer is available for women 40 and older whose previous mammograms were more than a year ago, who have no history of breast cancer in the past two years and who have no current breast symptoms.

Caring for you

A caregiver's job is never easy. And sometimes one of the most important parts of the job—taking care of yourself—is also the hardest one.

If you're like many other caregivers, you're probably not getting enough sleep or eating as healthfully as you should. You may not be exercising. And you might not have taken the time to see your doctor for a checkup in far too long.

Your health is on the back burner while you put your loved one's needs first. That may seem inevitable given the circumstances. But living this way sets you up for trouble in the long run.

Studies have shown that caregivers are at increased risk of developing serious health problems, such as depression, anxiety, heart disease and high blood pressure. At the same time, caregivers are far less likely to get medical care than noncaregivers when they need it.

Rather than pushing yourself until you burn out—which doesn't help you or your loved one—you need to make time to care for yourself.

Here are some tips on how to do that from the Family Caregiver Alliance and other experts:

- Do the healthy things. See your doctor for regular checkups. Eat a nutritious, well-balanced diet. And get regular exercise, even if you can only fit in a few minutes here and there throughout the day—it all adds up.

- Accept support. If someone offers to sit with your loved one, to run errands or to clean the house, say yes. Keep a list of things your friends and family can do for you, and don't be afraid to ask for help.



How hospice can help



Deedee Haliski, RN, Adventist Health Hospice Nurse

Home health care often helps people who are likely to regain their health. But a special type of care is available to those nearing their final days. This care is provided through a hospice program.

Hospice care is offered to people who are expected to live six months or less. Its goal is to help those who are dying—as well as their families and friends—through the final stages of life.

Hospice provides services based on each person's needs and wishes. This often includes pain-reducing medical care and guidance for family caregivers. Emotional and spiritual support, as well as grief counseling, are key aspects of hospice.

Usually hospice care takes place in a person's home. But it also can be offered in nursing homes, hospitals and other

settings. Medicare, Medicaid and most private health plans will generally pay for hospice services if your doctor says you're eligible.

Check your member benefits for your insurance coverage.

It's about quality of life During the past several years that Deedee Haliski, RN, has cared for patients as part of the Adventist Health/Hospice team serving Tillamook County, she has been privileged to form close bonds of friendship with many families.

"Hospice has so much to offer patients and their loved ones during the last months and weeks of their life journey," she says. "I wish more individuals and their families understood the quality of life that hospice can help them realize and not wait until their last days to benefit from our team's specialized care."

For more information about hospice care in Tillamook County, please call **503-815-2486**.

Sources: American Medical Association; National Hospice and Palliative Care Organization

Thank you for your support!

As a not-for-profit organization, Tillamook County General Hospital is deeply grateful for the generous and faithful gifts of our friends. Without them, our services wouldn't be the same. Every gift is important.

Thank you to those who have participated in benefit events or responded to our twice-yearly letters asking for contributions supporting programs such as ambulance and emergency services.

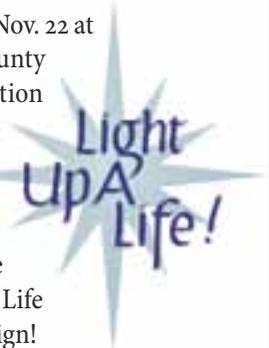
And thank you to those like Ben and Dorothy Goodhead who have made an ultimate gift through their will or estate plan to benefit health care for Tillamook County.

We value and appreciate every single one of our donors, no matter what type of gift they give. Thank you!



Light Up A Life

Join us at noon on Nov. 22 at the Tillamook County Creamery Association (TCCA) Visitors Center for a holiday tree-lighting ceremony to kick off the annual Light Up A Life fundraising campaign!



Light Up A Life—hospice's only public fundraiser—runs through the Reading of the Names ceremony on Jan. 3 at the TCCA Visitors Center. Those who contribute \$10 or more during this time receive a sand dollar ornament, lovingly decorated by hospice volunteers.

But more important than any ornament is the help you're giving to community members who are facing a terminal illness. Last year hospice service cared for more than 100 local patients.

You can make your donations at the hospice office or online at www.tcgh.com/giving. Mail checks to: Light Up A Life, 1015 Third St., Tillamook, OR 97141.



TAKE TIME FOR YOU: If you are a caregiver, you can call Faith in Action at **503-815-2272** for respite care help. To get tips and meet other caregivers, check out our "Powerful Tools for Caregiving" class listed on page 8.

DIAGNOSING HEART DISEASE

In order to get a complete picture of your heart's health, your doctor might want you to have two or more tests.

Tests that can get to the heart of the matter

Hear disease is a big deal. For many of us, it's the No. 1 threat to our health. ♦ So if your doctor thinks you're at risk for the disease—or that you already have it—chances are you're going to undergo some testing, which will help determine if you need treatment. ♦ No solitary test can tell your doctor whether or not you have heart disease. In order to get a complete picture of your heart's health, your doctor might want you to have two or more tests.

If that makes you a little apprehensive, maybe this will help you breathe a bit easier: Most of the tests for diagnosing and evaluating heart disease are painless. In fact, many of them don't require even a needle stick in your arm. But each one you undergo is like a puzzle piece, giving your doctor more information to guide your treatment.

Below are some common tests used to diagnose heart disease, followed by a brief description of how and why each test is done. The information comes from several groups, including the American Heart Association (AHA), the National Institutes of Health, and the Centers for Disease Control and Prevention.

Of course, the most important source

Am I having a heart attack?

The fear of embarrassment can keep you from doing a lot of things.

It might stop you from singing karaoke, for example. Or it could convince you not to make your skating debut on the ice rink in the center of the mall.

But it should never stop

you from getting medical help if you think you might be having a heart attack.

According to the National Heart, Lung, and Blood Institute, people often delay calling for emergency help after a heart attack starts. One major reason: fear of being embarrassed if it turns out to be a false alarm.

Getting help at the first sign of a heart attack is the

essence of the motto “Better safe than sorry.” Quick treatment is so critical to surviving a heart attack that health experts urge you to call 911 for an ambulance rather than ride to the hospital in a private car.

You should call 911 within five minutes of having any of these signs of a heart attack: ■ Feeling pressure, squeezing, fullness or pain in the

center of the chest.

■ Having discomfort in one or both arms, the back, the neck, the jaw, or the stomach.

■ Feeling short of breath.

■ Feeling nauseous or lightheaded or breaking out in a cold sweat.

You should get medical help even if your symptoms disappear after a few minutes.

Additional source: American Heart Association

of information is your doctor. Each step of the way, you can ask him or her questions about the benefits and risks any test holds for you.

NONINVASIVE TESTS Tests that are noninvasive don't require putting needles, dyes, tubes or other materials into your body, notes the AHA. Some frequently used ones include:

- **Chest x-ray.**

How it's done: A technician places you in front of a machine that holds x-ray film. You'll be asked to hold your breath while the machine takes a radiographic picture of your chest. You might have several x-rays taken from different angles.

What it can find: A chest x-ray can give your doctor a look at your heart, lungs and bones. It can't actually see inside your heart, but it can show its shape and size. An x-ray also can determine if your lungs are filling with fluid as a result of a heart attack.

- **Electrocardiogram (called an ECG or EKG).**

How it's done: You lie down on a table. Small patches holding electrodes are put on your body to measure your heart's electrical activity. Your heartbeats show up as lines on a monitor, and they also are printed out on paper.

What it can find: According to the AHA, an ECG can show three major electrical signals—or waves—produced by your heart. Each wave represents a different part of your heartbeat. Some of the information your doctor can glean from an ECG includes: ● Problems with blood flow to the heart. ● An abnormal heart rhythm. ● Evidence of a heart attack. ● Enlargement of the heart muscle.

- **Ambulatory ECG (or Holter monitoring).**

How it's done: You wear a small recording device that measures your heart's electrical activity throughout the day. It can monitor your heart continuously or intermittently for days or months.

What it can find: The goal is similar to that of a resting ECG, except that this test shows how your heart works for longer periods of time and under real-life

conditions—when you're under stress or asleep, for example.

- **Stress test (or exercise ECG).**

How it's done: Electrode patches on your chest record your heart's activity while you exercise, usually on a treadmill. The speed and angle of the treadmill change to increase the workload on your heart. Taking this test is much like walking briskly or jogging up a hill.

What it can find: A stress ECG tells your doctor how your heart handles workloads. It can help your doctor find out why you have chest pain, assess your risk for a heart attack or determine a level of exercise that is safe for you.

- **Echocardiography.**

How it's done: As you lie on a table, a technician moves a handheld probe over your chest. The probe uses sound waves to make a video record of your heart in action.

What it can find: Your doctor will be able to see your heart's size and shape plus how well blood pumps through it with every beat. The test can reveal problems with heart valves and whether part of your heart muscle is weak and not working as it should.

INVASIVE TESTS Some of these tests require only a quick needle stick. Others—like transesophageal echocardiography—use special probes and can take a half-hour or more. Examples of invasive tests include:

- **Blood test.**

How it's done: A technician takes a sample of blood from a vein.

What it can find: Abnormal levels of certain proteins, fats and other substances in the blood can be a sign of heart disease. Some blood tests also can confirm that you've had a heart attack—or suggest that you are at risk for one.

- **Thallium stress test (myocardial perfusion imaging).**

How it's done: A small amount of a radioactive dye, called thallium, is injected into your arm as you exercise on a treadmill. A special camera takes pictures as the dye moves through your bloodstream and into your heart. This test is much like

a stress ECG but with images.

What it can find: The thallium test measures the blood supply to different parts of your heart. If an area isn't getting enough blood, that can indicate atherosclerosis—narrowing of the arteries due to fatty plaque buildup.

- **Cardiac catheterization.**

How it's done: According to the AHA, several procedures fall into this group. In general, however, a thin tube called a catheter is inserted into an artery in your groin or arm. The catheter is then threaded into your heart and surrounding arteries. A dye may be injected to better view heart function and blood flow on special x-rays. Most catheterizations are done in a hospital setting.

What it can find: Catheterization is one of the most valuable tests for diagnosing heart disease, according to the AHA. It allows your doctor to measure blood pressure or take blood samples within the heart itself. It can find blockages in the arteries.

- **Transesophageal echocardiography (TEE).**

How it's done: As you lie on a table, a technician guides a tube down your throat and into your esophagus. A probe at the end of the tube uses high-frequency sound waves to produce an ultrasound image of your heart.

What it can find: Similar to noninvasive echocardiography, this test offers a closer, more detailed look at your heart's structure and function, according to the AHA.

WHEN TESTING IS DONE The results of your tests will help your doctor decide your course of treatment.

He or she might suggest lifestyle changes that can help your heart, such as quitting smoking, switching to a heart-healthy diet, losing weight or increasing your exercise.

You might be given medication to lower blood pressure or cholesterol levels.

If testing finds a blockage in an artery, you might need a surgical procedure to reopen it.

Be sure to ask your doctor questions about any test you have or what the results mean for your health and heart.

Cardiology care close to home

Born in Oregon, Cardiologist Mark V. Hart, MD, completed his undergraduate education at Oregon State University. Following medical school at Oregon Health & Science University (OHSU), he completed an internship and residency at the University of California, San Francisco Medical Center, a nationally renowned center of excellence for heart and vascular care.

Upon returning to Oregon, Dr. Hart completed a cardiology fellowship at OHSU and began practicing in 1994 with the Northwest Cardiovascular Institute in Portland. Dr. Hart is board-certified in cardiovascular disease.

Dr. Hart is now seeing patients

at the Tillamook Medical Group specialty clinic. His focus is general cardiology, along with diagnosing and treating peripheral vascular



Mark V. Hart, MD, Cardiologist with Tillamook Medical Group Specialty Clinic

disease. With his extensive involvement in clinical research and affiliation with the Northwest Regional Heart Center on the campus of Adventist Medical Center in Portland, Dr. Hart offers a higher level of cardiac care to Tillamook residents.

“I'm looking forward to working closely with local health care providers to care for Tillamook patients,” Dr. Hart says. “Through our affiliation with the Northwest Regional Heart Center at Adventist Medical Center in Portland, we have access to an expanded array of top-quality services that will be of significant benefit to this community.”

To schedule an appointment with Dr. Hart, please call Tillamook Medical Group's central scheduling at 503-815-2292.



Tasty apple crisp

Save the best for last. This dessert is a great way to finish off any meal. For a special treat, serve it warm with a scoop of vanilla ice cream or frozen yogurt.

Ingredients

- 4 cups tart apples, such as Granny Smith, peeled and sliced (about 4 large apples)
- ¼ cup water
- 1 tablespoon lemon juice
- ¼ cup brown sugar, packed
- ¼ cup whole-wheat flour
- ¼ cup old-fashioned rolled oats
- ½ teaspoon ground cinnamon
- ¼ teaspoon ground nutmeg
- 3 tablespoons margarine, melted or softened

Instructions

- Place apples in an 8-inch square baking pan. Mix water and lemon juice and pour over the apples.
- In a separate bowl, mix sugar, flour, oats, cinnamon and nutmeg. Add margarine and mix until crumbly.
- Sprinkle mixture over the apples. Bake at 350 degrees for 40 minutes or until the apples are tender and topping is lightly browned.

Nutrition information

Makes 4 servings. Amount per serving: 235 calories; 9g fat

Source: U.S. Department of Agriculture

DIABETES

After your diagnosis

Managing diabetes requires work, but it's something you can do

You've just learned that you're one of the 23.6 million people in the United States who have diabetes. Now what?

First, don't let anger, denial, frustration, depression or uncertainty overwhelm you. Such emotions are common and understandable but will lessen or pass with time.

"Accepting the diagnosis of diabetes is difficult. However, choosing to fight the disease and take charge of your health are the first steps in taking control," says Sue McLaughlin, spokeswoman for the American Diabetes Association (ADA) and a registered dietitian and certified diabetes educator.

Next, try these suggestions for managing the disease from McLaughlin and the ADA:

1 Turn fear into action. Too many people get their diagnosis and become paralyzed by fear. Others may remember friends or relatives who lost a limb or their eyesight due to the disease.

But you need to shift those thoughts,

because negative outcomes are not inevitable, McLaughlin says. "There are many proactive things you can do to affect your health and the course of the disease," she says.

Recognizing that you may have lifestyle habits that need to change is one of the first steps to changing them, she adds.

2 Gather information. Diabetes is a very complicated disease. Understanding it will take time, McLaughlin says.

A great place to start is with your health care team. In addition to your doctor, consider working with a certified diabetes educator or another specialist trained to work with people with diabetes. Many patients must learn how to:

- Monitor blood sugar and take medications.
- Shed pounds. Most people with diabetes are overweight. If you're carrying too many pounds, losing weight will help you better manage your disease.
- Begin an exercise program. "As little as 8 or 10 minutes of exercise a day can improve heart health, which is linked to blood sugar control and your risk of future complications," McLaughlin says.
- Set goals and reach them.

The ADA is also a reliable source of information. Visit the ADA's website at www.diabetes.org, which offers recipes, tips, links to other trustworthy sites and simple-to-understand information about diabetes.

It's important to learn as much as you can about the disease.



Make friends and learn more! Check out our diabetes classes on page 8.

"How can you make changes if you don't know what needs to be changed?" McLaughlin says. "Education is like anything else: The more you put into it, the more positive your outcomes will be."

3 Take action. It's up to you to follow through with your own self-care program.

The good news is that big goals can be broken into smaller, less overwhelming ones. For instance, this month, learn about healthy breakfasts; next month, tackle healthy snacks.

Finally, remember this: "Diabetes is a serious condition that you'll have the rest of your life," says McLaughlin. "But today, we have much better tools to help people manage their disease. Many, many people with diabetes lead a full, healthy and satisfying life."

Is it a cold or the flu? It's important to know the difference

You're sneezing, your nose is stuffed up and you're tired. In other words, you're feeling lousy.

You're considering going to the drug-store to pick up some over-the-counter medicines to help relieve your symptoms. But before you do, you might want to ask yourself, "Do I have a cold or the flu?"

The answer to that question is important because you may want to see your doctor for a prescription medicine if you

think you have the flu.

Prescription flu drugs (called antivirals) are available that can reduce the amount of time that you're sick. They may also reduce your risk for potentially dangerous complications from the flu, such as pneumonia. The catch is that you need to take one of these drugs within the first 48 hours after developing flu symptoms.

Use this chart to help figure out what's ailing you.

Symptom	Cold	Flu
Fever	Rare	Usual, 100-102 degrees—may be higher, especially in young children; lasts 3-4 days
Headache	Rare	Common
General aches, pains	Slight	Usual, often severe
Fatigue, weakness	Sometimes	Usual, lasts up to 3 weeks
Exhaustion	Never	Usual, at the beginning of the illness
Stuffy nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore throat	Common	Sometimes
Chest discomfort	Mild to moderate	Common
Cough	Common, hacking	Common, can become severe

Sources: American Lung Association; Centers for Disease Control and Prevention; U.S. Department of Health and Human Services



CALCIUM AND VITAMIN D

Partners in building bone

You may drink milk and eat a healthy diet that includes plenty of calcium. But you can't build strong bones without calcium's partner—vitamin D.

When you don't get enough vitamin D, your body can't use all the calcium in foods. So instead, it takes calcium from your skeleton. This weakens existing bone and prevents the formation of strong, new bone.

The amount of calcium and vitamin D you need varies by age and other factors, such as pregnancy. Ask your doctor how much you should have.

When choosing foods rich in calcium, avoid those that are high in protein, salt and fat. High levels of protein and salt (sodium) are thought to increase calcium loss through the kidneys.

Excellent sources of calcium include plain, fat-free yogurt; milk (skim and 1 percent are best); sardines with bones; orange juice fortified with calcium; and tofu processed with calcium salts. A list of additional foods rich in calcium can be found at www.niams.nih.gov/bone. Click on

“Bone Health,” then on “Nutrition and Bone Health.”

Vitamin D is sometimes called the sunshine vitamin because the skin manufactures it when exposed to the sun. Fifteen minutes in the sun between 10 a.m. and 3 p.m. without sunscreen a few times a week is enough exposure for many people.

Food sources of vitamin D are limited. Major sources are milk, orange juice and cereals to which vitamin D has been added. It's also found in egg yolks, liver, oily fish—such as salmon, mackerel and sardines—and cod liver oil.

Supplements of calcium and vitamin D may be recommended, especially for pregnant women and older adults.

Sources: International Food Information Council; National Institutes of Health



Replacing a hurting hip

Surgery can turn the odometer back to zero on a worn-out hip

When Martha Lauterbach's knee pain started making her limp, she finally went to the doctor. That's when she found out her knees weren't the problem.

“It was my hip,” she says. “The pain was being referred to my knees, and in the end I needed a total hip replacement.”

That made Lauterbach one of nearly 200,000 people in the U.S. who get this surgery each year. For most of them, hip replacement dramatically improves their quality of life.

A pain in the hip Besides the knee, hip pain can also be felt in the thigh and buttock. The most common symptom of hip problems, though, is a dull, aching pain deep in the hip or groin, explains Ronald Delanois, MD, speaking for the American Academy of Orthopaedic Surgeons (AAOS).

“People often come in when their pain makes walking difficult,” Dr. Delanois says.

These symptoms point to osteoarthritis, the wear-and-tear type of arthritis that usually happens with age. It's the most common reason for replacing a hip.

Less often, hip replacement is done because of rheumatoid arthritis, an injury or other problems.

Surgery usually isn't the first option for hip arthritis, says Dr. Delanois. Exercise can help by building up muscle around the joint, and losing weight can relieve pressure. Certain medicines, such as nonsteroidal anti-inflammatories, can also help.

But arthritis usually worsens over time, and these treatments may be less and less helpful. Eventually, your doctor may suggest surgery.

“There are a number of different procedures, and it's important to fit the surgery to the patient,” says Dr. Delanois.

Tried and true Total hip replacement surgery has been done for decades with good success. According to Dr. Delanois and the AAOS, more than 90 percent of

hip replacements done even as long as 20 years ago are still functioning.

Hip replacement surgery takes several hours. It involves these steps:

- 1 Removing the head of the femur (thighbone) and some bone from its center.
- 2 Fitting the implant into the femur.
- 3 Cutting away diseased bone and cartilage from the hip socket.
- 4 Fitting a cuplike implant into the socket.
- 5 Reattaching muscles and ligaments to secure the new joint.

Minimally invasive hip replacement may be an option for some people who are younger, thinner and healthier than the typical candidate for hip surgery.

Minimally invasive surgery involves making one or two smaller incisions and cutting less soft tissue than traditional hip replacement surgery. Recovery time can be shorter, but the risks and long-term benefits have not been established, reports the AAOS.

Another promising newer technique is hip resurfacing, which preserves more bone than traditional surgery and leaves the option open for total hip replacement later.

The healing process Recovery from hip replacement surgery is a stand-up deal. Literally.

Most people stand and walk with help the day after hip surgery. Light exercises are started in the hospital, and patients learn how to bend and sit to prevent injury to the new hip.

When a patient returns home, he or she will begin an exercise plan that includes:

- A walking program that slowly increases mobility.
- Specific daily exercises to restore movement and to strengthen the hip joint.

Full recovery from hip replacement surgery takes three to six months, reports the National Institutes of Health. Artificial hips don't have as much range of movement as natural, healthy hips. But with some caution, most people who have an artificial hip can return to an active lifestyle.

New hip, new life In the past, hip replacement surgery was reserved for people older than 60—mainly because their lifestyles, which tended to be less active than younger adults', put less stress on the new hip.

But improved implants now last longer and withstand more stress, and younger people who have surgery before joint deterioration becomes advanced tend to recover more easily than older adults.

“When you get to the point where you need a new hip, you shouldn't wait,” says Dr. Delanois. “There's no reason to forgo quality of life.”

For more information about total hip replacement, visit the AAOS at www.orthoinfo.org.

Journal Digest

RELIEVING ARTHRITIS AND JOINT PAIN SEMINAR

Thursday, Nov. 4

4:30 to 6 p.m.

TCGH Conference Room A



Ronald Teed, MD, performs hip and knee replacement surgeries at TCGH.

Whether you are curious about treatment options or considering joint replacement surgery, this seminar will help get you started on your journey to relieving joint pain. Presented by Ronald Teed, MD, of Cascade

Orthopedic Surgery, along with Danielle Nightshade, physical therapist with TCGH Rehabilitation Services.

Space is limited. Call **503-815-2270** to register. There is no charge.



CONSIDER THE BENEFITS OF MASSAGE THERAPY

Licensed massage therapists at Tillamook County General Hospital's Rehabilitation Services offer a variety of medical and therapeutic massage services to:

- Enhance feelings of well-being.
- Decrease stress.
- Alleviate head and muscle pain.
- Promote blood circulation.
- Improve range of motion and flexibility.
- Relax tension.

Working as a team with physical therapists and your health care provider, massage therapists can also play a vital part in your healing after surgical procedures, auto accidents and workplace injuries.

Therapies provided as part of a prescribed treatment plan by a physician or registered physical therapist are often covered by health insurance.

To schedule a massage therapy appointment with us, please call **503-815-2292**.

DON'T MISS THESE COMMUNITY EVENTS

All classes will be held at Tillamook County General Hospital (TCGH) unless otherwise noted. For more information, call 503-815-2270 or go to www.tcgh.com/events.



Better Health

CHIP SUPPER CLUB

Second Monday of the month; 5:45 to 8 p.m.
Tillamook SDA Church,
Lower level in back
To RSVP, call
503-815-2270.

LIVING BETTER WITH DIABETES

■ **Thursdays, Oct. 28 to Nov. 18**
1 to 3:30 p.m.
■ **Tuesdays and Thursdays, Jan. 6 to 27**
1:30 to 4 p.m.
TCGH third floor
conference room A

Referral by a health care provider is required. To schedule a one-hour nutrition counseling session before class, call 503-815-2292. Most health insurance plans are accepted. For information, call 503-815-2443.

FREE DIABETES & YOU

Tuesday, Nov. 9
10 to 3 p.m.
Tillamook SDA Church,
Lower level

This one-day seminar highlights the latest in diabetes care. Presentations by Podiatrist Scott Doherty, DPM, and

TCGH Hospitalist James Rushing, MD. Lunch provided. No charge. To RSVP, call 503-815-2443.

FREE RELIEVING ARTHRITIS AND JOINT PAIN SEMINAR

Thursday, Nov. 4
4:30 to 6 p.m.
TCGH third floor
conference room A
Presentation by Ronald Teed, MD, Cascade Orthopedic Surgery, and Danielle Nightshade, TCGH Rehabilitation Services. No charge. To RSVP, call 503-815-2270.

FORGIVE TO LIVE

Wednesdays, Oct. 27 to Dec. 8 (no session Nov. 24), 6 to 7:30 p.m.
Rockaway Community Church

Learn how understanding and practicing forgiveness may save your life. Supper will be served. \$35. Call 503-815-2270 to register.

Prenatal Care and Women's Health

CHILDBIRTH PREPARATION CLASS

■ **Wednesdays, Oct. 27 to Nov. 17**
■ **Wednesdays, Jan. 5 to 26**

7 to 9 p.m.
TCGH third-floor
conference room A
\$40 for mom and one support person

FREE LOOK GOOD... FEEL BETTER

Wednesday, Oct. 27
4:30 to 6:30 p.m.,
by appointment
This class provides beauty supplies and support for women undergoing cancer treatment. Registration required. No charge. Call 503-815-2270 to register.

WOMEN'S CANCER SURVIVOR SUPPORT GROUP

First Thursday of each month, 10:30 a.m. to noon
312 Laurel Ave., Tillamook
Call 503-842-4508.

Respite Care

WELLSPRING ADULT RESPITE CARE

■ **Second and fourth Tuesdays of each month**
Tillamook United Methodist Church
■ **First and third Wednesdays of each month**
Tillamook SDA Church
■ **First and third Thursdays of each month**

Covenant Community Church, Manzanita
■ **Second and fourth Thursdays of each month**
Beaver Community Church
All locations, 10 a.m. to 4 p.m.
\$28 per day; financial assistance available. Call Faith in Action at 503-815-2272.

FREE POWERFUL TOOLS FOR CAREGIVING

Tuesdays, Oct. 5 to Nov. 16 (no session Nov. 9)
Tillamook United Methodist Church
Empowers caregivers with tools and confidence to successfully care for their loved one. No charge. Call 503-815-2270 to register. For respite care while attending class, call 503-815-2272.

Support Groups

ALZHEIMER'S ASSOCIATION AND CAREGIVER SUPPORT GROUP
Third Wednesday of the month
10:30 a.m. to noon
Tillamook SDA Church
For information, call 503-815-2270. For respite

care, call 503-815-2272.

DIABETES AND ALL THAT JAZZ
Second Tuesday of the month; 1:30 to 3 p.m.
TCGH third-floor
conference room

GRIEF SUPPORT GROUP

First and Third Tuesdays monthly; 3 to 4:30 p.m.
TCGH third-floor
conference room A

NORTH COAST GLUTEN-FREE SUPPORT GROUP

First Thursday of the month; 7 to 8:30 p.m.
Bay City Community Center
For more information, call 503-377-8227.

Wellness Screenings

FREE BLOOD PRESSURE SCREENINGS
■ **Wednesdays, 2 to 3 p.m.**
TCGH cafeteria

GENERAL WELLNESS SCREENINGS (BLOOD PRESSURE, CHOLESTEROL AND BLOOD SUGAR)

\$20
■ **Wednesdays, 2 to 3 p.m.**
TCGH cafeteria

■ **Thursday, Oct. 14, 8 to 10 a.m.**
North County Recreation District kitchen, Nehalem
■ **Tuesday, Oct. 19, 9 to 11 a.m.**
North Coast Home Care, Tillamook
■ **Wednesday, Jan. 12, 9 to 9 a.m.**
YMCA

HEMOGLOBIN A1C SCREENING

■ **Tuesday, Nov. 9, 9 to 11 a.m.**
Tillamook SDA Church,
Lower level

Community

HOSPICE LIGHT UP A LIFE TREE LIGHTING
Monday, Nov. 22, noon
TCCA Visitors Center

RED CROSS BLOOD DRIVE

Tuesday, Dec. 28, 1:30 to 6:30 p.m.
Tillamook Adventist School
For an appointment, call 503-815-2364.

HOSPICE LIGHT UP A LIFE READING OF THE NAMES

Monday, Jan. 3, noon
TCCA Visitors Center

NEED A HEALTH PARTNER?

Adventist Health/Tillamook Medical Group

Cardiology

Ronald Chelsky, MD
Mark V. Hart, MD
Family Medicine
Shirley Arneson, ANP
Ann Batchelder, ND, FNP
David Bradburn, MD
Teresa Callahan, MD
Ben Douglas, MD
Irene Martin, MD
Karl Meier, MD
Brandon Mitchell, DC, MD

Glen Saylor, MD
Rob Soans, PA
General Surgery
Todd Pitts, MD
Internal Medicine
Calvin Hill, MD
Obstetrics and Gynecology
Brittany Gerken, MD
Oncology
Gerald Gibbs, MD
Podiatry
Scott A. Doherty, DPM

Other Specialists Available:

Ophthalmology
Martin Balish, MD
Jennifer Ballentine, MD
Orthopedic Surgery
Ronald Teed, MD
Otolaryngology (ENT)
Roger Miller, MD
Urology
James Pappas, MD

503-842-5546

WHERE TO FIND US



LIFE AND HEALTH is published as a community service for the friends and patrons of TILLAMOOK COUNTY GENERAL HOSPITAL, 1000 Third St., Tillamook, OR 97141, telephone 503-842-4444, www.tcgh.com.

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HEALTH SCENE

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